

REPORT OF A REVIEW OF KENDALL HOUSE,
GRAVESEND 1967-1986

**PREPARED FOR THE CHURCH OF ENGLAND
DIOCESES OF ROCHESTER AND CANTERBURY**

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EXECUTIVE SUMMARY & RECOMMENDATIONS

Kendall House was a private children's home for girls based in Gravesend, Kent. Until 1986, it was run and funded by the Church of England, overseen by the Joint Council for Social Responsibility for the Dioceses of Rochester and Canterbury. Girls who were placed there were aged between 11 and 16 years and often had serious behavioural or emotional problems. Many had been to a succession of children's homes and had very troubled and difficult backgrounds.

In December 2015, the current Bishop of Rochester commissioned an independent panel to review events at Kendall House from 1967 until its closure in 1986. In the years since its closure, a number of allegations of abusive and inappropriate practice there had been made by former residents. Allegations included inappropriate and over-use of medication, emotional, physical and sexual abuse.

The terms of reference for the review are summarised as follows:

- To hear and consider the accounts of former residents of Kendall House, and other relevant witnesses, including complaints about the use of drugs as a means of behavioural control and allegations of emotional, physical and sexual abuse;
- To consider relevant materials relating to Kendall House; and
- To review the relevant actions of those who worked at Kendall House, or who were associated with its service provision during the above time frame.

This review has considered a vast amount of written evidence, including 44 original versions of residents' records and other associated reports, records of meetings and correspondence. It has also heard recollections and descriptions of life at Kendall House from 20 of its former residents, (13 of whom provided new information, as their written records were unavailable), a number of their friends and relatives, and 15 former staff and others who had an association with the home.

We wish to acknowledge the important contribution of all those who spoke with us, and in particular, to thank the former residents for their candour and courage in recounting sometimes painful experiences to inform this review.

Summary of findings

The findings are harrowing. They reveal an institution which had weak governance and oversight. A place where control, containment and sometimes, cruelty were normalised. A place where vulnerable girls, many previously and repeatedly let down by their parents, social services and other agencies, were caught in a regime that in many ways, sought to rob them of their individuality, of hope, and in some cases of their liberty.

Girls as young as 11 were routinely and often without any initial medical assessment, given antidepressants, sedatives and anti-psychotic medication. Often, these drugs were given in dosages which exceeded usual prescribed adult levels. This served to control their behaviour, placing them in a constant stupor, restricting their ability to communicate or to learn, or have any personal autonomy. The drugs put them at risk of numerous side effects, many of which were distressing. The effects of the drugs also increased their vulnerability to emotional, physical and a smaller number of cases, sexual abuse.

Those that resisted, challenged or overcame the effects of these routinely administered drugs faced sanction. This included being locked alone in a room for long periods, and emotionally abusive threats and actions. In a number of cases, even the slightest

misdeemeanours, the typical features of teenagers' behaviour, were 'dealt' with by physical restraint, sometimes violent, and intra-muscular injections of powerfully sedating medication.

With only one exception, every former resident who spoke with us experienced being placed, sometimes forcibly in this locked room. Isolated from their peers, and often heavily sedated, they could be kept in the room for days on end. Every former resident witnessed others being placed in this room. On at least two occasions, girls were placed in straitjackets; others were threatened with transfer to a local mental health hospital. In some cases, threats were enacted, and girls were admitted to the adult ward of the hospital before returning to Kendall House, often traumatised.

The practice of overmedication was seen in the early 1960s, and was prevalent during the late 1960s until the 1980s. Examples of sustained practice of this nature, albeit less frequent, were identified into the mid-1980s until the closure of the home in 1986.

Why were girls placed at Kendall House? A variety of reasons were identified. For some it was deemed a place of safety; others were on remand after committing offences such as theft, violent acts or for antisocial behaviour. Some had very troubled, fractured or violent family backgrounds; others had psychological or behavioural problems and were felt to be in need of a secure and structured home placement. Placements ranged from a matter of weeks to over four years.

Whatever the reason for their admission, none anticipated or deserved the 'treatment' they received there. In a regimented, rigid culture, where docile conformity was demanded, girls were supervised by a largely unqualified workforce, who in turn were led by the dominant and authoritarian figure of the superintendent, until 1985 when she retired. Information was not shared, communication between the leadership and the staff was poor, and until the mid-1980s, virtually no training or supervision for staff was provided. For the girls, they too had little if any information about why they were there, and contact and correspondence with their families and social workers was restricted and controlled.

Between 1967 and 1983, medical leadership was provided by Dr Perinpanayagam, a psychiatrist from a nearby hospital who visited regularly. After 1983, a second psychiatrist then fulfilled a narrower oversight role for training and encouraged a different model of care and treatment; one that had less reliance on medication. When he left in 1985, medical oversight was provided through the local general practitioners, supported by psychiatrists from the local hospital until Kendall House closed in December 1986.

Concerns about the medication regime at Kendall House were raised during the 1970s and 1980s by residents and their parents, by some social workers and by some employees. All were either ignored, rebuked, ridiculed or belittled by those in positions of authority in the home. Few, if any of these concerns resulted in changes to the regime at the home.

Wider concerns about the medication of children in institutions were raised by academics and in the press in the late 1970s and early 1980s, and received ministerial comment. Public requests were made by these bodies to review the use of medication in Kendall House. This did not happen. It was felt to be a matter for clinical decision. No opportunity to review, address or formally challenge the concerns was taken.

Kendall House was first subject to formal regulatory inspection in 1984 and only then were many aspects of the regime challenged and some changes made. It was re-inspected at the end of 1985, and whilst some improvements had been made, concerns about the use of medication and the use of a locked isolation room for residents remained.

Recommendations

The Dioceses of Rochester and Canterbury, and all agencies who have any role in the care of or contact with vulnerable children and young people can learn from this review and the experiences of those who lived at Kendall House. Although these dioceses no longer directly provide or fund residential care for young people, there is much that the modern church can learn from the experiences of those who lived and worked at Kendall House.

It is important that those in senior positions in the Dioceses of Rochester and Canterbury today take all necessary steps to implement the recommendations of this review.

The review panel has made 19 recommendations for the dioceses to consider and address, and a further 8 for consideration by all dioceses and the Church of England National Safeguarding Team.

1. Both dioceses should make a public apology to all former residents for the abuse at Kendall House. This should be led by the most appropriate senior person;
2. Both dioceses should also apologise for the length of time it took to commission an independent review when concerns about the home were known whilst it was still open, and then subsequently raised by a former resident in the 1990s;
3. Both dioceses should make copies of this report available to all who participated in the review and also make it publicly available through their websites;
4. Both dioceses should make ex-gratia payments to all former residents who participated in the review to acknowledge the pain of revisiting the trauma of Kendall House;
5. After the publication of this report, both dioceses should make arrangements for any other former residents of Kendall house who wish to come forward and tell of their experiences, to do so in a supported and confidential manner;
6. Both dioceses should assure themselves as to the capacity of their existing safeguarding teams to be able to respond effectively to matters which may now surface, such as other allegations of historic abuse following the publication of this report;
7. Both dioceses should organise and fund an event inviting all former residents who participated in the review to come together informally to meet each other;
8. Both dioceses should consider holding a joint annual service of healing and reconciliation for all survivors of historic abuse;
9. As part of their safeguarding arrangements, both dioceses should assure themselves of the effectiveness of their current arrangements for engaging with survivors of abuse, and extend an invitation to former residents of Kendall House to participate in these;
10. Both dioceses should assure themselves of their arrangements for their committees or groups of staff who have a remit for social welfare or safeguarding of children or vulnerable adults, that they have access to appropriate professional expertise for

advice. In the case of committees, this should be in the form of core membership or chairmanship;

11. Both dioceses should assure themselves that all diocesan committees develop a way of working that fosters a style of curiosity, scrutiny and constructive challenge in the manner of members taking on a 'critical friend' role to officers. This should be facilitated by the development of clear guidelines and standards for practice;
12. Both dioceses should assure themselves that all committees have clear written terms of reference, and clear, written reporting and accountability arrangements. These should be reviewed at least every two years and assurance given they are fit for the purpose for which they were established. This should be overseen by the Diocesan Synod;
13. Both dioceses should ensure that guidance is available for parishes and local church communities to advise on standards for their residential and other relevant services provided to children, young people and vulnerable adults;
14. Both dioceses should assure themselves that all committees that have a role in relation to services or advice connected to children, young people or vulnerable adults have processes in place to hear directly and frequently from representatives of these groups;
15. As part of their preparation for the appointment of any new bishop, the dioceses should develop a template for a confidential risk-based document prepared on behalf of the outgoing bishop for their successor. This should include matters relating to safeguarding. As there is often a lengthy gap between appointments, this will minimise the risk of unintentional loss of diocesan memory, and the risk of missing important matters for the new bishop to address;
16. Both dioceses should assure themselves that as part of their training package on safeguarding for parishes, for both clergy and laity, that they include skills to correctly record, respond and act upon hearing disclosure of abuse – whether recent or historic, from survivors or from others;
17. Both dioceses should assure themselves that their independent safeguarding groups oversee and quality assure all training programmes connected to safeguarding. Further, that membership should include representation from at least three of the following professions – police, social workers, medicine or nursing, teaching and a relevant national charity;
18. Both dioceses should assure themselves they have identified a senior clergy person (such as archdeacon or suffragan bishop) as the clergy 'champion' for safeguarding; and
19. Both dioceses should share this report and their responding actions with (as a minimum) the chair of independent safeguarding board for Kent County Council; the chairs of the safeguarding boards from surrounding councils; the National Safeguarding Team for the Church of England; ecumenical partners; and the Independent Child Sexual Abuse Inquiry team (Goddard).

Considerations for other dioceses and national church bodies

1. The National Safeguarding Team should ensure that all diocesan safeguarding audits include reference to any diocesan-led residential services for children or vulnerable adults to assure themselves that the sorts of abuses which happened at Kendall House did not happen locally;
2. The National Safeguarding Team should ensure that all dioceses assure themselves of the robustness of their models of engagement with survivors of abuse;
3. The National Safeguarding Team should ensure that all dioceses assure themselves of the robustness of their models of engagement with children, young people and vulnerable adults;
4. The National Safeguarding Team should facilitate the sharing of good practice with regard to the matters in recommendations 1-3 above;
5. The National Safeguarding Team should ensure that this report is shared with every diocesan bishop, diocesan safeguarding advisor, safeguarding chair and relevant others;
6. The National Safeguarding Team should ensure that the new national safeguarding policy advises all diocesan independent safeguarding committees to have as a minimum, membership from at least three of the following agencies - Police, NHS, Social Services Education, relevant charity;
7. The National Safeguarding Team should ensure that, as part of the preparation for a new bishop, all dioceses ensure there is a confidential written risk-based document prepared on behalf of the outgoing bishop for the incoming bishop. This should include information regarding any safeguarding matters of concern. The template for this document should build upon work to be initiated by the dioceses of Rochester and Canterbury; and
8. A copy of this report should be available via the Church of England website.

Conclusion

For many former residents, their background and experience at Kendall House have had damaging life-long effects. These are both emotional and physical and include an inability to trust others, to form relationships, a lack of confidence and having to live with a range of anxieties and fears, many of which have a physical impact on their daily lives. A small number of former residents went on to attempt suicide after living there.

The Dioceses of Rochester and Canterbury should take this opportunity to respond with humility to this report, to provide a full apology and seek the forgiveness of all who suffered and who continue to suffer from their experiences at Kendall House. Further, they should do everything possible to ensure such events never happen again.

ACKNOWLEDGEMENTS

The review panel would like to thank:

Those former residents who initially came forward to raise concerns to Kent Police, to the Diocese of Rochester and to the media as far back as the 1990s. Some have also felt able to engage in this review, and others have not. In all cases, we are grateful for their tenacity and determination over the years to find out what happened at the home;

The former residents, their family and friends who came forward to share their experiences of Kendall House;

The former staff, other professionals who had an association with Kendall House, and those who have held senior clergy positions in the Diocese of Rochester since the closure of Kendall House.

The Bishop of Rochester, his senior colleagues in the diocesan offices of both Rochester and Canterbury, and the senior officers in the National Safeguarding Team;

The team at 9 Bedford Row Chambers for permitting us to base the review in their offices over the last 7 months;

The legal advisors, the tracing team, and the legal advisors for many of the former residents for their support and for enabling access to records;

Kent Police, Kent Safeguarding Board, Kent Social Services for answering our questions patiently and helpfully; and

Kent Victim Support for their commitment and willingness to offer flexible support and counselling to any of the participants in this review who have required it.

CHAPTER 1

INTRODUCTION TO THE REVIEW

In the 1860s, the Church of England Dioceses of Canterbury and Rochester set up 'The Canterbury and Rochester Diocesan Council for Social Responsibility'. This was a charitable trust established as a joint venture, and its purpose was to provide support for vulnerable people in society. This joint diocesan council ran a number of different projects in Kent, one of which was Kendall House in Gravesend.

Kendall House opened in 1947 and was closed at the end of 1986. It was latterly run as a home for emotionally disturbed adolescent girls. Kendall House was overseen and managed by an executive committee of 12 people, who represented the diocesan council (9) and Kent County Council (3). On a day-to-day basis, from the 1950s, until its closure, it was managed by a superintendent, Miss Doris Law (now deceased).

Psychiatric support and advice was provided to the residents at Kendall House. From 1967 to 1983, Dr Perinpanayagam a consultant psychiatrist fulfilled this role. He was also a consultant at local hospitals, Stonehouse and Westhill. He advised on a drug treatment regime for the residents, where various drugs were prescribed and/or administered to control residents' behaviour. Dr Perinpanayagam retired in 1983, and died in 1988. After his departure from Kendall House, the regime continued, but gradually some of the long established practices changed. Dr Perinpanayagam's role wasn't replaced with a similar one. Instead, a consultant child psychiatrist was invited to be a source of advice and to oversee new training for staff. However, he resigned in 1985. Following his departure, the medical oversight and guidance for the residents at Kendall house was overseen by local general practitioners in liaison with psychiatrists from a local hospital.

During the 1960s-1980s, the practice of administering psychotropic drugs to young people in institutions such as Kendall House as a means of behavioural control was not widespread, but equally, was not uncommon. The drug treatment regime at Kendall House was known about more widely at the time, for example, the mental health charity, MIND, produced a booklet in the 1970s, which criticised the use of psychotropic drugs to control behaviour. Kendall House featured in the booklet. Kendall House also featured in a 1980 television documentary by London Weekend Television and various press articles and academic publications at the time, which were again critical of such practice.

Kendall House was seen as a secure place of care within the mainstream local authority care home provision. Girls who were referred there had often been placed elsewhere previously and many had particular behaviour and psychological needs that could not be met in more mainstream children's homes. It was not a formal secure unit but there were high levels of restriction and security in place, with locked front door, controlled access and the use of locked rooms within the home.

From 1967, when Dr Perinpanayagam started to provide medical advice, to its closure in 1986, 325 girls aged 10-16 years spent time at Kendall House. During this period, the home offered residential places for up to 12 girls at any one time. Funding for the home came from fees paid by the referring local authorities. Girls were placed mainly by local authorities in Kent, London and the south east, but also from as far afield as Sunderland, Norwich and Liverpool. Placements ranged from a matter of days or weeks to some which lasted over 4 years.

Concerns about the medication regime at the home were raised initially to the diocese by a former resident in the mid-1990s. Other former residents also raised concerns, and in 2006, a series of complaints and civil claims were made by some former residents about their experiences. Allegations of emotional, physical and sexual abuse as well as inappropriate standards of care and over-medication have been made.

As a result of the information which has been provided by these former residents, the Dioceses of Canterbury and Rochester decided to commission a review to learn what happened at Kendall House in the time from when Dr Perinpanayagam started in 1967, until its closure in 1986.

This review has considered a great deal of detailed information about Kendall House covering over twenty years. To do justice to the breadth of issues raised by the review, and to fulfil the terms of reference, this report is structured in a particular way.

Chapter 2 describes the approach taken, and the scope of the review, and considerations that needed to be addressed in looking back over records and information that in some cases date back almost 50 years from today.

Prior to our findings, we present 3 case studies. These are included as examples to illustrate some of the human stories behind the issues raised in the review. All the names have been changed to protect the anonymity of the residents and their families. They illustrate cases from the 1960s, 1970s and 1980s.

The next four chapters present the findings. Chapter 3 explains the context of Kendall House, its purpose, oversight and governance, and the processes by which it was managed and funded.

Chapter 4 describes aspects of daily life at Kendall House. These are based on the accounts given from former residents and staff.

Chapter 5 considers the medication practices at the home. The use of routine medication and the management of acute situations where what was known as 'crisis medication' was administered to residents are considered. A review is included of what was known at the time among relevant parties about the medication regime, any concerns that were raised and how they were responded to.

Chapter 6 considers the former residents' accounts of emotional, physical and sexual abuse at the home.

Based on the analysis of the evidence from written and verbal accounts, Chapter 7 sets out a number of recommendations for the dioceses of Rochester and Canterbury, and some further recommendations for the wider church.

Chapter 8 acknowledges the long lasting effect that living at Kendall House had on many of its former residents. The report concludes with their comments which describe how the events of up to 50 years ago continue to have an impact on their daily lives.

CHAPTER 2

2. NATURE AND SCOPE OF THE REVIEW

2.1 Origins of the review

In Autumn 2015, Professor Sue Proctor was approached by the Dioceses of Rochester and Canterbury and invited to lead a review into a series of allegations about practices that took place at Kendall House in Gravesend. By December 2015, a review panel had been established with relevant expertise and capacity to conduct the review to an appropriate standard of rigour. Appendix 1 provides further information about the biographies of the review panel.

In early 2016, the Diocese of Rochester commenced some awareness raising activity about the review with a press release to local media and the establishment of a website (www.kendallhoureview.org), a dedicated phone line (0207 4982862) and an email address (enquiries@kendallhoureview.org).

2.2 Terms of Reference

The terms of reference for the review are presented in full in Appendix 2. They are summarised as follows:

'This independent review has been established by the Bishop of Rochester to consider the issues raised by former residents (between 1967-1986) of Kendall House and their families.

The review will:

- *hear and consider the accounts of former residents of Kendall House, and other relevant witnesses, including complaints about the use of drugs as a means of behavioural control and allegations of emotional, physical and sexual abuse;*
- *consider relevant materials relating to Kendall House; and*
- *review the relevant actions of those who worked at Kendall House, or who were associated with its service provision during the above time frame.*

In the light of the above, the review will:

- *review the documentary evidence available to understand the contemporaneous context, culture and behaviours at Kendall House between 1967-1986;*
- *take the opportunity to engage with former residents to hear their accounts of their experiences when they lived at Kendall House;*
- *interview any **relevant** witnesses who were connected with Kendall House 1967-1986;*
- *identify lessons to be learned by the Dioceses of Rochester and Canterbury, and recommend actions required to implement them; and*
- *ensure that any disclosures of abuse that may pose a current or future risk are communicated immediately to the relevant statutory safeguarding board and/or the police, and in liaison with such of the chairpersons of the safeguarding committees of the two dioceses, of the national Church and/or Kent County Council as are appropriate'.*

In order to fulfil the terms of reference, the review panel needed to consider a large volume of written evidence connected to Kendall House, and then to engage former residents and staff through interviews. We began by reviewing the documentation.

Having conducted an initial search of the available documentation, the review panel wrote to those individual former residents who had already been in contact with the diocese previously either through general correspondence or who had pursued claims in respect of Kendall House. Subsequently, letters were also sent to a large number of former residents for whom current contact details had been identified. Letters were also sent to a number of former staff and others associated with Kendall House, to invite them to participate in the review.

In addition, a number of former residents and staff also contacted us via the phone line and email address. We also regularly asked the diocese to forward any relevant contacts that may also have come through directly to them and then made contact with these individuals.

2.3 Status of the review

The dioceses commissioned this review and wanted it to be conducted by independent, external people with relevant skills and experience. Having commissioned the review, and set the terms of reference, the dioceses had no further influence over the structure, conduct, design, delivery, outcome or recommendations of the review or this report.

This was not a public inquiry, and those who participated did not give their accounts in public. Because of this status, the panel did not have the power to compel individuals to participate; whether former residents or staff. We have relied upon the goodwill and altruism of those who came forward. Of the former staff we wrote to initially, only two people actively refused to participate. Some did not reply, or may have moved away. Some former residents have declined to be part of the review, and we respect their decision. Because of the passage of time, some former staff and some former residents are now deceased. We are confident, however that the accounts of those who did come forward, along with the corroborating documentary evidence provide more than a sufficient basis for our analysis and conclusions.

2.4 Document review

As with all investigations that relate to events that took place a long time ago, a key challenge was to secure a body of evidence that was credible and could withstand scrutiny when assessed against the relevant burden of proof, that being the balance of probabilities. To that end, the original resident files, meeting minutes, correspondence, reviews and other relevant documents provided a sound basis on which to develop our initial understanding of Kendall House, its workings and the organisational and social context in which it operated. Over 12 large boxes of detailed documentation were made available to us. (Appendix 3).

Whilst a good proportion of this documentation had real investigative and contextual value, it was not complete for the entire time-frame under review, particularly with regard to residents' files from before 1977. However, a total of 44 residents' files were available, and some partially complete files. Some former residents we interviewed also had additional documents to which they gave us access; some of which dated from the early 1970s. These provided further corroborative evidence.

The archived documents were often very detailed. They also contained correspondence, both internal and with external agencies that assisted our understanding of how the regime

at Kendall House operated, how it was viewed and on occasion, how it was the subject of challenges. The files also often included information to explain why the residents were placed in Kendall House and the respective care orders that applied at that time. They contained regular reviews of each resident containing an overview of their general and educational progress. Many also included meeting minutes, reports and correspondence with external agencies, together with original correspondence from the referring social service departments.

Whenever possible, all potential sources of corroboration were sought to ensure that the valuable insight that the documents provided was reliable and robust. The accounts from former residents and staff were a vital means of corroborating or rebutting the evidence reviewed in the documents.

2.5 Interviews

We used a confidential tracing service to identify the current addresses of former residents and staff. An invitation letter explained the context of the review, and invited their contribution. We also made contact with legal representatives of those former residents of Kendall House who had pursued claims against the diocese, and sought their co-operation, asking them to bring the review to the attention of their clients.

Both methods proved to be fruitful in that a significant number of former residents, staff and other relevant professionals contacted us and agreed to share their knowledge and experience of Kendall House.

Our interviews were led by panel member, Ray Galloway with one other panel member whenever possible. This provided important continuity and a sound basis for post interview analysis of emerging issues or themes and potential corroboration. Interviewees were given the option of being interviewed at the central London office base of the panel or at a venue of their choice, usually their home address. They were also offered the opportunity of being accompanied by a family member or friend for the interview process. This offer was taken up by a number of interviewees, who opted to be interviewed in the company of their respective partners.

The confidential nature of the process was explained to those being interviewed, and assurance given that the subsequent transcription of the interview would only be used for the purposes of the review. In each case, the panel members and those being interviewed signed a document which gave the interviewee assurance of this confidentiality.

Prior to each interview, the objectives of the review and the interview process were explained. It was important to ensure that the participants fully understood the context of their involvement and consented to it. Any queries raised by the interviewees were addressed. Also, prior to each interview a plan was formulated, informed by previous interviews and the other sources of evidence available. This ensured that all relevant themes were addressed and maximised the potential of securing relevant information.

Each interview was audio recorded with the consent of the interviewee and a full transcript of the conversation produced. Two identical transcripts were then sent to each interviewee for them to review. One was to be returned to the panel having been assured that the participant considered it was an accurate record of their interview. Participants were asked to sign a short form to confirm they considered the transcription an accurate record. The second transcript was retained by them for their own records.

Upon receipt of the interview transcript, a review of the document was undertaken, both for accuracy and to ensure that all relevant lines of enquiry and common themes from other interviews and other sources of evidence were identified. If further lines of enquiry were identified then steps were taken to ensure that they were pursued.

Regular debriefs were undertaken by the review panel to ensure that all lines of enquiry were being progressed effectively. Evidence of similar fact and thematic trends were also identified. These would then inform the planning of future interviews and influence the developing and ongoing lines of enquiry.

In some cases, because of the nature of the issues being discussed, the evidence provided was understandably emotionally charged, particularly that provided by former residents. Such emotion did not influence the impartial and objective evaluation of that evidence by the review panel.

We interviewed 20 former residents (4 resident in the 1960s, 10 resident in the 1970s and 6 residents in the 1980s). Of these, we also had 7 file records from their time at Kendall House. In total, we had either written or verbal accounts for 57 former residents. We also interviewed 15 former staff or individuals associated with Kendall House.

2.6 Document security

All personal information and documentation has been managed confidentially and securely. Every former resident or former member of staff who participated was allocated an identifying number. Records of any correspondence, their interview transcript and other documentation created during the review was similarly identified to protect their anonymity. All such records were retained in a locked filing cabinet which was only accessible to the panel.

All relevant information governance legislation has been adhered to with regard to the recording and storage of written and electronic personal data.

2.6.1 Naming policy

All contributors to the review were given the option to retain their anonymity and all chose to embrace that option. Miss Law and Dr Perinpanayagam's names were already connected with Kendall House in documentation and media coverage over the years. We felt therefore, there was no reason not to name them in this report.

All others who contributed to the review, or whose files we accessed, whether former staff, former residents or others associated with the home are not named in this report. This principle was also applied to those who are now deceased. To protect the anonymity of former staff and residents who participated, or whose files we had access to, they are referred to by either 'FR' and a number (former residents), or 'FS' and a number (former staff). We will also indicate the time frame they had an association with the home, in terms of the decades they lived or worked there.

2.7 Relationship with Police

Early contact was made with senior officers at Kent Police to advise them of the review and to request that relevant information regarding any previous investigations connected to Kendall House be shared. Additionally, an undertaking was given to the police that should any fresh information come to light during the review relating to a criminal offence they would be notified provided that consent could be secured.

Early contact was also made with Operation Hydrant, the national co-ordination hub for police investigations and intelligence relating to historic and organisational abuse, based in Sheffield to ensure links to current or past police investigations or intelligence were identified.

2.8 Victim Support

As a means of ensuring that an effective support network was in place for those former residents or staff who felt that they would benefit, a formal relationship was established with the Victim Support Service (VSS) based in Kent. A dedicated system was put in place by the VSS to manage any referrals from the review panel. Prior to the start of any of the interviews with former residents or staff, a briefing was provided to the volunteers to ensure that they understood the detail and context of the review.

Referrals were only undertaken with the consent of the former resident or staff member concerned. Regular liaison was sustained between the VSS manager and the review panel to ensure the wellbeing of those that had supported the review and subsequently been.

If former residents or staff lived outside of Kent, then liaison was undertaken by Kent VSS with the relevant branch of their organisation to ensure that support was provided by the most appropriate VSS team. This ensured that the support was accessible and that the VSS worker was familiar with all necessary support opportunities within that locality.

2.9 Expert Opinion

In circumstances where matters arose during the review process that were outside the expertise and experience of the panel members, then expert opinion was sought to ensure that an informed and objective evaluation of the matter in question could be undertaken.

This applied to issues such as the prescribing and administration of medication, the medication itself and the use of a secure detention room. Appendix 4 includes biographies of the experts we consulted.

2.10 Links to other bodies

Formal liaison was initiated with the legal team from the Independent Child Sexual Abuse Inquiry led by Justice Lowell Goddard. They were advised of our terms of reference and we were thanked for the contact. A copy of this report was requested along with a request that should matters of relevance to their terms of reference arise in our review, to keep them informed.

Our remit was not to investigate the actions of councils who placed girls at Kendall House. However, the chair of the Independent Safeguarding Board for Kent County Council was informed about the review and acknowledged this notification.

The Church of England National Safeguarding Team were also notified of the review. And similarly acknowledged the notification.

2.11 Limitations

In view of the time that has passed since Kendall House closed, we acknowledge that there are some limitations to this review. These include

- A number of the key personnel who held positions of authority in Kendall House and in the diocesan committees or other organisations with an association with the home are now deceased;

- Due to the passage of time, a full and accurate recollection of events may not have been possible for some of the former residents and staff who spoke with us as memories fade;
- Limited availability of documents, especially full copies of residents' records prior to 1977;
- Over time, there have been notable changes in the level of detail in documents such as minutes of committees. Earlier minutes from the 1960s and 1970s were hand written and often limited in the record of discussions; and
- Hand written documents such as these could not be searched electronically, but needed manual searching and analysis.

The review panel has read and listened to a wealth of evidence, and considered the questions and issues raised in the terms of reference. We have remained impartial and objective in order to consider the evidence dispassionately and fairly, and to make recommendations based on the findings. We are confident this has been a robust and thorough review.

CASE STUDY 1: 1960s

Jane lost her parents at a young age, and was brought up by her grandparents. They sadly died when she was 15 years old. Living with an aunt, she got a job at a local holiday camp where she met John, who was quite a bit older than her, and fell in love. One night, after someone had reported concern about this relationship, she was taken to the police station and warned off John. The next day she was taken to Kendall House. She was told she would be assessed for a month then a court would decide what would happen next. She had to hand over her clothes and her few possessions and was given a uniform to wear. Jane was broken hearted and missed John terribly.

One night, not long after she had arrived there, a small group of other girls pinned her down on her bed and sexually assaulted her. Jane was terrified but didn't tell anyone what had happened. She was wary of Miss Law, the superintendent, and didn't feel able to confide in her. Jane was asked to see Miss Law on a few occasions and asked about her family history. Miss Law appeared to be sympathetic, but would taunt Jane about John and whether she was missing him. Jane pretended she wasn't bothered, but she was.

One night, Miss Law asked Jane to come to her room on her own and asked her to rub her back. Miss Law took Jane's hand and placed it on her breast. Miss Law told Jane to imagine she was John. When Jane refused to rub her back, Miss Law seemed irritated and told her to go away.

The next day, a purse went missing from Miss Law's office and Jane was accused of stealing it. Jane did not steal it, but later it was found under her bed. She was told this would not bode well for her when she went to court later. Around the same time, Jane discovered she was pregnant with John's baby. After appearing at court, Jane was told she would stay at Kendall House until her baby was born. When she came back from court, she was told by Miss Law that no one would speak with her for two months because she stole the purse. None of the staff or other girls spoke to Jane for weeks.

Jane was given medicine. She was told it was called largactil and would calm her down. Even though she was known to be pregnant, she had this medicine every day, like the other girls. It made her feel lethargic and sleepy.

When she was about 5 months pregnant, she went to church with the other girls one Sunday. On her way home, she saw John who had come to see her. She was overjoyed. They arranged to meet outside the home later on. That evening she managed to leave the building, even though the doors were locked. She climbed out of the window and met with him. In the short time they had, he spoke of all the letters he had sent her. She had received none. Miss Law had told him Jane was pregnant and he had again offered to marry her. After 20 minutes, the police came and took John away. Jane never saw him again.

Back in Kendall House, Jane was stripped and placed naked in a cold bath where Miss Law scrubbed her, and also touched her inappropriately whilst the two male police officers looked on laughing. She was told this was because she tried to run away. Jane was then locked in a room for two days. She remembered it was cold, and there was no food and no toilet. Once she was released from this room, Miss Law told her if she tried to run again she would be sent to a psychiatric hospital and her baby would be taken away.

One night, her labour pains started. Jane knocked on Miss Law's door and asked for help. She was told to go back to bed. Next morning she was in excruciating pain, and went back to ask again for help. Jane recalls Miss Law made mocking remarks about John. This time an ambulance was called and half an hour later her baby boy was born.

When she returned to Kendall House, Miss Law congratulated her on her baby but also advised her to behave as she wouldn't want anything to happen to him, adding 'we've got a plot in the garden for little babies that have had accidents'.

Eventually, Jane left Kendall House and her baby was fostered by a family nearby. She was able to visit him regularly. After some months, he was adopted.

The years passed by and Jane got on with her life and got married and had other children.

In the last few years, Jane's son made contact with his mum. He now lives quite near to her and they see each other regularly and have a loving relationship.

Jane has only spoken briefly with her family about her time at Kendall House. Talking to the review panel was the first time she had ever revisited her memories of that time in any detail.

CASE STUDY 2: 1970s

Debbie had experienced a difficult childhood. By the time she was 12, she had been in trouble at school and with the police because of her behaviour. This included attacking other children, running in front of cars to make them stop and on one occasion, setting fire to some papers at school. Debbie was under the care of mental health services and it was felt that she would benefit from being in a more structured and secure environment. Debbie was taken to Kendall House and seen by Dr Perinpanayagam. He believed that 'medication was essential for her control' and described her as a 'psychopath.' Debbie lived at Kendall House for four years.

In her first year, and still only 12, she attempted to run away on a number of occasions. She was initially prescribed antidepressant tablets three times a day and sedation at night. Gradually, over the next year, she was also prescribed more drugs including anti-psychotics and tablets to counter their side effects. At one point, when she was 14, Debbie was taking up to 9 different types of drug every day. She recalled feeling like a 'zombie', unable to think or concentrate properly. The drugs affected her movement, so that her limbs felt heavy and she would shuffle rather than walk.

Despite this, Debbie continued to fight against the regime and would regularly try to run away, either by herself or with other girls. Invariably, when she returned she would be given a sedating injection and placed, sometimes forcibly, into a small and sparsely furnished room upstairs in the home, a room which she called the 'dungeon.' She would be locked in this room for what seemed like long periods, always alone. The injections had a dramatic sedating effect, almost immediately inducing sleep and even when she awoke later she felt faint, light headed and disoriented.

Sometimes, when it was felt by the staff that she needed to be calm, Debbie would be cuddled by one of the nurses. She was told this was a process called 'mothering'. During the cuddle, Debbie's hand would be taken by the nurse and placed under her blouse onto the woman's breasts. The purpose of this was not explained to Debbie, and she was a bit uncomfortable about it, as the nurse would also often be the person who on other occasions, also gave the injections. Debbie was intimidated by this woman and very fearful of her.

Debbie's mother and step-father visited occasionally and expressed concern to Miss Law about the amount of medication given to their daughter and its' effects. Debbie recalled a time when her mother lost her temper with Dr Perinpanayagam about this matter, and he reacted by shouting for the police to be called. Her step-father had to calm the situation down. Her medication regime was not reduced or changed following this meeting. Her mother also expressed concerned about the 'mothering' process.

Debbie attended the classes at Kendall House, but often felt too sedated to engage or learn. The drugs also affected her vision and her concentration, and made learning almost impossible.

Gradually over the course of her third year, the staff felt Debbie's behaviour had improved and she was allowed to have weekends at home with her mother. On returning to Kendall House after one weekend, Debbie was accused by the same nurse as before of having unlawful sexual intercourse with boys. She was accused along with some other girls. At that time, Debbie wasn't interested in boys and stated adamantly that she had not had sexual intercourse. Nevertheless, her denials were not believed and she was subjected to an

internal examination by the nurse. Debbie found this painful and humiliating. Her home leave was also suspended after this incident.

Debbie was in Kendall House for 4 years until she was 16. Her heavily medicated regime continued throughout that time. She was constantly told she would not amount to anything in life and would be unable to care for herself as an adult.

After leaving, Debbie lived in hostels for a while. She spent some time in borstal, prison and in psychiatric care. She became an alcoholic and was homeless, living on the streets for a number of years. She maintained a close relationship with her mother and had a son, who was loved very much. Eventually, Debbie got her life back on track and today, she has a home, a dog and many friends and is getting on with her life.

Debbie looks back at her time at Kendall House with a great deal of anger; at her relative powerlessness as a child in that environment, and at having to live in a constant state of fear or drug induced stupor. She remembers many of the other girls fondly and wonders how they are getting along. Debbie is a proud survivor.

CASE STUDY 3: 1980s

Kerry had a really difficult childhood. Her parents had split up soon after her birth and there was a history of acute mental illness in the family. Kerry had been under the care of children's psychiatric services from the age of 6, and had experienced a number of different placements in homes under place of safety or care orders. By the time she was 12, she was deemed to be very disturbed, with a history of violent behaviour and an emotional age of 5. At school, Kerry threatened another girl with a knife, and at this point the school felt unable to manage her. It was decided she needed to be placed somewhere with a firm structure to 'enable her to reach whatever maturation is possible.' This place was Kendall House, and she lived there for the next 5 years.

During her first year, Kerry remained unsettled and attempted to abscond on a number of occasions. She also had a number of violent outbursts where other girls or staff would be attacked. After a couple of weeks she saw Dr Perinpanayagam and was prescribed regular valium, haloperidol and nightly sedation. She was also prescribed 'crisis medication' of injections to be used as required when staff felt that she was agitated and in need of additional control. Kerry recalls being 'pinned' to the floor by staff sitting on her in order to administer these injections, which had an immediate sedating effect, knocking her out. She also recalls the side effects of these drugs which for her included a painful locked jaw, which she found frightening. Kerry also indulged in glue sniffing with some of the other girls throughout this period.

Fairly soon after she was admitted to Kendall House, Kerry remembers her mother speaking with Miss Law about her medication, as she was anxious at the effect it was having. Her mother was told it wasn't medication, but 'smarties'. Her mother had a row with Miss Law, who then refused to speak with her. Her mother continued to visit Kerry, who continued to receive medication as before.

Over the next two years, it was felt that Kerry's behaviour was improving and that she was having fewer violent episodes than previously. Her medication regime continued throughout this time, and 'crisis medication' was being given on a regular basis, certainly more than 2-3 times a month. When this was given, she was invariably placed into the 'isolation' room, a locked and sparsely furnished room, sometimes for a few days at a time. She was always dressed in her nightclothes when this happened. Kerry was now deemed to have an emotional age of 8.

Occasionally, Kerry would go home with one of the staff and stay with them for the evening or weekend. She remembered these times fondly, and enjoyed meeting their families and playing with their pets.

Gradually, Kerry was allowed some privileges. These included leaving the home at weekends to spend time with her 'social aunt'. After one such weekend, Kerry returned and disclosed to staff that she had pain passing urine, and that she did not want to return to her social aunt's home. Later she told a member of staff that she had been raped that weekend. She also told her mother who agreed to inform her social worker. The member of staff told one of the senior staff. Kerry was seen by a GP and examined. One of the senior staff challenged Kerry about her allegation and Kerry then disclosed further details about the incident. She was told she should not have put herself in such a risky situation, and agreed to speak to a police officer. Her social aunt was also informed and denied that any such event could have happened. Throughout Kerry stuck to her account of the events, even though she was not believed by the staff. No action was taken to investigate the allegation further.

Over the following months, Kerry had a number of violent episodes and on a number of occasions the local GP was called to advise on medication, as Dr Perinpanayagam had retired. On at least one occasion, the suggested dose of haloperidol exceeded 3 times her normal dose. Kerry continued to have violent outbursts, and continued sniffing glue. One evening, she climbed on the roof and started to throw bricks at the street below. She was subsequently heavily medicated with injections, again overseen by the local GPs.

Kerry started losing weight and had a brief spell in a local mental health hospital over the Christmas period as it was suspected she may have anorexia nervosa. Kerry had felt really depressed and was talking a lot about suicide. She was admitted to this hospital on two other occasions. Each time she was placed on an adult ward and found the experience terrifying. On at least two other occasions, Kerry took an overdose. The first time it was aspirins and the second time it was anti-depressants. On this occasion, she was taken to the general hospital and treated there. She recalled that at the time she felt like she had just had enough of life. Kerry was eventually prescribed anti-depressants, and continued on these for some time.

Kerry recalled that a new member of staff, who was male used to pay her a lot of attention and tried to kiss and touch her when no-one else was around. This made her feel uncomfortable and she didn't know what to do. She didn't tell anyone about it at the time

Once she was 16, Kerry's social workers looked for an alternative placement for her and this was found later that summer. Even though she had left Kendall House, Kerry continued to contact the staff and girls there for a while after she left. Via her social workers, she was asked to stop this contact as Kendall House had no longer any responsibility for her.

Today, Kerry lives in sheltered accommodation. Her mother lives nearby and they remain close.

CHAPTER 3

GOVERNANCE LEADERSHIP AND OVERSIGHT

3.1 Introduction

In this chapter, we describe the leadership and oversight of Kendall House. We include an analysis of the nature of the services provided, the professional standards of those working there, and links between Kendall House and the statutory authorities.

In summary, Kendall House was run by the same superintendent, Miss Doris Law (now deceased), from 1957 until her retirement on the grounds of ill health in September 1985. She had two deputies over the period with which this review is concerned; the first for most of the 1970s and the second until closure in 1986. Miss Law spent a year at Queen's College in Birmingham studying Social Work from August 1967-August 1968 during which time there was a temporary replacement in charge. (Source: Minutes of the Thameside Branch of the Joint Diocesan Committee for Social Welfare meeting, 22nd May 1967). Miss Law received no subsequent professional training.

Miss Law was responsible for the day to day running of the home; finance, recruitment of staff and liaising with local councils, police, local doctors and hospitals about the residents' health, education and long term futures. Miss Law liaised closely with Dr Perinpanayagam, a consultant psychiatrist attached to the home. There were serious staffing problems at Kendall House throughout the period covered by our review; often too few staff to cover shifts, so that others had to work extended hours. There were also difficulties in recruiting staff with adequate qualifications or experience. These matters were regularly brought to the attention of the committees tasked with oversight of the home.

In the main, record keeping about the residents was detailed. Those files we have seen (which we have been told are all that the dioceses now hold) show that daily notes were kept of each resident's behaviour and medications and that termly reports were sent to the local authority responsible for placing the child at Kendall House.

Miss Law was part of the Management Committee of the home and this reported every two or three months to an Executive Committee. She also reported every year to the Rochester and Canterbury Joint Council for Social Welfare (in 1974 its' name was changed to the Rochester and Canterbury Joint Council for Social Responsibility).

On the whole, Kendall House had cordial relations with local authorities, local police and local family doctors. Miss Law was the point of reference for any outside agency wanting to liaise with Kendall House

3.2 Purpose and Ethos

In 1946, the Rochester Diocesan Association for Moral Welfare purchased 46 Pelham Road, Gravesend for the purpose of a 'Moral Welfare House'. The purchase was funded by the sale of another, smaller, property which had fallen into disrepair during the war. The new house was named 'Kendall House' in honour of the former home. (Source: Documents located in Property Purchase file)

Kendall House opened its doors to its first resident on the 3rd of January 1947. She was 18 years old and was there as a maternity case. During that first year, Kendall House welcomed 137 women and girls aged between 9 and 40. Most were there as maternity cases, some accompanied by their very young children; others were there for 'care', 'advice' or 'shelter'. They stayed for variable periods, from only a few days to a few months.

Through the 1940s and 1950s, Kendall House admitted just over 1200 girls and women. (Source: Kendall House Register 1947-1986)

During the time frame of this review (1967-1986), over 300 girls aged between 10 and 16 years were referred for placements at Kendall House. Referrals came through the courts (for example, referrals under the Fit Persons Order; (girls on remand awaiting trial), through Social Services (for example, Place of Safety Orders), and in some cases, through health services following psychiatric assessment and clinical recommendation. At any one time, Kendall House could accommodate 12 - 15 girls, and according to the minutes of the Executive Committee for the Joint Diocesan Council for Social Responsibility (JDCSR), during the 1960s – 1980, it was usually full. (Source: minutes of the Executive Committee from 1968-1980)

Social services departments from local authorities in Kent, Essex, Sussex and many of the London boroughs referred and placed girls at Kendall House. Placements were also made from local authorities as far afield as Norfolk and Liverpool. (Source: Kendall House admissions register 1967-1986). Table 1 presents the numbers and reasons for referrals to Kendall House between 1967 and 1986.

Table 1: Referrals to Kendall House 1967-1986

Year	Number of admissions	Reasons (where stated)
1967	60	Place of safety (21) Care, protection & control (17) Maternity (10) Remand (6) Truancy (1) Supervision (2) Homeless (1) Family Protection Order (1) Larceny (1)
1968	47	Place of safety (13) Remand (8) Maternity (6) Training (6) Assessment (6) Care, protection & control (5) Homeless (3) Family Protection Order (1)
1969	28	Place of safety (10) Training (14) Remand (3) Maternity (1) Larceny (1)
1970	32	Place of safety (15) Training (8) Remand (4) Assessment (2) Awaiting transfer to hostel (2) Approved school committal (1)
1971	36	Place of safety (20) Training (9) Assessment (7)
1972	19	Place of safety (7)

		Training (7) Assessment (3) Night shelter (2)
1973	15	Place of safety (2) Training (6) Remand (3) Holiday placement (4)
1974	10	Training (10)
1975	10	Training (7) Place of safety (3)
1976	7	Training (5) Assessment (1) Place of safety (1)
1977	3	Training (2) Assessment (1)
1978	8	Training (7) Place of safety (1)
1979	5	Training (4) Assessment (1)
1980	5	Training (4) Overnight holding (1)
1981	12	Training (8) Holding/ absconson (3) Not specified (1)
1982	2	Training (2)
1983	9	Training (5) Place of safety (3) Holiday placement (1)
1984	8	Training (4) Day care/education (2) Holiday placements (2)
1985	4	Training (4)
1986	7	Training (3) Place of safety (1) Short term respite (3)

3.3 Evolution in the role of Kendall House

Prior to the mid-1960s, the majority of referrals to Kendall House were girls who were pregnant and unmarried or unsupported by their families. From approximately 1964, the nature of referrals changed and more girls who were described as having behavioural problems, 'delinquency', or being 'extremely difficult' were referred to Kendall House (Source: Annual reports for Kendall House from 1968 onwards). By the end of the 1960s, the nature of the needs of the residents at the home had changed completely from the start of that decade. The final maternity case was referred in 1969.

This change in clientele from a high turnover of mainly maternity cases to long term residents, many with complex needs who were admitted for 'training' was identified and commented on at church committee meetings where Kendall House was discussed. On the 30th of April 1968, the minutes of the Thameside Branch of the Canterbury and Rochester Diocesan Council for Social Work record that a member addressed the meeting thus,

“He said that the church social work deals with one third of the total cases of illegitimate births in this country. Church social work will eventually be taken over by the state. There is a certain feeling of unease ... he believes that there will always be opportunities for the Christian Community to find new avenues where it can continue its work of caring for those who cannot find anyone else to care for them. This will present a sort of challenge which any Christian community wants. There are still people in our community who are not going to get the care they want. There is no reason at all why we should be afraid of a change.” (Source: minutes of meeting of CRJCSW 30th April 1968)

By July 1969, Miss Law reported to the Joint Council that there were more applicants than places at Kendall House and that the new intake were described as follows:

“Many of them (are) very disturbed children aged between 11 and 14, many completely rejected by children’s homes and special schools”. (Source: Minutes of meeting of CRJCSW 17th July 1969)

A similar discussion in 1970 noted:

“There has been a notable change in the population of the home, the girls being younger – admitted one girl not quite 11. Other changes seen, the number of applications for pregnant girls has dropped – the younger age group are presenting more problems in many ways, particularly in their education – there are behaviour difficulties particularly in the school room.” (Source: minutes of Thameside Branch of CRJCSW 15.4.70)

At a Branch meeting of the Canterbury and Rochester Joint Council for Social Work and Aid held on the 26th of May 1971 the Chairman said,

“In some ways CSW (Church Social Work) at the moment is having a fairly difficult passage. Many people are saying, is it really necessary for the Church to be in social work any longer. I hope you feel it is very important and necessary for the Church to stay in this work. The Church has a special role to fill in social work as it has a number of very dedicated and trained people who are prepared to take the caring Church to the public needs and are able to do this without the limitations imposed on other social workers who work through the statutory bodies and have to work within the limitations imposed upon them by the nature of the statutory services.” (Source: minutes of branch meeting of the CRJCSW 26th May 1971)

As the decade progressed, Kendall House began to regard itself as offering specialised psychiatric care as a direct alternative to the child being an inpatient in a psychiatric hospital. At a meeting in 1973, Miss Law reported,

“The homely caring situation we have at Kendall House is better than the clinical setting of a hospital. With our good relationship with Stonehouse Hospital we are able to provide the children with expert care in times of crisis.” (Source: minutes of Thameside Branch of CRJCSW 22nd May 1973)

In June 1974, Dr Perinpanayagam personally addressed a meeting. Explaining about his work at Kendall House, according to the minutes, he said

“... there are very many girls who are very disturbed and need expert advice and help ... Dr Peri [sic] ended his talk by saying that 80% succeed in taking their place and returning to their school. He said ‘we never give up’ there is nothing called ‘giving up’ and nothing called ‘one cannot help’”. (Source: minutes of the Thameside Branch of CRJCSW 20th June 1974)

The suggestion that 80% of residents of Kendall House returned to their mainstream school is not confirmed by our findings. We have found only one or two such girls in the records. If the minute is accurate, we believe Dr Perinpanayagam was either misleading the committee or was misinformed about the destination of the girls upon leaving the home. Miss Law was also present at the committee meeting, and no comments from her are noted on this matter.

In April 1977, Miss Law reported to the Joint Council that Kendall House was,

“Providing specialist treatment and care for girls between the ages of 10 and 14 on admission said to be uncontainable in either home or school. It is a closed unit, providing education and psychiatric treatment on the premises...” (Source: minutes of the Thameside Branch of the JDCSR 27th April 1977)

Through the late 1970s and into the 1980s, Kendall House continued to see itself as providing a specialist medical service,

“Medical students brought in by our consultant psychiatrist, Dr Peri, are surprised that the church, not the health service, provides this care.” (Source: minutes of JDCSR of 1st May 1980)

Until late 1985, admission criteria at Kendall House was not clearly defined, and girls with a range of complex social, emotional and psychological needs and challenges were referred there. Often, these were girls who had spent much of their childhood in various children's homes, or had troubled and disruptive home lives. Some also had experienced difficult relationships with one or both parents. A number also had experience of being excluded from mainstream education, or from other children's homes and it was felt they needed to find another placement for their care and upbringing. Some also had experienced abusive childhoods as a result of domestic violence or physical, emotional or sexual abuse. Girls were often aggressive, prone to violence and disruptive and risky behaviour. 'Emergency' admissions for girls who could not be found a placement elsewhere became a more common occurrence from the late 1970s until the mid-1980s (Source: Kendall House Working Party Report, July 1985).

In most of the cases referred to Kendall House, the referring local authority retained a legal responsibility for the child, who would be placed on a care order. Kendall House offered a seemingly unique residential service for girls who were difficult to place elsewhere. Placements were funded by the referring local authorities. (Source: interview with FS16, former social worker in Kent area). Analysis of the minutes of the relevant committees did not identify any notification of inspection visits by the placing local authorities. (Source: minutes of JDCSR; minutes of Executive Committee)

Kendall House was inspected by the Department for Health and Social Security (DHSS) in June 1984, and as a result of their recommendations for action, a Working Party was set up. Recommendations included clarification of the purpose and philosophy of care at the home and a review of the admissions criteria. It was felt that the established approach was in need of 'tightening up' and re-defining. A set of principles was proposed and detailed procedures advocated to inform a more robust and consistent management of admissions (Source: Report of the Kendall House Working Party, July 1985). It was re-inspected by the DHSS in December 1985, and received a further report with additional recommendations in March 1986. (Source: DHSS inspection report March 1986)

3.4 Leadership and Management at Kendall House

3.4.1 Miss Doris Law

Doris Law had a reputation as a strong personality and emphasised the importance of good behaviour amongst the residents. As the longstanding superintendent, she set the tone for what happened at Kendall House and, although sometimes remote from the day to day activities, would have always been aware of what happened.

There was a day book in which any particularly noteworthy behaviour of the residents was recorded so that the next rota of staff would be able to read what had happened on the previous shift. Miss Law would have familiarised herself with what happened by reading this book or by speaking with her staff. None of the staff to whom we spoke regarded Miss Law as a friend. They considered her to be their superior at work and, in the case of more senior staff, an esteemed colleague. She is described in this way by former colleagues;

"...a strange woman – I think the heart was in the right place, but I would say slightly misguided. She was a very strange woman – I got on very well with her, I think I just appreciated her eccentric ways, in a way. She was a Miss, and yes, a strange woman, really, that's all I can say about her. I genuinely think she felt she was helping these girls, her Christian side of her came out, you know, that she was there to help these girls. I genuinely believe that, that's what she believed. She was a great churchgoer."
[Source: Interview with FS04, employee, late 1970s - closure]

"I remember rather little about Kendall House, other than the regime was somewhat authoritarian. It was run by Doris Law, who reminded me of nothing so much as an old-fashioned matron in a hospital. She was very worthy and well-intentioned and Christian – I am sure of all of this" [Source: Interview with FS07, employee, early 1980s]

Within Kendall House, we heard reports of Miss Law's autocratic leadership style, especially towards the main body of largely unqualified and junior staff. Some staff felt there was a distinct culture of 'them and us' between the senior team and the rest of the staff.

'...there were two camps, there was the old guard who she (Miss Law) employed, older white women, and they had, they were like, loyal to her. They wouldn't question her or anything, and then there was us, who were not friends of friends...we didn't really fit in'
(Source: interview with FS01, employed late 1970s-until closure).

Former 'houseparents', the teaching staff and others who spent much of their time in direct contact with the residents, told us they often felt excluded from decisions, they were not made aware of girls' care or treatment objectives, and often were not informed about the reasons girls had been admitted or about their background or risk factors. When case conferences took place to discuss specific cases, generally these involved only the senior team (ie Miss Law, Dr Perinpanayagam, and the deputy superintendent).

The lack of cohesiveness between senior staff and those who spent more time in direct contact with the girls was recognised as a risk during the DHSS inspection in 1984. The Working Party set up to address their recommendations focused its attention on this matter.

"The small core of senior staff hold all the control and responsibility. Very few decisions are taken without them. Delegation of responsibility is minimal.....unless training and delegation go hand in hand, frustration at limited opportunity will be expressed. There is some current evidence of this. A major change in the pattern of internal management need to be taken in order for the staff to function cohesively, with each member being

able to take a full and active part. Changes need to be made in the management style of the senior staff.....” (Source: Report of the Kendall House Working Party, July 1985)

The Working Party went on to recommend that ‘*serious consideration should be given to the appointment of a new superintendent who can implement these recommendations and changes.*’ Their report commented that Miss Law also shared this view.

Miss Law took long term sick leave from the end of 1985 and tendered her resignation on the basis of ill health in September 1986. She died in October 1986. She was succeeded by her deputy who remained in this position until Kendall House closed in December 1986.

3.4.2 Psychiatrists

To reflect the changing needs of the girls referred and admitted to Kendall House during the 1960s, two major changes to the leadership arrangements were noted. In 1967, Miss Law was granted permission from the Joint Council to take a year’s study leave to Queens College Birmingham. This was to complete a course in social work (Source: minutes of meeting 22.5.67). Prior to Miss Law’s return, Kendall House was closed for a month in July 1968 to be reorganised.

Also in 1967, the role of Dr Perinpanayagam (almost universally referred to as Dr Peri by staff and residents alike), was introduced. He was a consultant psychiatrist attached to Stonehouse Hospital in Dartford, and became a consultant to Kendall House. Over the next 18 months, his role became more defined and by 1970, Dr Perinpanayagam was conducting regular weekly visits to Kendall House. He would wear a three piece suit with a bow tie and speak to very few staff members or residents, maintaining an aloof and rather distant manner.

Dr Perinpanayagam was a highly qualified doctor, and clearly proud of his achievements and status. When entering into correspondence, on Kendall House headed paper where he appeared as “*Consultant Psychiatrist: Dr. M. S. Perinpanayagam*”, he invariably signed himself thus,

*“M.S. Perinpanayagam, M.B.B.S., F.R.C. Psych., D.P.M., D.C.H.,
Consultant Psychiatrist and Tutor Univ. Lond.,
Psychotherapist to Her Majesty’s Home Office,
Visiting Consultant Psychiatrist to Kendall House, Gravesend”.*

From the evidence reviewed, we noted a persistent and unquestioning deference to his status as a consultant, and gratitude for his work at the home from members of the Joint Diocesan Committee and the Executive Committee. (Source: minutes from Executive Committee and JDCSR; various dates 1967-1982)

It was generally considered they were fortunate to have secured the services of such an eminent psychiatrist,

“Dr Perinpanayagam, who had in the previous 18 months given a great deal of time and help to us, agreed to become consultant psychiatrist to the home in May since when he has visited the home weekly and been a constant source of support and help.” (Source: Thameside Branch JDCSR Annual report Dec 1970)

Miss Law and Dr Perinpanayagam had a close working relationship and together set the tone for the medical regime provided to residents at Kendall House. They were publicly supportive of each other’s decisions, providing a strong mutually reinforcing leadership focus within the home

In minutes of meetings of the Joint Council and the Executive Committee, comments of praise, trust and affirmation for the work of Miss Law and Dr Perinpanayagam were often noted.

'We are extremely lucky to have Dr Peri. Over the last few months he has given a tremendous amount of time. He comes without fail every week and constantly gives support. Miss Law suggests we ask him to speak at a Branch meeting or at Diocesan level.' (Source: minutes Thameside JDCSR 18.3.71)

'(The Chairman) welcomed Dr P and said he has been helping at KH where there are many girls who are very disturbed and need expert advice and help....and we are grateful to him for the concern he shows.' (Source: Thameside JDCSR 20.6.74)

'Miss Law was told the committee were grateful for her work and devotion.' (Source: Thameside JDCSR 24.6.77)

'If you are walking taller when you go out tonight, it is because you know about the work at Kendall House.' (Source Thameside JDCSR 19.4.81)

In its meeting on 15.9.81, the Executive Committee was informed that Dr Perinpanayagam intended to retire in the next 12-18 months. The minutes record a *'Child Psychologist'* (sic) *'whose approach is different'* in that *'he helps children by helping staff and parents to understand their own feelings and needs'* should be invited to take on the consultant role at Kendall House after Dr Perinpanayagam had left. This individual was invited to attend the next meeting of the committee to talk about his alternative approach. (Source: minutes of Executive Committee, 15.9.81)

The minutes of the meeting held in November 1983, note this new consultant had agreed to take over from Dr Perinpanayagam by increasing his sessions at Kendall House. It was noted *'concern regarding the control of drugs was discussed. He confirmed that drugs are used temporarily solely in crisis situations. He does not support an indiscriminate use of drugs.'* His new role was confirmed formally on 30.11.83. (Source: minutes of Executive Committee meeting, 23.11.83)

This proved to be a difficult transition, and the consultant subsequently resigned from Kendall House at Easter, 1985. This is discussed later in the report in Chapter 5. Following his departure, clinical advice was then provided via general practitioners from a nearby practice, with support from psychiatric consultants from local hospitals as required, until the closure of Kendall House in December 1986.

3.5 Staffing

Over the years, Miss Law made regular requests of the different committees for additional resources for staff and updated facilities to meet the changing needs of the residents at Kendall House. Whilst the minutes imply these requests were received sympathetically and agreed, the repeated requests for additional staff indicate that actions to address the staffing pressures were not enacted. Difficulty in funding posts, attracting and appointing staff were consistent themes in reports to the various committees throughout the late 1960s and 1970s until the early 1980s (Source: Thameside Branch of C&RJCSR minutes 15.4.70; 7.7.70; 14.6.72; 22.5.73; 20.6.74; 20.4.78; 28.4.82 and minutes of Executive Committee 12.11.70; 29.1.80; 10.6.80).

Minutes of a meeting of the Joint Diocesan Council, Thameside Branch of 15th April 1970 record,

“Very urgently need a deputy, also looking for replacements for two assistance staff”

Minutes of the Executive Committee meeting of 13th September 1973 record,

“Miss W helped out in August but August did not prove to be a particularly quiet month. Mrs X returned from holiday to find her mother ill and was unable to return to work. Other staff went on holiday. Obtained help of a student for a few hours a day. Staff absolutely chaotic both in house and school room. No teacher in charge. One teacher opted out after 2 days. Very good response to advertisement for house staff with a good type of married woman replying. Mrs X, one of the senior members of the staff, is addicted to Dr Collis Browne’s mixture – this has worsened and she is now in hospital. Mrs Y has given a month’s notice. Mrs Z retired at the end of August ... Mrs Z has given up.”

Minutes of a meeting in June 1974 record,

“... Miss Law made a strong plea for staff – she asked all to go back to their parishes and let their needs be known, she felt that somewhere in the three Deaneries there are Christian mothers who have bought up their own children and are prepared to take over the care of these children. A Teacher-in-charge has at last been appointed and will take on her duties from September, there have been four terms without one.”

This comment is notable, not only for the now regular request for additional staff, but for the plea for ‘Christian mothers’. Miss Law did not acknowledge the challenges of caring for the girls at Kendall House, many of whom had very difficult and challenging behaviours, nor does she acknowledge the need for staff with appropriate skills or experience. At one level, it could be seen as a cry for help.

On occasion, medical students were placed at Kendall House as part of their placement with Dr Perinpanayagam’s medical team. Social work students from West Kent College also had placements at the home. We heard from a former social work student who had an 8 week placement in 1984. This was terminated by her college tutor over concerns for her safety after she was locked in a room with two residents during a ‘riot’. (Source: conversation with FS17, former social work student)

Staffing problems were also noted by the DHSS inspectors at both of their visits to the home in 1984 and 1985. The later report expressed particular concern at the number of senior vacancies at that time. (Source: DHSS inspection reports, 1984 and 1986)

3.6 Governance and oversight

The exact structures governing the administration and oversight of Kendall House have proved difficult to identify from the remaining records. Prior to 1974, the Canterbury and Rochester Joint Diocesan Council for Social Work and Aid was the senior committee. In 1974, it changed to the Canterbury and Rochester Joint Council for Social Responsibility and adopted a new constitution which set out as its object,

“The object of the Council shall be to promote the Christian Faith, as expressed in the Social Mission of the Church, in the Dioceses of Canterbury and Rochester.

To that end it will

- i. Promote in Parish, Deanery and Diocese, education in the principles and application of Christian Morality.*

- ii. *Keep under constant review the special needs of the area covered by the Council and draw the attention of the Churches to current social problems.*
- iii. *Promote new thought towards dealing with those needs and problems.*
- iv. *Work in partnership with all other agencies for social service, voluntary and statutory.”* (Source: Constitution of the Joint Council for Social Responsibility in the Dioceses of Canterbury and Rochester, January 1974)

The constitution indicated that in order to fulfil these aims, it had the power to raise funds, employ staff, promote and arrange the management of projects. The constitution also set out guidance on membership and advised on the creation of two Executive Committees (one covering Kent, Bromley and Bexley, the other covering Croydon with which we are not concerned). The Joint Council had 27 members (none of whom were obligated to have any specialist experience or knowledge) and an additional two members with no voting rights. It aimed to meet at least twice a year, although records suggest it did not always achieve this.

In our view, the size and constitution of the Joint Council were such that proper oversight by it of Kendall House would have been impossible. It met only infrequently and essentially received reports from other committees about the many and varied projects it was funding across both dioceses. The members of the committee lacked any experience in the kind of specialised services provided to the residents of Kendall House.

3.6.1 The Executive Committee

The Executive Committee for Kent, Bromley and Bexley (known collectively as Thameside) had a minimum of 7 members (of which there was to be a nominee from the social services departments of Kent, Bromley and Bexley councils. These people would have been nominated by the local authority and would not necessarily have had any social work experience, as they may have been elected members, not officers). The committee met approximately 5 times a year, usually at Kendall House itself. Concerns were raised at the time about poor attendance of these nominated members from the local authority (Source: minutes of JDCSR 11.7.84 & 13.9.84).

The committee received reports about fundraising and finance for the geographical area it covered. Miss Law (or someone on her behalf) provided reports about Kendall House. Her reports included a basic numerical account of the turnover of residents since the last meeting, with the occasional mention of a resident being transferred to Stonehouse Hospital. Prior to 1980, only a handful of residents are ever mentioned by name (their first name only) and then apparently because they were particularly difficult to manage. After 1980, there was a more detailed description to the committee of the specific problems facing individual girls. It seems likely that the slower turnover and reduced numbers of residents made this more individualistic approach possible.

The minutes of these meetings describe no proactive enquiries of Miss Law about the regime at Kendall House. It appeared that the committee accepted uncritically and without question what it was told. Committee members also visited Kendall House individually, at a rate of about one every month. No resident we have interviewed recalls being spoken to by any visiting committee member, although we have seen references in the individual files of committee members being given lunch or tea with the girls. We take the view that these visits were not likely to have provided much insight into the true nature of the regime at Kendall House and such little time was spent with the residents. It is unlikely that committee members would have spoken with the girls without a senior staff member in attendance. A former employee told us,

“Do you know what, they (members of the committee) used to come and have weekly lunch and of course, the girls like, you know, they were faithful, they would be on their best behaviour, because they would be told, so they couldn’t really, you know, express themselves, because they knew – the irony for them was, a bit like us, who do they go to in confidence to express their concerns? No one.” (Source: Interview with FS01, employee from mid 1970s-closure)

The minutes of the committee meeting in November 1979, record that they were made aware of a forthcoming TV programme into the use of drugs to control violent children which would include reference to Kendall House. The minutes of the meeting in January 1980, after the programme had been broadcast record,

“The ATV programme on the use of medication in treatment distressed our consultant, but had few outside repercussions. (A member) asked for clarification of members’ visits, and was assured that they are not statutory inspections, All Local Authorities are notified of medication being given to any child in their care”.

The minutes of the next committee meeting in March 1980, record,

“The ATV programme may have had an adverse effect on local authorities which do not know our work”.

The only minuted responses of this committee to the public concerns raised about the quality of care provided at Kendall House, and subsequent media outcry (Appendix 3) was to be concerned about the status of their own visits and to comment on the possibility of local authorities taking an adverse view. We consider the responses to the TV programme further in Chapter 5.

3.6.2 The Management Committee

There was also a smaller Management Committee for Kendall House, which dealt only with issues relating the home itself; funding, staffing, accommodation and residents. It met on the same dates as the Executive Committee and then provided a report to it. We have been provided with some of the minutes of this committee from 1982 to the closure of the home. It seems likely that the substance of this committee’s discussions will have been reflected in the reports provided to the Executive Committee by Miss Law.

The Management Committee met in November 1984 to consider the DHSS reports arising from their inspection which took place in the previous July. The committee discussed the report and decided to form a ‘Working Party’, chaired by a senior clergyman and with representation from education services. This body took a further six months to look at the matters raised in detail. The aim was to report back almost a year after the DHSS inspection had taken place.

Minutes of the Management Committee of the 26th of July 1985, note receipt of the Working Party report. It did not however, make time to consider their recommendations fully (even though it was now 12 months since the inspection) and resolved to meet again on the 6th of August 1985 to do so. However, there was one aspect of the report which they considered required urgent attention; the wording of a paragraph which could be seen to criticise Miss Law. Their amended report was shared with the Joint Council on October 8th 1985.

In response to a second DHSS inspection in December 1985, this committee invited representation of the local authority to its meetings. Although contact was made, no representative attended subsequent meetings. (Source: minutes of Management Committee Jan-May 1986)

3.7 Relationships with Statutory Authorities.

3.7.1 Local Authorities

Miss Law was the contact point for any local authorities who wished to place a girl at Kendall House. We reviewed a volume of correspondence between Kendall House (almost always signed by Miss Law or Dr Perinpanayagam) and various local authorities. We also interviewed two former social workers who were based in Kent whilst Kendall House was open.

We were advised that the council retained a responsibility for children it placed in residential care. Every child would have a 6 monthly review and it was the responsibility of the social worker to organise these reviews, which tended to take place in the residential placement. It would have been expected practice for social workers to visit girls every 6 weeks or so depending on their needs. This sometimes did not happen because of wider caseload demands on the social workers who tended, because of workload pressures, to prioritise children who had not been placed in residential care as they were deemed to be at greater risk.

It was maintaining a sense of proportion about the relative safety that you felt children were in, so those in foster care, those in residential care, did get visited less frequently than those who were in their own homes and still at risk' (Source : Interview with FS17, former social worker in Kent area)

When placing a child at Kendall House, the local authority concerned would often provide copies of any psychiatric or medical reports they held in respect of the child. They would also provide a synopsis of the child's home situation with an analysis of any problems which were likely to arise. In the main, this provision of information by the local authority to Kendall House was good. These documents were placed on the child's file and were therefore available for review by staff at Kendall House.

Kendall House provided termly review reports on each child to the placing local authority. These were lengthy documents setting out an overview of the child's progress (or lack of) since the last report, listing medication and detailing incidents of note.

In addition to the termly reports, Miss Law corresponded with the placing authority whenever there was an issue relating to a particular child, for example if the child got into trouble with the police, if there was a change as to whether they were allowed home visits at weekends, or if there was a decision which required the agreement of the social worker.

If a social worker had concerns or questions about the treatment given to a child at Kendall House, they would make their concerns known to Miss Law in the first instance. If concerns were of a serious matter, they may have informed their superiors who could make representation to Miss Law or to the diocesan committees. On occasion, such concerns were raised by social workers about aspects of the regime at Kendall House, and these are examined further in Chapters 4, 5 and 6.

3.7.2 General Practitioners

Kendall House used the services of the local general practitioners (GPs) and the doctors there would see the girls for 'normal' medical reasons, such as injuries or infections. It is not apparent to what extent the GPs were aware of the girls' psychiatric medication or associated treatment. From Easter of 1985, after the consultant psychiatrist left, this local GP practice took on the responsibility of being the first port of call for all the medical needs,

including psychiatric needs of the residents. They had access to psychiatric advice through liaison with the consultants at Stone House Hospital.

Kendall House had a connection with the local psychiatric hospital, Stone House, as Dr Perinpanayagam, was a consultant based there. On occasion, residents from Kendall House would be placed there, usually on adult wards for short periods. The connection was sustained after he left through links with his immediate successor and then through consultant support and advice to the local GP practice.

3.7.3. Police

On the whole, there seems to have been a good relationship between Kendall House and Gravesend police. Over the years, residents regularly absconded and the local police were asked to help find them. Occasionally, the police were called if there was an incident or altercation at Kendall House with which the staff could not cope. Police were occasionally involved in arresting a resident for criminal offences committed outside the home. On a handful of occasions, where a resident alleged that they had been the victim of a crime (e.g. if they had an allegation of sexual abuse or rape), the local police were called in to speak with them.

3.8 Closure of Kendall House

During the mid-1980s, the number of residents placed at Kendall House reduced substantially. Local authorities were moving away from placing children in residential care and developing their fostering and adoption services as alternative placements. This meant there was less demand for somewhere like Kendall House. This resulted in a loss of income for the home and for the Joint Council. In February 1986, Kent County Council informed Kendall House that more referrals were unlikely because their policy had moved away from placing children into private residential homes. (Source: minutes of Management Committee of 21st February, 1986)

On the 14th of May 1986, the Management Committee unanimously voted to close the home at the end of that year. Later that year, (8.10.86) the Joint Council passed a resolution to close and sell Kendall House, and the associated staff accommodation at 92 Pelham Road. The decision was taken because,

“Unfortunately, the referrals from local authorities dropped in 1986 and 1987 and a decision had to be taken to close the accommodation because the fees paid by the Local authority financed the operation.” (Source: report to Diocesan Board of Finance dated 18th February 1987)

Kendall House closed its' doors on the 31st of December 1986. Throughout 1986, the remaining residents were discharged to other children's homes, or home to their parents, to foster homes, to hostels and one to a secure unit. The last resident was discharged on the 29th of December 1986.

Staff were informed about the closure and wrote a strongly worded letter to the chairman of the Management Committee in September 1986 expressing the view that problems at the home stemmed from poor management. Further, they considered there was still a need for the services at Kendall House and that they were anxious about the prospect of losing their jobs in a time of high unemployment. In December 1986, the staff wrote to the chairman of the Joint Diocesan Council requesting that consideration be given to leasing the premises to a staff co-operative so that they could continue to run it as a children's home. This did not happen.

The home was sold to a Church Housing Association in Gravesend, its debts paid off and it was decided that any surplus funds would be used to further new projects consistent with the aims of the original Trust.

3.9 Complaints about Kendall House since its closure

Over the years since the closure of Kendall House, complaints have been made to people in the dioceses and to those in senior positions in some of the statutory authorities concerned about what happened there prior to 1986.

In 1993, Kent police were contacted by a former resident requesting an update on progress with regard to an earlier allegation made whilst they were resident in Kendall House in the early 1980s. The police advised us that no further evidence was identified at this time and they took no more action in respect of the contact from the former resident.

In the same year, police visited the offices of the Church in Society (CIS, the successor organisation to the Joint Diocesan Council for Social Responsibility) and in response to their request, were given access to the Kendall House files. The then senior advisor to CIS recalled that he believed that the police were investigating,

“Evidence of either poor management, or any evidence of failures to maintain proper regime in terms of medication and order.” (Source: interview with FS14)

The officers left after an hour or so and nothing further was heard by the CIS advisor from them. The senior advisor recalled having told a senior colleague at CIS about the police visit, but he could not be sure that the information would have been passed on to the senior clergy at the diocese (although he said he would have expected it to have been ‘mentioned in passing’). The senior advisor also spoke with a lawyer connected with the diocese about the police visit, and told them that he had allowed the police to have access. The advisor was told that a better approach would have been to assist the police if they asked for specific documents, or information, but not to have given them the opportunity to examine all the documents. He commented further,

“In those days there wasn’t a communications officer or anybody who could advise on that sort of thing. There was a concern but when we were advised ‘don’t respond to police enquiries unless they’re very focused’, we just felt if they’re enquiring we want to help, that’s all. My history in the job was one of, basically, challenging the dioceses, both of them, most of the time about a lot of things. It’s the institutional forces that tend to keep everything safe and conservative, if you see what I mean. It’s nothing to do with people deliberately choosing that course, it’s just the way institutions run. They’re more worried about why a parish hasn’t paid its parish share or something, or if there’s trouble with a particularly clergy or something.” (Source: interview with FS14)

During the mid-1990s, the former resident regularly contacted the officers of CIS and told them about the medication regime at Kendall House when she lived there in the early 1980s. She considered the medication regime placed her at risk of sexual abuse. The senior advisor discussed her concerns with a colleague, and recalled that they wanted to assist her, but there were no policies within the dioceses then about how to deal with such disclosures,

“We weren’t sure what to do with it, to be honest, and there were no pointers”

There was no structure in place within the dioceses to assist people (including employees) who heard disclosures of this nature to ensure it was raised with someone in a position of authority. He, therefore, did not pass on the concerns of the former resident to anyone in a formal way.

During the late 1990s, the same former resident also contacted police in Kent and Essex regarding allegations about offences at Kendall House. Following inquiries and interviews, it was decided by the Crown Prosecution Service that no further action was required. The former resident made a complaint to the police in 2000 about the investigation of her earlier allegations. This was reviewed by the police and it was again determined that no further action was required.

The former resident's contact with the CIS continued and eventually, in 2006, a meeting was arranged for her with the then Bishop of Rochester to discuss the issues and her concerns about Kendall House. The former resident spoke with the bishop at some length, and he listened to her concerns. He felt that the allegations could be of a criminal nature, and in accordance with his understanding of the contemporaneous Church of England safeguarding policy 'Protecting All God's Children', he advised her to report any criminal offences to the police or to social services. He recalled the diocese was willing to help her to contact these authorities, but felt it could not do so on her behalf. (Source: interview with FS08, former bishop) The former bishop does not recall being contacted after this meeting by the police.

In 2006, Kent police were informed of further serious allegations by other former residents. These were investigated, and referred to the Crown Prosecution Service, who determined not to proceed further.

In 2009, Kent police conducted a review of their handling of all allegations received in respect of Kendall House. This was found to be thorough and all the evidence was again reviewed by the Crown Prosecution Service. No further action was required.

In 2009/2010, the first civil claim for damages from a former resident of Kendall House was settled by the Diocese of Rochester. To date, we understand around 20 such claims have been made.

The present Bishop of Rochester was appointed in 2010 and in line with what we have been told is standard practice, received no formal handover from his predecessor about serious matters such as the claims from former residents or the nature of the allegations about Kendall House. We consider that had there been an effective exchange of information about the allegations, and the present diocesan bishop appropriately briefed about the matter, this review may have been commissioned earlier. The present bishop told us he was not aware of any issues surrounding Kendall House until he had been in office for at least a year.

In January 2015, the diocesan bishop announced his intention to establish this independent review into Kendall House. This review started in December 2015.

We consider that the dioceses of Rochester and Canterbury could have examined what happened at Kendall House many years before now. This delay has meant the loss of opportunity to hear from those who held positions of responsibility within the home and in the various diocesan committees through the years, and to hold them to account for their actions. It has also hindered the identification of individuals who may have been involved in abusive activity.

The length of time it has taken to commission this review is viewed by many former residents as an extension of the lack of regard paid to them by the Church of England.

3.10 Commentary: The quality of oversight and governance up to 1986

It is our opinion that there was no effective supervision of Kendall House, by the Joint Council or its Executive Committee. These committees received brief reports from Miss Law about the home without any record of discussion, challenge or question. Members appeared to trust that she and Dr Perinpanayagam were always correct, candid and professional, and were deferential and affirming towards them constantly. It is not clear to us that members of these committees understood the importance of their roles, or appreciated that they could challenge or question the running of Kendall House.

There was also a consistent lack of curiosity demonstrated by these 'oversight' committees. They were attended by well-meaning but often ill-informed members who were content to engage in fundraising, attend events and offer thanks, but who were quite unable to probe, challenge or ask questions about what was happening at Kendall House or why.

We consider that there are likely to be many reasons for these failures; committee members were largely lay volunteers and clergy. They had no experience at all of dealing with children with the problems of those at Kendall House and, significantly, no experience or awareness of good practice at other similar institutions. The regulatory and inspection processes for health and social care with which we are now familiar were not in place when Kendall House was in operation. Further, it is likely, in more deferential times that they were overawed by the impressive qualifications of Dr Perinpanayagam who had Miss Law's complete support and they placed their trust in them.

In our view, having one person invested with such a degree of unchallenged authority and responsibility makes it difficult for faults to be identified and changes to be made. Criticism of Kendall House would necessarily have meant criticism of Miss Law. This was particularly difficult for those on the oversight committees who were likely to have known Miss Law for many years through her work with the church, and have come to respect her and what she stood for.

To some extent, external agencies such as local authorities, offered a source of reassurance to the committees that the regime at Kendall House was acceptable. Concerns and challenges over the years were made by individual social workers about their clients at Kendall House. Although relative to the number of referrals, these were small in number, the consistent response from Dr Perinpanayagam and Miss Law was to contact the relevant social services director and complain about the audacity of the complainant. In this small number of cases, senior managers were therefore aware of concerns being raised but would often back down from further confrontation with Miss Law or Dr Perinpanayagam, and apologise on behalf of their staff for questioning the regime. The criticisms and concerns were not escalated to the diocesan committees. Social services departments continued to send their most difficult cases to be accommodated at Kendall House.

In 1983, further external reassurance came from a court case involving a contested wardship application for a former resident, Kendall House was "*given an accolade by the judge and the independent consultant psychiatrist*" (Source: Minutes of Management Committee meeting of 23.11.83).

The DHSS inspection in 1984 made a large number of criticisms about practices in the home, but also praised aspects of the work there. The home took eight months from receipt of the inspectors' report to respond in writing to its 'urgent' recommendations about the medication regime. The Kendall House working party took over 12 months to respond to the wider recommendations. This tardiness appeared to be tolerated, as no definition of 'urgent'

was made, no deadlines set, and no chasing of assurance about actions to address concerns were made.

The various diocesan committees adopted a defensive stance when faced with criticism from external agencies, and failed to respond when criticism became increasingly vocal from the late 1970s onwards. In addition, they did not take the opportunity to ask themselves if there was any substance to the sporadic concerns they were made aware of by the successor consultant to Dr Perinpanayagam, or the media. Neither did they try to make any connections between the mounting concerns being raised by a range of relevant parties over a number of years.

This lack of effective response by both the diocesan committees and by those who were in senior positions in social services departments and aware of concerns at the home meant that nothing really changed at Kendall House for years, even after the screening of the highly critical TV programme in January 1980.

CHAPTER 4

LIFE AT KENDALL HOUSE

The brochure for Kendall House (Source: Kendall House brochure, undated, but circa late 1970s) was an important document in describing the services, facilities and model of care offered to its residents. It presented an attractive, welcoming home, with photographs of girls running in the garden, playing with small animals, chatting and learning in the schoolroom. It described the particular needs of potential residents as

'The emotionally disturbed schoolgirl, who because of her anti-social behaviour is not able to be cared for in the Community or the conventional Children's home or School.'

The image presented in this brochure, (which was presumably an important promotional document advising referring local authorities and social services departments), is very different from the majority of accounts provided to the review panel by both former residents and former staff of daily life at the home. A number of themes were identified from their descriptions:

- Experience on arrival
- Environment
- Interaction between staff and residents
- The daily routine
- School
- External contacts and visitors

4.1 Experience on arrival

On admission, girls would often be given little or no information by Kendall House staff to explain why they were there, or what would happen to them. They were rarely made to feel welcome and were not informed about the length of time they might have to stay there, even if it was known, such as for those on remand. Girls were not given information about how or when they might access their social worker, or have calls, visits or letters from their family. Their fear, anxiety and vulnerability in some cases, was exacerbated by this lack of information.

'I didn't know how long I was going to be there, where I was going, what they were going to do. It was lack of communication that frustrated me....there was a prison-like atmosphere that I could equate it to, but I think even in prisons they probably have a bit more say.' (Source: Interview with FR48; resident late 1960s)

'I came from XX crown court in a car with a social worker on one side and a police officer on the other side and handcuffed..... and I was taken to Kendall House and I just said 'I want to go home' and they said 'you're not going home, you're on a care order', and then as soon as I got in the door, it was locked. The social workers undid all the handcuffs and that and they just went off and I was just left there with the door shut.' (Source: Interview with FR47, resident mid 1970s).

'There was no explanation. There was no attempt to befriend you or to be supportive. At the other children's homes that I've been in we'd get a keyworker and it was their job to settle you in, to be a kind of mentor to you but there was nothing like that in there, nothing at all.' (Source: interview with FR26, resident mid 1980s)

Kendall House was a rather old-fashioned and formal place, important visitors and staff were allowed to enter the house by the front door, other staff entered only via the side door. The front door was kept locked. Indeed, it had a number of bolts and locks in place. Other internal doors were secure and some of these remained locked. The level of security, particularly the number of locks on the front door created a lasting and intimidating impression for some residents, and also former staff.

“Oh, it was the side door was locked, you know we are not talking – but it is like another world, like Dickensian, the front door, like Miss Law came in, ... the deputy, and the admin, and us had to come through the side door. We weren’t allowed to come through the front door, it was that Dickensian, and we would have to ring the bell and people let you in.” (Source: Interview with FS01, former employee 1970s-closure)

‘I remember the locked doors. I remember bars on the windows, barbed wire up the side of it and I thought, what the hell am I doing here?’ (Source: interview with FR51, resident late 1960s)

‘The first thing I noticed as we got to there, to the porch that was there, was how many locks was on it as they opened it to let us in.....they were wardens, prison - not prison wardens, but wardens, and they had the great big bunch of keys hanging off them....’ (Source: interview with FR46, resident early 1970s)

‘When she rang the doorbell there were about five or six different locks that unlocked the front door. After she had rung the bell, someone came to the door and you could hear the keys on a ring, and when they unlocked one it was click, click, click. It was not double-locked; there were deadlocks.’ (Source: interview with FR09, resident late 1970s-early 1980s)

After their arrival, girls were bathed and provided with a uniform to wear. This process was described by some former residents. The first from a girl who had run away from home because of physical abuse by her violent father,

‘Then, I was stripped and bathed, the marks were noticed on my back and instead of what you thought would be sympathy I got ‘Oh, I see you don’t like to obey then. Looks like you’ve got a behaviour problem,’ meaning ‘cos I’ve got whip marks on my back.’ (Source: Interview FR46, resident early 1970s)

‘And then I remember having to have a bath. As you walk into Kendall House you’ve got the double doors but to the right-hand side of that there’s a bathroom with baths lined up....I remember having to have this bath and the baths were lined up with cubicles but not with doors on them... and a woman stood and watched me have a bath and to me that was horrible....’ (Source: Interview FR45, resident mid 1970s)

Residents at Kendall House were given a uniform to wear during the week and had to hand in their own clothes when they were admitted. They were permitted to wear their own clothes at weekends, but limited to only two outfits. This practice may have been relaxed over the years, but in the late 1960s into the 1970s, the wearing of a uniform was the norm. This was a struggle for some of the residents, as teenage girls, many were interested in fashion and their appearance, and were conscious of their identity and how they dressed.

‘We didn’t have our own clothes. We wore whatever clothing was there, but we were in pyjamas a lot because we weren’t going anywhere...there was no fashion. At that

age you're into fashion aren't you, clothing?' (Source: interview FR48, resident late 1960s)

'We were in the uniform in the week and at weekends we were allowed to wear our own clothes but we were only allowed to have two sets....we had a uniform and two sets of clothes and we had one nightie, one pair of pyjamas, one slippers...' (Source: interview FR49, resident late 1970s)

Girls were sometimes instructed to wear nightclothes during the day. In particular, this would often follow attempts to abscond or other behavioural misdemeanours. This practice continued into the 1980s and was criticised strongly by the DHSS inspection team in 1984 (Source: DHSS Inspector's Letter 3.8.84), and again when they conducted a second inspection in late 1985. (Source: DHSS inspection report, March 1986)

The dressing of girls in uniform and nightclothes served to challenge their individuality, their burgeoning sense of self, which as teenagers was an important part of their development and identity. This was also compromised by restrictions on personal possessions.

'We weren't allowed anything, we had no personal possessions of any descriptions, nobody had any personal possessions. We weren't allowed to have photographs of family, anything like that.' (Source: interview FR49, resident late 1970s).

'However, you were not allowed any personal stuff at all. No make-up unless you sneaked it in when they didn't know about it, but they did room checks. When we knew there was one in the air we hid them all!

Q. *On that very first day they took your suitcase. They took all the personal belongings from it?*

A. *Yes, even photos and everything'. (Source: interview with FR09, resident late 1970s-early 1980s)*

4.2 Environment

Kendall House was located in a residential area of Gravesend. Accommodation for the residents was arranged over three floors. The ground floor included a school room, the main office, bathrooms and the kitchen, living and dining rooms. On the first floor was a further school room and two dormitory bedrooms, the medical room and the isolation room, (latterly known as the 'quiet' room). Miss Law's room and a further staff room were also on this floor. The top floor had two further residents' dormitory bedrooms and a bedroom for night staff. (Appendix 5 presents a diagram of the layout of the home). Some of the memories of former residents were clear about the layout of the home, whereas others were dominated by the internal security and the restrictions this placed on their normal daily activities.

'You went in the front door. On the right was the office. When I was there it was the office. Next door to the office was the bathroom, two baths and two toilets. Next door to that was the laundry at the door that separated the other rooms. In front of the door was the stairs. On the left we used it for the dining room and schoolrooms. Upstairs was the time-out room. Miss Law's office, another classroom, another bathroom and two or three flights of stairs. We had a sick room, three or two rooms, and upstairs was where the older kids stayed. It is weird, how I can describe this like I was there yesterday'. (Source: interview with FR55, resident late 1970s)

'Locked. You literally had to ask to go into certain rooms. I never had locked doors in the other children's homes. You were free to go. I don't remember where my

bedroom was. I couldn't even tell you where the bathroom was, or anything. I don't remember where any of that was. All I remember is that the office was here, there was a room there, and the quiet room'.

'You had to ask to go into certain rooms. If you wanted to go in you had to literally ask. It was the jangling of the keys. It wasn't just the night staff that did it; it was also the day staff'. (Source: interview with FR34, resident mid 1980s)

The large staircase from the ground floor to the first floor stuck in the memories of many of the former residents who spoke with us. For some it was the place they sat and waited, watching the bolted and locked front door, hoping for visitors.

'I'd constantly see people sitting on the stairs. They had big lovely stairs....there was constantly people sat at the bottom of the stairs.' (Source: interview with FR46, resident early 1970s)

The front of the house faced the main road, and at the rear was a lawned garden surrounded by a high wall. Some residents recalled barbed wire, or some other metal structure on the top of the outer wall. Various pets were kept by the home over the years. Mainly small animals such as hamsters and rabbits, and in the 1980s, a number of geese, who could be quite vicious.

'There was a garden and they had some hamsters because I remember I could feed the hamsters.' (Source Interview FR46, resident late 1960s)

'When you went to climb the fence – it was a very big fence, and it was a metal fence at the top of it. Every time that you went for that fence – because I had to get out, I couldn't be locked in. Those geese were making a lot of noise and they literally ran and flew at you so you had to run back in so they didn't get you.

That's never, ever left me, because those geese scared me'. (Source: interview with FR34, resident early 1980s)

You had the back door and you had a side way you came in. That was always locked and your front door was always locked, and the windows were locked. You couldn't open the windows, you couldn't escape from there. That was a lock-up unit. That was like Holloway (prison), so when I went to Holloway, Holloway was nothing. (Source: interview with FR01, resident mid 1970s)

4.3 Interaction between staff and residents

As indicated in the previous chapter, Kendall House had frequent difficulties with recruiting and retaining suitable staff. This continued throughout the time frame of this review.

Most of the day to day staff contact with the residents was conducted through the housemothers, other support staff and the teaching staff; all of whom were unqualified. Residents came into contact with Miss Law, her deputies or other nursing staff when decisions were to be made about their 'care' or medication, or when there were particular problems with their family, or behavioural or conduct matters needing urgent attention.

We heard a range of memories about the relationship between staff and residents over the years. Some former residents remembered certain staff members fondly, and spoke of how kind they were. In a handful of cases, former residents and staff have kept in touch over the years through Christmas cards. Some also shared memories of going out for walks, or of staying with staff members at their homes for weekends or at Christmas. One resident told us how she invited Miss Law and another member of staff to her wedding. In addition, those

who were resident after 1985 appeared to have more informal contact and communication with the staff, including those in senior positions after Miss Law had left.

'I loved C. She was adorable, and Y. She was also really sweet.'

'My favourite teacher was Mrs Z. She was lovely. Granny Z we called her, and she was fine about it. She was so lovely. I used to go to her house. I used to smoke a pipe with her husband because he always smoked a pipe!' (Source: interview with FR09, resident late 1970s- early1980s)

'Mrs A. She was okay, I spent Christmas with her and met her family. She was quite nice..... it was quite fun, met the family, it was like a family unit and she used to take me horse riding.'

'There was a teacher there called Miss B and we used to do recorder lessons, she was a lovely little old lady'. (Source: interview with FR56, resident late 1970s)

'C because I loved her to bits, anyway, and she was so lovely when my mum went up to stay. She stayed at the staff house and C looked after her there. Miss Law just because she was Miss Law. She was never really horrible to me. She was a bit indifferent. She cared about the girls. She didn't do any discipline. It was other people. Maybe on her word, but she never did anything herself, except for bringing that horrible dog of hers in.' (Source: interview with FR09, resident late 1970s – early 1980s, talking about her wedding)

The overwhelming balance of opinion however, was more negative about a small number of staff in particular. Former residents recalled staff who were remote, seemed uncaring and in a small number of cases, were bullying or threatening. Common themes reflected the frustrations of many in not being given information, and an over-riding and threatening fear of punishment and injections.

'They were indifferent.....They would look at you like you were a slug' (Source: interview with FR09, resident late 1970s-early 1980s, describing some of the house parents)

'There was a night staff. Don't ask me her name, but she always wore a kaftan. I didn't like her for some reason, but I don't know why. You always heard jingling of keys with her. I didn't like her at all, but I can't remember her name'. (Source: interview with FR34, resident mid-1980s, describing one of the night staff)

'I would have said in her late forties, I would have said – really massive, big woman and she just filled up the room. She scared me to death, that woman, scared me to death and she was really, really horrible to me. All the time she was horrible to me'. (Source: interview with FR49, resident late 1970s, describing one of the deputy superintendents, now deceased)

'She was a big woman, so fat she couldn't even wear shoes. She wore these like things what you can slip over your feet because she couldn't wear normal shoes. I remember everything and like dress - anyway. She was slouched beside the door and she just started to pick on me. She just started to say, 'You're in here because you wasn't wanted. You was abandoned,' and everything to just get a reaction'. (Source: interview with FR59, resident late 1970s, describing the same deputy superintendent, now deceased)

Former residents spoke of their recollections of Dr Perinpanayagam. Some told us they saw very little of the doctor, but those that did had strong memories.

'I can always remember him, I can still see him. He had eyes, bulging eyes and that, and he always wore one of these I call them old Russian hats.. Never took his coat off or hat..' (Source: interview with FR01, resident mid 1970s)

'He used to come on a Friday morning and he used to sit up in this room and he used to see some girls, not all of them all of the time. I suppose he saw you for about 20 minutes about once a month but for the last 18 months I was there, he never saw me...' (Source: Interview with FR49, resident late 1970s)

'Always wore a suit and a bow tie, I think it was pink. That's about it really. He used to come in and they had the door open for him because they knew he was coming, he was like someone special, do you know what I mean?' (Source: interview with FR56, resident late 1970s)

'The doctor would come round, but he wouldn't even speak to you. He would just look at you. You could say, "hello", or you had to be invited into the room with him. He would just stare at you. He wouldn't even speak. He would up your medication or lower your medication depending on what he saw when you went into the room.' (Source: interview with FR09, resident late 1970s-early 1980s)

Some recalled their awareness of the presence of Miss Law. To some girls, she seemed quite a remote figure who rarely spoke directly to them. Others were intimidated by her role as superintendent, and were aware of a clear hierarchy where her authority was unquestioned and unchallenged by the other staff.

'It seemed like there were keys everywhere and this woman came out, who I later learnt was Miss Law, who was the superintendent of Kendall House and there was nothing pleasant about this woman. There seemed to almost be no care in her. She had this stern authority, 'you will do as you are told' (Source: Interview with FR49, resident late 1970s)

'Miss Law was a superintendent when I was there. She never really had anything to do with us, she was a bit of a strange manager or superintendent because we knew she was there but she never really came and spoke to us.....I don't think she ever really spoke to me in all the time that I was there.'

'Miss Law never told us anything....any information was kept with her, and because she was that sort of a woman, she wasn't cruel but she just never communicated'. (Source: interview FR48, resident late 1960s)

Former staff also had recollections about Miss Law. They spoke of her values but also of her formal leadership style

'Yes, yes, she did and quite a strict lady then. It was the Canterbury and Rochester diocese. She was a lay preacher and so she was quite, if you like, a serious, quite solemn person. Once you got to know her she'd got a heart of gold. Everything that she did was centred round looking after the girls and doing the absolute best that she could for them'. (Source: interview with FS06, employee late 1970s – closure)

On the whole, former residents and staff recalled strong and abiding memories of a disciplined and controlled atmosphere.

'I can only guess really....that it was about just keeping to the discipline and order and regulation of the institution. In some ways it certainly made me think it feels like its focus was on the discipline and regulation that applies in a prison. It's to make sure that this doesn't get out of hand. That's its first priority really.' (Source: Interview with FS02; employee late 1970s)

'It was like a really heavy, depressive atmosphere, if you understand.' (Source: Interview FR49, resident late 1970s)

'It was more of a docile environment I would say. Nobody was running around skipping or singing or dancing. There wasn't anything that a teenage girl would expect to do... It was more of a strict 'you go in here at this time, you come out here at this time.' (Source: Interview FR45, resident mid 1970s)

We heard from one resident who lived at the home during the year prior to its closure, when Miss Law was either on long term sick or had retired. Her description was of a more relaxed regime than previously, but with a core set of rules to abide by.

'It was a weird place. You did what you wanted to do to a certain extent. I don't know. I think they tried to make it homely but it wasn't. There were rules that you had to stick by and people just didn't listen to them, basically. I can remember a couple of staff – Mrs Z, I think. She was the boss, I am sure it was Mrs Z. (Source: interview with FR35, resident mid 1980s)

4.4 Daily routine

The daily routine involved the girls getting up in the morning and going to the first floor bathrooms to wash and brush their teeth prior to getting dressed and coming downstairs for breakfast. For those that were attending the education classes, lessons started around 9.45am and were provided in 4 one hour lessons until approximately 3.30pm with breaks for meals.

'We'd get up, the regime of having a wash, doing your teeth.. I remember elevenses. I know it's silly but I remember elevenses with our hot chocolate... with a spoonful of powdered chocolate on top, which I loved.' (Source: interview FR48, resident late 1960s)

Before school, girls were requested to go to the dining room or laundry room where they would be given drinks and 'routine medication (see Chapter 5). After this, most went into the school room on the ground floor. At the end of the school day, the classroom furniture would be rearranged back into the dining room. They were then expected to participate in 'housework' such as cleaning. One former resident who suffered with eczema on her hands recalled having to peel potatoes.

'Dr Peri never once said to me, oh, your eczema. Yet I was forced to peel potatoes – after 50, 60 potatoes..... my hands, that are all cut up, blistered, weeping, I can't even close my hand...they would empty half a sack of potatoes in this deep, deep sink, and then fill the sink halfway with water, and then, I'd have to have my – you can imagine the agony I was in, that was torture'. (Source: interview with FR57, resident mid 1970s)

After the evening meal, girls would dress in their nightclothes, then possibly watch some TV and go to bed.

'Before we went to bed, they would do this hot drink, hot or cold drink and then we had to line up alphabetically. Your name was alphabetically done. Then you had to line

up. Of course I just followed what they were doing, and I lined up. When I got to the office they just had this pill pot and they said, "hold your hand out", so I did. They put two tablets – one big red one, and then a little one, and I just looked at the tablets, looked at them and said, "what's it for?" They said, "it is to stop you being a bit unhappy."....I took them'. (Source: interview with FR09, resident late 1970s – early 1980s)

The DHSS inspectors commented on the home's early 'bed time' for the girls and felt this was 'unduly early' for teenage girls. (Source: DHSS report March 1986)

Often, on a Sunday morning, girls would be escorted by staff to attend the local church service. Pews at the front of the church were reserved for them. We were told how the girls were aware of whispers and critical remarks from other members of the congregation about them on these occasions.

'You were marched down to church on a Sunday morning and you could hear people saying things about you and about the place itself. You were made to sit right at the front of the church so everybody looked at you. Everybody whispered about you....they would say 'they are the ones who have babies; and they are the ones who prostitute themselves.' (Source: interview with FR51, resident late 1960s)

Sometimes at weekends the girls who were not going home or to foster parents on weekend leave would be allowed to go into the town or to other places of interest on escorted visits. After a certain period following admission, girls were also permitted to take short walks in the evening accompanied by staff. For some, there was also the opportunity to go to the home of different staff members for the weekend.

'We were allowed out for half an hour's walk on a night time but you had to be there five months. There was like these privileges and you had to be there so many months before you were allowed to do certain things...on Saturdays and Sundays we were allowed out for an hour and that was it....after five months you were allowed to go out unaccompanied (by staff), but you had to go out with another girl. If you couldn't find another girl, you couldn't go, basically.' (Source: interview with FR49, resident late 1970s)

Some of the staff who spoke with us recalled how some girls had difficulties adjusting back to the routine of the home when they returned after their weekend away. Indeed, the staff recalled that Tuesdays tended to be a day which seemed particularly stressful for those returning after a weekend away.

'I think it was difficult for quite a few. Some seemed to be happy to come back.... Some would come back and their home life was such that they'd worry about what was going on at home... They'd resent coming back and we would bear the brunt of that....there were lots of external reasons why girls would become upset'. (Source: interview, FS03 employee early 1980s-closure)

'...and they would go home at the weekends....it was never discussed, and they would, obviously, looking back, become traumatised and play up on Tuesdays. Tuesdays were always a bad day....and sometimes there was more medication on Tuesdays and more nursing staff on Tuesdays.' (Source: interview FS01, employee late 1970s-closure)

For the staff, the daily routine included meetings (for the senior staff) and updating the residents' records with the events of the day. Unqualified or junior staff such as 'assistant

housemothers' who spent most of their time with the girls, recalled being largely excluded from these discussions. This perceived or real differentiation between the 'qualified' and 'unqualified' staff led in some cases to feelings of frustration and dissatisfaction with a lack of communication and involvement, and with the inability to fully understand or contribute to discussion or planning about individual resident's care.

'..we never even discussed a referral... I had no idea what these girls were there for...I don't know what your issues are, how can I be effective?' (Source: interview with FS01, employee late 1970s-until closure)

'We knew very little about their backgrounds. It was mainly what they told you themselves....(If) you'd had a better understanding of their difficulties, Perhaps you could have reassured them.....Sometimes there were rumours going around that staff would perhaps let some things unfold, but there was no sitting down, 'look we're expecting somebody - we have a referral.' (Source: interview with FS03, employee, early 1980s-until closure)

One former member of staff expressed a different view. They recalled that there was a team approach to planning care for the residents and all staff were involved.

'Yes there was a care plan as to what their needs were, which would be carried out...we used to have meetings with Miss Law, Dr Peri, the house mothers, to say what their needs were and what the house mothers had discovered about them while caring for them.' (Source: interview FS04, employee late 1970s-closure).

Through the 1960s and 1970s, we were told consistently that no training or what would now be known as 'continuing professional development' or supervision was provided for the mainly unqualified staff.

In the 1980s, after Dr Perinpanayagam had left, it was noted by some of the housemothers that they had relatively more contact with his successor, in discussing the residents' treatment plans and in being involved in the introduction of some training activity (Source: interviews with FS01; FS03; FS04)

These were the staff who spent the majority of their time with the residents, many of whom needed a great deal of specialist support. Not really knowing what they were doing increased their feelings of vulnerability, and by implication the quality of support they could provide to the residents.

In reference to period after 1985, after Miss Law had left Kendall House, one former staff member recalled that training was available to staff

'Oh yes they used to go on courses, social worker courses and things like that from time to time..' (Source, interview FS04, employed mid 1970s-closure)

4.5 School

The provision of education at Kendall House was overseen by Kent Local Education Authority, although Miss Law dealt with recruiting and organising all her staff. Daily lessons took place, but the residents were often so sedated by medication that they felt unable to concentrate or participate in any meaningful way.

The provision of art and drama was popular, with the residents encouraged to take part in pantomimes and shows for parties, particularly at Christmas. In later years, after Dr Perinpanayagam retired, efforts were made to provide art therapy to the residents as part of

a move away from the previous regime which had not embraced such interventions.
(Source: Executive Committee minutes of 19.5.82)

Throughout the years, regular use was made of a local swimming pool and riding stables, although this was dependent on the conduct of the residents involved. Each year there was usually an organised trip to a seaside resort for a handful of residents and some staff members.

The breadth of the girls' ages at any given time, along with the complexity of any behavioural or mental health problems they may have experienced, made the education provision a hugely challenging task for the teaching staff. In addition, none of the 'teaching' staff were qualified teachers. Generally, girls did not have individual learning or development plans. Rather, lessons were provided to the group, regardless of the diversity or complexity of learning needs. The recollections of former residents indicate some of the difficulties this posed to their educational attainment:

"There was nothing to do in the home. We went to school in the morning and the afternoon and four o'clock we'd just be stuck in front of a telly until bedtime. There was nothing stimulating for us to do.

I tried to start reading and all I got was criticised for what I read by the staff, that I read inappropriate books because I read classics. I read Dickens and you see, although my written work was really bad, I'm one of those kids who can read it and understand it, but I never could grasp how to write it on paper. Does that make any sense?"

*"No-one had ever tried to teach me how to get it from my head on to paper properly, so they always thought I read books that were far above my ability to understand and actually, if they had bothered to look and talk to me, they would have actually known that I actually did understand these books. I read half of Dickens when I was in Kendall House. This is the only way I could escape from this hell that was not stopping.
(Source: interview with FR49, resident late 1970s)*

"It was all right. It wasn't what I would call proper lessons. They did maths, english, history, art, music and drama, but it wasn't what I would call proper teaching. It would be from 9am until 6pm. You didn't finish at 3pm or 4pm. I remember three teachers that were in there and they had a variety subjects that they had to teach. If you had an english teacher, they were also the history teacher and the music teacher".

'Mrs Z took art and I was really good at art. I still am. I am not bragging, or anything. I had done this portrait of an African chieftain with the headdress, and she asked me if she could put it in the local art gallery because they were having a competition and I came third'. (Source: interview with FR09, resident late 1970s - early 1980s)

'They were remedial teachers, they couldn't teach you anything. One of the teachers I really, really didn't like....she didn't like me and I didn't like her because I had no respect for her because she knew nothing.'

'When I went to Kendall House my art was beautiful. I could draw, I could paint, I could do proper drawings. I could look at a building and draw a building and I had

really lovely art. By the time I left Kendall House I couldn't write properly'. (Source: interview with FR45, resident mid 1970s)

Some of the girls were bright, keen to learn and had ambitions for their own careers and futures. We were told how in some cases, such girls were told their ambitions were unrealistic and that they would never achieve their dreams, which they found demoralising.

'She (Miss Law) said this is totally unrealistic. I said to her 'all I need is two O-levels, english and a science...How can that be unrealistic. She totally discouraged me...You'll never achieve anything. You'll spend your life in and out of psychiatric hospitals. You're going nowhere and you'll probably end up in prison as well'. (Source: interview FR49, resident late 1970s)

'... I was told that I would never have a job and never work After leaving Kendall House life was a lot easier, so really they did me a favour sending me there.....I don't know who it was because I was told I would be on tramadol, tegretol and sparine, all the drugs that I was on that I would never get off them. I would be on them forever, but I wasn't' (Source: interview with FR55, resident mid 1970s)

A school report was prepared each term on each resident; copies of these reports were provided to the placing local authority and a copy placed in the resident's file. The reports show that there were a number of 'teachers', although the numbers varied, at times there were as many as eight. Subject areas included geography, reading, history, english, biology, maths, religious education, swimming, drama, music, cookery, gardening, beauty, art, first aid, physical education and needlework. The reports gave a brief oversight of the child's abilities but tended to focus in particular on their behaviour.

"Within her own capabilities FR10 has made some progress. She certainly enjoys the school day and usually does her best and never wants to opt out of a lesson. Is a little temperamental but is easily controlled and is eager to conform. She is a very happy child, thrives on praise and dislikes to be told off so much that she is on the whole very well behaved." (Source: records for FR10, resident early 1980s)

The summer term report of 1984 for FR18, resident in the early to mid -1980s, who was deemed by Dr Perinpanayagam to have an emotional age of 8 years, says in summary,

"Very little achieved academically despite a slight improvement in FR18's general behaviour and aptitude for work. FR18 is quite a hypochondriac and spends her day getting wound up because she does not get the attention she thinks she deserves."

We were able to speak to FR18 about her education. She told us,

"Q. When you arrived at Kendall House, aged 12, how were you getting on at school? Had you been in education? Could you read or write?"

A. I didn't get very much education at all throughout my life.

Q. Did you learn anything?"

A. The only thing I learned from them was biology and sewing, that was about it"

From 1980, Kendall House was designated as a Community Home with Education. Its status reverted to a Voluntary Children's Home in July 1985. Provision of on-site lessons had taken place at the home for many years.

The standard of education provision at Kendall House received criticism by the DHSS inspection team in 1984. A number of recommendations were made, including that consideration be given to the appointment of a qualified 'teacher-in-charge'. This was to address the disconnection between the teaching staff and the other Kendall House staff, and also to build a stronger link with the senior team and the teaching staff. Other recommendations included a review of the curriculum, provision of an education plan for each girl, and development of a specific programme for leavers to help them prepare for adult life. (Source: DHSS Inspection Report, 5.10.84)

Residents did not attend mainstream schools (until late in 1985, when it was noted that one girl had been permitted to attend a local secondary school) and on the whole, were not prepared for or entered into any examination process. We found only one example of a child being encouraged to enter any public examination and that was in 1986 after receipt of the second DHSS inspection report which again, was critical of their educational provision. The inspectors expressed concern about the lack of reading books of an appropriate standard for the age of the residents. They felt the general standard of educational input did not provide enough challenge or opportunity for progression. Further, they felt the girls were not adequately prepared for adult life in terms of self-care, financial matters, or independent living and once again, recommended that a post of a qualified, full time teacher was created. (Source DHSS review report, March 1986)

4.6 External contacts and visitors

Many former residents told us they did not know why they had been placed at Kendall House, and rarely, if ever, saw their social worker. Some didn't feel they could trust anyone and spoke of feeling constantly scared and frightened. Some recalled feelings of despondency and even suicidal thoughts as they felt abandoned.

'I just rebelled against the whole regime because no one had really said how long I was there for. I didn't have a social worker or if I did have a social worker, no social worker made themselves known to me.' (Source FR51, resident late 1960s)

'Miss Law never ever told us anything. When I left there they put me in a convent for another year or two and all of a sudden miraculously I'd got a social worker where I could ask questions....but at Kendall House I think the policy was Miss Law just stayed in that room, poked her head round and no one else knew anything.' (Source: Interview FR48, resident, late 1960s)

'..and then I came downstairs and my social worker said 'I'll come and see you in two weeks'. That was the biggest lie he ever told because I never, ever saw him again.' (Source: Interview FR49, resident late 1970s)

Former social workers, who practised in Kent in the 1970s told us about the heavy caseloads they carried and how this made supporting girls placed in residential care homes very challenging. They had to prioritise different cases and the prevailing view was that children in residential care were at less risk than those in their own homes.

'In those days, it's hard to remember now but we had a lot of cases. I was only one of three qualified social workers in the whole of Gillingham and I had 50, 60, 70 cases, I wouldn't have been able to go anywhere very frequently, and neither would anybody else much. Most of the staff were unqualified staff. The whole drive to improve the levels of qualification and the numbers of qualified staff was throughout the 1970s and 1980s, and it became an issue later that some staff weren't able to take on particular cases. I used to complain about the number of cases I had and felt

that it was difficult to do as many visits as I needed to, but I would have been going every four to six weeks to see young people in a residential home, because I felt that in a residential home they were safe. It was the ones who were at home with their families that I was visiting more frequently very often, because they were often the ones that one felt were being abused or at risk of abuse. (Source: interview with FS12, former social worker)

Some former residents spoke of how they hoped to have contact with their friends, siblings or parents through letters, calls or visits, but often these did not materialise. Calls to family were permitted on one day of the week, usually Fridays. Visits similarly, if permitted, were on one day of the week. Owing to the complexity and difficult family backgrounds of some of the girls, family visits were sometimes not possible or preferable. However, this was often not explained to them or to the staff who worked most closely with them, and the girls' feelings of being forgotten, disorientated, unloved and rejected only became stronger. This issue is considered further in Chapter 6.

'The only thing I did, if I didn't want to do things, if I didn't want to go in class, I used to sit on the top of the stairs and wait for my mum to come with me, to come and pick me up, but it never happened'. (Source: Interview FR47, resident mid 1970s)

As late as December 1985, when the home was re-inspected, these restrictions were still in place. The DHSS inspectors noted them and were critical of the practice. They were also critical of staff monitoring and censoring girls' correspondence and the limits placed on their phone calls.

'Within the context of prepared treatment plans, the girls should be entitled to privacy and unrestricted access to their families.' (Source DHSS inspection report, March 1986)

After leaving Kendall House, in conversation with their families, girls sometimes discovered that letters sent between them had always been opened. Often, the letters had never been passed on;

'That night, after Mum had gone, I was still medicated. If you wrote it in a letter, which I did quite a few times, the letters were never sent because your mail was always read before it went out and it was read before you received it.

They would bring it back to you. It would be crossed out in big black marker, and then they would say, "you need to write this again without what has been put."

I didn't even know they were reading the letters. I felt an invasion of privacy because it meant that I couldn't write anything to my Mum. Sometimes the girls would be really horrible. I was beaten up a couple of times. I wrote about it in the letter, and everything, and then I would find out that the girls who had done it, because they had found out in the letter that I had written to my Mum, they were punished. Then, of course, they would retaliate against me again, but I didn't know. It was only then that I clicked afterwards. Then they started bringing letters back'. (Source: interview with FR09, resident late 1970s-early 1980s)

'In and out all the letters were read; you had nothing that was private. You couldn't even write to your social worker in private and I do think that was out of order.' (Source: interview FR49, resident late 1970s)

On occasion, visitors unrelated to the girls came to Kendall house. These may have been members of diocesan committees or local clergy. These individuals had little if any contact with the residents themselves, mainly staying with Miss Law in her office. We heard no accounts of such people meeting the girls to hear their views without the presence of Miss Law or one of her deputies.

'You saw people coming and going but you didn't know who they were. They would just go in the staffroom and do whatever and go again. Nobody took much notice of us.' (Source: interview FR51, resident late 1960s)

4.7 Commentary

The accounts shared by former residents and staff about the daily routine at Kendall House described an old-fashioned, formal institution in many ways. The culture prevented meaningful discussion about the regime or possible alternatives between staff and residents, and between the different levels of staff themselves.

Daily life at Kendall House was dominated by the need for routine, regularity, consistency and control. It was believed that a clear structured routine would offer a greater sense of security and belonging to the residents, many of whom had little experience of this in their childhoods to date. (Source: Kendall House Annual Reports 1973-1976)

At their second visit in December 1985, the DHSS inspectors recommended an urgent need to adapt both the regime at the home and the nature of the education provision. This was to improve the ability of the girls (who at this time, numbered 6 residents; all aged 14-16 years) to care for themselves, and to grow towards independence in adult life on leaving the home. (Source: DHSS inspection report, March 1986). These changes did not take place to any significant degree before Kendall House closed later that year.

Owing to the diversity and complexity of the needs of the residents, however, creating a docile, but structured day for everyone was extremely challenging. The staff had to deal with sometimes violent and aggressive behaviour, occasionally directed towards them, or the fabric and fittings of the home itself. It was not uncommon for girls to express their psychological or emotional problems in the form of physical self-harm, such as cutting, or addictive behaviour such as glue sniffing or via repeat absconsions.

In the face of the various complex needs of residents, and a mostly untrained workforce, which was also often under-staffed and run in a formal and hierarchical manner, Kendall House would have been an extremely difficult place to both live and work.

CHAPTER 5

USE OF MEDICATION AT KENDALL HOUSE

As discussed in the previous chapters, girls were placed at Kendall House for a variety of reasons and from a range of authorities. In some cases, it was the only place available or willing to admit the girls. The Kendall House brochure spoke of it as a 'home' with 'teaching, healing and caring'.

"Kendall House aims to provide these children with individual loving care, specialist education and psychiatric treatment with a counselling service for both the child and her family, in co-operation with the welfare officer in the child's home area... the Home has a three-fold function of individual care, specialist education and psychiatric treatment." (Source: Kendall House promotional brochure, circa 1970s)

The description in the brochure was very different to all the accounts we heard from former residents and most of those from former staff. Kendall House was invariably described as a place where individuality was suppressed, sedating medication was routinely administered, in a prevailing atmosphere of fear and intimidation, where the attainment of control was paramount.

'I think there's a difference between treatment and punishment, which is distinct....Others would want to justify it (use of medication) as being a treatment for a mental condition which resulted in disordered behaviour and it was in the interest of their safety or other peoples. I think.....for the most part there was a heavy element of punishment and indeed control, rather than a really positive attempt at treatment as such.' (Source: interview FS02, employed during 1970s)

'If you had it done (injection) in there it just paralysed you, you couldn't move... You couldn't move, you had to be taken to the toilet, you couldn't move, you was dragged out of bed, you had to be force-fed because nothing worked. Your eyesight used to go, you couldn't move your legs, you just couldn't go to the toilet. You couldn't do anything.' (Source: interview FR47, resident mid-late 1970s)

By 1980, the fact that children and young people were given 'tranquillisers' or anti-psychotic medication in mental health institutions, or in children's homes or secure units was known about publicly. What was not known was the extent of this practice, what was 'normal', what were alternatives, what the longer term effects were, and what would be a cause for concern (Source: Taylor & Lacey, 1980).

At that time, there was little if any national monitoring of the use of prescribed medication in the care of children and young people in institutions such as Kendall House. Information on the type of drug, dosage, and frequency of administration was not available. At the time, the Department for Health and Social Services (DHSS) believed this was because such decisions were a matter of clinical judgment by individual doctors (Source: LWT documentary transcript citing a junior minister from the DHSS, 1980). A further obstacle to monitoring the use of drugs in 'private' children's homes such as Kendall House, was the relatively low profile of (compared to the regulatory regime of today) the DHSS inspection regime until the mid-1980s. Practice in these establishments was largely 'off the radar' of governmental or regulatory bodies. On occasion, however, concerns were raised by social workers and others about the medication given to individual girls. Connections were never made between these concerns and actions to address them not dealt with properly. This matter is discussed in the second part of this chapter.

From the evidence we have read and heard, it is clear that girls at Kendall House were given sedatives, anti-psychotic drugs, anti-depressants, barbiturates and a range of other medication, used most commonly in the treatment of acute mental illness. Details of the range of drugs given (as documented in the records), their normal clinical purpose and normal dosage range are included in Appendix 6. None of the former residents we spoke with, or those whose records we examined were reported to be sectioned under the Mental Health Act, and very few were given a diagnosis for their condition.

Comparing the data on normal dosages included in Appendix 6 with the records of former residents, we noted in at least 4 cases, dosages were within the 'normal' range. However, in each case, girls were prescribed multiple sedating drugs at the same time (Source: records FR01, FR09, FR14, FR18). In at least 9 cases, significantly higher doses than normal were prescribed of single drugs, such as valium (Source: records of FR02, FR03, FR04, FR07, FR09, FR10, FR11, FR26, FR27). In at least 7 cases, doses exceeded the normal range in multiple drugs prescribed and administered to the girls (Source: records of FR01, FR02, FR03, FR15, FR18, FR24, FR29). In addition, every former resident we spoke with as part of this review recalled being given such medication when they lived at Kendall House.

A number of themes emerged from our analysis of the use of medication as follows:

- Routine medication;
- Individually prescribed medication;
- Covert administration of drugs; and
- Crisis medication

The final section of this chapter describes the range of relevant parties who as early as the mid-1970s were not only aware of the medication practices in the home, but raised concerns about them to those in positions of authority in Kendall House. We describe the criticism and the responses in some detail.

5.1 The use of 'routine' medication

Former residents spoke consistently of a daily routine where every morning, they would be expected to attend the dining room to be given a drink along with tablets or medicine. This routine was prevalent before and throughout the time period under review. There was slightly less reporting of administering routine medication as described to us from those who were resident after 1985. For many residents, this medication was given without them ever being clinically assessed or examined, or even spoken to by a doctor or nurse.

'I never had a psychiatric assessment. I never had a clinical assessment, I never had a medical assessment, but neither did (my mother) which she should have had because those drugs should not be given to minors without a full medical assessment of the whole family.' (Source: interview with FR45, resident mid 1970s)

'I had already decided I didn't like the place and then lunchtime came and that's when all the medication started. ..Now this woman didn't know anything about me, had only read reports but could already decide what medication I needed and they started drugging me. From that first lunchtime, when I had been there less than three hours.' (Source: interview with FR49, resident late 1970s)

Girls sometimes asked about the purpose of the medication and some would refuse to take it. Invariably, they were told it was to help them calm down and relax. When they challenged the view that they needed any medication, they were strongly advised to comply with the treatment, both by the staff, and also the other residents. Non-compliance with the

medication was not tolerated. On occasion, some told us they were punished for not complying by being forced to take medicine or being given injections.

'If you said 'boo', in my eyes, or spoke up, you were pinned down on the floor and a needle put into you.' (Source: interview FR01, resident mid 1970s)

'Then I started rebelling to the fact that she was giving me this stuff and I wasn't going to take it. So then she became physical to make me take it... the more she tried to do it, the more I put up a fight. One day she dragged me into her office and I wasn't going to do what she wanted me to so she just threw me on the floor, sat on my back and pulled my head right back and forced it down me.' (Source: interview FR51, resident late 1960s).

Girls were instructed to line up to have their tablets/medicine and had to open their mouths to show staff it had been swallowed. During the early 1970s, and possibly later, they were 'rewarded' for taking the medication by being given 4 cigarettes each, and encouraged to use these to 'barter' for favours from each other. Many believed the drugs were Chlorpromazine or Largactil (an anti-psychotic medication) or anti-depressants such as Amytriptylline, and the effect was to make them feel woozy or sleepy for the rest of the day.

'...and they had breakfast and then we had to line up in a queue and where we had tablets, and I said 'oh I don't have any' and they said, 'no, line up, we've phoned the doctor and he's prescribed you...and we all had to line up and after you'd taken your tablets you were allowed four cigarettes each, even the little ones.' (Source: interview with FR46, resident early 1970s)

'We used to line up in the morning before you had breakfast...in the end I used to hide them in my mouth but then they looked inside there, so I just took them.' (Source: interview with FR47, resident mid 1970s)

'We all knew it was largactil. The nurse would say it's your largactil. ... That name resonates here because I didn't take any other medication.' (Source: interview with FR48, resident late 1960s)

'You used to beg you didn't want it because you know what's going to happen, you're going to go out cold and some of the girls, we called it the 'largactil shuffle'.' (Source: interview with FR01, resident mid 1970s)

The effects of these drugs were dramatic. We heard consistent accounts of the effects of this 'routine' medication.

'We were given largactil and that resulted in not just me but others girls being quite in a stupor for the rest of the day. My mouth was continually dry.'

'it had a terrible effect in that I was in a stupor. It's the only word I can use. There was no let up. I went through the day feeling drugged and my mouth was dry. I was lethargic...I know I had a slur.' (Source: interview with FR48, resident late 1960s)

'You had no control. You just slept. If you were awake you were like a zombie, you dribbled....and you didn't walk properly...sometimes your head felt like 16 stone on your shoulders, you sort of put it to one side.' (Source: interview with FR01, resident mid 1970s)

'I just couldn't think straight anymore. I couldn't think at all. I stopped being a person, I just became a zombie.....they gave me these drugs that made me dribble all the time.' (Source: interview with FR49, resident late 1970s)

They would then go to the school-room, where it was not uncommon for girls to be drowsy or asleep during lessons. Individual medication would be given at lunchtime, and then 'supper' medication given to the majority of residents in the early evening.

We were told of other side effects related to the drugs. These included problems with their vision (FR47; FR49; FR59), nightmares and paranoia (FR46), absence of menstruation (FR49), temporary paralysis (FR48) and a persistent dry mouth and thirst (FR46, FR47, FR48).

'Yes, there's trembling, shaking and everything like that. Your tongue kind of going back as well. Everything with your neck and everything, your neck would just bend up. If you wanted to see or anything like that you'd have to hold your neck down to see' (Source: interview with FR59, resident mid 1970s)

'My tongue used to swell up, my jaw used to lock and I couldn't breathe but yet they used to do this all the time. They knew that'. (Source: interview with FR26, resident mid 1980s)

In the records of former residents, this routine medication was often referred in the daily reports as 'breakfast' and 'supper' medication. The name of the drug, or dosage was rarely, if ever, specified, however, as opposed to individually prescribed medication, where the drug, dosage, and route of administration was recorded in detail.

It is therefore unclear what exactly constituted the routinely given morning and supper medication. For some girls, it was not based on any clinical assessment, nor was it prescribed on an individual basis. It is unclear in some cases if it was even prescribed at all, as Dr Perinpanayagam would only visit on Fridays, and even then, did not see all the residents. A number of former residents told us they were instructed to take medication without them seeing any doctor for a clinical assessment or examination. No prescription records were available to us.

There were mixed recollections about who administered the routine medication. In keeping with expected standards of practice, these drugs should have been administered to the girls by nursing staff. Some former residents recalled being given tablets by someone in a nurse's uniform, others by the 'wardens' or other staff. Others recalled that Miss Law, or one of her deputy superintendents, gave their medication. Former staff who spoke with us believed that medication was given only to some of the residents, and given by the nurses who worked there.

'All I saw was the nursing staff who put little things in little pots, and they would, in the morning, be told, 'come and get your medication' and they would go and get their medication.' (Source: interview with FS01, employed late 1970s-closure)

'It was Dr Peri who was the Home Office Psychiatrist, and not many of them were on medication, very few of them were on medication.'

'Some of the girls were on medication, through Dr Peri and we used to have to administer it...it was always checked and double-checked before it was given.' (Source: interview FS04, employed late 1970s-closure)

Accounts from former residents indicated that Miss Law, (who was a social worker and not a nurse), took an active role in the administration of drugs, in both tablet and injection form. These recollections are corroborated by a letter in 1976 from an official at Kent County Council following a meeting with Dr Perinpanayagam, Miss Law and a former senior diocesan officer (now deceased). In this letter, Kendall House is advised that Miss Law's

practice of giving injections, even in emergency situations, was illegal and should cease. (Source: Letter 10.9.76). The accounts from former residents, and analysis of their records confirm this practice did not cease, but continued well into the 1980s.

It was also commonplace to have prescriptions for such medication marked as 'PRN' (from the latin 'pro re nata' meaning 'to be given as needed'). The decision as to whether the drug was 'needed' was determined by the staff or Miss Law, rather than a medical practitioner, as would have been expected practice. The practice of non-medically qualified staff making such decisions about when drugs were needed continued at Kendall House until at least 1985 (Source: report from DHSS inspectors, 1984; report of Kendall House Working Party, July 1985; records of FR29, resident mid 1980s).

Prior to 1984, virtually every resident at Kendall House who was given sedating drugs, had them at least once daily, but more usually twice daily. After 1984, this practice still took place, but it appeared to be (from the documentation in the records) not as universal as before.

After the DHSS inspection in June 1984 and subsequent Working Party report in July 1985, the inspection team were advised that the routine retention of antipsychotic medication on the Kendall House site and the practice of 'as needed' (PRN) administration of these drugs without individual prescription by a doctor had ceased (Source: letter to DHSS inspectors, 20.2.85)

This wasn't entirely the truth, however. The second DHSS inspection in December 1985 found that an amount of sedating and antipsychotic medication was still stored on the premises, 'just in case they were required'. (Source: report of DHSS inspectors March 1986)

5.2 Individually prescribed medication

In addition to the 'routine' administration of 'breakfast' or 'supper' medication, some former residents were already on prescribed medication when they were admitted to Kendall House. In some cases, because of their clinical or psychiatric history, their medication regime was already established. These girls saw Dr Perinpanayagam, on his weekly visit to the home and either had their treatment regime confirmed, or a new regime commenced based on his clinical assessment of their behavioural, emotional or psychiatric needs. Very few of the residents at Kendall House had a psychiatric diagnosis for their condition. Rather, their symptoms were listed to indicate emotional or psychological problems and drugs prescribed in relation to the symptoms.

For those residents who were prescribed medication by Dr Perinpanayagam, a range of different drugs were used, and their individual prescriptions were often changed by him for reasons that were not clearly stated in the records, if at all. Such drug combinations included anti-depressants, anti-psychotics (normally used in patients with schizophrenia), sedatives, and beta blockers. These drug regimes, frequently altered by Dr Perinpanayagam himself, would then be administered by the Kendall House staff to residents for months, even years at a time. For example, the records of FR01 who was admitted when 12 years old, indicate she was given up to 9 prescription drugs, including antipsychotics, two types of antidepressants and night sedation on a daily basis for months in 1976. This was not atypical. (Source: records of FR01, FR02, FR03, FR07, FR11, FR15, FR18, FR29, FR59 residents spanning mid 1970s-mid 1980s)

Certain anti-psychotic drugs produce severe and unpleasant side effects when given in large doses or over a long period of time. These effects mimic the symptoms of Parkinson's disease and can be distressing for patients. Normally, to counter such side effects, alongside

the antipsychotic drugs, 'anti-parkinsonian' drugs would also be prescribed, such as Kemedrin, Disipal and Artane. At Kendall House, it was not uncommon however, for such drugs not to be prescribed until a girl reported facial pain, stiffening of muscles, or other side effects that needed to be urgently rectified by these medications.

In 1977, Dr Perinpanayagam (with fellow psychiatrist, Dr Robin Haig) published a letter in the British Medical Journal about the use of 'depot tranquillisers' in adolescent girls. The tone of the letter suggests they had an experimental approach to this practice (depot injections are intramuscular injections containing long acting drugs to modify patient's behaviour or psychotic symptoms. Their effects can last for weeks). In the letter, the doctors ask other psychiatrists about their experiences of such clinical management in adolescents. (Source: BMJ letter 26.3.77) The frequent changing of prescribed medication in the residents at Kendall House without clearly stated rationale also indicates an experimental approach to their treatment.

The rationale for the frequent variation in medication was interpreted by some of those who spoke to us as being related to their belief that Dr Perinpanayagam involved the girls in clinical trials of new drugs without their consent or knowledge, or that of their parents or guardians. We were not able to identify documentation to confirm or refute this allegation.

'I have suspicions to think that some of these drugs were totally illegal. I honestly believe that some of the girls at Kendall House, and I think I'm included, we were used by drug companies to trial out drugs that were not licensed to be used...there was one drug he had me on that persistently required blood tests, but there's no records in my medical records of any of those blood tests.' (Source: interview with FR49, resident late 1970s)

Dr Perinpanayagam retired in 1983, and the role of medical oversight was then taken on by a different consultant child psychiatrist. He had made clear from his initial contact with the Executive Committee in 1981 that he had a very different approach to Dr Perinpanayagam with regard to the use of medication (Source, minutes of Executive Committee meetings 25.9.81; 23.11.83). He was strongly opposed to the routine administration of sedating or anti-psychotic medication and favoured other therapeutic interventions such as counselling, and preventive work with the residents. This change in approach required training interventions for the staff, which he also provided. After Easter 1985, following his resignation from the Kendall House role, medical oversight and advice on medication was provided through the local general practitioners, with specialist advice from psychiatrists from Stone House hospital as required.

We sought advice from a pharmacist who specialises in drugs prescribed for mental health patients and asked for their opinion on the dosage and frequency of prescriptions for the residents. She concluded,

'In my opinion, from the information supplied, the girls were prescribed various medications at too high doses inappropriate for their age group in order to control behaviour, not to treat diagnosed psychiatric disorders.' (Source: expert opinion, E Weston, Chief Pharmacist, Leeds & York Partnership NHS Foundation Trust)

5.3 Covert administration of medication

In addition to the routine medication given to most of the residents each morning, and their individually prescribed medication, on occasion, oral medication was also given hidden in food or drinks. On some occasions, this method of administration appeared to be either at the girl's request, for example, in response to an earlier expression of disliking the taste of a

particular drug. Records show examples of drugs crushed and given with sugar, or dissolved in honey and hot water.

'Given crushed (sparine and valium) in hot water with sugar' (Source, records of FR14, resident early 1980s)

'2 temazepam given, valium 10mg sparine 100mg given in hot water and honey' (Source, records of FR15, resident early 1980s)

There are also examples of covert administration when the girls were not informed they were being given a particular drug, and it was deliberately hidden in their food to ensure compliance. For example, one girl, (FR09) was described by Miss Law in her notes as having been agitated and noisy along with two other girls. Miss Law documented that she gave each girl an evening drink with 100mls of largactil included, without their consent or knowledge. (We cannot assume this drug or dosage was prescribed to be given in this manner, as prescription charts were not included in the records). She noted

'NB this can only be done (giving medication without knowledge) if there is no other way to diffuse serious situations. And is the reason why routine re supper drinks are kept strictly every night.' (Source: FR09 records 12.1.80)

The pharmacist's expert opinion of this practice was as follows,

'There are also references to giving medication in 'melted in hot water and honey', 'crushed with sugar', added to evening drinks as 'screaming like a fishwife', all three given largactil (an anti-psychotic) covertly in their drink'. These refer to administration without the girls' knowledge or consent. This would constitute 'administration of noxious substances' today.' (Source: expert opinion, E Weston, Chief Pharmacist, Leeds & York Partnership NHS Foundation Trust)

5.4 Crisis medication

So far, we have focused on the 'regular' administration of oral medication to the residents. Aside from the routine breakfast or supper medication, individually prescribed medication was usually (though not always) based on meeting, and being clinically assessed by Dr Perinpanayagam. The prescribed regime was overseen by him through his regular visits to Kendall House and in some cases periodic follow-up consultations with the residents.

Records indicate that Dr Perinpanayagam believed that the purpose of his prescribed drug regime was a key part of the treatment for the girls' conditions. In his interview with London Weekend Television (LWT) for their documentary broadcast in 1980, he spoke of the need to prescribe medication to help girls who were very depressed to help them concentrate, so they could progress with their school work,

'I would prefer to use the term 'emotionally ill', and by that I mean displaying serious depression, anxiousness with tension and irritability, and these are the common patterns.....For a few of them, especially those children who show serious depressive pictures, because when they are seriously depressed..... they find it very difficult to concentrate in school, hence the importance of helping the depression.' (Source: Dr Perinpanayagam in transcript of LWT documentary 18.1.80)

His opinion is completely at odds with the recollections of the former residents who consistently told us how they struggled to concentrate in the lessons provided at Kendall House because of the effects of their 'breakfast' medication.

In the documentary, he was adamant that the drug regime had therapeutic value and was not motivated by any intent for securing behavioural control over the residents. Neither was it used as a form of punishment for any misdemeanour.

Dr Perinpanayagam : *'Oh yes, 'A' came to us from a very seriously deprived background and lacking in proper parental standards....she displayed very serious aggressive homicidal behaviour which became apparent from time to time here at Kendall House and we had to use a preparation to help her to overcome the aggression.*

Interviewer: *'As I understand it, she had spoken later to social workers and said that if she misbehaved, then at that time she would be given injections or tranquillisers of some form.'*

Dr Perinpanayagam: *'I would not agree with that, I do not think that just for misbehaving she was given an injection, far from it, if she has hurt somebody seriously and she had displayed antisocial behaviour by destruction and smashing up, that sort of thing. Then having tried to advise her to calm down, if she continued to exhibit that behaviour, that was when an injection would be given.'* (Source: transcript of LWT documentary, 18.1.80)

However, we heard from a former member of staff that it was not uncommon for girls to be threatened with the use of injections to control their behaviour, or to punish them if it was deemed by the staff to be unacceptable. A number of former residents also gave similar accounts (Source: interviews with FR59; FR57; FR49, all resident during the 1970s). The following is from a former employee,

'On the Saturday at the end of second week Mrs X (former deputy superintendent, now deceased) returned from leave back into work and ... she summoned all the girls into the living room, sat them round with me and one or two other care staff. She sat at the front of the room in front of the television and displayed a pack of four to six syringes on her lap and said 'I hear you've been misbehaving, I'm back now'...'Just know that this is the way we have of being able to respond to misbehaviour'. The message was clear. I have power. I can do these things and you have reason to fear me. I knew that couldn't possibly be right.' (Source: interview FS02, employee 1970s)

We found evidence that medication was used regularly to exert behavioural control among the residents at Kendall House. Principally, through the administration of what was referred to as 'crisis medication'. At least 20 of the records we reviewed referred to the administration of crisis medication on numerous occasions. Almost all of the former residents we interviewed (the exception being one who was resident 1985-86) recalled being given injections to control or address their behaviour when at Kendall House. All those who spoke with us (residents and staff) recalled witnessing the girls receiving such injections. This practice was never perceived by the residents either at the time or in retrospect as 'treatment'; it was seen as a means of control, of punishment; and more recently, in retrospect, as abuse.

In the main, 'crisis medication' would be prescribed 'PRN', given as needed. This meant the staff (some of whom were nurses, or Miss Law herself) often decided themselves whether such an intervention was required without recourse to a doctor. (This practice was deemed unacceptable by the DHSS Inspection team in 1984). Usually given in the form of an intramuscular injection in the girl's bottom, doses of up to 40mg valium and 100mg sparine, or droleptin 50mg and disipal 50mg would be given to girls to manage what was considered to be disruptive, aggressive or violent 'acting out' behaviour.

In many cases, crisis medication was given with no rationale noted in the records. For some girls, 'crisis medication' was given in repeated doses, sometimes for days at a time, when it was clear there was no longer, if there ever had been, a 'crisis'. Reasons documented in the records for giving crisis medication included:

'crisis meds given for hysteria' (FR02, late 1970s)

'wants to hit someone' (FR03, late 1970s)

'distressed and over anxious' (FR04, early 1980s)

'upset and refusing to sleep in the dormitory' (FR09, early 1980s)

'bolus dose after starting a fire' (FR09, early 1980s)

'smashed a window' (FR14, early 1980s)

'Unable to cope with her feelings' (FR15, early 1980s)

'after home leave to relieve tension' (FR17, mid 1980s)

'to ensure sleep for all' (FR19, early 1980s)

'vulnerable and unpredictable' (FR26, mid 1980s)

The effects on the girls of being given 'crisis medication' extended beyond the clinical effect of the medication. We heard accounts of girls being grabbed and held down by a number of staff (male and female) whilst being given an injection in their bottoms. These were recounted to us as extremely traumatic, and sometimes violent experiences.

A. *Yes, because they had an option to do that and I just refused. I said 'I want nothing like that' and that's when they all came in and then they just pulled me on to the floor and sat on me.*

Q. *Who came in?*

A. *Mrs X came in. I didn't know who she was, but she was quite a big lady. Mrs Y which I didn't know at the time and Z (male staff member). I didn't know (him) at the time either and Dr Peri and just injected it straight into my leg.*

Q. *Right. Did they hold you down?*

A. *With my arms down on the floor and where your head is like physically on to the floor.*

Q. *Face down?*

A. *Yes, face down, always face down.*

Q. *Right. And where were you injected?*

A. *Here in the top of my leg. Always in the top of my leg or in my bum.*

Q: *Through your clothing or did they pull your clothing down?*

A: *It varied from day-to-day. They wasn't always bothered, but it was just like it paralysed you. If you had it done in there it just paralysed you, you couldn't move. Because I didn't know anything. It was just like the whole -, physically over your body it just overtook everything else. (Source: Interview FR47, resident mid 1970s)*

'Sometimes if you were messing around, then she would jump on you. Then she would say 'I need to give you something to calm you down'. I would say 'I don't need anything, I don't need calming down, I'm fine. 'No you are getting too excited'. (Source: interview FR51, resident late 1960s)

'Pointing you out and you know what's going to happen. You're going into the office and you're begging, begging not to have an injection because they hurt...it was vicious...if you're a teenager and you've got someone trying to pull your pants down as well, it's embarrassing....Pin you down hold you down on the floor. I always fought.' (Source: interview FR01, resident mid 1970s)

'They used to hold us down and inject us, like if you got too boisterous, or if you started fighting with them or someone else, they'd hold you down and either give you what I assumed was valium or an injection which I was allergic to'. (Source: interview with FR26, resident mid 1980s)

Former staff also shared their memories of being involved in the process of restraint in order for injections to be given to the girls.

'They would occasionally ask you to help them restrain, which, Oh God, I found very upsetting and ghastly, because I don't like violence and then with the girls being restrained the other girls used to get upset.' (Source: interview FS01, employee late 1970s-closure)

'As I mentioned, there was this one occasion when I was asked, as a male member of staff and therefore had a bit more power, to restrain someone while this medication was administered. My belief is that that was a drug as powerful as haloperidol, in what doses I've absolutely no idea....I think someone had decided that the appropriate thing to do was to inject her with this medication. ... and she wasn't going to have any of it so she resisted, so I was asked to be involved in assisting staff to help them administer it. What that meant was, and what that ended up being, was pinning her to the floor outside the secure room while the medication was administered. I had no training in that either, so it was very much do the best that you can, so if accidents had happened, that would not have been surprising. (Source: interview FS02, male employee 1970s)

'It was usually when somebody was in a very distressed state. Either they couldn't calm down or they were a danger to themselves. People used to self-harm. All you'd get was someone to come and get you and say 'we need a hand'....and you'd just have to hold them down while they were given an injection'. (Source: interview FS03, employee early 1980s-closure)

Crisis medication was also given as a punishment, such as when girls were returned to the home following attempts at absconsion, or after some kind of non-conformity to the rules. It was also sometimes given in conjunction with a girl being placed in the 'isolation' room (see Chapter 6). Former residents spoke of being threatened with an injection if they misbehaved. Examples of the rationale for administering crisis medication in such circumstances included:

'Absconded' – (FR15, early 1980s);

'Attempted absconsion' (FR18, early to mid-1980s)

'Absconded, returned and locked self and one other in toilet' (FR24, early-mid 1980s)

'Locked self in the toilet' (FR16, early 1980s)

'To knock her out; to be repeated 6 hourly if needed' (FR18, early to mid-1980s)

'The bed was against the wall and I had a chair, so I put the chair on the bed.. to get to the window. I opened it and it only opened so far, but I was shouting out...anyway then the door shot open from behind me. I turned round a bit unsteady...they grabbed me, lifted up the nightie and injected me in my bottom.... They were shouting at me 'you're trying to escape'... (Source: interview FR46, resident early 1970s, recalling an incident in the isolation room)

'The very, very worst one, but I knew it was coming and I was literally petrified was Miss Law's room because of the crisps and sweets....Although I knew it was wrong, I did know right from wrong,....so I came clean and said it was me (who stole the sweets)She (former deputy superintendent, now deceased) dragged me, she started screaming....and then they started, there was four of them and they dragged me out of that room and they dragged me up the stairs.... And they held my arms behind my back and they were pulling at my skirt... and I was trying to get my skirt down to stop them touching me and then they did inject me in the corridor at the top of the stairs..' (Source: interview FR45, resident early 1970s)

One former resident gave an account of an April Fools 'joke' played on one of the residents. The name of the resident has been changed.

'There was a girl called Mary, I remember her very clearly but she'd never had the injection. On April Fool's Day, this was a Mrs X joke...to call this young girl who was really petrified and everything, up to the dungeon and she went in there, pretending that she'd got an injection. The girl was screaming her head off, and then she (Mrs X) went 'April Fool's Day!' ...She pretended she'd got the needle. She only had the pump for the injection thing, she didn't have the needle...she said be warned, this is what you get if you're a naughty girl...' (Source: interview FR01, resident mid 1970s)

In some cases, the crisis medication was given continually for a number of days under the instruction of Dr Perinpanayagam or one of his medical team, including the GPs (after 1985). The effect of this would be strong and almost constant sedation, with girls being woken for meals and then returned to bed. A number disclosed to us they experienced urinary incontinence when they were sedated. In some cases, girls were given crisis medication at various intervals for the duration of their stay at Kendall House, which could stretch into years. (Source: records of FR01, FR02, FR10, FR11, FR14, FR15, FR18, FR24, FR30, all resident between 1974 and 1985)

'Seen by Dr. Advised to keep sedated all weekend if necessary.'

'In bed receiving full nursing care. Miss Law advises IM (intra-muscular) drug. Noted to be sleeping most of the day' (Source: records for FR15, early 1980s)

'Seen by Dr Peri. Droleptin 20mg and Kemadrin 2 hourly as needed until sedated possibly for the next 2 weeks' (Source: records for FR24, early to mid-1980s)

'NB: 'A' to be kept sedated over the Bank Holiday weekend – for no other reason than to give staff and the girls a rest'. (Source: records of FR29, resident mid 1980s)

We also heard of occasions when girls would be threatened with '3 day bedrest' by one of the nursing staff (former deputy superintendent, now deceased). In these accounts, there was no reference to Dr Perinpanayagam. The threats were carried through as in the following extract, with the girl aged 11, receiving sedating injections for three days as punishment.

'There was times when she would say like if I was lippy back to her, you know, she'd say, 'Right you're going to bed rest for three days.' Bed rest for three days meant you'd have injections every three hours. I was put into the sick bay feeling - I remember one time my body felt like I was on a see-saw and like I was going up and down. Funnily enough I quite enjoyed the feeling but then later on somebody said 'if you'd gone all the way over you'd be dead', so it was like your body was sinking'. (Source: interview with FR59, resident mid-1970s)

The practice of giving repeated doses of such injections was not without risk to the girls, as the following extract illustrates, when the same girl, FR59, had to be walked around the garden by staff in the middle of the night to try and rouse her following repeated injections.

'There was times when she'd give me so many injections they had to walk me around the back yard like 3.00am or 4.00am to keep me awake, keep me awake. Later on I come to the conclusion that they couldn't take me to a hospital because they'd overdosed me'.

'They gave me too many injections in the space of time and I suppose maybe now I know that they overdosed me, so they was trying to keep me awake. At 3.00am walking me around the back yard.....Like my legs was collapsing, they was like holding me up. Literally my legs were just about walking really.....I know they used to give me too many, like I was on bedrest again this time so it was injections every three hours. They gave me too much. Mrs X, she just gives me too much, she just gives me too much, you know?' (Source: interview with FR59, resident mid 1970s)

The opinion of our pharmacist advisor on the use of crisis medication was as follows,

'In my opinion, a single dose above 10mg dazepam (valium) would be excessive for the age of this client group. It appears that this drug was used not only to address aberrant behaviour but also to induce sedation for a number of days.....The use of this or any medication for continuous sedation without constant monitoring is dangerous as respiratory depression can occur.....This combination of medication in these doses would provoke profound sedation. Both drugs have long 'half-lives', ie they take a long time to be eliminated from the body and exert their action for between 20-72 hours, thus accumulation of the drugs in the body can occur and repeated doses increases the risk of serious respiratory depression.'

'When considering administration of 'crisis' medication, an injection should be the last resort. Oral medication should always be offered in the first instance and this only after attempts to de-escalate the situation by 'talking down' patients.'

'All girls bar one were prescribed anti-psychotics at doses that would normally be used in adults, eg droleptan (droperidol) 10mg, haloperidol 10mg, melleril (thioridazine) 50mg. Bearing in mind these girls were under sixteen, some as young as twelve and thus for medication purposes, should have been considered children.' (Source: expert opinion, E Weston, Chief Pharmacist, Leeds & York Partnership NHS Foundation Trust)

5.5 Criticism of the medication regime at Kendall House

The evidence reviewed demonstrated that the medication regime at Kendall House was known about both within and outside the home. It was questioned and challenged by a number of relevant parties over the years with little evidence of any changes in practice. Questions about the appropriateness of certain drugs, the dosage, concerns about the

effects on the girls and about the methods of administration were raised as early as the 1970s. We consider the concerns raised by the following people, and subsequent responses:

- the parents of a small number of residents;
- some of the Kendall House staff;
- medical advisors;
- other professionals, such as social workers;
- the media or academic commentators; and
- the DHSS inspection team

In virtually every case, where criticism or questioning took place, the response from Dr Perinpanayagam, Miss Law or on occasion, senior diocesan officers or the chairmen of committees, was swift, robust and adamant. Their belief was that the use of medication was a clinical matter, it was necessary for the management of the residents at the home, and others had no right to make any sort of judgement.

When members of diocesan committees were informed about any criticism, such as that from the media in the aftermath of the LWT documentary in 1980, they looked for reassurance from Miss Law. This was provided at a superficial level without any detail or subsequent questioning. No evidence was found of the committees seeking external assurance from other social work or clinical professionals. They had an unquestioning trust in the Kendall House leadership and demonstrated little if any objectivity or curiosity in assuring themselves that the girls were being treated appropriately and safely at the home. (Source: minutes of Executive Committee 1967-1984). These were more deferential times; the balance of power rested strongly in favour of the medical expert and his champion in the form of Miss Law.

It is clear that some people inside and outside Kendall House knew about the regime, and knew about concerns expressed by parents and professionals. Even when faced by a national media outcry in 1980 which questioned the use of sedating medication in children at the home, they were steadfast in their resistance to the challenges and in their belief that their practice was correct.

5.5.1 Concerns raised by parents

On admission to Kendall House, it was routine practice for the parents or guardians (in some cases, social workers) to sign a form giving consent to treatment for the named individual girl. Regardless of the length of time the girl was resident at the home, this original form was evidence of consent to any treatment. It stated:

'I, name, state whether parent or guardian, of name of girl and date of birth, hereby give my consent for my daughter to receive any medical and dental treatment considered necessary for her health, also my consent for the administration of any anaesthetic and surgical treatment that may be necessary whilst in the care of Kendall House.

I understand that in the event of accident, I shall be notified as soon as possible by the Superintendent.

Signed, witnessed, and dated' (Source: residents' records; Kendall House)

By signing this, parents and guardians were handing over all responsibility for any clinical or medication decisions to an unnamed person for the duration of their daughter or client's stay at the home. There was also no obligation for any consultation or discussion prior to

commencement of any treatment with the parents or guardians, except in the event of an accident.

Very few of the parents of the residents raised any questions or concerns about the medication or treatment provided for their daughters. However, on a small number of occasions, this did happen and the handling of these cases is described in the examples below.

Example 1

'I remember one meeting (with Dr Perinpanayagam) and that was with my mum and my step-dad, and my mum got really annoyed because she felt that whatever they were giving me, the drugs they were giving me weren't right and dangerous.

Q – *What was his response?*

He was saying 'get the police, get the police'.. because my mum lost her rag. He got all high and mighty; 'we need the police here, we need the police here' because my mum had raised her voice. Maybe it was the first time a woman had raised their voice...My step-dad was a very calm man, very old school and he called him a very arrogant man. I can always remember that, a very arrogant man.' (Source: interview FR01, resident mid 1970s)

There is no indication from either the records of FR01, or from her recollection that any change to her medication regime took place following this meeting between Dr Perinpanayagam and her mother and stepfather.

Example 2

In the late 1970s, following an absconsion attempt and then admitting to starting a fire in the home, FR09, then aged 14 years, was seen by one of Dr Perinpanayagam's medical team as he was on leave. Crisis medication of intra muscular injection of depixol 40mg and kemadrin (dose not stated) was prescribed and given, with instructions to given valium and sparine injections later as required.

'Yes, because when my mum came to visit me I just sat there just staring, and maybe rocked a little bit.

She went mad. She went out and Miss Law wasn't there. She was away doing something or other. My mum said, "I am not leaving here until you get her here." Miss Law did turn up and I heard shouting and I know it was my mum shouting. She was going mad as to why I was being medicated. There was no reason for me to be medicated. I didn't need medication'. (Source: interview with FR09)

5 days later, her mother contacted the home very concerned about her daughter, and it is recorded that she was *'disgusted with us for turning her daughter into a junkie'* (Source: records for FR09, resident late 1970s-early 1980s). The rationale for treatment was explained to the mother, and it was noted that *'she would not see reason'*. A further 10 days later, the social worker visited and was informed of the mother's concerns and also those of FR09's sister who commented that she *'was like a zombie unable to walk properly or hold a conversation with them.'* The mother wrote to Dr Perinpanayagam to request a meeting. This request was repeated on three more occasions before a meeting was arranged 3 weeks later. By this time, FR09 had been taken off her medication. Dr Perinpanayagam met with FR09's mother and explained the rationale for her medication, and gave assurance about her current 'relaxed and communicative' state. This reassured her mother.

However, the records indicate only a month later she was being given largactil covertly in her evening drinks by Miss Law, and crisis medication injections, following a further attempt to run away. FR09 recalled how her medication was completely stopped a short time later, when it became clear she was pregnant. There is no further record of any contact from her mother to discuss her medication

Example 3

In the early 1980s, FR18 was resident at the home because of her behavioural and mental health problems. She was resident for almost four years. During that time, her mother visited and observed one of the girls who was becoming agitated. The mother witnessed a member of staff giving this particular girl (not her daughter) an injection, and asked her daughter about what she had witnessed.

'I saw this – I don't know her name – one of the members of staff walk up to this young girl, because she was playing up and that, and she went like that with the syringe.'

Q. *So did she actually inject the girl?*

Yes, she did, because I asked my daughter, I said, what's she doing? Well, she said, they inject us, if we play up or they want peace and quiet, they inject us so we go to sleep.

Q. *I understand. When she injected the girl, was the girl stood up or laying down?*

A. *She walked a little way and then all of a sudden she sort of collapsed on the floor, and they took her to a bedroom.'*

Concerned about what she had witnessed, the mother was even more concerned when on another occasion, she visited the home and saw her own daughter in a dazed and sleepy state. She went to see Miss Law to express her concerns. Miss Law told her they had not given drugs to her daughter. However, examination of her records identified that 'crisis' medication in the form of an injection had been given alongside a daily dosage of a number of sedating tablets. (Source: records of FR18)

'Back to that meeting: when you made your representations to Miss Law, what was her response?

A. *Oh, she didn't like it!..... Oh, it was just her face and her tone of voice. I'm afraid when I get really upset I can go to town, I can, but I did on that day. I think she wondered what had hit her!*

Q. *You got really quite angry with her?*

A. *Yes, I did.*

Q. *Did she deny that they were being given drugs?*

A. *Yes, she said, they're only coated smarties, she said, we don't use those drugs. I know they did because I saw them do it'. (Source: interview with the mother of FR18)*

Example 4

In the late 1970s, FR56 was resident for over three years. During that time, she received medication in tablet and injection form on many occasions. She recalled her father's concern and that he wrote to complain to Miss Law and to social services, but to no avail.

'Yes, dad did all the time, yes. He often wrote to them, I've got all the letters upstairs, he could never understand why so much medication was being used, and it shouldn't be used on a child, with these problems, or whatever it was.' (Source: interview with FR56, resident late 1970s)

5.5.2 Concerns raised by Kendall House staff

Much has been written in recent years about the best way to support staff who raise concerns to their employers about practices in their organisations, such as the staff who had concerns following the deaths of patients at Mid Staffordshire hospitals (Source: Mid Staffs Report, Robert Francis, 2009). This process has become known as 'whistle blowing' and commercial and public sector organisations have given much attention to developing policies and safeguards for employees who wish to highlight concerns to those in authority whilst remaining in their employment.

Former staff from Kendall House spoke with us about their experiences in raising concerns about the care offered to the residents. Some told us they were concerned but did not say anything as they felt their role was to do as they were told and follow the instructions from Miss Law and Dr Perinpanayagam.

'I was always dead against drugs, but as I say, who was I against a consultant psychiatrist? I used to do my level best with any of the girls.... but he was god, I suppose, wasn't he, really?'

'You didn't, you didn't – he was the person in charge and you had to carry out his instructions...if the senior consultant says you will do this, you will do it' (Source: interview FS04, employee late 1970s-closure)

The reluctance to challenging the dominance of Dr Perinpanayagam or Miss Law is at one level understandable in such a hierarchical structure. Certainly from the perspective of the unqualified staff who were excluded from meetings or discussions about the treatment of the residents and may have felt relatively powerless. However, regardless of the hierarchy, some staff did try to raise concerns in discussions with the chairman of the Management Committee. In the main, these stemmed from a discomfort about the use of and approach to 'crisis medication'.

'I do know if you asked questions – I was unpopular, but with my colleague XX, because we started to ask questions we were told, if you don't like it, leave....'

'I did complain to the Chair, twice....a vicar'

'They always had a vicar; I don't know what their roles were. But they were the only people that we had access to, because I mean in those days you never went to the management committee. You never saw a report... he just listened' (Source: interview FS01, employee late 1970s-closure)

'I just kept thinking. I can't see how all this is necessary....They (the girls) had emotional issues. My feeling was it was unnecessary. But if you've had no training yourself, you assume somebody thought this was the right therapy....We used to'

talk. There was a small group of us that used to talk amongst ourselves and say we were quite uncomfortable with this.....

It was only later that we went elsewhere with our reservations...There were changes – obviously Dr Peri retired. We had XX (consultant psychiatrist),,,,he wouldn't prescribe drugs and he advocated a different way of working which was very welcome to some of us....it was resisted among the old guard...

Then we took ourselves to see (the Chairman) and said 'do you know what's going on?' we were blowing the whistle, quite frankly.

I don't think he was particularly helpful. I don't think they knew what to do quite frankly....She (Miss Law) had been there so long and they trusted her with so much authority that I'm not sure they knew where to go with it to be honest.' (Source: interview FS03, employee during the 1980s)

We found no documentation of these meetings with the then chairman of the Management Committee nor any evidence that he shared these concerns raised by the staff with the committee members or others in the diocese. It was also clear that having raised their concerns, no perceivable improvements followed as a result. We spoke with one of the former chairmen, who indicated that concerns may have been raised with him from the staff, but he had no specific recollection of these conversations nor of any subsequent action. (Source: interview with FS09, former chairman of Management Committee)

Another former staff member, who also held a fairly junior role, gave an example of a time when he questioned the former deputy superintendent (now deceased) about an occasion when she threatened a group of girls with injections should they misbehave (cited earlier). He asked to see her and commented '*that doesn't look like treatment, that's punishment*'. He was then asked to see another of the nurses who explained the approach he had witnessed, and it was clear that Miss Law had also been informed that he had questioned the approach. He spoke about how this period had felt for him.

'Certainly my sense of it was we can make life quite uncomfortable for you if we want, and implicitly we have an idea that maybe you'll go away. Whilst Mrs X clearly felt troubled by my challenging her, I didn't feel that she felt much inclined to change her approach to things.' (Source: interview FS02, employee 1970s)

We also heard some recollections from former staff that local clergy sometimes asked questions of them about the home and indicated they too had concerns. These however were vague recollections from a long time ago and many of the clergy concerned are now deceased. No written record of any concerns voiced from staff or clergy were identified, and may not have been made.

5.5.3 Concerns from the medical advisor

As mentioned earlier, the child psychiatrist who advised Kendall House after Dr Perinpanayagam made clear from the outset that he did not share the same clinical opinion about the use of medication in the care of young people with behavioural or psychiatric problems.

His role was different from that of Dr Perinpanayagam. It had two main components; provision of psychiatric oversight of cases, and staff training and development. This was provided on the basis of one day a week. In December 1983, he was off sick for some weeks. He returned to Kendall House in the spring of 1984 and was beginning to have an impact when the DHSS inspection took place in June of that year.

The consultant felt that as his appointment had been approved by the Kendall House Executive Committee, that he was accountable to this body via their chairman (now deceased), rather than to Miss Law. Correspondence between the chairman and the psychiatrist during the autumn of 1984 highlighted a number of the latter's concerns, many of which stemmed from his frustrations with the management style at Kendall House and the issue of accountability. The following exchange took place, firstly with an extract from a letter from the chairman:

'We as a committee are very appreciative of your work with the staff and it is evident that they have benefited from the training and support you have given them.....whilst we and the staff support your reluctance to use medication as a means of control, there are, we feel, times when it is necessary both for the child's own sake and for the welfare of others living within the house.' (Source: letter 20.9.84)

The psychiatrist's response indicated his concerns about medication practices and frustrations at the slow response from the committee to addressing the urgent recommendations from the DHSS inspection.

'I think you will agree that your committee has been supine to a degree in failing to respond to these recommendations and that an interval of four months between the formal feedback .. and a preliminary consideration of the urgent recommendations constitutes gross negligence. It also perpetuates an unacceptable situation as to the theory, practice and ethics of drug usage at Kendall House, and clearly of little importance to you, leaves me unsupported and without guidance from you and your committee to whom I am accountable....

...I am informing you that I will not in future be prepared to prescribe psychotropic drugs for the girls. If on a routine or emergency basis staff feel this to be necessary, they have the option of approaching the local general practice'

He also made clear his anger and frustration at the current situation with regard to 'PRN' (given as needed) medication, where decisions about changing doses, or administering drugs were taken by staff not qualified to do so.

'Lastly on this topic, PRN drugs are not acceptable – several times I have heard staff say 'oh yes the drug was prescribed but she doesn't need it now' and cut down or stopped it. This is quite unacceptable'

'In my opinion the policy as to drugs is ill thought out and unprofessional to the point of farce. As a matter of urgency this must be discussed by your committee and with the GPs. A response is then needed for the DHSS group.' (Source: extracts from letter, 4.10.84)

On receipt of this lengthy (over 9 pages) and angry letter, the chairman's response remained supportive of the administration of medication as a means of control.

'...we support your general view that the giving of drugs as a means of control is not desirable. However I cannot personally agree that there are no circumstances under which drugs should be given.....It is not sufficient to look at a child in isolation from the rest of the house and its staff and residents. They too need respite and an occasional administration of some form of medication to a disturbing influence in the house is also of assistance' (Source: extract from letter, 11.10.84)

Both parties proposed and agreed that a meeting between them should take place and that the lead officer from the DHSS inspection team should also be invited. This subsequently

took place on October 30th 1984. Prior to this, however, a further letter was written where the psychiatrist reiterated his concerns about various aspects of medication practice at the home.

‘Quoting from the DHSS inspection report ‘PRN drugs are not acceptable’. ‘The decision on every occasion except perhaps a life threatening one to administer a powerful psychotropic drug must be taken by a medical practitioner in attendance at the time. The fact that I have to repeat this to you as Chairman of the Management Committee responsible for the house in the presence of clear guidelines from a DHSS inspectorial team is of great concern to me...’

He went on to criticise the practice of threatening girls with injections if they refused to take oral medication as an ‘abuse of power.’ Finally, he observed that a cultural change was required in order to reduce the reliance on medication as a means of control, and to enable this, significant change in the staff and leadership was required. (Source: extracts from letter, 18.10.84).

Notes of the planned meeting of October 30th between the two were not available. This meeting may not even have been minuted. Despite the need and repeated request from the psychiatrist for an urgent response to the recommendations from the inspectors, it took until the following February to produce a written response. (Source: letter 20.2.85)

At the next meeting of the Management Committee, in November 1984, the consultant attended and advised members he would continue to support staff training and would see girls for assessment, but would no longer be involved with the prescription of psychotropic drugs. The minutes record a re-iteration of his view

‘...that the use of drugs for social control cannot be justified.’ (Source: minutes of Management Committee 13.11.84)

The members proposed that at their next meeting they would decide on a policy for liaison the local GP practice and psychiatrists, presumably from the local mental health hospital. The consultant also advised them to consider increasing the number of clinical sessions available. Minutes of the Thameside Branch of the Joint Council for Social Responsibility meeting in January 1985 confirmed the consultant would only cover staff support and training. There is no further information in these minutes about medical oversight at the home. (Source: minutes of Thameside Branch CRJCSR 23.1.85)

In the records of correspondence from this time, a short paper with notes from a conversation from 2.4.85 between the psychiatrist, the new chair of the executive committee, the chair of the working party and another officer was found. This paper noted unequivocal and damning criticisms of Kendall House, and of Miss Law in particular made by the psychiatrist. There is no record of any action taking place as a result of the comments, other than his resignation. (Source: notes of a conversation 2.4.85)

5.5.4 Concerns raised by social workers

Over the years, a number of concerns were raised by social workers assigned to girls who were resident at Kendall House. In respect of medication, questions were asked about individual cases concerning the necessity of certain drugs and whether they could be discontinued. Often, there was a hostile or defensive response from Dr Perinpanayagam or Miss Law, usually in the form of a sternly worded letter to the social worker’s line manager or director. On fewer occasions, there was a more polite, conciliatory response, even the suggestion of a meeting to discuss matters.

Regardless of the tone of the immediate response to questions or concerns raised, practice rarely, if ever changed. Dr Perinpanayagam, Miss Law and later a senior diocesan officer (now deceased) always stood firm, supporting each other's position. They were adamant their approach was the right one, and were extremely reluctant to change.

Concerns from a small number of social workers or their managers about practices concerning medication at Kendall House were raised as far back as 1976. In response to a number of 'difficulties between our respective staff' a meeting took place between a senior social work manager from Kent County Council, Dr Perinpanayagam, Miss Law and the senior diocesan officer in July of that year.

A letter from the senior social work manager (Source: letter 10.9.76) summarises agreed actions from the meeting and mentions the need to address misunderstandings by social workers (according to Dr Perinpanayagam and Miss Law) of the medication regime at Kendall House, which had led to a breakdown in communications. Actions agreed and documented in the letter emphasised the need for improved communication prior to commencement of any course of treatment through setting up a case conference and then confirming any changes afterwards, in writing, from Dr Perinpanayagam. Analysis of the records of residents after this date indicate no such changes in communication took place.

The letter also points out that the practice of Miss Law giving injections, even in emergencies was illegal; that only qualified nurses should fulfil this role. The letter states 'I must urge you to ensure that this practice ceases from now on.' The practice continued.

In May 1979, there was a flurry of correspondence about the treatment of FR44, a resident of two years, who had become violent twice in rapid succession and was placed in Stone House Hospital by Dr Perinpanayagam. Her social worker wrote an angry note to the hospital questioning the legality of her detention and expressed concern about not being informed of the admission. An internal note was passed onto Kendall House and a few days later, Dr Perinpanayagam wrote to the director of social services setting out a robust defence of his actions. Further, he demanded that the director either support the management of FR44 by confirming so in writing, or find an alternative placement for her. The girl returned to Kendall House. (Source: records of FR44, resident, late 1970s)

Individual social workers who questioned the rationale of a particular course of treatment at Kendall House were sometimes responded to harshly, with letters of complaint in writing sent from Miss Law or Dr Perinpanayagam (or both) to their directors or line managers. These letters were often critical of the social worker for even questioning the clinical management of the consultant psychiatrist, and sometimes included threats of legal action if documentation was not amended or decisions not changed as instructed. Social workers who made critical comment about the discharge of residents to foster parents, home or other location were dealt with similarly (Source: records for FR03, FR05, FR15). In such cases, it was not unusual for the senior managers or directors to apologise to Kendall House for the behaviour of their staff for questioning the care. (Source: interviews with FS15 and FS16, former social workers in the Kent area)

We also noted variations regarding dosage of prescribed medication as recorded in the 6 monthly reports for social workers when compared to the residents' daily records. The former usually citing a much smaller dose than the latter. In such cases, the local authority would not have appreciated the full extent of the dose of medication given.

Example 1

A social worker wrote to Miss Law in July 1980 expressing concern about the use of drugs at Kendall House, and in particular about the medication prescribed for his client, FR02. The written response from Miss Law had an indignant tone and informed the social worker, '*one does not tell a consultant medic how to treat his patient*'. Further, that the complaint letter has been passed on to Dr Perinpanayagam's legal counsel who '*is handling his case for defamation of character*.' (Source: Letter, 19.9.80) The complaint from the social worker was not pursued further.

Example 2

In the case of FR15, the report to the local authority stated that in February 1982 she was given 10mg of valium, whereas the daily notes record that she was given 30mg. Three days later, the report states that she was given 10mg of triptozole (an anti-depressant) whereas the daily notes record that she was given 50mg. The report fails to mention at all that on a date some weeks later, she was given phenergan tablets and syrup, and it also fails to mention that two days after this, she was given 'crisis' medication of valium and sparine. Throughout the following month the girl was regularly given valium and sparine, but there is no mention in the report for the social services. We cannot tell to what extent it was a deliberate decision on the part of Miss Law not to tell the local authority the full extent of the medication administered to this child or whether it was an administrative oversight on her part. (Source: File notes of FR15, resident early 1980s)

Example 3

A social worker expressed concern that his client, a resident at Kendall House had been given medication that he had not been made aware of (Source: records FR26, November 1983), and also about the amount of medication being given to her. He rang Kendall House and spoke with a nurse who informed him of the drug which had been administered (Droleptin, a strong antipsychotic drug), but on his next visit to the home, he could not find it documented in the 'medicine book'. He asked for a record of the drugs that his client had been given, and was advised that this would need to be authorised by Miss Law. A letter, from Dr Perinpanayagam was then sent to the social worker's director which detailed the medication prescribed. (Source: record and correspondence of FR26, 1983)

Other professionals also received similar responses to even the implication of criticism of a resident. In the case of FR02 (resident in the late 1970s), the educational psychologist notes his difficulty in assessing the girl because of her 'stupor' and questions whether this was due to her medication. He received a swift written rebuke from Miss Law. (Source: records of FR02; dated November 1979)

Social workers also raised concerns through other routes. When compiling their book, 'In whose best interests?' which criticised the general care of children in institutions, the authors, Laurie Taylor and Ron Lacey were informed of approaches by unnamed social workers to the mental health charity, MIND. These social workers raised concerns about the medical management of girls in a private children's home in the south east of England. It was widely believed to refer to Kendall House. (Source: Taylor & Lacey, 1980; London Weekend Television documentary transcript, 1980)

Their concerns related to the use of major tranquillisers which were usually prescribed for psychotic behaviour. These were "referred to as a 'chemical cosh' in view of their tendency to induce a 'lifeless' or 'shocked' state. The account goes on to describe a girl heavily sedated on such drugs for over a year. On her return to the children's home,

“When I saw her I immediately called in our own psychiatrist who agreed that she should be taken off the drugs. I then rang the superintendent to explain and express my concern.” (Source: Taylor and Lacey, 1980, p83)

The account goes on to advise that their director of social services subsequently wrote to the superintendent at the home to apologise for the action of the social worker, ie for raising concerns about the girl’s treatment.

With the benefit of hindsight, we can collate and connect these concerns as raised by individual social workers about their clients. At the time, this was not possible. Not all the concerns were raised by social workers from the same local authority. However, the practice of senior managers in social care at the time accepting the defence from Kendall House at face value and not supporting their own staff, or even taking steps to investigate what may have led them to voice their questions is of concern in itself. They could have made representation to the diocesan Joint Committee to discuss the matters further.

5.5.5 Criticism in the media

At the meeting of the Executive Committee in November 1979, Miss Law advised members that a TV programme was being planned for broadcast. No further information about the programme was documented at this meeting. (Source: minutes of Executive Committee, 20.11.79)

In January 1980, the documentary was broadcast by London Weekend Television. The review panel has had sight of the full transcript of the script of the programme. Parts of the programme can still be viewed on YouTube. It concerned medication used in children’s homes, and featured Kendall House. This broadcast was followed by a number of national press articles (Appendix 3). All were very critical of the practices highlighted by the TV programme.

The programme made a number of points of criticism and concern about the medication of children in children’s homes in general, and in Kendall House in particular. It included interviews with Dr Perinpanayagam and Miss Law, as well as other professionals, and a former resident. It also included interviews with Laurie Taylor and Ron Lacey about their recent book on standards of care of children in institutions. The programme concluded with an interview with the then Junior Minister for Health. It was a highly critical, even damning indictment of the medication and care provided to children in care homes, and was similarly critical of the medication regime at Kendall House.

The programme transcript included the following extract:

‘Of the 12 girls in Kendall House at the moment, 4 are being given drugs. This girl has been at the home for 5 years....According to Miss Law she has built up such a tolerance to drugs that on the day we filmed she had been given enough to knock an adult on his back.’ (Source: LWT documentary transcript: 18.1.80)

The programme focused on a small number of specific cases. One was a girl who had been in the care of Kendall House since the age of 10. Her case was described by her social worker and also a separate interview with Dr Perinpanayagam. The interviewer asked about her particular problems and her medication. Her social worker noted changes in her behaviour after a year at Kendall House, and was sufficiently concerned to ask a second consultant psychiatrist to see her.

'This was totally alien to the personality that we had known and it worried me so much that I telephoned a psychiatrist....and asked him what the drugs were and what sort of effect they would have on her.' (Source: LWT documentary transcript: 18.1.80)

A consultant psychiatrist was also interviewed and after seeing the girl, gave their opinion.

'She was clearly not suffering from any disorder like schizophrenia...so I am forced to the conclusion that her disease, that her disorder was simply that she was rather stropky. That was putting it mildly, she was very stropky, and the drugs were either being used simply as a chemical restraint, as chemical imprisonment'

'Indeed they were undoubtedly used in very large doses, so large in fact that...were it not for fact that the same dose appears in her notes so frequently I would have thought there must be a misprint, that there must have been a typing mistake.'
(Source: LWT documentary transcript: 18.1.80)

The programme concluded with an interview of a junior minister from the DHSS. He felt that the issue was complex and that there was a role for the prescription and administration of drugs to some children in children's homes, but that ultimately it was a matter for clinical decision. He was resistant to the suggestion of the setting up of a national enquiry into the matter, believing that local authorities should assure themselves of the quality of residential care provided to children.

The subsequent correspondence from Dr Perinpanayagam after the broadcast suggested he had not considered the possibility that the programme might be critical of medication practices at Kendall House. He wrote to the President of the Royal College of Psychiatrists to complain. This resulted in a press statement from the College which included the following

'Children may be acutely mentally disturbed with a variety of mental illnesses, some associated with brain disease. Their nursing may pose a serious problem, especially if there is violence or repeated running away. For the most part such problems are handled by competent nursing staff in sufficient numbers. However, it is sometimes fully justified to give tranquilisers and/or sedatives and other drugs.'

It is clear from Dr Perinpanayagam's letter to the chairman of the social services department, who had placed the girl and employed the social worker cited in the programme, that he was furious about it, and particularly angry about the comments from the social worker. He does not comment on the views of the consultant psychiatrist included in the programme. The following is an extract

'The 'hoo-ha' that the social worker made about 'A' (the girl) being like a zombie was entirely because 'A' was not taking the antidote medication, ie Artane, leave alone the audacity for a social worker, not trained in medicine, to comment on medical symptoms.'

I am taking this whole matter up with my solicitor privately and through the Medical Defence Union for misrepresentation and distortion of what I said and my methods of treatment.' (Source: Letter, 22.2.80)

Considering the extent of negative media attention on Kendall House after the broadcast, there was relatively little comment at the respective diocesan committees tasked with oversight on the home. Further, it appears that no members of any of the committees (Joint Diocesan Council for Social Responsibility, Executive Committee or Management Committee), or any other senior people in the diocese at that time felt moved to speak with any of the residents at Kendall House to seek assurance from them about life at the home.

The minutes from March 1980 refer to an article in the Daily Mail about Kendall House, and a senior diocesan officer (now deceased) is quoted as saying only that, "*the authors of criticism of Kendall House had never visited it.*" There was no discussion about whether the criticisms raised in the programme or article were accurate or valid or even created some doubts in the minds of committee members. These could have been addressed by obtaining an independent view about the home. There was no objective curiosity about whether the many critical voices may have a point. This was an inadequate response and a failure of the committee's responsibility to monitor what was really happening at Kendall House.

We found one example contained in the minutes of the committee which suggests that one member paused for thought about the adverse publicity concerning the medication regime at Kendall House. This arose after a critical article was published by the then Chief Executive of mental health charity, MIND about Kendall House. On 10th June 1980, a member,

"wondered if criticism should be ignored. Miss X, (senior diocesan officer) expressed confidence in Dr Peri. He maintained that he was not experimenting on the girls as had been suggested and that drugs given to the girls were for treatment, not crisis intervention. (The member) continued to express concern."

It is incorrect that drugs were not given for crisis intervention; this chapter has described extensive examples of precisely that. Had any committee member looked at the individual daily records of almost any child resident at Kendall House at that time, or even spoken with them, they would have been able to discover for themselves repeated examples of the regular administration of psychotropic medication in non-crisis situations. It is not possible to determine why the senior diocesan officer (now deceased) provided that information to the committee. We consider that the committee members were likely to have been misled by this information.

The next meeting, September 1980, included an update, where the member who had expressed concern had made their own enquiries from another professional source.

"(The member) having sought guidance from a local psychiatric doctor has now a clearer picture of the medical requirements of the girls and is confident that their present treatment is in the best interests of the girls".

There is no record of the guidance provided to the member, nor any record of whether the doctor consulted by her knew anything about the residents of Kendall House.

This should have been an opportunity for the Executive Committee to properly explore the regime taking place at Kendall House, an opportunity they passed up. The regime continued largely unchanged for a number of years.

Almost 12 months after the original broadcast, a meeting took place between representatives of social services from a number of the London borough councils and Kendall House (represented by Miss Law and the senior diocesan officer). The aim of the meeting was to discuss concerns about Kendall House and also concerns about the negative publicity. Major areas of concern were the use of a secure room, the use of drugs to modify girls' behaviour and the use of Stone House hospital (Source: minutes of meeting held with London Boroughs 10.12.80).

What is striking about the minutes of the meeting is not the nature of the typically defiant position taken by the Kendall House representatives, but the extent of the inaccuracy in their arguments. The minutes record assurances given which other sources of evidence relating to this timeframe have shown to be both inaccurate and untrue. The minutes do not indicate

whether any of their assurances were challenged, so we have to assume they were accepted at face value. We believe the social services representatives at that meeting were misled by the responses from Miss Law and the senior diocesan officer.

Their comments included

'It now has virtually full time psychiatric support and full educational programme on the premises.'

'A secure room is available and is located right in the centre of the house. Children are never left alone and it is used in accordance with the Community Homes Regulations governing secure accommodation.'

'Medication is used for some children and is sometimes used to control violent behaviour. No medication is given without attempts to contact the local authority....there is full nursing cover at all times....'

'Drugs however are always prescribed by the consultant psychiatrist...the consultant psychiatrist is always happy if a local authority wishes to obtain a second psychiatric opinion.'

'Dr Peri was convinced that drugs, while important, were insignificant compared with the milieu-therapy of Kendall House and that drugs enabled this to operate.'

'It was made clear by Kendall House and the social work service that very few children were ever on drugs.'

A subsequent letter to Miss Law from the Senior Development Officer for the Regional Planning Committee (Source: letter 16.12.80) thanked her for attending the meeting and commented

'I hope that this will have cleared the air and they you will have rather better co-operation from London social workers in future.'

Despite all the negative attention and public criticism of the approach to the use of medication at Kendall House during 1980, within the senior team, and amongst the diocesan committees, the faith and confidence in Dr Perinpanayagam's clinical approach remained steadfast. Kendall House largely remained untroubled by any external or internal (diocesan) criticism and the long standing practices in administration and prescription of medication continued as before.

5.5.6. Inspections - 1984 and 1985

Part of the DHSS inspection team in 1984 was led by the senior medical officer at the DHSS at the time. She focused specifically on the medical regime and psychiatric oversight role provided to residents. This was a highly significant inspection which identified a wide range of failings and issues of concern. Its findings are referred to throughout this report.

Following the publication of the inspection report, the Management Committee was urged to give 'close and urgent attention' to its recommendations, and 'take appropriate action as soon as possible'. Further, the senior medical officer was said to be 'extremely concerned about some practices at the home, particularly those associated with storage, monitoring and administration of psychotropic drugs'. (Source: letter, 6.7.84)

The concerns can be summarised as follows:

‘Consideration of the psychiatrist’s role is needed and the nature of his clinical responsibility and degree of involvement with Miss Law in setting the future care philosophy and practice;

Greater clarity needed on a number of areas of professional practice and accountability including responsibility for referrals to NHS and local authority services;

- *responsibility for prescribing for psychiatric disorder;*
- *in emergencies arrangements for medical contact and advice for staff;*
- *responsibility for decisions concerning ordering a small emergency stock of drugs; and*
- *degree of involvement of the psychiatrist in assessment of girls on admission.*

Storage and security of medical records;

- *administration of medicines: no drugs except for simple, non-prescription drugs must be administered except with the direct involvement of either the GP or the psychiatrist;*
- *stocking and storage of medicines – current arrangements described as ‘very unsatisfactory’.*

A number of other recommendations were made concerning the content of emergency drug supplies. These included

- *the current stock of psychotropic drugs should be returned to the pharmacy;*
- *individual medication record cards for each girl to be established;*
- *PRN, or ‘as required’ drugs ‘are not acceptable’. In an emergency, medical advice should be sought as to whether medication can be given before the doctor attends. A medical examination should take place before such medication is given;*
- *all drugs should be labelled correctly with the name of the drug, dose prescribed and the resident in place. Unused drugs should be disposed of correctly; and*
- *weekend supplies should be made up and labelled also with the name of the drug, dose and girl.*

Recollections from staff employed at the time about any notable difference in practices regarding the storage, administration or prescription of medication are vague. After 30 years, this lack of detail in their recollections is perhaps understandable. There was a general belief that the volume and prevalence of drug usage had declined by the mid-1980s after the departure of Dr Perinpanayagam in 1983 and Miss Law (on long term sick leave) in 1985.

‘As I say, the drug issue began to go sort of go down, I suppose.... I can remember there was quite a hoo-ha in the place and I can remember them sort of clearing out stuff, drugs, from Kendall House.’ (Source: Interview FS04, employee late 1970s – closure)

Reviewing the documentary records, however we found there continued to be occasions when the former medication regime practices were maintained. For example, when Miss Law gave instructions to administer drugs such as droleptin with no apparent reference to a doctor. (Source: records FR27, resident until 1985)

In another case, valium 10mg is prescribed by one of the registrars from the hospital to 'cool the ardour' of one of the residents. On this occasion, staff give half this prescribed dose, thereby continuing to make decisions outside their professional boundaries. (Source: records FR33, resident until 1985)

A review of the records of residents from 1985 until the closure of Kendall House indicates that there was a reduction in the frequency of reliance on 'crisis medication'. The reduction in the amounts of such medication retained on the premises in case it was required undoubtedly helped in this regard. Further, it was noted that those girls who were prescribed sedation or anti-depressants were, on the whole, assessed by a psychiatrist before commencing their medication. The systems and processes around prescribing and administration of drugs appeared to be better controlled and managed than before.

These changes were noted when the DHSS conducted a re-inspection in December 1985 which included consideration of the medical and psychiatric care regime. They commented favourably on actions since their first inspection improving the security, labelling and record keeping in relation to prescribed medication.

However, they were very concerned to find a stock of drugs retained on the premises, including valium tablets, droleptin tablets, haloperidol ampoules for injection and kemadrin ampoules for injection. These were retained under the supervision of the deputy superintendent, who was a registered nurse, in case they were required in an emergency. The inspectors instructed immediate removal from the premises, which was addressed the following month. (Source: DHSS inspection report, 1986)

5.6 Commentary: Medication at Kendall House

When used correctly, and prescribed based on a full clinical examination and assessment, medication can have an important therapeutic role in the management of individuals with some acute and long term mental health conditions. If used, medication will usually form part of a range of interventions tailored to the needs of the individual. The experts we spoke to made this clear. They also emphasised that drugs should not be the first option for treatment, and that injected strong medication of the kind used frequently at Kendall House, should be the last resort when all alternatives have been tried.

Among the residents at Kendall House, the opposite was true. There was no range of interventions; until 1985, the use of drugs was the first and only option on offer. After 1985, drugs were still used, but in a less universal manner.

Even though Dr Perinpanayagam provided medical oversight, he was remote from the day to day pressures in the home. He did not clinically assess every girl prior to medication being commenced. Those he did see were often subject to frequent changes in their medication regimes. These regimes also appeared to have little regard for potential adverse interactions between the various drugs and any need for close monitoring of the girl's progress and reactions. Dr Perinpanayagam was also remote from the girls, seeming aloof and distant. There was little, if any trust between the doctor and his patients. This was demonstrated by accounts of the girls lying to him in response to his questions about how they were feeling. Fearing a negative or critical (in most cases, honest) comment about how they really felt would place them at risk of punishment, chastisement, or injections.

The arrangements for medical oversight for one day a week were maintained throughout the tenure of Dr Perinpanayagam and also his successor. As the residents became increasingly more complex, this weekly clinic was not increased, despite a request from his successor to the Management Committee. There was little evidence of individual care or treatment plans or any therapeutic, even social development interventions for the girls.

This minimal access to clinical expertise left the day to day management of the girls (the majority of whom, certainly up to the mid-1980s were on some form of sedating or anti-psychotic medication) solely in the hands of Miss Law. She was not clinically trained or qualified. Nevertheless, she established and sustained a daily medication regime which preceded and followed both Dr Perinpanayagam's tenure and that of his successor. Miss Law gave and authorised the administration of drugs which in some cases were not prescribed or based on any clinical examination. She, and others gave drugs to the girls having decided they were needed (PRN) and gave tablets, medicine and injections to girls repeatedly over the tenure of her appointment as superintendent. Despite being told to cease the practice in 1976, she continued. Further, despite being told by the successor to Dr Perinpanayagam, and the DHSS inspectors in 1984, that PRN medication was unacceptable, this practice also continued. These practices were illegal, unacceptable and for years, placed the girls at risk of harm.

Miss Law appointed a deputy superintendent who had a nursing background. She worked at the home until the late 1970s. It is unclear if her nursing qualification was in mental health or in general nursing. Regardless of this, the accounts from many residents and some staff provide evidence that this individual had professional standards far below those for any registered nurse – then or now.

Miss Law knew everything about the home, its routines and its culture. In many ways her life was Kendall House. We are therefore of the opinion that she was fully aware that (during the 1970s) her deputy would regularly terrorise, threaten, bully, strike, humiliate and abuse the

residents. We heard examples of when her deputy's methods were questioned, either by a houseparent or a social worker, Miss Law leapt to her defence. The deputy superintendent would prepare syringes, filling them with 'crisis' medication (usually valium or haloperidol) far in advance of any crisis. She would then provoke particular girls to a point of agitation or retaliation before sitting on them, injecting them and taking them to the isolation room. She embraced her role with a sadistic relish and remains the source of many former residents' nightmares. Now deceased, she will not be held to account for her behaviour.

We saw no evidence of any staff training at Kendall House until late in 1984 when the successor to Dr Perinpanayagam introduced some staff training sessions. Recruiting and retaining staff was always a challenge as evidenced by the regular requests for more resources from Miss Law to the various committees. Mostly, the home had barely sufficient numbers of staff, and most were unqualified, untrained and unprepared for the challenges of working there. Miss Law oversaw the recruitment of staff and maintained a management regime where there was little communication between her small senior team and those staff who spent the majority of their time with the girls. Staff (including Miss Law and her deputy) did not possess the skills or aptitude to engage in preventive strategies, to distract the girls, to calm them down, to talk with them. They did not have counselling skills or experience of other therapeutic approaches. Neither did they have easy access to the psychiatrist, and so relied solely on medication, control and restraint. This was their default position, they had access to no other coping strategies.

This situation continued even after the retirement of Dr Perinpanayagam. His successor managed to introduce some training but faced stiff resistance to his concerns about the medication practices from the chairman of the Executive Committee who clearly wanted the maintenance of the status quo and had an unquestioning faith in Miss Law. The inadequate staffing levels and the general lack of competence among the staff meant that Kendall House placed girls at risk of harm.

The residents had in many cases, very complex and enduring behavioural, social and psychological needs. Many had been moved around the social care system all their lives and were told repeatedly by parents and professionals that they were out of control, unmanageable and disturbed. Nowhere else seemed willing or able to cope with them, and they ended up at Kendall House. The former social workers who spoke with us described the prevailing view at the time was once a child had been placed in a children's home they were considered 'safe'. Large caseloads meant that cases had to be prioritised and the priority for social workers in such circumstances were the children deemed most at risk. Usually these were still living with their families in the community. The girls at Kendall House were deemed therefore to have been dealt with.

However, social workers and others did raise concerns about medication (and other matters) practices at the home. Usually they were not supported by their senior managers. Invariably, whether the concerns were raised by parents or professionals, they had little effect on how things were done at Kendall House. They usually triggered a defensive and arrogant response from Miss Law and Dr Perinpanayagam, which was also reinforced by the views of a senior diocesan officer (who was not a clinician, or based in the home). Again and again, they gave superficial assurances that all was well, that only clinicians had the right to judge clinical matters and that they knew what they were doing.

In the year after the critical TV documentary was broadcast, a meeting with the London borough social services departments took place with Miss Law and the senior diocesan officer. This took place in response to concerns from the social services departments about Kendall House. They were given a list of hollow assurances about changes in practices that

were simply not true. The dissembling of the facts by Miss Law and the senior diocesan officer at this meeting (and on other occasions when they faced criticism) strongly suggest they were aware that the medication regime was unacceptable and sought to deflect or hide from any scrutiny or challenge.

We have already commented on the ineffectiveness of the multi-layered committee arrangements. In response to the repercussions of the 1980 TV documentary, only one member gave any indication that further assurance about the practices in the home would be desirable. She sought this from a conversation (details of which were not minuted) with an external psychiatrist and did not raise any further concerns. In the main, the committees seemed most anxious to be reassured that Dr Perinpanayagam was not too upset by the critical media coverage. At subsequent meetings, there were some brief updates about the impact the negative media attention had on the numbers of referrals to the home. No one thought to speak with any of the residents to get another perspective. This was a significant missed opportunity to look afresh at Kendall House and make important changes.

Based on the evidence we have considered, it is our view that the girls at Kendall House were put at unacceptable risk of harm from the medication regime. The risks were made more acute by

- inadequate access and capacity of medical oversight;
- unprofessional and sometimes illegal standards of practice in relation to use of prescribed and unprescribed medication, PRN administration of drugs, and other poor standards of medicines management and control;
- day to day oversight of a medication regime by a clinically untrained and unqualified individual;
- absence of staff training and education in alternative approaches to the prevention or management of episodes of acute agitation and risk of violence;
- tolerance of unacceptable levels of bullying and threatening of residents;
- poor management of the care and monitoring of the effects and side effects of strong medication on residents;
- inadequate responses to legitimate concerns raised by parents, staff, professionals and the media;
- actions to deflect or falsely reassure the above relevant parties that concerns were addressed; and
- an ill-informed, passive and overly complicated oversight committee arrangement that did not act in response to persistent and legitimate concerns.

The sustained reliance on sedating medication to control the residents' behaviour placed them at risk not only of potential complications and adverse effects of the drugs, but also at risk of emotional and physical abuse. These risks are examined in the next chapter.

CHAPTER 6

EMOTIONAL, PHYSICAL & SEXUAL ABUSE

We have been struck by the consistency in accounts from those who have spoken with us as part of this review, as they described their experiences in the home. Many of these experiences were emotionally or physically abusive. We have heard very similar descriptions from former residents who have no connection or association with each other, and who were not residents at the same time, and from others who have never before spoken to anyone about their time at Kendall House.

We also heard from a smaller number of former residents of abuse at the home which was of a sexual nature. These accounts also had some similarities and corroborative elements, which strengthens their credibility. Experiences ranged from inappropriate remarks, inappropriate or unprofessional responses to disclosures of unlawful sexual intercourse, to sexual assault and in a small number of cases, rape. We would take this opportunity to remind the reader that at the time, all these residents were under the age of consent, some as young as 12 years old, many were extremely vulnerable and all were in need of safeguarding from harm.

All the accounts are highly corroborative of one another, but also, individually credible and powerful. Taken together, they provide a strong evidence base for a regime throughout the 1960s, 1970s and into the 1980s which for many former residents, was a place of emotional and sometimes physical abuse. In addition, for a minority it was also a place of sexual abuse.

Prior to a discussion of these accounts, we begin with one of the strongest themes arising from all the interviews. Virtually every former resident and many former staff spoke to us about the existence of a small sparsely furnished room located upstairs in the home. This 'isolation' room was a fulcrum for many of the abusive encounters experienced by the girls, and was in use regularly throughout the time frame of this review.

6.1 The isolation room

The 'isolation' room was a key part of the regime at Kendall House until at least early 1986. Located upstairs next to the superintendent's room, it underwent some name changes over the years, such as the 'detention' room, or latterly, the 'quiet' room. These changes did not alter the fact that it was a small, locked room, which contained a bed with a mattress, a chamber pot and little else. There was a small window located high up on one wall, and a thick door with bolts and locks on the outside. There was no light switch inside the room.

The possibility of being locked alone in this room, for periods of hours, overnight or even for days at a time was a constant source of concern and fear for many of the residents. According to former staff, the room was an important part of the regime until the last year of being open and was intended as a place for girls to calm down after an acute episode of agitation, volatility or extreme disruptive behaviour. It was still used in 1985 and 1986.

'We had a sick bay and a sort of detention room, that they couldn't harm themselves, until they calmed down. Usually, if possible they would have a house mother with them and we'd talk to them...nine times out of ten they used to calm down within a few minutes, and you could go in and sit with them and chat to them...' (Source: interview with FS04, employee late 1970s – closure)

'...they would put them in there, by themselves. What you would see as a cell nowadays, and shut the door, they were in that room on the mattress.' (Source: interview with FS01, employee, late 1970s - closure)

'My recollections are that when somebody was becoming extremely agitated, or possibly violent, they would take them away from the rest of the group and isolate them just until they calmed down...Occasionally they were there overnight...' (Source: interview with FS03, employee 1980s)

Girls were frequently placed in the room following an episode of extreme agitation or aggression and usually in such circumstances, they were given an intramuscular injection of some kind of a tranquillising drug. This process was often very physical and sometimes violent, involving numerous staff. Having received an injection, the girl would be left in the room alone and unsupervised. Potentially, because of the effects of the drugs given, this was a very risky process for the girl.

'In the very, very short term, the dangers of medication – unsupervised medication – being given, in terms of side effects, I would have thought that any youngster in that situation might have been inclined, either if protest didn't work, by banging on the doors and so on and complaining, then there is a danger of self-harm. Whether or not checks were being made on the girls as to whether they had implements with them, to actually abuse on themselves, I don't know.' (Source: interview with FS07, employee early 1980s)

Former residents spoke with a mixture of fear and anger when they recalled the isolation room. Various referred to as 'the cell', 'the dungeon', or the 'punishment' room, it was associated with some of their most painful and upsetting memories of Kendall House. Its use as a place for girls to 'calm down' was confirmed. However, we also heard how it was used as a threat and a source of punishment. Sometimes, once placed in there girls would be given sedating injections and left on their own for lengthy periods of time. The following accounts are typical examples of recollections about the room.

'It wasn't big, it was just like a square. You had a bed there which had a mattress on it but no bedding. You had a pillow but nothing else on it. There was no pillow slip or anything like that. The room was very, very hot. You couldn't breathe. All you had in there was a pee pot.' (Source: interview with FR50, resident late 1960s)

'All that was in there was a bed, like I think the bed was fixed...you had the bed there and then you had the cell window which was quite high up, so I used to try and jump up to it to try and look out the window.' (Source: interview with FR45, resident early 1970s)

'It was a bit like a police cell bed really....you couldn't put a Hoover under it or anything, it was like a solid bed...there was no lino on the floor and there was a high window up here and it was too high and I couldn't see out... They just put a potty in there for you to use.' (Source: interview with FR49, resident late 1970s)

Accounts from former staff spoke mainly of the room as a place for girls to 'cool off' if they were particularly angry, violent or upset. We were informed that once the acute period of their 'disruptive' behaviour had passed, they would be released from the room and could re-join the others. Their recollections implied that this was a room used for very short periods for a minority of the residents only.

'I think there were several occasions in which girls were locked in that room. I wouldn't say it was a weekly occurrence, but it wouldn't be surprising if it was two or three times a month....I don't think anyone was ever left in there overnight, but maybe, I wouldn't say it's impossible that sometimes somebody was restrained in there for 10 or 12 hours.' (Source: interview with FS02, employee 1970s)

'It (the detention room) was only used when they used to go absolutely bananas, once they'd calmed down, they were allowed out...' (Source: interview FS04, employee late 1970s – closure)

The accounts from some former residents confirmed the need to 'cool off' was the rationale for their placement in the room. Others however believed their experience was to punish them for some misdemeanour.

'Then they would literally pick you up - under the arm and by the feet, and if you kicked your legs they would strap them with a belt and take you upstairs to this room, and then they would inject you there. Then you would stay there for anything up to two days, depending on what their mood was like and who was next on duty.' (Source: interview with FR09, resident late 1970s – early 1980s)

We had a meeting with him and something happened. I don't know what happened and decided that day that I had had enough. I can remember it – getting up and having a go, picking up the pot of tea or coffee and throwing it all over him (Dr Perinpanayagam). It wasn't hot, but I did suffer that day for it because that was the first time I was put in the time-out room and that was the first time I was given an injection.

He just went ballistic and said to them, "Take her out. Take her out." There was this room that we went into, bars on the window; a radiator; a bed against the wall so we couldn't move; metal on the door. I think it was a brown door. (Source: interview with FR55, resident mid 1970s)

'If you came back from leave, they incarcerated you in there. They didn't just say 'Right, you've committed (an offence) – you've done a terrible thing, we are going to put you in there'. They just put you in there whenever they felt like it....If somebody cried, they put them in there. If somebody came back (after absconding) they put them in there. If somebody didn't behave themselves, they would go in there. They would either be injected and put in there or just put in there, so it was a terrifying environment to live in.' (Source: interview with FR45, resident early 1970s)

A small number of former residents described the process by which they were brought to the isolation room, and their descriptions were of violent and traumatic events.

'I wasn't doing anything other than sitting there and she physically dragged me out of the bed, physically pulled me into the corridor, dragged me down the stairs by the top of my hair and my shoulder and just kept pulling at me to get me down to that next flight of stairs....I thought for a minute that I was just going to be put in the cell for the night and I felt a state of relief thinking that...I remember at that point being injected from the rear and then waking up in the cell the next day.' (Source: interview with FR45, resident, early 1970s)

'There seemed to be hundreds of people sitting on me and they were really, really hurting me and they didn't care that they were hurting me. She gave me some

injection that virtually made me throw up all over the place and then they got off me and slammed the door shut.' (Source: interview with FR49, resident late 1970s)

'If you refused to go in they used to just drag me. One used to take my legs and my arms and just throw me on to the bed.' (Source: interview with FR47, resident late 1970s)

Former residents also spoke of much greater variance than the former staff about the duration they would have to stay in the room. Sometimes, for days at a time. Others spoke of the disorientating effect of being in the room. In addition, whilst some were given sedating injections when they were initially placed in the room, others spoke of being given further injections which had the effect of keeping them sedated for longer periods, still remaining in the locked room.

'I was there for about a week and my food was brought to me, but I was there for about a week...I still had my largactil, I know that one hundred per cent, yes.' (Source: interview with FR48, resident late 1960s)

'You'd be there for a couple of days or all the weekend, and all they did is open the door and give you your food or you were having another injection. How could you have another injection when you're not doing anything? You can't do anything, you're in a locked room.' (Source: interview FR01, resident mid 1970s)

'They'd lock the door and I used to kick and bang it trying to get out, then it used to go quiet and then as soon as the door was opened, you knew what you were going to get...Injections and they were stronger than ever. As soon as they went in, you just knew you weren't going to see nothing for days. But they used to just continuously, every hour or two hours just come and top it up.' (Source: interview with FR47, resident mid 1970s)

'I had to shout down to get someone to come up, and then you have to wait ages for someone to come up to let me go to the toilet.'

Q. How were you fed?

A. Basically, they drop your food in and then lock you in again, lock the door again.

Q. So somebody would come in, and –

A. Drop your food and then lock the door. (Source: Interview with FR18, resident early 1980s)

When girls were placed in the room for longer periods, days rather than hours, they were often given nightclothes to wear. In addition, the indignities of having to use a 'potty' for their toilet needs were mentioned by some as a further source of upset and shame.

'Because I was only kept in nighties after that....I remember one time being really groggy....they took me and bathed me and changed my nightie and then took me back to the room.' (Source: interview FR46, resident early 1970s)

'The room stank, which I was quite embarrassed about, because they hadn't come that morning to let me out to clean my potty. Your potty was only changed every morning so it didn't matter if you'd pooped in it; you had to put up with it. There was no toilet so it reeked.' (Source: interview with FR50, resident late 1960s)

For many former residents, the experience of the isolation room highlighted some of their most harrowing memories of Kendall House. Even thirty or forty years later, speaking about it provoked emotional and upsetting responses. The feelings of humiliation, isolation,

powerlessness and betrayal remained acute and strong. Many continue to be afraid of the dark and of small spaces; fears that they believe are based on their experience of the isolation room at Kendall House.

One former resident recalled being visited by a priest when she had been kept in the room for three days. He had been contacted by the home with a request to see her as the staff believed she was possessed by evil.

'In the end I think they thought I was possessed – it's the only word I can use for that – because after three days a priest came to see me. I don't know what his name was...I was doped up to my eyeballs when he came...I remember him sitting on the edge of the bed. He spoke to me and I remember him asking if I was alright. I didn't have any eye contact with him and he didn't look at me.' (Source: interview with FR50, resident late 1960s)

Apart from this case, and the staff who worked within Kendall House, it was unclear whether those with an association with the home, such as local clergy or social workers, were aware of the isolation room and how it was used. We spoke with people who were associated with the diocese during the 1960s-1980s, who said they knew little about the use of the room other than there being a quiet room for girls to go and calm down.

We also spoke with professionals who worked with Kendall House from time to time, such as mental health professionals and social workers. They would visit girls and see them, talk with them, but told us they did not know about the existence and mode of use for the isolation room, and were shocked by the accounts now disclosed to them.

'Well, the dangers are that with any kind of institutional control, there is the loss of self-esteem and sense of humiliation and being demeaned in the short or longer term, depending on the treatment that is done. There is the building up of hostility against the staff – not invariably, because it depends how frequently this routine was used – whether what the girls experienced was done on a daily basis or weekly basis. If done frequently enough, I would guess it would have a lasting impact on their general development of social and personal skills and general sense of trust, I imagine, in figures of authority' (Source: interview with FS07, employee, early 1980s)

6.1.1 Inspectors' opinion on the isolation room

When the DHSS inspection team visited in 1984, they were particularly critical of the internal security measures and the reliance of locking of internal doors which they saw as both unnecessary and an infringement of the liberty of the residents. Further, they were very concerned about what they described as 'aspects of the code of control and discipline' in the home. In particular, they mentioned the practice of putting girls in their nightclothes during the day. (Source: letter concerning DHSS Inspection report, 3.8.84)

The Working Party which was set up in 1985 to address their findings commented in its report on the physical limitations of the building as a constraint to 'care and treatment of the girls'. They described a 'little room for individual space or to let off steam in a constructive way'. Their report goes on to remark that this room is 'occasionally used voluntarily by girls needing to calm down on their own.' (Source: report of the Kendall House Working Party, July 1985). At that time, it was still being used to place residents, sometimes forcibly following sedating injections.

The second DHSS inspection in December 1985, commented as follows

'The inspectors were assured that a single rather barely furnished room adjacent to the superintendent's room was no longer used as a measure of control. It was now designated as a 'quiet room' where girls could go alone and have their privacy respected.'

'...were pleased to note that staff had largely abandoned the methods of physical restraint noted by the inspection team in 1984...It was asserted that the practice of putting girls into night clothes during the day time to deter absconders had ceased. However, one such incident was recorded within recent weeks...' (Source: DHSS inspection report, March 1986)

The inspectors noted that the door to this room still had a lock on it and requested that this be removed. We heard from women who were resident after 1984 who recalled the use of the 'quiet' room. Even as late as 1986, it had two main uses; as a room for girls to take themselves, to sit and calm down; and as a place where girls would be forcibly placed and locked inside, and possibly given a sedating injection.

'I remember being pinned on the floor – because when you had a flip out you had loads of staff that literally came and grabbed you. They didn't care if they hurt you whilst they were taking you up to that room. I remember once that I did get away from the staff, but I held on – I think it was the stair post, or something. I gave it a bear hug because I didn't want to go to that room, but they would yank you and they would prise your hands and arms apart. Then you were taken to that room. I remember being on the floor, and I was pinned down. (Source: interview with FR34, resident mid 1980s)

6.1.2 Expert opinion on the isolation room

The experiences of the girls in relation to the isolation room are shocking. The deprivation of liberty, use of powerful injected medication and duration or repetition of this process reveal a sustained de-humanising, sometime brutal regime based on the need to control and punish behaviour. Residents were not sectioned under the Mental Health Act, nor, in many cases, had they been given a specific diagnosis of a psychiatric disorder. There appears to be no therapeutic rationale for the use of the isolation room. We consulted a former consultant child & adolescent psychiatrist for their opinion on this room. They concurred that it was an 'unacceptable' practice that was also unlawful.

'In psychiatric terms it would be unlawful after 1959 to restrict the liberty of someone, child or adult, unless they were detained under a section of the Mental Health Act 1959 or 1983. It might be argued that such treatment was given under the rubric of parental consent or of those acting in loco parentis. For medication to be prescribed a diagnosis of mental disorder would have to have been made by a doctor who then prescribed the medication for that disorder. In either case the use of medication and its effects should have been monitored by a nurse or doctor.

If the home was operating this sanction of isolation and sedation of its own accord it was unacceptable practice. I am aware that certain children's homes had isolation rooms in the 1970s, but I am not personally aware of any after 1980. Adolescent psychiatric units still have high dependency rooms for young people who pose a high risk to themselves or others, but that is in the context of their suffering from a psychiatric illness for which they have been admitted to that unit and they are constantly monitored while in that facility....

It may have been policy to isolate children whose behaviour was problematic and that was probably not uncommon up until the 1980s, but the use of medication, without the diagnosis of a mental illness made by a doctor, would be totally unacceptable.

The risk to the girls was primarily of side effects from the drugs. Valium may suppress respiration and Haloperidol may induce painful extrapyramidal (drug induced movement disorders) symptoms'. (Source: opinion from Dr Greg Richardson, former consultant in child & adolescent psychiatry, York)

6.2 Emotional and physical abusive encounters

The isolation room provided the physical base for some of the most difficult experiences of many of the former residents who spoke with us. However, a number of other themes were also identified. These are not an exhaustive list, but were the most commonly mentioned examples of abusive behaviour disclosed to us, and are summarised as:-

- Lack of access to or contact with family and friends;
- Disproportionate use of violent restraint;
- Response to illness, injury or other medical conditions; and
- Threats and admissions concerning Stone House Hospital.

6.2.1 Lack of access to or contact with family or friends

Kendall House had a policy that following admission, residents would not be permitted to have contact with their family for at least two weeks regardless of the reason for their admission. This was to enable the girls to settle into the routine of the home without external sources of stress or anxiety.

'Not for the first, they reckoned to have two weeks to settle in, and they used to have phone calls on Friday evening...they could ring their mother or father, whoever, and have a chat to them on the phone, and then the parents would be allowed to come and visit if, of course, they were suitable to come or able to come.' (Source: Interview with FS04, employee late 1970s-closure)

The notion of parents 'not being suitable' was questioned. We were advised that in some cases, girls' parents were themselves vulnerable adults who may have had mental health problems, drug or alcohol addictions, and their presence in the home may have risked distressing their daughter.

'I remember one parent who was an alcoholic, this child was waiting, waiting, getting so agitated because her mother hadn't arrived.....eventually I got a call that she was at Gravesend station, out of her head on drugs. I went down in the car and picked her up and I found her in the toilets by the station....I looked under the door and she was injecting herself with heroin. I had to get her out of there, bring her up to Kendall House –can you imagine the distress of that child?' (Source: interview with FS04, employee late 1970s – closure)

We heard from a number of former residents that they were not informed about why they had been brought to Kendall House, and had very little information about what would happen to them while they were there. Added to this, even after the initial period following admission, they felt they had limited access to their family. Some spoke of writing letters to their parents, but never receiving responses. Later when they had left the home, it became clear that their letters had never been sent, and that their families' letters had never been passed on. This created strong feelings of betrayal and a lack of trust of the staff. For some, these feelings persist even today.

'You didn't write letters, you couldn't post letters. It just so happens that at that time my mum had met someone else so she was – and my dad very rarely came...

The policy was you were there and you couldn't contact anyone else. You couldn't even run away because it was so secure...no access to anybody.' (Source: interview with FR48, resident late 1960s)

'All our letters that came from home, the social worker, it didn't matter where they came from, Miss Law read them all. All our letters were read...In and out, your letters were read; you had nothing that was private. You couldn't even write to your own social worker in private and I do think that was out of order.' (Source: interview with FR49, resident late 1970s)

Visiting day was usually Friday, and girls would often wait hopefully for their visitors, not knowing if anyone was actually planning to visit. We were told by one former resident how as a 12 year old she would sit on the stairs each Friday waiting for her mother to visit. Her mother did not come and the girl later found out that Dr Perinpanayagam had advised this as it was felt she was too disruptive to see her mother. No one took the time to tell her of this decision, or explain its rationale.

'I used to sit at the top of the stairs and wait for my mum to come with me, to come and pick me up but it never happened...

I wasn't allowed to see nobody. Because they said I was too disruptive to see anybody because you used to have all your legal rights taken away from you, but after a year I did see mum for about ten minutes at a time on a Saturday afternoon, but then they soon stopped all that...because he (Dr Perinpanayagam) said it was upsetting me too much to see them so it was better I didn't see them at all.' (Source: interview with FR47, resident late 1970s)

Coupled with a general lack of communication or information about their 'treatment' or potential duration of their stay, girls often felt very isolated and lonely. They spoke to us of feeling they had been abandoned in this place and could see no way out other than to try and abscond. This was in spite of knowing that absconsion attempts, if unsuccessful would result being forcibly placed in the isolation room and given injections.

Restrictions on their contact with families and friends was criticised by the DHSS inspectors when they visited in 1984 and 1985.

Some told us that they were not permitted to talk too much, even to each other. This led to a constant feeling of tension, and fear of being 'found out' for whispering to each other, especially in their dormitories at night.

'I didn't know what her surname was. I never knew what their surnames were. You weren't allowed to know that...None of us knew what they were in for...we weren't allowed to talk to one another. Because they always knew. If we spoke we were sent out to another room or into the sick bay...we were warned when we went in (to the bedroom) not to talk, we had to go to sleep but most of the time you were asleep anyway because you were so drugged up.' (Source: interview with FR47, resident late 1970s)

We also heard about occasions, sometimes as part of their placement in the isolation room, or following an absconsion attempt, when staff would not speak to the girls. They believed this was a deliberate act to unsettle and isolate them further.

'...No one was allowed to talk to you so for those three days, even the staff that brought your food didn't talk to you. For three or four days, depending how long they kept you in there, no one spoke to you, so you'd go a bit twitty in the head.' (Source: interview with FR50, resident late 1960s)

6.2.2 Disproportionate use of violent restraint

In the previous chapter, we presented our findings on the use of medication in 'crisis' as a form of behavioural control and restraint. Undoubtedly, there will have been times when some residents' behavioural and psychological problems may have necessitated a proportionate and reasonable amount of restraint by staff in order to manage the acute situation safely. However, because of a general lack of training for the majority of the staff, they had little other resources to draw upon, or other skills or techniques to use to restore calm, or distract girls who were 'acting out'. Staff, we were told, could feel out of their depth in such situations, and may have panicked or over-reacted in their attempts to regain control through physical restraint or force. On the other hand, there may also have been a deliberate and disproportionate use of violence and physical control that was both unnecessary and cruel.

'If people are restraining people who are really fighting hard against something being done to them, and they have absolutely no training in how to do that safely or effectively.....you might argue that it certainly wasn't appropriate to use restraint in those circumstances.' (Source: interview with FS02, employee late 1970s)

'More sinister is the more general impact on staff, who will then be overly ready to fall back on this simplistic method of control, as opposed to developing interpersonal skills, group skills, psychotherapeutic skills, in order to manage what are by any standards quite difficult young people and difficult situations where restraint, for example, is undoubtedly necessary' (Source: interview with FS07, employee, early 1980s)

We heard similar accounts from different former residents of times when they experienced restraint that was both violent and traumatic and also arguably, disproportionate to the risk they posed. Former staff also shared feelings of disquiet at the techniques used by colleagues to control girls who were acutely agitated, becoming violent or presenting an immediate physical risk to staff. We also heard about what seemed like disproportionate violence used when girls weren't particularly agitated or aggressive, rather, just refusing to take their medication.

'....she (staff member) must have weighed about eighteen stone, six foot seven, something like that, hands as big as plates, size ten shoes –when that's coming down the way, you just hear 'whoof, whoof, whoof, whoof, whoof'. She one was like the devil's army coming – it's like, try and look proper, because you know, she's coming for a victim.... I have nightmares of her chasing me, and in the back of the nightmares I hear crying.....you were terrorised, because when that woman gripped you, it's like the devil, there's no way you can get away from her, because her hands are like, you feel like it goes three times round your one arm. If she's punching you in your back or punching you in your belly, you're feeling that.' (Source: interview with FR59, resident mid 1970s)

'They said I was bad and that I was evil. I was only a thin little thing and I remember one big one sat right across my stomach. I remember her weight on my tummy and I thought 'I cant breathe, I can't breathe' because she was really fat...Yes and another lady was holding my throat. It was there and her hands would be like that. That would

*push up...and you'd have to open your mouth. She'd be screaming 'open your f***ing mouth'....you had to open your mouth because you couldn't breathe.'* (Source: interview with FR50, resident late 1960s)

'The staff didn't react well if you didn't like them. It was their reaction to you. It's like the school teacher that dragged me out of the classroom. I ridiculed her, I know I did and it was for something trivial....I will never forget her dragging me out of the classroom, physically dragging me for asking her a question because I was sniggering, I thought it was funny. She physically dragged me out of the classroom and I was injected for taking the piss out of her basically....' (Source: interview FR45; resident mid 1970s)

Those who were resident after 1985 (FR35 and FR37, residents mid 1980s) described a relatively more relaxed atmosphere in the home, where they had the opportunity for ordinary conversations with staff, including the deputy superintendent who was in charge after Miss Law had left. At one level, this seems unremarkable, but when compared to the accounts from those resident in the 1970s, such conversations between staff and girls were unthinkable. However, we were also told by the later residents that they (still) witnessed very active control and restraint on occasion of fellow residents, which appeared to them harsh and heavy handed, and resulted in girls being placed in the isolation room.

'when they came down hard, they really came down hard.' (Source: conversation with FR37, resident mid 1980s)

6.2.2.1. Straitjackets

Prior to the introduction of major tranquillisers (as a means of chemically restraining patients) into general adult psychiatry in the early 1960s, violent and aggressive patients who posed a risk to themselves or others would have been subject to physical restraining methods. One such method was the use of straitjackets. These were made of a thick tough material, and patients had their arms placed in long closed sleeves which were then crossed over the chest and tied at the back. The jacket itself was also tied at the back. Patients who fought or struggled to free themselves from these degrading, uncomfortable garments were at risk of further injury. The use of straitjackets was perhaps most commonly associated with the asylums of the early 20th century.

At least two of the former residents of Kendall House told us about how they were placed in straitjackets and the effect this had on them. The first case took place following a disruption where a number of girls were throwing things from the windows and shouting. In this case, only one girl was apprehended, and the straitjacket was applied after a sedating injection had been given, when the ambulance arrived at the psychiatric hospital where she was admitted for a few days.

'When we got out... I was immediately put into a straitjacket. It was something that did this (demonstrated crossing her arms across her chest) and they tied me up... no one said anything to me, no one came in to me... It was tied at the back so there was no way I could, and I really tried, but because of the injection, I don't think I had any strength, so that was it. That's where I was left in that padded cell.' (Source: interview with FR48, resident late 1960s)

She recalled being left in the straitjacket, on her own in a padded room at the hospital at least overnight, and the overwhelming feelings of both anger and terror this memory still caused her.

'Looking back, they should never have done that. I wasn't a violent person, we were just young girls who weren't given any information.... that were given largactil twice a day.....I don't think that response, it wasn't appropriate. Who gets treated like that? Even a criminal, if someone's violent on the street because they're drunk, they don't get put in straitjackets, they don't get put in a padded cell and then put in a ward full of old ladies...' (Source: interview with FR48, resident late 1960s)

In the second example, a former resident spoke of waking up, or 'coming to' after a time in the isolation room following an injection at Kendall House.

'I've said before...and I've kept saying it, that they kept me in a straitjacket.

Well, I remember coming to. Nobody has ever wanted to hear about it, it's funny really, but I remember being sat upright in the cell with my legs over the bed, sitting upright and Miss Law was on the floor and Miss Law said to me 'oh dear what have they done to you? And took the jacket off me....I just remember sitting there in the straitjacket with just my knickers on and Miss Law was sat in front of me, kind of kneeling in front of me on the floor...and her taking the straitjacket off me... I was frightened of her because she was in charge but I didn't dislike Miss Law, simply because I thought she saved me from being in this straitjacket..' (Source: interview with FR45, resident early 1970s)

Because she felt she had no 'proof' of this experience, this former resident had been previously reluctant to talk about it to anyone. Because she believes she had an injection when placed in the isolation room, she has little recollection of how she came to be put in a straitjacket. The clarity of her waking memory remains strong, but many questions remain unanswered.

'It's looking back on it that I find revolting, if you like to think how did I get in it?, who put me in it?, how did it happen that I was in it?, what happened prior to me being in it? and if Miss Law hadn't come along and taken me out of it, how long would I have been in it?' (Source: interview with FR45, resident late 1970s)

The use of straitjackets appeared to us to be unusually harsh and unnecessary in any circumstances, and especially in these accounts, as both girls had also received sedating injections. We asked for an expert opinion:

'I cannot consider any indication for the use of a straitjacket outside a psychiatric hospital, and I have never seen one used and I started psychiatric training in 1973. The usage of a straitjacket in the setting of a children's home even in the 1960s and certainly in the 1970s must be considered unacceptably abusive'. (Source: opinion from Dr Greg Richardson, former consultant in child & adolescent psychiatry, York)

6.2.3 Response to illness, injury or other medical conditions

The length of time some girls were resident in Kendall House meant that inevitably they would experience other health problems, such as coughs or colds, period pains, stomach upsets and other minor ailments. Some had more serious illnesses, accidents or injuries. In the main these were managed appropriately and girls were seen by the local GP, or a doctor in the local hospital. A small number of girls became pregnant or had sexually transmitted infections while living at the home.

We heard accounts where the response of staff to the health problems of particular residents was poorly dealt with, and some cases where staff demonstrated a lack of compassion, even harmful neglect towards the girls concerned.

One example of this is the case of FR49, who was resident in the late 1970s. The extent of the violence applied to control her behaviour and administer 'crisis medication' resulted in her sustaining an injury to her arm that was eventually diagnosed as a fracture. Initially, the staff refused to accept she had sustained an injury, and even when she was examined by the doctor at the local hospital's casualty department, she was treated with disdain, as she was a resident of Kendal House.

'...one time when Mrs X restrained me, she damaged my arm and they refused to take me to hospital. I managed to con them into getting me a blanket which I wrapped round my arm to keep it warm so that I could sleep. When she had her weekend off two days later, they took me to casualty and they put a plaster on my arm.... (the doctor at the hospital) looked at the file and said, 'oh she comes from Kendall House, she probably did it herself.'

'I had it wrapped in a blanket and they kept me locked in this room, in that detention room and they wouldn't let anyone look at my arm and I couldn't even hold a knife and fork..' (Source: interview with FR49, resident late 1970s)

6.2.3.1 Pregnancy

A small number of girls became pregnant whilst they were living at Kendall House. These were not girls who had been referred to the home because they were pregnant. The last 'maternity' case was received in 1969. Once they had been in the home a few months, depending on their behaviour and mental health, girls would be permitted to go on weekend leave to stay with their families, or prior to leaving the home, with their families or with foster parents. On some occasions girls would return and disclose they had engaged in sexual activity over the weekend. In many cases, this would be unlawful sexual activity as the girls were aged under 16.

Three former residents told us of their experiences of becoming pregnant whilst at Kendall House. Two went on to have live healthy babies, one went through a termination of her pregnancy.

Example 1

The first case dated back to the 1960s and gave an insight into how a desperate and frightened teenager who was in a relationship with her boyfriend, someone she was not permitted to have contact with, was cared for. Even though her pregnancy was known about, she was still required to line up with the other girls and take her routine medication of largactil

'It was started -. Like I say, after breakfast they used to line up and they'd all have their tablet and they'd go to the office and Miss Law would dole out liquid stuff.... Nearly every day, yes, every morning. It was a thing; you had your breakfast, then you queued up, then you had your medication'.

Q *Right, okay so even when you've had the results of your pregnancy test, did that impact upon the medication that was being given to you?*

A. *No, no, there was no change. I was on that. That was it.* (Source: interview with FR54, resident 1960s)

One evening, having seen her boyfriend near the home earlier that day, she planned to sneak out of the home later and meet him. At this point she was five months pregnant. They met outside the home and she discovered he had been writing to her all the time, but none

of his letters had been passed on. However, by this time the police had been called and they brought her back to the home. She didn't see her boyfriend again.

Once back inside, she was humiliated by Miss Law, who forcibly placed her in a cold bath and scrubbed her with what was described as 'black soap'. The two male police officers watched this activity and laughed at her. Afterwards, cold and frightened, she was dressed in a nightdress and roughly taken to what she described as a 'chapel'; a room in the home. She was given a sheet and left there for two days.

So I was scrubbed with black soap very hard in cold water. She gave me a towel to dry me, gave me a sheet and put me upstairs in the chapel, locked in there, given a plastic cup with cold water in and I was left in there for two days. (Source: interview with FR54, resident 1960s)

Some months later, late one night, the labour pains started and the girl approached Miss Law to tell her she was in pain and scared. She was spoken to harshly and told to go away and come back the next morning. Later, barely able to move because of the intensity of the labour pains, she again alerted Miss Law, who called an ambulance. Half an hour after arriving at the hospital, her baby boy was born

When she returned to the home with her baby, she was told it was important she behaved well, or again her baby would be taken away. This time the threat was sinister.

'But I'd lost a lot of weight and Miss Law actually said to me 'Ooh, you're looking very good now, now you've had your baby and that and perhaps we can start off on a new footing'. I remember her saying that and she said 'If things are okay', she said 'what we'll do is we'll start again', she said and you know 'we wouldn't want to get back to the way that we were and you've got a lovely baby there', she says 'He's a lovely baby boy. You wouldn't like anything to happen to him, would you? Have you heard the rumour?' she said 'We've got a little plot in the garden for little babies that have had little accidents', and she gave me that wicked smile'. (Source: interview FR54, resident 1960s)

Example 2

In the early 1980s, FR09 was 14 years old and became pregnant during a sexual encounter whilst on weekend leave. Her memories of the pregnancy included the reaction from the staff, which was to ensure no other girls fell pregnant by banning all leave for a period of time.

'They went mad at the house. The girls were on lock-down. For at least two months they weren't allowed out.

All of them, and one of them, Paula (name changed), she had a weekend at home and her Mum kept her at home. She wouldn't let her come back. There was also uproar about that with staff. You would hear them whispering. There were little groups of them in the corner saying, "have you heard?", you were standing there pretending that you were not there, listening'. (Source: interview with FR09, resident late 1970s – early 1980s)

For the last month of her pregnancy she stayed in the 'sick bay' at the home before being taken to hospital to give birth. She recalled some difficult conversations with her social worker who seemed to assume the baby would be placed for adoption. This did not happen and after two weeks, she returned to Kendall House. Whilst no one from the home had visited her in

hospital, they had prepared a nursery for her and the baby in the 'sick bay' which she only discovered on her return.

'My mum came in with me and we were taken up to the sick bay, which was now my and the baby's room. When I arrived there, there was a chest of drawers and it was full of baby clothes. There was a cradle. There was sterilising equipment. There were bottles, milk. They had completely done the room out for him to be staying there, and nothing was ever said about him being taken away again. I don't know if there was a meeting, and I don't know if my Mum had said, "I will look after him when she comes home. I will take full responsibility of him." I don't know if that was said, but that's what happened'. (Source: interview with FR09, resident late 1970s – early 1980s)

She stayed a further 6 months before going home with her mother. This relatively positive experience when compared to that of FR54 is perhaps indicative of changing social attitudes to teenage mothers between the 1960s and 1980s. It is also notable that the active role of FR09's mother may have also contributed to a less judgemental and more caring approach.

Example 3

In the mid-1980s, following a few periods of weekend leave, one of the girls disclosed to a member of staff that her period was late and she was worried she might be pregnant. The pregnancy test confirmed this. The girl, who was 15 at the time, was frightened, but she was given time by the staff to talk about what she wanted to do. She recalled feeling under a great deal of pressure and that the tone of discussions with staff and her social worker was discouraging, making her feel she would struggle to cope with a baby, and that she might not be able to keep it. She was able to speak with her mother and though she changed her mind a number of times, ultimately the decision was made to terminate the pregnancy.

'They made me feel as though I wouldn't be able to cope, basically. They told me that because of my mental state, and because I was involved with social services and everything else, that they would take the baby away from me.It felt that it was the right thing to do, and that it was easier to let them make me have this abortion and that would be it – it would be done, it would be over with'. (Source: interview with FR35, resident mid 1980s)

She went to hospital and underwent the procedure before returning back to Kendall House. Her social worker had informed the police about the unlawful sexual intercourse and FR35 was interviewed by them a few weeks after the termination. There was no further action on this matter. She did not have the opportunity to see a counsellor, or to have contraceptive advice from a nurse or doctor. Thirty years later, she spoke emotionally to us of her feelings of guilt and pain from this episode in her young life.

'But they're not the ones who have to live with that..... They're not the ones who have to look at the kids they've got now and think, 'you could have a brother or sister'. It's me who has to live with all this. I know I was 15, but I could have made it work – I wasn't stupid.

..... It wasn't my decision. I wasn't in the right frame of mind to make a decision like that – not like that. I was confused and I was lost but I knew I wanted that baby. I knew, because that was part of me.... I feel badly because I have had an abortion and it does hurt, it does kill me. I could have coped somehow, I would have done'. (Source: interview with FR35, resident, mid 1980s)

6.2.3.2 Self-harming

A number of former residents recalled times when they felt extremely low during their stay at Kendall House. Some used to self-harm, by cutting themselves, often repeatedly. Others spoke of how they considered suicide.

'At the time you were there you were a nobody, you were the biggest sinner that ever hit the earth. You wanted to go and kill yourself. Some used to cut themselves. It was a horrible, horrible thing to see. Nothing was ever done about it. The girls would be bandaged up and you'd see them coming out...They'd have bandages wrapped round their arms and you'd see the blood still pouring through. They tried to do the same thing because that was the way they made you feel.' (Source: interview with FR50, resident late 1960s).

'Some of the girls – there were two or three. Jennie (name changed) was really sad, bless her. She self-harmed terribly. One time I saw her with a lighter just holding it to her skin and she was just watching the blisters and they were like .. blisters on her arms, but she liked to be medicated. She was dependent on it and if they didn't give it to her then she would kick off just to get it. She was taken away for about four months.' (Source: interview with FR09, resident late 1970s- early 1980s)

There was no safe outlet for the girls to talk about their feelings in a therapeutic or supported way at Kendall House. They were not encouraged to discuss their feelings with staff or with each other. Many had very limited contact with their social workers and families. Further, the staff they had most contact with, the house mothers, were untrained and inexperienced to appropriately deal with such mental health issues.

Even into the early 1980s, we were told of girls observing the mental turmoil and self-harming behaviour of fellow residents, or of their own experiences of self-harm or suicide attempts. Repeatedly, such behaviour was responded to purely on a physical basis, by dressing the wound or forcibly removing the glass, or cutlery being used to cut. In addition, the records show numerous occasions when self-harm was responded to further punishment; by administering a tranquillising injection, and removal to the isolation room (Source: records of FR02, FR15, FR29, residents between late 1970s and mid-1980s).

For a unit, which admitted girls known to have behavioural and psychiatric problems, and at risk of acute mental illness or suicidal risk, the care provided and the response to these acute displays of mental pain lacked both compassion and competence.

Dr Perinpanayagam would visit each Friday and would see a small number of the girls at this visit. We heard he would ask them about their feelings and whether they had any concerns about the home. The general impression we had from their recollections was they told him everything was fine, regardless of how they felt, as they feared repercussions for any perceived slight or criticism.

'If he said, "Are you feeling depressed? Are you feeling suicidal? Do you want to cut yourself? Do you want to kill yourself?" "No, no, no. It is great. We do this, we do that."

He would medicate you otherwise, because if you told him that you were feeling really low – I have never felt suicidal in my life ever. That I was truthful about, but sometimes you would think, what if I fell down the stairs accidentally on purpose and broke my leg? Then I could be in hospital, and away from here for a while.

If you said that you were depressed, if you said that you felt suicidal then your medication would go up and you would have different medication.' (Source: interview with FR09, resident late 1970s - early 1980s)

6.2.4 Stone House hospital.

Threats were often used by staff as a means of exerting control. In particular, these related to loss of privileges, going to the isolation room or having an injection. Another source of fear for the girls was the threat of being taken to Stone House Hospital, the local psychiatric unit. Dr Perinpanayagam was a psychiatrist there and could arrange admissions if he deemed them necessary. We found no records of him making threats about admission to the hospital, this was something more commonly mentioned by the staff. The threat felt very real as girls could see fellow residents who had been taken to the hospital, and then return heavily sedated and uncommunicative, which was distressing.

'Stone House was a regular threat for everybody. Stone House was a terrifying, terrifying threat and the reason I remember Stone House so vividly all the time is because of what they did to Pauline (name changed)... Pauline was carted off to Stone House and came back where she couldn't even stand. She couldn't stand unaided. They would walk her through supported by two people either side dragging her through the corridor and plomp her on one of the chairs and she would just sit there and dribble.'

'It was just horrific to look at that and that's what you saw when you saw Pauline and that's what you saw with the threat of Stone House Hospital' (Source: interview with FR45, resident late 1970s)

Former residents who were actually admitted to Stone House spoke to us of their experiences. They were all admitted onto adult female wards, often kept in a single room, and heavily sedated. They spoke of their fear, loneliness and feelings of abandonment.

'I don't know what I had done. It was most probably because I wasn't doing what I was told or something like that. They only had one time-out room. Sometimes if there was one person in there, they were not going to be able to put you anywhere if you were upsetting everybody else. They would just bung you in the car, drive you down there, and shove you down there.'

'It was not a padded cell, but it was more like a padded cell. They could lock you in there for weeks and it didn't matter. Nobody knew you were there, and they could give you injections there every day. I know it sounds awful but I have a mark on my bottom where they put injections in there so often, I ended up having an abscess and it is scarred there even now.' (Source: interview with FR55, resident mid 1970s)

'It was an adult psychiatric ward and there were some locked rooms at the far end of the ward and he took me and they locked me in there. It just had a bed in it and nothing else in it. I think they managed to bring a nightdress with me and one of the nurses said to me 'it would be best if you get in your night clothes'...they took my clothes away and I spent the whole weekend locked in there....'

'I thought I was going to die. I honestly thought I was going to die. Nobody knew where I was, I wasn't allowed a phone call, my social worker didn't know where I was.' (Source: Interview with FR49, resident late 1970s)

'They put me in Stone House for the weekend. That's in like, I believe it's in Dartford, Kent, an old Victorian asylum.... A few months later they put me back there again.'

This time I got scared. I was thinking they're going to leave me in here. I was thinking maybe the first time was a trial period. They put me in there. I don't know what they was giving to me.I got scared and I was saying after the weekend, 'I want to go back, I want to go back.' Nobody was listening to me. The staff was just in the office. They just didn't want to know. I picked up the table and I threw it through, they had some big pane glass windows. I threw it through there to get their attention kind of thing. I picked up a piece of glass and I said, 'Please take me back. I'm not mad. Please get me out of here, get me out of here.' I was crying and everything. They said, 'Just put down the glass.' I said, 'Please just get me out of here. I'm not mad.' They goes, 'Put it down, put it down.' I goes, 'Are you going to give me an injection?' They go, 'No, no,' so I put it down because I just wanted to get their attention really. I put down the glass. They jumped on me, injection, side room. I think I was knocked out for the best part of a day and a half or something. Then a few days later they came and took me back to Kendall House'. (Source: interview with FR59, resident mid 1970s)

'Oh yes – that was a disastrous place, it (Stone House Hospital) wasn't meant for any of us. Again, you were drugged up, taken in a wheelchair, you were taken up to the ward, and there was this little side room on the corner of the corridor – do you remember how France is, they had shutters for windows? Do you know what I mean?

It was like a corner piece, and they shut them and left us in there.

Oh yes. I don't think there was a loo in there, that was awful because again, you know, being shoved in a room and sort of forgotten about, you know? I wasn't very good, don't get me wrong, I was no brilliant person, I did a lot of things wrong, but to have that forced upon you, upon a child, forced upon you as a child..... We were like in there for two or three days'. (Source: interview with FR56, resident late 1970s)

'I came out of that room and went into a big ward and – this was the scariest thing – they were all women and there I was as a child, and they frightened the life out of me. They frightened the life out of me because they all had mental problems. I was there and I remember sitting in a corner because they kept coming over to me and someone would do this (touch me) and whatever, and I was just scared to death, and I still am today. I'm coming up to 63 in July. I'm frightened of old women. I'm an old lady myself but old ladies with loads of long grey hair, because that's where they put me.

A doctor came to see me. I don't know who he was, he looked Asian. He ran me through some questions and whatever, and it's then that I realised that I was in a psychiatric hospital because he told me then. ... Then it all started to dawn on me where I was' (Source: Interview with FR48, resident late 1960s)

After such a traumatic experience, girls would be taken back to Kendall House. Some remained heavily sedated, unable to self-care and requiring assistance with all their daily activities until their medication was reduced. In at least one case, following an admission to Stone House, a girl returned to Kendall House, also heavily sedated and within one week of her return had taken an overdose of 'Hedex' tablets which necessitated a visit to the general hospital for a stomach wash-out (Source: records of FR04, resident late 1970s-early 1980s).

Others felt judged by the staff on their return, and sometimes the other girls as having brought it all on themselves by their previous 'bad behaviour'. In such circumstances, staff would be cold and distant, not speaking to the returning girl and reinforcing feelings of isolation.

'The staff didn't speak to me, others were told to keep away from me. It was like I was the one that had caused all the trouble, so there was a horrible atmosphere. Before that happened, I don't say I was happy at Kendall House but, other than the drugs, they weren't horrible to me....but coming back from the psychiatric hospital, it was like I was a different person to them.' (Source: interview with FR48, resident late 1960s)

Others spoke of being treated with more kindness on their return to Kendall House after an episode at Stone House Hospital.

'Sometimes, if you had been at Stone House for a long time they seemed to be a bit nicer to you. They might have taken you out on a Saturday afternoon for a walk, and take you swimming, things like that. However, I think that was because you had been away for a while and they thought you had in a sense learnt your lesson so they would be a bit nicer to you and you might behave. It didn't always work like that because you ended knowing what they were doing.'

'They were doing it just to keep you quiet, but then further down the line it was just going to go back to normal anyway.' (Source: interview FR55, resident mid 1970s)

6.3 Sexual abuse

Sexual intercourse with a child aged under 16 years is a criminal offence. Prior to the introduction of the Sexual Offences Act in 2003, the offence was known as 'unlawful sexual intercourse' (USI). Since April 2004, it has been known as 'sexual activity with a child'. However, the age of consent at 16 years has been constant. Sexual intercourse without consent has always been a criminal offence, irrespective of the age of the complainant.

We have noted that on a number of occasions, girls at Kendall House engaged in unlawful sexual intercourse. Some engagement was consensual, but for others this was not the case. Some of the residents had experienced sexual abuse as younger children, and others had witnessed or participated in promiscuous and sexual risk taking behaviours prior to coming to the home. Many of the girls were 'streetwise' and frequently used sexually profane language, and gave an impression of being both aware and in control of their sexuality and sexual behaviour. They were however vulnerable girls, often with little experience of any kind of loving relationship, and were in need of care and safeguarding in a way that was appropriate for their mental and physical age and stage of development. This required a delicate balance of skills and expertise from the staff at Kendall House, enabling girls to grow in confidence and sexual development, whilst at the same time protecting them from undue risk of harm. The evidence reviewed demonstrated this was not the case.

6.3.1 Non-consensual sexual activity

Many of the staff believed they had a role in protecting the moral welfare of the girls at Kendall House. This was underlined by the objectives set out in the Constitution of the Joint Diocesan Council for Social Responsibility, the body that had oversight of services such as Kendall House (Source: Constitution for the Joint Council for Social Responsibility, 1974).

On some occasions, however, when girls disclosed to staff that they had been subject to sexual abuse or sexually inappropriate behaviour without their consent, there was a tendency to disbelieve them, to assume they had been willing participants and to blame the victim. In a small number of cases, their disclosure resulted in no further action to investigate their allegations, but concerns were shared with social workers to protect their younger siblings. Even though the residents concerned were under the age of consent, and victims of

abusive behaviour, their disclosure of this abuse appeared not to warrant any further action by staff to protect them.

Example 1

FR02 had reported that she had been sexually abused when aged 8 years old by a stranger in a park. She alleged further sexual abuse prior to her admission to Kendall House aged 12. Her notes state 'there has been suggestion from 'FR02's' *previous social worker that she has not been entirely an innocent victim in the latter occurrences.*' (Source: records of FR02, resident late 1970s)

Example 2

FR07 disclosed to a staff member that her stepfather 'sexually interfered' with her (aged 13) when he visited and took her for a ride on his motorbike. The notes state, *'it is not thought to be in 'FR07's interest for this allegation to be investigated. However we are concerned that the welfare authorities should be aware of the possible dangers to X, her younger sister, still living at home'*. (Source: records of FR07, resident late 1970s – mid 1980s)

Example 3

Following a period of weekend leave, FR14 disclosed to a member of staff that she had been raped by her boyfriend. She was told that staff did not believe her and that *'until she started to behave responsibly that her privileges would be withheld'*. She was seen by Dr Perinpanayagam and reprimanded for lying. Further she was advised that if she did so again, *'it would be nightclothes for weeks'*. She was 14 years old. (Source: records of FR14, resident early-mid 1980s)

Example 4

FR21 disclosed to a member of staff that her father had forced himself on her on a recent home visit and she feared for the safety of her younger sister. Social services were informed of this disclosure. She was spoken to by Miss Law who decided that sexual intercourse had not taken place, but that FR21 reported her father had asked her to lie naked on top of him. The notes state *'Given that 'FR21' has shown herself to be an ace manipulator, and quite ready to allow others to be harmed for her own satisfaction, excitement or enjoyment, it would not appear appropriate to pursue enquiries regarding father at this stage.'* Later, one of the nursing staff spoke with the girl's mother who disclosed that she was not allowed in the bedroom when her husband was in there alone with his daughters, and she did not know what he did with them in there. There was no further action to protect FR21, who was 14 years old at the time. (Source: records of FR21, resident early 1980s)

6.3.2 Other sexual activity

Because of the rigidity of the daily regime at the home, and the level of security, consensual sexual activity rarely took place on the premises (Only one such incident is documented in notes of FR41, which took place in 1986). It was quite common, however, for many of the girls to be permitted to go home or to foster parents at weekends or during holiday periods such as Christmas. It was on occasions such as these that girls would meet up with their boyfriends or more casual male acquaintances and engage in 'consensual' unlawful sexual activity (Source: records of FR11, FR14, FR32, FR35, FR37, all resident during the 1980s).

We were informed of occasions when girls returned after absconson attempts, or from authorised leave and were judged by the staff to have engaged in unlawful sexual activity, even when they insisted this had not taken place. On such occasions, regardless of their

protestations to the contrary, girls could be subjected to intimate examinations to identify any potential sexually transmitted infection. This experience was humiliating and traumatising for the girls concerned. In the examples given below, there was no subsequent indication of any action of concern, support, advice about contraception, or further action to alert other agencies about the belief held by staff that unlawful sexual activity had taken place.

'I once got accused of I'd slept with a lad, and I hadn't slept with a lad and Mrs X did an internal... they'd prove that I'm lying and they know that I've slept with a lad and that I was a liar. I was young and I got embarrassed....I got dragged up to the room, thrown in the room....and she was saying that I was dirty...'

I remember crying my eyes out. And she said I had slept with a boy, and I hadn't.
(Source: interview with FR01, resident mid 1970s)

'The woman in charge said that we had all had sex in the car with these guys, and I hadn't and it didn't matter what I said, she didn't believe that I hadn't. Then (my social worker) just happened to be around that night andI told him honestly that I hadn't done anything. I hadn't even got in the car. He must have convinced her because I didn't go (to the clinic) but the other two did.' (Source: interview with FR51, resident late 1960s)

There were occasions when staff believed that disclosures from girls about rape or sexual assault that had taken place during their weekends away were untrue, and were borne out of feelings of regret, even guilt that the sexual activity had taken place. Girls were sometimes fearful about becoming pregnant and seemed to have little in the way of access to information or advice from staff about contraception, or safer sexual practices. Rather, their disclosures were met with chastisement or judgemental criticism about promiscuity and morality.

Example

After a weekend staying with her 'social aunt', FR18 complained to a member of staff of genital soreness and pain when passing urine. She disclosed to a member of staff that she was raped that previous weekend, who informed one of the nursing staff. FR18 was seen by one of the GPs and also informed them about the alleged rape. Her records state 'FR18 went into detail about rape, enjoying every minute'. She was later challenged by one of the nurses about the veracity of her allegations. During this conversation, FR18 is said to admit to having engaged in consensual sexual activity. The notes state '*I have explained she puts herself into these positions and then can't handle it and until she learns that her body is hers and until she can form a proper relationship with the opposite sex she cannot and will not be trusted because she is at risk.*' FR18 was 15. (Source: records of FR18, resident early 1980s)

This matter was raised when we interviewed FR18 who recalled she had told the staff about her experience '*days afterwards, a couple of days afterwards*'

Q *Did you mention that you'd been raped?*

A Yes

Q *What was the response to that?*

A *They took a pregnancy test and it was negative, but that was about it, nothing else was done.*

Q *Were you given any kind of support?*

A No

Q Did they mention speaking to the police?

A Not that I can remember, no'

6.3.3 Mothering

In the mid-1970s, a recently appointed social worker wrote a case review report about his client, a resident at Kendall House, (FR01) where he noted that she had experienced a process known as 'primary mothering' from one of the Kendall House staff (the former deputy superintendent, now deceased). This was an intervention that was sanctioned by Dr Perinpanayagam. It was aimed at girls who had not 'bonded' with their mothers and had difficulties with physical contact or in demonstrating affection. Principally, 'mothering' aimed to focus attention and activity on direct physical contact with a female adult through cuddling and prolonged physical contact.

In his review, the social worker highlighted a concern that in his opinion, from the description of the activity given to him by the member of staff involved, the activity had 'strong sexual undercurrents'. He noted that his concerns were raised at the review meeting where he was told by Miss Law that as the member of staff was not 'homosexual', the intervention was 'purely therapeutic.' (Source: social work review summary for FR01; May 1976)

We were able to interview this former resident, who described her recollection of this activity.

*'Nurse X had a habit of putting you on her lap, and if you were upset she'd sit you on her lap and she'd put your hand down her top....It's called mothering....Your hand down on her breast and it's called mothering. You'll be upset, crying your eyes out...I think she did it in front of my mum and my mum went ape-sh*t about it.'* (Source: interview with FR01, resident mid 1970s)

On receipt of the report from the social worker, Miss Law and Dr Perinpanayagam wrote separate letters of indignation to the relevant divisional director of social services. Dr Perinpanayagam pointed out that the girl had not complained and was old enough to do so if she felt there were 'sexual connotations'. Further, that the staff member concerned was a very experienced mother, nurse and a midwife. He demanded that the offending part of the social worker's report was removed or that he would send it to the Medical Defence Union and Royal College of Midwives. (Source: letter dated 17.5.76)

Miss Law wrote also to express her concern which she believed was 'an implied criticism on my professional integrity' and how disappointed she was that the primary mothering provided to the girl was being misinterpreted in this way. (Source: letter from Miss Law 17.5.76)

Their letters were responded to separately on 20.5.76 and a joint meeting was arranged to discuss the case and the issues it raised further. A second letter from Miss Law to the divisional director of social services (Source: letter 4.6.76) questioned the integrity and confidentiality standards of the girl's social worker. This followed concerns raised by the girl's mother to Miss Law about the matter following a conversation with her social worker. She concluded,

'You must appreciate that I and my staff would have more professional integrity than to involve others in what is rather a delicate and personal matter affecting professional confidentiality.'

The matter was escalated further when a senior diocesan officer, (now deceased) who had no clinical or social work role at the home, then wrote to the relevant director of social

services. She acknowledged that the divisional director had agreed to amend the review report, but in light of the implied criticism of Miss Law and her deputy, she requested that the report should be destroyed (Source: letter 10.6.76). Compliance with this request was confirmed in a subsequent letter from the director of social services (Source: letter 28.6.76). Kendall House however, retained a copy of the original documentation, which we were able to review.

We have also been able to speak with the social worker involved and he felt that the response from Kendall House seemed disproportionate to the issues he had raised. He was removed from the case but faced no other sanctions at work. It would appear that his line managers, the divisional director and the director, capitulated to the demands of Miss Law and Dr Perinpanayagam, despite a reasonable question being asked about an unfamiliar intervention by their own staff.

'Primary mothering' was mentioned in the files of only one other former resident (FR44, resident mid - late 1970s), on only one occasion, and was not mentioned further in the case of FR01. The behaviour was, however, referred to by two other former residents, who witnessed the same individual cuddling girls and inviting them to place their hands under her top. (Source: interviews with FR58 and FR59, resident mid 1970s)

We sought a professional opinion on 'primary mothering' as described to us. We were told

'Holding therapy was not uncommon in the 1980s but is less in vogue now. It meant holding the child tight usually when they were having a temper tantrum. I do not recall ever hearing of 'primary mothering' and have never read of it in a text book (and I have some pretty old text books!). However no part of the holding treatment involved the child putting their hands under the clothes of the adult or vice versa. What was happening to the girl you describe was that she was being sexually abused. Whether the carer was gaining sexual gratification for this is uncertain or whether she was co-operating with a treatment prescribed by a psychiatrist who did not know enough about the treatment of children is uncertain. The social worker was quite right to question this practice, which today would have been investigated as a safeguarding issue. The response of the psychiatrist and the superintendent of the home was totally unacceptable and makes them complicit in the abuse.' (Source: Opinion from Dr G Richardson, former consultant in child & adolescent psychiatry, York)

6.3.4 Intimate inappropriate behaviour

Two former residents (FR54 and FR46) mentioned experiences to us that at the time had unsettled them and made them feel uncomfortable. The cases date back to the 1960s and early 1970s and involved Miss Law. The similarities of these two accounts are striking, however, and concern girls who were not at Kendall House at the same time, nor have they had any subsequent contact with each other. We also heard other examples of this behaviour with other girls later in the 1970s, which had been witnessed by two other former residents, also involving Miss Law. (Source: interviews with FR57 and FR59, resident mid 1970s)

The first extract is from the 1960s and concerned a girl who was initially in the home for a month's assessment. She was invited by Miss Law to come to her room and rub her back one night. The girl was advised by others that Miss Law asked most of the 'new girls' to do this for her.

'She wanted me to rub her back, she said she'd got a sore back and the dog was in the room at the side of her again and the bed.'

She said 'You've not got your nightgown on and your dressing gown on' and I said 'No' because everyone else had gone to bed and she got hold of my hand and she wanted me to touch her. She touched me.

She wanted me to touch her on her bust. She just wanted me to rub her bust. First of all it was her back and then 'Round here, Jane (name changed)', and she said 'Do you not want to shut your eyes and think that I'm John (Jane's boyfriend)', and I said 'No'.

Anyway, afterwards that's when she said 'Jane', she says 'I've got a really sore back, I want you to come about half past nine', everyone had gone up to bed then, 'and just give me a rub, will you?' and that's how I came. She thought I'd have my dressing gown on and my nightie, but I didn't.

She was sat at the side of her bed in her nightdress, the dog was there at the side on the floor and she says 'Come here then, Jane', she said. She said 'You sounded really lonely when you sat down at teatime'. I didn't know what to say, really but she just says 'Well, can you just rub my back there?' and, you know, she says 'Shut your eyes and pretend I'm John'.

Yes, she put her hand over mine and brought it round.

Q. *Over her clothing?*

A. *Yes, over her nightgown.*

Q. *Right and how did you feel about that, Jane?*

A. *Oh, repulsed. I went like that.*

Q. *What, you stiffened up?*

A. *Yes, and I just went like that and she says 'Oh, you might as well go, Jane', and that was it.' (Source: interview with FR54, resident 1960s)*

In the second example, the girl, aged 14 had been admitted to Kendall House that day. She was on remand and was struggling to adjust to life in the home, having come from a difficult home background where she had suffered physical abuse from her father.

'By then, she (Miss Law) came into the bedroom, this was about, yeah, eight o'clock, say nine o'clock, when you was put to bed, and she sat on the bottom of my bed, like that, said 'Oh, you're the new girl, I am Miss Law,' dah, dah, dah, dah, like that, carried on, and then she said to me – and this is just all a bit odd, she said to me 'Could you kneel behind me and put your hands up my jumper and rub my back, I'm really tense.' Well I didn't come from a touchy feely family, so that weren't about to happen, I said 'No, I can't,' so she said 'I've already heard that you've got obedience problems,' she said 'You know, you're going to have to learn,' and with that got off of my bed and sat on the next bed, where the little girl...., who didn't even have to be asked, she got up – I'm not saying it was a sexual thing that she wanted, she just wanted someone to rub her – I don't know what she wanted, but I weren't about to do it. The little girl didn't have to be asked, for her to kneel behind her and rub her back and tense off like that – (demonstrates) - while she spoke to me and I thought 'This place isn't right,' or maybe that is, perhaps it's affection, is it, I don't know?'

Anyway, I didn't think that that was disobedient, you know'. (Source: interview with FR46, resident early 1970s)

The following day, in both cases, the girls were subject to harsh 'treatment', with FR54 falsely accused of stealing a purse from Miss Law's office that was then found under the girl's bed. This resulted in her having a prolonged stay at the home for the duration of her (soon to be diagnosed) pregnancy. FR46 was accused the next day of disobedience that she couldn't understand and found herself placed in the isolation room. (Source: interviews with FR54 and FR46, as before).

6.3.5 Sexual assault

The atmosphere at Kendall House was sometimes volatile and highly charged with tensions between the girls themselves, and between the girls and staff. We heard accounts of how girls would sometimes engage in sexual banter, insults and arguments with each other. On occasion these escalated to sexual assaults or attempted sexual assaults.

We heard one account of sexual abuse perpetrated by a group of residents. A resident from the 1960s told us that she was digitally penetrated by a group of other residents with a banana and the handle of a knife,

"It was known like at night when it was dark that some of the girls, Miss Law's friends I would call them, used to go into the bedrooms and if they wanted to, or if they so-called fancied somebody they would get into bed with them and molest them, you know?"

That was the second night I was there, two or three of them came into the room and everyone else was pretending to be asleep in the room, because there was three other girls in that room at that time and I was, and they were all giggling and I was sort of curled up in bed and I know it sounds really crude, this, but they got a banana and they tried to shove it up me.

...and one of them had a knife handle, a handle of a knife from the kitchen and tried to shove it up me while the others held me down ... I was terrified when I saw the knife because I thought obviously they were going to use the knife on me to cut me but then I saw it was just an ordinary large knife like a butter knife and then they did that and they were just laughing and joking" (Source, interview with FR54, resident 1960s)

A former staff member recalled an incident where an attempted sexual assault between residents was prevented by staff who intervened and restored order.

'One time I can remember that they had a fire extinguisher on the first floor. The staff bedroom was on the top floor with one stairs down so you could sit there and maybe read a book. Every now and again you'd come down and check to see whether they were settled, or they were asleep, or if there was anybody upset you would try to comfort them or something like that. I think that on one occasion the girls had a fire extinguisher from the wall, they got a girl, her legs wide apart and they were going to put the fire extinguisher...

Q *I know you're indicating but it's difficult on the tape, just explain to me what they were going to do then*

A *Well I think the intent was to put it up the vagina' (Source: interview with FS06, employee from late 1970s – mid 1980s)*

We also heard accounts from two women who were residents in the 1980s concerning the behaviour of a male member of staff who was sexually inappropriate with them on separate occasions. In both cases, the girls were 14-15 years old and the behaviour of the employee was an abuse of his power.

“I can’t remember his name, but he used to have a crush on me, kept trying to kiss me and touch other parts of me ...He had ginger hair ... forties ... when there was no-one about he would try to kiss me, and try and, kept trying to take me out in the car, because we had a car there and a van.” (Source: interview with FR18, resident early 1980s)

FR18 did not tell anyone about what had happened, either at the time or subsequently. She didn’t know what to do and wasn’t sure she would be taken seriously.

We also heard from FR35 who described a male member of staff with a similar appearance who was at Kendall House at the same time as FR18. This second resident, FR35, told us that she engaged in consensual kissing with a ginger haired member of staff,

“ He was one of the carers. He wasn’t very tall and he had ginger hair. I always remember his ginger hair. I can remember – this is the only time I remember, and I don’t remember anything else about it. I was going to bed, and there were stairs that go up like that..there were a couple of steps up, and you would go up. He was stood at the banister, or on the bottom step, and he snogged me. I can remember that. We kissed another few times but I can’t remember where it was, or whatever, but I know that we had these kisses, and they were like quiet, secret kisses. I don’t think anything else happened. I can’t recall anything else, apart from the snogging, and that’s it.

...I was 15 and I wanted attention, because of what I had been through in previous homes. I think it was just the attention, you know. I didn’t see my family very much – my family didn’t disown me, but it was like ‘go away, and get on with it.’ (Source: interview with FR35, resident mid 1980s)

6.3.6 Rape

The power differential that existed between the teenage girls at Kendall House and adult males, whether staff or visitors was accentuated even further with the effects of the injections of sedating drugs and the use of the isolation room. This combination of the risk factors of their isolation and sedation increased their vulnerability to abuse enormously. A lifetime of not being believed or taken seriously and the inherent difficulty felt by many former residents in trusting adult or authority figures meant that abuse taking place in such circumstances was unlikely to be disclosed, reported, or acted upon. This compounded the effects of the abuse. This is illustrated by the following accounts.

We have heard two accounts of rapes that took place within Kendall House, both in the late 1970s. In the case of the alleged rapes, they occurred inside the locked isolation room at night. Although there is no direct evidence that staff at Kendall House knew what was happening inside the room it seems highly unlikely to us, given the internal and external security measures in place (i.e. the locked front door and the locked seclusion room) and the size of the building, that a man could have gained access to the isolation room without the knowledge of at least one staff member.

One resident from the late 1970s, FR47, alleged she was raped whilst she was inside the isolation room. She told us that after being put into the room she was injected with a

sedative, the effect of which was to render her almost insensible. She could hear but couldn't move,

"...and that's when Jack (name changed) used to come in ... He used to touch me and things like that. He tried to rape me most of the time. He used to push my legs open and force himself. I didn't know what he was doing at first, the reason why. I used to bleed heavily and have water infections continuously but I never got any help for that. That was a regular thing that was".

"I could feel him on top of me and pushing my legs apart and then the pain used to be so horrendous that even though you wanted to tell him to stop, you couldn't because nothing used to come out so I just shut it out in the end.....yes but I couldn't push him away because nothing would move, my arms wouldn't move.

Q. Right, and what about his hands? Did he use his hands on you, do you know?

A. No, not the first time. That was quite a way down the line.

Q. Right, and what did that involve then?

A. His hands used to be all over me completely. Breasts and everywhere and it was just like touchy-feely really for him. I think he enjoyed it.

Q. Right, and did you touch him, were you made to touch him?

A. Oh no no no.

Q. He didn't put your hands anywhere?

A. No, nothing like that, no. It was all his doing."

She explained that it, *"was mainly night time because I remember the moon"*

FR47 recognised the man who was raping her because, although he didn't say anything when he entered the room, and he would tell her not to say anything when he left,

"Don't say a word'. That's all you got, but he never used to say nothing when he came in, just when he was going out."

She recognised his voice as being that of a man who used to visit the home during the day. She knew his first name. She recalled him playing a guitar. We have been unable to identify this person (Source: interviews with FR47, resident late 1970s). Whilst still a resident, FR47 tried to tell three members of staff (including Miss Law and her deputy at the time) what had happened,

"I said that somebody kept coming in and tried to hurt me and they said 'Don't be stupid, you're imagining it. Nothing like that would happen'.

They took her reports of vaginal bleeding to be associated with her menstrual periods, although FR47 knew, and told them, that the bleeding was different from her normal periods and was accompanied by pain on urination.

FR47 gave an indication about what had happened to her in a conversation with another resident at the time, but nobody she spoke to seemed to appreciate what she was trying to say.

"We were not having a bath at the same time but we was in the bathroom because they had two baths and I said 'How come you've got bruises like I've got bruises' and

she just said 'I fell out of bed'. That was FR55 and FR02, but FR02 in the end, she didn't have a clue what was going on."

The former resident had previously reported this to the police.

A second resident, FR55 also from the late 1970s, provided evidence to us that she was regularly raped whilst in the isolation room. She didn't know who the men were.

"A. There were sexual things that happened. It is just part of life isn't it?

Q. Things that happened to you, or to other people?

A. No, to me. It was more than once. You were just forced to do things that you didn't want to do

Q. I know it is really difficult to talk about this. I understand that, but who was responsible? Who was doing it to you?

A. Just Men. Men that came to visit, men that were there. Just people.....

A. Some of the time, even if you were on drugs you were not totally spaced out. You were spaced out enough, but you still in a sense knew. I am not being funny, but you still knew when whatever was happening to you.

Q. If you resisted what were the consequences?

A. They just did it anyway. It didn't matter whatever happened, they just did whatever blokes do. I am sorry but that is just the way I can explain it.

Q. Are you talking about them forcing themselves on you?

A. Yes.

Q. Effectively you were being raped in there?

A. Yes.....

Q. Was it more than one man? Was it always the same person?

A. No, sometimes it was more than one at a time.

Q. Sometimes one person and sometimes two people?

A. Yes.

Q. Was that a person doing it on his own and then, as it were, the same person but with somebody else?

A. No. There were two men abusing you at the same time, in a sense.

Q. Yes. Did that go on for most of the time you were there?

A. Most of the time. Not every day. Sometimes it could be weeks, sometimes it would be a bit longer. It sounds weird, but when men appeared you were just dreading you were going to be locked in the time-out room, or whatever. It just seemed that when men appeared you knew what was going to happen. Even if you weren't in the time-out room you ended up in there and you hadn't done anything ... You were always on edge because you just didn't know – I

know it sounds awful but I would think I was glad it wasn't me. I know you shouldn't be like that but I would think, I am glad it wasn't me this time. ... the girls that were there never talked about it but you just knew. You just did. It was a closed thing. You just didn't talk about it." (Source: interview with FR55, resident, late 1970s)

The corrosive nature of sexual abuse, extending far beyond the physical pain, can be seen clearly in this resident's recollections of feeling glad because someone else was being sexually abused and not her. The atmosphere of Kendall House militated against open discussion about being sexually abused even between the girls in private.

This former resident had previously reported her experiences to the police for investigation.

6.4 Commentary - emotional, physical and sexual abuse

As we have discussed in previous chapters, the girls who were placed at Kendall House came, in almost all cases, from the most difficult and deprived backgrounds. Their parents were unable for a variety of reasons, to provide the stable, loving homes they needed. The girls were taken into the care of their local authority, provided with a social worker, and sent to Kendall House. Many were emotionally disturbed and exhibited challenging behaviours.

The residents were difficult to manage, often violent, aggressive and unpredictable. They were also vulnerable and in need of professional support, understanding and care. They were subject to a hierarchical and rigid structure which often sought to exercise control over their lives and seemed to care little for their future life chances. With a small number of exceptions, the girls perceived no attempt from the staff to understand, empathise or nurture them. No attempt was made to help them trust adults, male or female, nor to make them feel secure, cared for or loved. The evidence we have heard and read during this review tells of a place which was, on the whole, toxic and destructive to the girls placed there.

The conditions at Kendall House were such that every resident placed there was vulnerable to the risk of being emotionally, physically or sexually abused by the staff, other residents or third parties. Indeed, we have found that every former resident to whom we have spoken and every former resident whose file we have read was in fact the victim of abuse of one, some or all those categories. Although we have heard of brief episodes of good times at Kendall House, (a holiday, a riding lesson or a weekend at home with a staff member for example) these were short-lived and rare. For almost every girl who lived there, Kendall House was a frightening, violent and unpredictable place to live.

Their education was interrupted, their waking moments were monitored. It was not possible for them to maintain friendships with children outside Kendall House. They were separated from their families and their communications with the outside world were restricted. They were frequently sedated to such an extent that they lacked the ability to walk, speak or have control over normal daily activities. They thought that they had no control over their own lives. Their isolation and inability to speak freely to anyone about the regime at Kendall House, coupled with their various personal difficulties and the medication they had been given meant that they were particularly vulnerable to abuse.

The abuse took many forms; emotional, physical and sexual. Residents were bullied, intimidated and physically assaulted. They were threatened with the isolation room and with Stone House Hospital. The wretched unfairness of this regime was heightened because it was done under the auspices of 'treatment'. The girls themselves were often blamed for bringing this misery upon themselves. Their behaviour was blamed for the necessity of the treatment meted out to them. We consider that the reality was that the regime at Kendall House was addicted to force and medication and failed to explore any other way of coping with the difficult behaviours of the residents.

We consider that the accounts of sexual assaults we have heard are accurate and truthful. The predatory behaviour of the ginger haired male staff member during the 1980s was able to pass unmentioned and unchallenged by the residents in question because of the regime at Kendall House. One of the girls felt unable to challenge him or refuse his advances because she didn't think she would be believed, the other girl was flattered by his attention. Neither girl had been equipped with the ability to deal with the situation in which they found themselves.

The two instances where residents were raped on the premises are so strikingly similar that we consider the chances of their both having been independently invented are vanishingly

small. In each case, the resident was essentially imprisoned in the isolation room, locked in alone overnight and their assailant (or assailants in the case of one girl) was able to enter their locked room and then rape them. Given that the doors at Kendall House were locked and the door to the isolation room was also locked, we consider it impossible that the men concerned were present in the building without the knowledge of at least one or more staff members.

The isolation room featured in the personal recollections of every former resident who spoke to us. All except one were detained in there themselves and all witnessed someone else being detained. We accept that there can be circumstances when a quiet room in which particularly disturbed or violent children can be placed for their own safety, and that of others, should be available. However, such a place should be unlocked, used in the rarest of situations, for very short periods of time and with constant supervision. At Kendall House the room was used almost daily, used to punish and used for extended periods (sometimes for days). The residents were sedated on entry to the room and often repeatedly whilst inside it. We remind the reader that no child was subject to detention pursuant to the Mental Health Act in place at the time and the staff at Kendall House were subject to the same obligations as any parent. The abuse took place throughout the duration of the timeframe for this review.

We also heard compelling and consistent reports of abusive experiences which pre-dated Dr Perinpanayagam's involvement in Kendall House in 1967 and after his retirement in 1983. Some of the abuse was hidden from the gaze of others, but mostly it took place in the presence and with the knowledge of at least some of the staff. Criticism was ignored or rebuffed, the committee structures failed to exercise any meaningful scrutiny and unqualified, untrained staff were directed to take part in a miserable, dehumanising regime which utterly failed to care for the residents.

The effect of these abuses has been life-long for many of the former residents. It has resulted in immeasurable hurt, pain, anguish, anger, mistrust, self-doubt and, in the words of some of the former residents, "broken lives". The lasting impact of Kendall House is spelled out in the words of the residents in chapter 8.

The next chapter makes a number of recommendations for the Dioceses of Rochester and Canterbury to address.

Chapter 7

RECOMMENDATIONS

The following recommendations are primarily aimed at the dioceses of Rochester and Canterbury. They should be enacted promptly, certainly by December 2016. The actions in response to them should be overseen by the diocesan bishops and their senior staff.

The final 8 recommendations are for the consideration of all dioceses and the relevant national church bodies

1. Both dioceses should make a public apology to all former residents for the abuse at Kendall House. This should be led by the most appropriate senior person;
2. Both dioceses should also apologise for the length of time it took to commission an independent review when concerns about the home were known whilst it was still open, and then subsequently raised by a former resident in the 1990s;
3. Both dioceses should make copies of this report available to all who participated in the review and also make it publicly available through their websites;
4. Both dioceses should make ex-gratia payments to all former residents who participated in the review to acknowledge the pain of revisiting the trauma of Kendall House;
5. After the publication of this report, both dioceses should make arrangements for any other former residents of Kendall house who wish to come forward and tell of their experiences, to do so in a supported and confidential manner;
6. Both dioceses should assure themselves as to the capacity of their existing safeguarding teams to be able to respond effectively to matters which may now surface, such as other allegations of historic abuse following the publication of this report;
7. Both dioceses should organise and fund an event inviting all former residents who participated in the review to come together informally to meet each other;
8. Both dioceses should consider holding a joint annual service of healing and reconciliation for all survivors of historic abuse;
9. As part of their safeguarding arrangements, both dioceses should assure themselves of the effectiveness of their current arrangements for engaging with survivors of abuse, and extend an invitation to former residents of Kendall House to participate in these;
10. Both dioceses should assure themselves of their arrangements for their committees or groups of staff who have a remit for social welfare or safeguarding of children or vulnerable adults, that they have access to appropriate professional expertise for advice. In the case of committees, this should be in the form of core membership or chairmanship;

11. Both dioceses should assure themselves that all diocesan committees develop a way of working that fosters a style of curiosity, scrutiny and constructive challenge in the manner of members taking on a 'critical friend' role to officers. This should be facilitated by the development of clear guidelines and standards for practice;
12. Both dioceses should assure themselves that all committees have clear written terms of reference, and clear, written reporting and accountability arrangements. These should be reviewed at least every two years and assurance given they are fit for the purpose for which they were established. This should be overseen by the Diocesan Synod;
13. Both dioceses should ensure that guidance is available for parishes and local church communities to advise on standards for their residential and other relevant services provided to children, young people and vulnerable adults;
14. Both dioceses should assure themselves that all committees that have a role in relation to services or advice connected to children, young people or vulnerable adults have processes in place to hear directly and frequently from representatives of these groups;
15. As part of their preparation for the appointment of any new bishop, the dioceses should develop a template for a confidential risk-based document prepared on behalf of the outgoing bishop for their successor. This should include matters relating to safeguarding. As there is often a lengthy gap between appointments, this will minimise the risk of unintentional loss of diocesan memory, and the risk of missing important matters for the new bishop to address;
16. Both dioceses should assure themselves that as part of their training package on safeguarding for parishes, for both clergy and laity, that they include skills to correctly record, respond and act upon hearing disclosure of abuse – whether recent or historic, from survivors or from others;
17. Both dioceses should assure themselves that their independent safeguarding groups oversee and quality assure all training programmes connected to safeguarding. Further, that membership should include representation from at least three of the following professions – police, social workers, medicine or nursing, teaching and a relevant national charity;
18. Both dioceses should assure themselves they have identified a senior clergy person (such as archdeacon or suffragan bishop) as the clergy 'champion' for safeguarding; and
19. Both dioceses should share this report and their responding actions with (as a minimum) the chair of independent safeguarding board for Kent County Council; the chairs of the safeguarding boards from surrounding councils; the National Safeguarding Team for the Church of England; ecumenical partners; and the Independent Child Sexual Abuse Inquiry team (Goddard).

Considerations for other dioceses and national church bodies

1. The National Safeguarding Team should ensure that all diocesan safeguarding audits include reference to any diocesan-led residential services for children or

vulnerable adults to assure themselves that the sorts of abuses which happened at Kendall House did not happen locally;

2. The National Safeguarding Team should ensure that all dioceses assure themselves of the robustness of their models of engagement with survivors of abuse;
3. The National Safeguarding Team should ensure that all dioceses assure themselves of the robustness of their models of engagement with children, young people and vulnerable adults;
4. The National Safeguarding Team should facilitate the sharing of good practice with regard to the matters in recommendations 1-3 above;
5. The National Safeguarding Team should ensure that this report is shared with every diocesan bishop, diocesan safeguarding advisor, safeguarding chair and relevant others;
6. The National Safeguarding Team should ensure that the new national safeguarding policy advises all diocesan independent safeguarding committees to have as a minimum, membership from at least three of the following agencies - Police, NHS, Social Services Education, relevant charity;
7. The National Safeguarding Team should ensure that, as part of the preparation for a new bishop, all dioceses ensure there is a confidential risk-based document prepared on behalf of the outgoing bishop for the incoming bishop. This should include information regarding any safeguarding matters of concern. The template for this document should build upon work to be initiated by the dioceses of Rochester and Canterbury; and
8. A copy of this report should be available via the Church of England website.

CHAPTER 8

THE LEGACY OF KENDALL HOUSE

For a significant number of the former residents of Kendall House who spoke with us, sharing their experiences and being believed was an important and cathartic step for them. Some were aware of campaigns and media publicity that had been led by other former residents about the use of drugs at Kendall House over the years, Until now, they had not wanted or felt able to tell their stories about what happened to them during their time at the home. Others had taken legal action and had sought and secured compensation from the diocese.

We are truly grateful for their contribution, their candour and their courage.

The women who spoke with us came from all walks of life and many have gone on to have both personal and professional success and happiness, including in one case an honour from the Queen. Many also remain very troubled about their childhood experiences and have continued to face difficult challenges in their adult life. Even those who were adamant that Kendall House would not define them as a person, shared feelings of vulnerability and anxiety that they believed were rooted in their experiences there.

Over recent years, there has been much public attention given to the matter of 'historic abuse.' Although mostly relating to childhood sexual abuse, the implication of this label is that something bad happened in the past, when values and norms were different. It also implies that the pain caused by such experiences is also somehow located in the past, and in memories of years long ago. From our conversations with the former residents of Kendall House, it is clear that for many of them, there is a strong and sustained impact of their experiences there. It is clear that their childhood experiences have a considerable contemporary impact, in some cases on a daily basis. Kendall House is part of their past, but also part of their present daily lives.

In recognition of the invaluable contribution of the former residents who contributed to this review, we end this report with a collection of their comments on the enduring impact of their experience as young teenage girls who lived at Kendall House.

'I did take two overdoses and one of them was so serious I was taken to hospital and had my stomach pumped. I was near enough dead. I'd left Kendall House but those suicidal thoughts stayed with me and the chance I got I took the overdose and I remember the tubes going down and having my stomach pumped.'

'That was my youth, that's when I should have been into the Beatles or into a bit of fashion. It did change me.' FR48, resident late 1960s

'He (Dr Perinpanayagam) says on there that I would never be able to look after myself and he recommended that I should be locked up in an institution, meaning in the loony bin. I don't know how I never ended up in one of them. I'm here. I can cook, I bath, I wash myself, I look after myself. Alright I lived on the streets for a long, long time. It took losing my mum and my son to kick me up the backside. I was an alcoholic; I've not drunk for two years and I've done it all on my own.....I know how to look after myself and what I've been through and everything, not many people would even be standing..'

'Even if I was out of control, you don't control people by pinning them down on the floor and putting injections inside them....I do feel that they pissed up my life, damaged me. They didn't make me better, they made me worse.'

*'F**k you, Dr Peri. I'm here, I'm 54 and I can look after myself.'* FR01, resident mid 1970s

'At the time I was sorting out my career, which was I had a Saturday job at Snob Boutique. I was going to start work there full time, one day off college and I was going to study fashion and design and be the greatest designer in the world. I couldn't do the job because I'd got a prison record, because you can't work with money with a stealing conviction can you? So I lost all of that; that was my career out of the window.....but not that it matters much because I've got two brilliant daughters and four brilliant grand-daughters....so it did mess my life up, but I didn't allow it to carry on.'

'I did feel guilt when I heard that the girl who has written a book (about Kendall House)...I should have gone back and if I'd had the guts to sort something or know what to do to sort something out, maybe she wouldn't have gone through all of that. But who was I? Who was going to listen to me?' FR46, resident early 1970s

Is your Mum still alive?

No. That's why I've come forward because she couldn't handle that.

How do you mean?

Because I cared for her the last ten years of her life. We never talked about it. My older brother talked about it and he said 'Just - you might as well shut off thinking about it. It was all those years ago, you don't need to know', then I just saw it on the telly. That's when I needed to come forward because of what happened to me when I was there. It's not been easy. FR47, resident late 1970s

'It was a very, very hard road and as there were consequences of it, because of what happened. I did end up in prison in the end because there was no proper back-up support.'

'Nobody helped me. All they did was drug me up. Nobody actually tried to challenge the problems.'

'I think it (Kendall House) failed to help me. It's made me a not very confident person. I suffer with terrible bad nerves at times. I have bad nightmares on and off although they're getting less and less as the years progress, but they are still apparent at times I get bad nightmares. I don't cope in crowds very easily.'

'I still feel cheated. I was cheated out of my childhood because I don't think that was the right place for me. I don't think it was right for any of the girls that were there...' FR49, resident late 1970s

If it hadn't started, with the drugs, I think she might still have been here, I think if she'd had the right counselling and the right care, that was needed at the time, she'd still be here.

I think it made her be on prescribed drugs the rest of her life nearly. When I cleared her flat out, I think I had nine carrier bags full of diazepam, valium, you name it, it was in there. The thing is, she attempted suicide so many times, and she had support workers still going round then, I think she got lost in the system, she didn't get the right help from anyone, all the way through.

I think it impacted her whole life. She went there as a child that needed help and support, I think she was just drugged and, she wasn't given the support....' FR53 (talking about her deceased mother, a former resident, early 1970s)

'I don't talk to people, which is why you are exceptionally lucky. That place took my life away, basically.'

'Nobody has ever explained to me why. Nobody will ever understand how much it can change who you become. I am not confident. I don't have any self-esteem and I rumble from day to day. I just live from hand to mouth. Sometimes I still don't want to be here. If it weren't for my child that I love to bits, then maybe I wouldn't be here.'

'Kendall House breaks you. I didn't suffer as much as others did there, but whether it was a day or years in that place you were stripped bare of your life as you knew it, taken over by a numbness, a vacant sense of value, a lingering fog that hides you from the outside world and those around you, remoulded, to meet the requirements of those in charge.

Who was I when I left?

Broken.

I am probably beyond the realms of being free, I would need to go back to the beginning of my life, take out all that is bad, cleanse my mind and allow me to follow my heart. One day stand tall again and say this is who I am.

But who in their right mind would take that on. I don't know how to break down this wall that towers over me and take back my life.

Not sure what this has to do with your review, I just wanted you to see what it does to people. Oh to be a speck of dust on your shoulder, listen to these stories, fill in some of the gaps, try and understand it all.' FR51, resident late 1960s

I'm doing this because I feel that a lot of the girls at the time were badly treated, and I mean badly treated, otherwise I wouldn't bother. We should've been looked after. I'm not saying they'd have to cover us with cotton wool but they should've looked after us a little bit more. I'd love to meet up with some of the girls now that were there and find out where their life took them. Would they be nurses, are they doctors? Did they allow it to destroy them or what? I didn't allow it to destroy me but in many areas of my life it has - when it comes to taking drugs, when it comes to not being able to sleep without

a light and noise around me because the quietness nearly killed me. Do you see what I'm saying? In the long run it has affected me and it's affected me quite badly. It's very difficult to try and explain what's going on in there and in your old bonce. Do you know what I mean? I think I've done alright but I have my moments, sometimes I do. FR50, resident late 1960s

When I received the letter from you -. There has always been this ghost. I say a ghost, it could be a person, but you can't make out a face or anything. You are down the corridor and it is going fast, but you can't put a face to it. You are running. You are trying to get away and it's just down a corridor. That is it. So wherever I try to go to remember, there is a corridor and that ghost. That is it. I open my eyes straightaway and I cannot get it back. So that dream I had for years and years after I left that place. Even when we were first married I had it. I had to sleep with the light on every single night. Then that dream came back as soon as I received that letter. FR34, resident mid 1980s

It was hell. It was just like being in prison. I'd gone to prison for a crime that I hadn't committed to be abused all over again for no particular reason, just because they could. FR45, resident mid 1970s

I'm angry for what they put me through and it affected my life afterwards. I mean, not to say that I'm completely over it now but I want to be completely over it because it had an effect for so long, and hasn't made me achieve things I could have achieved and directions I could have gone into. I had to shelve it, I had to leave it behind because I don't want it on me no more for me to go forward and better myself. I mean I still get angry at times, I'm not denying that, but, as I said, I don't want the burden of it. I just try to shelve it so I can just be free of it and just carry on with my life as much as I can. FR59, resident mid 1970s

What happened to me in Kendall House and everywhere else lives with me every single day, but I cope with it, or I try. As a result, I have ended up with illnesses and mental health issues and everything else. I had to stand up in court and be told I am a liar, when I know I am telling the truth. There were incidents that happened with my dad, but I have been called a liar and told to apologise, but I am telling the truth. This is why, when you contacted me, I thought, well I've told people about what has happened to me in the past and they have not believed me – they have just shrugged it off, so what is the point? I've tried to do my bit, and I've tried to be honest and tell the truth about the child abuse that I went through and about the beatings and everything else that has happened to me. However, as a kid, they didn't believe you – they think you are lying, because you are known as a liar. That's why it took me years to tell someone.' FR35, resident mid 1980s

'It has put me off tablets, medication. I very rarely go to the doctors, even when I am really ill. I almost died before I contacted the doctor. I had a blood clot that far from my heart.

I didn't like doctors. I associate doctors with giving medication, and I am on loads of medication now. I have two chronic illnesses and I hate taking tablets.

Then we would just be put in there and left. There would be nothing else in the room at all. There would be no light switch. There would be a light, but no light switch. They would turn the light off. Even to this day I sleep with my landing light on....because I don't like the dark'. FR09, resident late 1970s-early 1980s

'I'm a basket case.....I've had three nervous breakdowns. I've never really had a proper life and, yes, I blame them, because I couldn't go out after that. I used to be a runaway. When I say that I was kicking out windows and stuff, I was.

I mean just imagine being 14 and locked up and held down and God knows what. At 14, that's just a little kid. I look at my niece and nephew, they're around that age, and I just think you were that age and they were doing these things to you....

That's why I'm doing this. Even though my memory's not all that great I was hoping that whatever I can contribute helps. I mean, it's a long time ago now so maybe the people that are guilty are gone, but at least the truth can come out. I know a lot of people didn't believe me so, just for that alone, just for the peace of mind for the girls that were in there, but it really did happen. It wasn't a lie and it wasn't an exaggeration. These people were monsters'. FR26, resident mid 1980s

'I have nightmares of her chasing me, and in the back of the nightmares I hear crying, that's why I'm sort of saying to you, I'm frightened of going home tonight, just for the sake of those nightmares coming back recurrently. That's my problem now, because I don't like to talk about these things, because it had an effect on me and it still does have an effect on me.'

Like I said, I'm desperate for some sort of help, and the weight of all of this is immense, and I need help.' FR57, resident mid 1970s

'Sadness, I suppose, because a lot of girls didn't get treated fairly, not in the right way, and I just felt it was a waste of space. It was a waste of life, while we were there, it was a nothing'. FR56, resident late 1970s

'I want to know why they could do it to you, or do it to anybody, and how you would tell people about it and nobody believed you. That is what hurts more than anything'.

'You were kids. You sit here now and you think about all of this. Years ago you never thought about it. Now this has all come out and you think to yourself, how could they do that to me? How could they have taken my childhood away from me? How could they have taken my memories away? That hurts. I am sorry but that really hurts. I might have been able to remember my mum. I am not saying I would have been able to, but I might have been able to. I might have been able to remember my dad, my sisters and brothers. That has all been taken away from me. For what? So they could find out what drugs do to people? I am sorry, but it is just evil and it hurts. I am angry. I am sorry, I am so angry. That is why sometimes I say I wish they would have their comeuppance and they could have their punishment, but they don't have anything. We are still suffering. I am 54 years old and I am still suffering today. I am sorry. They have got away with it - the church is going to get away with it in a sense'.

'I don't want money. They can keep their money. They can. I just want a bit of justice, but we are never going to get it. That is what hurts. We are never going to get justice. It is alright you saying that you are going to write a report, and the church says, blah, blah, blah, but it is not going to make any difference. It is not going to make any difference to any of us, what we have been through and we will have to live with it for the rest of our lives. It still affects our lives now. It still affects my relationship with my husband. It still affects my relationship with my daughter, even today. That is what hurts more than anything'.

'He still does things to me, my husband now, and he says, "I keep forgetting. I shouldn't do it." Stupid things because he knows it starts me off. He comes up to me and if I don't have my hearing aids in I can't hear him and he taps me on the shoulder and I freak. I absolutely go ballistic. I know he would never hurt me. I should be able to trust my husband but I can't. I can't trust my husband a hundred per cent and that is all because of what has happened to me at Kendall House. It hurts and it hurts him. It shouldn't be like that and it is never going to go. I know that. I just get so angry, I really do.

I think we should have something to unite all the people that have been at Kendall House. Not to talk about it, but just to pause for thought, I suppose. Just to say that we have all been there. We have all come through it.

We are all still walking. FR55, resident late 1970s

APPENDIX 1

REVIEW PANEL

Professor Sue Proctor (Chair)

Sue is an independent consultant primarily working with the NHS or church organisations on matters relating to governance, leadership and the safeguarding of children and vulnerable adults. She has over 30 years' experience as a nurse, researcher and manager. This includes seven years as an Executive Director. She is currently Vice Chair at Harrogate & District NHS Foundation Trust. From 2010-2013, Sue was Diocesan Secretary at the former Diocese of Ripon and Leeds. She is a lay canon at Ripon Cathedral and independent Chair of the safeguarding group for York Diocese.

Sue has extensive experience in leading complex investigations and reviews into sensitive matters, including cases of historic abuse. She led the major investigation into matters relating to Jimmy Savile at Leeds Teaching Hospitals and chaired the NHS Savile Legacy Unit until it closed in February 2015.

Sue has an MSc in nursing and a PhD in Health Services Research. She is visiting professor at Leeds Beckett University and a member of the Council at the University of Leeds.

Ray Galloway

Ray retired from the police service in 2013 as a Detective Superintendent having served in Merseyside and North Yorkshire. His role was that of Senior Investigating Officer with primary responsibility for the investigation of Homicide, Serious and Organised Crime and the management of covert operations. He was also the force lead for the investigation of kidnap and extortion and was member of the ACPO national working group that identified and disseminated best practice relating to rape and serious offences.

After retirement, Ray took on the role of Director of the investigation into the activities of Jimmy Savile in Leeds Teaching Hospitals. He then worked as Director in the NHS Savile Legacy Unit.

Ray now works as an independent investigator and consultant from his home in Cheshire.

Samantha Cohen

Samantha is a barrister and a part time judge. She has twenty years' experience as an independent barrister appearing in criminal cases. She prosecutes and defends and specialises in cases involving allegations of sexual abuse and child cruelty. She provides pre-charge and investigatory advice to prosecuting authorities and has lectured on a number of topics including the changing prosecutorial approach to cases of historic sexual abuse since 2012. She has developed an expertise in dealing with the most vulnerable witnesses; for example, children, those with mental disorders and those who have suffered the most appalling abuse. She is valued for her ability to put witnesses at their ease to ensure their best evidence is able to emerge.

APPENDIX 2

DIOCESE OF ROCHESTER AND DIOCESE OF CANTERBURY

TERMS OF REFERENCE FOR KENDALL HOUSE REVIEW

Background

1. The Canterbury and Rochester Diocesan Council for Social Responsibility (“the Diocesan Council”) was a charitable trust established by the Dioceses of Canterbury and Rochester as a joint venture in the 1860s. Its purpose was to provide support to vulnerable people in society. The Diocesan Council ran a number of projects, including Kendall House.
2. Kendall House opened in the 1920s and closed at the end of 1986. It was latterly run as a home for emotionally disturbed adolescent girls, and was registered with the local authority (Kent County Council) as a ‘community home with education’. It was overseen by a committee of 12 people; 9 appointed by the Diocesan Council and 3 from Kent County Council. On a day-to-day basis it was managed by a superintendent, Doris Laws (now deceased), from the 1950s until its closure.
3. From 1967-1983 Dr Perinpanayagam, a consultant psychiatrist at local hospitals Stonehouse and Westhill, was a psychiatric practitioner to Kendall House residents. He introduced a drug treatment regime where prescribed drugs were used to control residents’ behaviour. Dr Perinpanayagam retired in 1983, and died in 1988. His successor did not continue this regime.
4. Since 2006 a series of complaints and civil claims have been made, and concerns raised by former residents about the treatment they received when at Kendall House. As a result of information disclosed by these former residents, the Bishop of Rochester has decided to commission an external review on behalf of the dioceses of Rochester and Canterbury to receive accounts of what happened at Kendall House and to identify lessons for today to prevent recurrence.

The Scope of the Review

This independent review has been established by the Bishop of Rochester to consider the issues raised by former residents (between 1967-1986) of Kendall House and their families. The Review will:

- hear and consider the accounts of former residents of Kendall House, and other relevant witnesses, including complaints about the use of drugs as a means of behavioural control and allegations of emotional, physical and sexual abuse;
- consider relevant materials relating to Kendall House; and
- review the relevant actions of those who worked at Kendall House, or who were associated with its service provision during the above time frame.

In the light of the above, the Review will:

- Review the documentary evidence available to understand the contemporaneous context, culture and behaviours at Kendall House between 1967-1986;
- Take the opportunity to engage with former residents to hear their accounts of their experiences when they lived at Kendall House;
- Interview any **relevant** witnesses who were connected with Kendall House 1967-1986;
- identify lessons to be learned by the Dioceses of Rochester and Canterbury, and recommend actions required to implement them; and
- Ensure that any disclosures of abuse that may pose a current or future risk are communicated immediately to the relevant statutory safeguarding board and/or the police, and in liaison with such of the chairpersons of the safeguarding committees of the two dioceses, of the national Church and/or Kent County Council as are appropriate.

The Review will not be a legal enquiry into whether the treatment methods adopted fell below the relevant standards of the day. It is not for the Review to determine civil or criminal liability but it can make findings of fact. The Review will be led by the evidence (written and spoken) and will ensure that matters which may have been reported previously are known about by those responsible for assessing current and future risk to children, young people and vulnerable adults.

The Review Panel

The Review Panel will be independent of the Dioceses of Rochester and Canterbury, and Panel members will not have worked for any of the statutory agencies in the local area. The Panel should have:

- no formal connection with Kendall House, the dioceses of Rochester or Canterbury, London Boroughs or Kent;
- experience of leading or working within or leading inquiries or complex case reviews, ideally including experience of investigating matters such as those alleged at Kendall House;
- experience of conducting investigations into sensitive matters such as those alleged at Kendall House.

The Review Panel will comprise the following members:

- Sue Proctor - Chair
- Raymond Galloway
- Samantha Cohen

It is anticipated that The Review Panel will meet (up to 5 times per month) in London over a period of up to 6 months commencing in early 2016. Meetings will be quorate with at least two of the three members in attendance (preferably in person but if necessary by video link or telephone). The two Dioceses will provide access for the Review Panel to such relevant documentation as exists in connection with the operation of Kendall House from which the factual background will be determined.

Review Panel Reporting

1. The two Dioceses will publicise the establishment and remit of the Review through relevant media and networks. Former residents wishing to participate will be given the opportunity to meet with

the Review Panel in person or to send their views in writing. Those involved in the running and management of Kendall House with relevant knowledge will be contacted (if still alive and able) and invited to meet with the Review Panel. Meetings of the Review Panel will be held in private but a former resident wishing to be accompanied by a friend or colleague for support may do so. Verbal submissions, with the resident's consent, will be recorded. Where appropriate, details of pastoral support available from an organisation outside the Church of England structure will be provided.

2. The Review Panel will provide an interim report to the Bishop of Rochester every 2 months (or more frequently if required).
3. At the conclusion of the Review, the Panel will publish its findings in a Report on an anonymised basis and will provide it to the Bishop of Rochester for subsequent publication. Other than the Report, the records of the Review Panel will be kept confidential to the Review Panel and the two dioceses and their professional advisors.
4. Appropriate legal advice on all of the above matters will be obtained before publication.
5. Editorial control of the final report will rest with the Review Panel Chair.

January 2016

Appendix 3 – Sources of Documentary Evidence

Committee minutes

Thameside Branch of the Canterbury & Rochester Council for Social Responsibility (held 6 monthly); minute book	16.1.67 – 9.9.87
Executive Committee of the Joint Diocesan Council for Social Work & Social Aid	1962-1964; 12.12.73; 1.5.74; 14.9.76; 25.11.76; 10.2.77; 15.6.77; 13.9.77; 8.12.77
Joint Diocesan Council for Social Responsibility	1.5.74; 15.10.75; 5.6.76; 20.10.76; 27.4.77; 19.10.77
Kendall House Committee meeting	28.1.64 – 11.12.67
Kendall House Management Committee	18.4.80 – 30.1.87
Executive Committee Kendall House; minute book	7.2.67 – 29.1.80; 18.3.80 – 29.5.85

Copies of other meeting minutes

London Borough Councils' Children's Regional Planning Committee Meeting	10.12.80
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Annual reports

Canterbury & Rochester Diocesan Council for Social Work and Social Aid Annual Reports	1973, 1975, 1976
Kendall House reports	1968, 1971, 1973, 1977, 1979, 1980, 1982

Other reports

Kent County Council Social Service Dept Monthly Reports on Kendall House visits	23.9.83- 21.3.86
Kendall House Treasury reports and accounts	1982-1985
Report of the Working Party for Kendall House following 1984 DHSS inspection	1985
Social Services Inspection Report and recommendations re Kendall House	March 1986
Working party (Kendall House closure) correspondence and draft papers	1985-6
Hansard report regarding representations from a former Kendall House resident & constituent of Walthamstow MP	25.10.94

Correspondence

Kent County Council Social Services Dept & Diocesan Council for Social responsibility	10.9.76
Letter to solicitor following broadcast of LWT programme	Jan 1980
Letter to Dept Psychiatry London Hospital Medical College regarding LWT documentary	28.1.80
Letter to Chair of Brent Social Services Dept	22.2.80
Letter to editor of Social Work Today Letter to Chief Executive of MIND	13.5.80
DHSS Southern Region Director & Chair of Managers at Kendall House letter concerning security at Kendall House	26.7.83
DHSS Southern Region Director & Chair of Managers of Kendall House	1983
DHSS Southern Region Director & Diocesan Council for Social Responsibility Chairman regarding potential inspection	June 1984
Kendall House miscellaneous correspondence	1969-1980
Correspondence regarding publicity on drug use	1980 onwards
DHSS and Kendall House various correspondence re inspection findings	6.7.84; 3.8.84 20.2.85
Chair of Joint Diocesan Council for Social Responsibility and Consultant Child Psychiatrist	20.9.84; 21.9.84; 4.10.84; 11.10.84; 16.10.84
Notes of conversation concerning future of Kendall House	2.4.85
DHSS letter regarding future of Kendall House	30.10.85

Media/published articles

Perinpanayagam & Haig, Use of depot tranquillisers in disturbed adolescent girls, Letter to British Medical Journal; 1,835-836	26.3.77
The work of Kendall House, Evening Post	22.2.78
Taylor L & Lacey R, In whose best interests?	1979
'Cosh jab for rebel kids', Daily Mirror	March 1979
The Zombie Children, News of the World	18.3.79
London Weekend Television Documentary on Kendall House (copy of script)	18.1.80
Girl in care 'like zombie after drugs', The Times	19.1.80
Editorial on medicine and the media, refers to LWT programme , British Medical Journal	26.1.80

Book alleges drugs abuse at girls' home Gravesham & Dartford Reporter	7.2.80
'The Zombie Shuffle', Daily Mirror	5.5.80
'Home in dubious drugs row' Social Work Today	13.5.80
Protest to Minister on use of drugs to calm children in home, The Times	28.5.80
'Drug cosh' made girls zombies, Daily Mail, Evening Post	March 1980

Kendall House staffing documents

Staff files - including application letters, contracts and associated correspondence	1981
PAYE information	1981/2; 1982/3; 1983/4; 1985/6
Job descriptions	
Personnel correspondence regarding closure of Kendall House	1986
Statutory Sickness Payments information	1983/4; 1984/5; 1985/6; 1986/7

Kendall House resident documents

Monthly Register of Residents (2 books)	1.5.82 – 31.12.86
Kendall House 'casework' - files and correspondence regarding former residents (FR38,39,11,40,41)	
Summary reports on residents	July 1978; Jan 1984, July 1984; Sept 1984; Oct 1985; Nov 1985; Jan 1986; Feb 1986; March 1986; Jan 1987
Kendall House 'casework' – files and correspondence regarding former residents (FR 38, 40, 42)	
Resident files for FR 01,02,03,04.	
Resident files for FR 05, 06, 07, 08, 09	
Resident files for FR 10, 11, 12, 13, 14	
Resident files for FR 15, 16, 17, 18, 19	
Resident files for FR 20, 21, 22, 23, 24	
Resident files for FR 25, 26, 27, 28, 29	
Resident files for FR 30, 31, 32, 33, 34, 35, 36, 37	
Resident files for short term cases	

Kendall House Residents' Register	1947 - 1986
Record book noting placing authorities (2 books)	1982 -1985; 1985 - 1986

Kendall House other documents

Property invoices and information	
Insurance files	
Financial documents	Jan 1967 – Nov 1981
Accident & Injury record staff and residents	1981-1986
Accident book staff only	1981 - 1986
Kendall House building plans and correspondence	
Kendall House information Brochure	undated
Kendall House Working Party file papers and draft report	Dec 1984 – Oct 1986
Closure of Kendall House correspondence and formal documents	1986
Miscellaneous correspondence on Kendall House and 92 Pelham Road	

Policy/Legal documents

DHSS Circulars on children's services	1978-1983
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Miscellaneous

National Council of Voluntary Child Care Organisations News Updates 1982 - 84	1982 - 84
Constitution of the Joint Diocesan Council for Social Responsibility 1976	1976

APPENDIX 4 EXPERT OPINION

Dr Gregory JR Richardson MB ChB, LRCP MRCS, DCH, DPM, FRCPsych, FRCPCH

In 1971, he qualified from Liverpool Medical School and later worked in paediatrics, specialising in child and adolescent psychiatry in 1978. In 1980 he was appointed to a consultant post in child and adolescent psychiatry in Harrogate and Catterick and moved to York in 1983.

In 1992, he led the review of child and adolescent mental health services that led to the publication in 1995 of "Together we Stand" which became the national strategy for Child and Adult Mental Health Services [CAHMS]. He subsequently undertook many reviews of CAMHS and co-edited a book on CAMHS delivery.

He was elected Chair of the Northern and Yorkshire Division of the Faculty of Child and Adolescent Psychiatry in 2000 and was Chair in 2005.

Since going part time in 2006 and retiring fully in 2012, he served on the Hull York Medical School Fitness to Practice Committee until 2016.

Mr Andrew Alldred

Andrew is clinical director for long term and unscheduled care and the director of pharmacy at Harrogate & District NHS Foundation Trust. He has held clinical director roles in the organisation for over eight years covering a range of specialities and has been the director of pharmacy for over ten years. He has worked extensively in hospital practice for 25 years. He was previously a senior pharmacist at Leeds Teaching Hospitals.

Andrew has a long history of interest in patient safety, risk management and medicines procurement, particularly around purchasing safer medicines. He has led a wide transformation programme optimising the use of medicines in Harrogate that has led to significant improvements in the safe use of medicines for the local population.

Andrew has chaired and led several pieces of work at a national level working with the Department of Health and NHS England. He was recently a member of the Lord Carter National Hospital Medicines Optimisation Program Board.

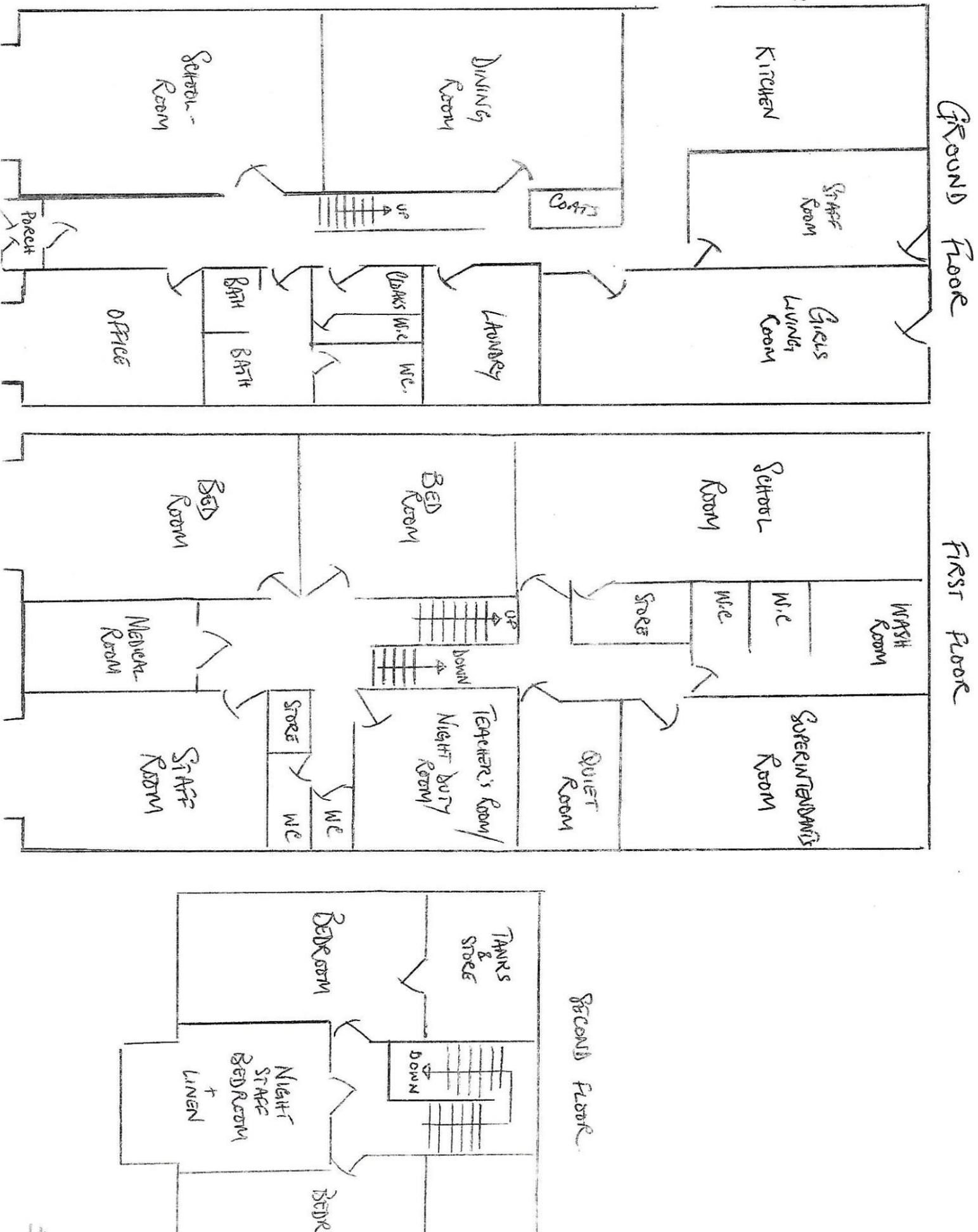
Elaine Weston, BScPharm, GPharmC, MRPharmS, Cert. in Psychotherapeutics

Elaine is the Chief Pharmacist at Leeds and York Partnership Foundation NHS Teaching Trust.

She studied pharmacy at Leicester, followed by a post graduate year in Leeds Teaching Hospitals. She has worked primarily in secondary care, covering most specialities, but also has experience in community both in GP practice and Care Home inspection. Her clinical experience although broad has been primarily in mental health. She was the pharmacist at Meanwood Park Learning Disabilities unit in Leeds from 1983 to 1987 where she instigated pharmacist rounds with medical staff to reduce the polypharmacy.

Elaine was the pharmacist representative on the Dept of Health 'New Ways of Working in Mental Health' review published in 2005. She has been in her current post since 2002 where she has developed the specialist clinical mental health pharmacy service in Leeds and latterly in York since 2012

APPENDIX 5: DIAGRAM OF LAYOUT OF KENDALL HOUSE



APPENDIX 6

Drugs prescribed and administered at Kendall House (Community house with education)

	<u>Indication / Use</u>	<u>Normal dose and frequency</u>	<u>Normal route</u>	<u>Major contraindications or side effects</u>
DEPIXOL (Flupentixol/ Flunaxol)	<p>Antipsychotic – schizophrenia and other psychoses, depressive illness with psychosis</p> <p>Used as a “tranquilizer” for acute and chronic psychosis / agitation / aggressive behaviour</p>	<p>3-9mg twice daily. Usual max 18mg.</p> <p>Lower doses in depressive illness up to max 3mg</p> <p>Depot injection. Very variable dosing.</p> <p>Start 20-40mg every 2-4 weeks. Can go up to high doses of 400mg weekly maximum in severe cases. Usual dose would be anywhere between 40mg monthly and 300mg every 2 weeks</p>	<p>Oral</p> <p>Depot injection</p>	<p>Used with caution in patients with hepatic and renal impairment, elderly, parkinsonism, epilepsy, glaucoma etc</p> <p>Withdrawal should be gradual.</p> <p>Adverse Events:</p> <p>Range of adverse events common to this group of antipsychotics</p> <p>Extrapyramidal symptoms</p> <ul style="list-style-type: none"> • Parkinsonism • Dystonia • Tremor • Akathisia • Tardive dyskinesia <p>Cardiovascular</p> <ul style="list-style-type: none"> • Hypotension • Tachycardia • ECG changes <p>CNS</p> <ul style="list-style-type: none"> • Drowsiness (less sedating than some other antipsychotics e.g. chlorpromazine) • Apathy • Agitation • Dizziness etc. etc. <p>Neuroleptic Malignant Syndrome</p> <ul style="list-style-type: none"> • Rare but potentially fatal <p>Endocrine</p>

				<ul style="list-style-type: none"> Gynaecomastia Menstrual disturbances etc <p>Skin</p> <ul style="list-style-type: none"> Rashes <p>Haematological</p> <ul style="list-style-type: none"> Blood dyscrasias <p>Photosensitisation</p>
<u>DROLEPTIN/</u> <u>DROLEPTAN/</u> <u>DROPERIDOL</u>	<p>Antipsychotic</p> <p>schizophrenia and other psychoses</p> <p>Rapid acting, so often used as part of rapid tranquilization for severe acute agitation and aggressive behaviour</p> <p>Generally used as monotherapy but sometimes in combination</p> <p>* WITHDRAWN IN 2001* due to concerns about cardiac effects Continued to have a license for post-operative nausea and vomiting.</p>	<p>Now withdrawn</p> <p>doses up to 10-15mg often used acutely repeated 4-6 hrly.</p> <p>Orally 5-20mg 4-6 hrly</p>	<p>Oral IV/ IM</p>	<p>As above but</p> <p>Less sedating than chlorpromazine (largactil) for example</p> <p>Rapid acting, tended to be shorter duration.</p> <p>Greater extrapyramidal effects</p>
<u>HALOPERIDOL</u> (Serenace)	<p>Antipsychotic</p> <p>schizophrenia and other psychoses</p>	<p>Orally 0.5mg – 3mg 2-3 times per day. Can go up to 30mg daily.</p>	<p>Oral IV/IM</p>	<p>As above</p> <p>Less sedating</p>

	<p>mania</p> <p>anxiety</p> <p>Fairly rapid acting, so again often used as part of rapid tranquilization for severe acute agitation and aggressive behaviour</p> <p>used as monotherapy but often in combination with benzodiazepines</p> <p>A common favourite antipsychotic in acute situations.</p>	<p>By injection</p> <p>2-10mg but can go up to 18mg. Suspect higher doses used in the past.</p>		<p>Greater risk of extrapyramidal side effects</p>
<p><u>LARGACTIL</u> (Chlorpromazine; Thorazine)</p>	<p>Antipsychotic</p> <p>schizophrenia and other psychoses</p> <p>mania, anxiety etc.</p> <p>Very sedating, traditionally used as part of tranquilization for severe acute agitation and aggressive behaviour and as chronic therapy</p>	<p>Orally 25mg three times daily up to 300mg.</p> <p>Some patients require very high doses up to 1gram.</p> <p>Injection 25-50mg every 6-8 hrs.</p>	<p>Oral / IV / IM</p>	<p>As above but pronounced sedative effects and with less extra pyramidal effects</p>

	<p>especially in violent patients.</p> <p>Used less now.</p> <p>used as monotherapy but often in combination with benzodiazepines and other antipsychotics</p>			
<p><u>MELLERIL</u> (Thioridazine)</p>	<p>Antipsychotic</p> <p>schizophrenia and other psychoses</p> <p>Often used to manage psychiatric events associated with dementia and learning disabilities – and in later years not recommended.</p> <p>Moderately sedating, used as chronic therapy especially in elderly patients.</p> <p>WITHDRAWN IN 2005 due to cardiac events and QT prolongation.</p>	<p>50-100mg three times per day up to 800mg in some circumstances</p>	<p>oral</p>	<p>As above but moderately sedating and less extrapyramidal effects.</p> <p>More pronounced antimuscurinic side effects (dry mouth, blurred vision, constipation etc.)</p> <p>Higher incidence of hypotension and cardiac events</p> <p>Higher incidence of elevated prolactin levels.</p>
<p><u>SPARINE</u> (Promazine)</p>	<p>Similar to chlorpromazine but less antipsychotic effects</p> <p>Acute agitation main indication</p>	<p>100 -200mg orally four times / day</p> <p>50-100mg IM</p>	<p>IM / IV oral</p>	<p>As above – sedating. Less antipsychotic events and possible less extrapyramidal effects than other antipsychotics</p>

	<p>Very sedating, traditionally used as part of tranquilization for severe acute agitation and aggressive behaviour.</p> <p>Used much less now.</p> <p>Used as monotherapy but often in combination with benzodiazepines.</p>			
VALIUM (Diazepam)	<p>Benzodiazepine</p> <p>Sedating and anxiolytic (reduces anxiety)</p> <p>Often used for acute anxiety and agitated states often in combination with other sedatives antipsychotics. Augments antipsychotic effects when in combination (see below)</p>	<p>5-30mg in acute agitation</p> <p>2-15 mg daily orally</p>	<p>IV / IM / Oral / Rectal</p> <p>Can use IV infusion as a sedative but rarely – requires airway management</p>	<p>Sedation, drowsiness, respiratory depression especially in combination with antipsychotic.</p> <p>Long acting</p> <p>Dependency</p> <p>IM injection often poorly absorbed</p>
(NB – sparine 50-100mg and valium 10-40mg often given in combination as 'crisis medication')	<p>This has historically been the treatment of choice to use combination benzodiazepine and antipsychotics. This combination gives rapid tranquilisation. A variety of agents employed and promazine and</p>	See above	See above	<p>See above</p> <p>Respiratory depression / airway compromise main risk in combination</p>

	diazepam one of them. Diazepam is longer acting than Lorazepam which is favoured now.			
<u>MOGADON</u> (nitrazepam)	Benzodiazepine Usually as a hypnotic	5-10mg at night	oral	Intermediate acting benzodiazepine Action within 30-60 minutes Dependency
<u>DALMANE</u> (Flurazepam)	Benzodiazepine Usually as a hypnotic	15-30mg at night	oral	long acting benzodiazepine dependency
<u>TUINAL</u>	Combination barbiturate Used as hypnotic Now not used.	100 – 200mg of the base (60-200mg of the sodium salt) (Tuinal was available in 60mg, 100mg and 200mg capsules) Now discontinued	oral	High risk of dependency Very toxic in overdose drowsiness, sedation , ataxia, confusion, respiratory depression etc.
<u>TRYPTIZOL</u>	Brand name of amitriptyline Tricyclic antidepressant for depressive illness Used to be 1 st line antidepressants now superseded by e.g. fluoxetine and other newer agents.	75 mg daily but up to 150-200mg	oral	One of the sedating group of tricyclic antidepressants Significant side effects. Very toxic in overdose. sedation, drowsiness, slurred speech, Dry mouth, constipation, abdominal pain, fatigue Cardiac – hypertension, ECG changes, etc

	Still has a limited place in therapy			
<u>ANAFRANIL</u> (Cloipramine)	See above – tricyclic antidepressant Also phobic and obsessional states	30-150mg daily up to max 250mg	oral	As above sedating
<u>SURMONTIL</u> (Trimipramine)	See above – tricyclic antidepressant	50-75mg up to 150-300mg	oral	As above
<u>PROTHIADINE</u> (Dothiepin)	See above – tricyclic antidepressant Now Dosulepin	75mg daily – up to 150-225mg	oral	As above sedating
<u>CONCORDIN</u> (Protryptiline)	See above – tricyclic antidepressant Narcolepsy Discontinued in 2000	5-10mg 3-4 times daily up to 60mg daily	oral	As above Less sedating possibly with stimulant effect insomnia
<u>BOLVIDON</u> (Mianserin)	Tetracyclic antidepressant for depressive illness	30-40mg daily up to 30-90mg	oral	Marked sedative but less antimuscurinic and cardiac effects cf with tricyclic antidepressants otherwise as above. Toxic in overdose
<u>FLUNAXOL</u> (Flupentixol)	See under depixol – oral formulation of flupentixol Schizophrenia and psychoses especially when apathy a main component.	3-9mg twice daily up to 18mg	oral	See under antipsychotics

<p><u>MERITAL</u> (Nomifensine)</p>	<p>Antidepressant with similar action to cocaine (ie increasing noradrenaline and dopamine levels).</p> <p>Used in 1960's and 1970's. Withdrawn in 1980s</p>	<p>50-200mg daily (high doses)</p>	<p>Oral</p>	<p>Non sedating effects – euphoria / tachycardia</p> <p>Dependency</p> <p>Agitation</p> <p>Haemolytic anaemia</p>
<p><u>PACITRON</u></p>	<p>Tryptophan</p> <p>Essential amino acid that is a precursor to serotonin therefore used as an Antidepressant</p> <p>Withdrawn now and warnings about supplementation due to Eosinophilia Myalgia Syndrome</p>	<p>1 gram three times per day (up to 6g)</p>	<p>oral</p>	<p>EMS – Eosinophilia Myalgia Syndrome – associated with tryptophan. 1st reported in late 1980s.</p> <p>Withdrawn in 1990s</p> <p>Drowsiness</p>
<p><u>PHENERGAN</u> (Promethiazine)</p>	<p>Sedating antihistamine With variety of indications</p> <ul style="list-style-type: none"> • Allergic conditions • Insomnia and night time sedation • Motion sickness <p>In combination with other drugs e.g. chlorpromazine – sedation in children</p>	<p>Various depending on indication</p> <p>15-50mg for insomnia</p> <p>25-50mg for sedation</p>	<p>Oral / IV / IM / rectal</p>	<p>Significant sedation</p> <p>CNS depression</p> <p>Antimuscurinic e.g. blurred vision, constipation, dry mouth,</p> <p>Palpitations, arrhythmias</p>

<p>TEGRETOL (Carbamazepine)</p>	<p>Primarily Antiepileptic agents but also used for</p> <ul style="list-style-type: none"> • Depression • Bipolar disease • Agitation / aggression etc • Neuropathic pain control 	<p>Variety of doses</p> <p>100-200mg daily up to 1200mg – 200mg in epilepsy</p> <p>Bipolar and other psychiatric illnesses 400mg up to 1600mg daily</p>	<p>Oral / rectal</p>	<p>Drowsiness, dizziness , ataxia, diplopia etc</p> <p>GI symptoms – dry mouth diarrhoea Abdominal pain</p> <p>Rashes (can be severe)</p>
<p>ATARAX (hydroxyzine)</p>	<p>Sedating antihistamine with significant sedative properties but also has anxiolytic properties so was often used in the treatment of anxiety disorders.</p> <p>Was used as an IM injection in severe anxiety / agitation</p>	<p>50-100mg four times daily for anxiety</p> <p>25-70mg as a sedative antihistamine</p> <p>50-100mg</p>	<p>Oral / IM</p>	<p>See promethazine</p> <p>but also more recently identified Torsade de Pointes and cardiac impact</p>
<p>INDERAL (propranolol)</p>	<p>Beta blocker – one of the first to be discovered used in cardiac disease e.g. hypertension, angina etc</p> <p>Also used to manage the symptoms of anxiety and agitation e.g. palpitations, tachycardia, sweating etc.</p> <p>Also used to treat tremor (whether or not</p>	<p>10-40mg three times a day</p> <p>Anxiety 40mg – 120mg</p> <p>Tremor</p> <p>40mg – 160mg (up to 320mg)</p>	<p>Oral in the main</p>	<p>Mainly well tolerated though</p> <p>Fatigue Cold extremities Bronchospasm / shortness of breath Bradycardia Heart block Hypotension</p> <p>CNS effects e.g. headache, dizziness, confusion</p> <p>Diarrhoea</p> <p>Rash</p>

	associated with antipsychotics)			
<u>ARTANE</u> (Trihexyphenidyl/ Benzhexol) <u>DISIPAL</u> (Orphenadrine <u>KEMEDRIN</u> (Procyclidine))	These are all from the same group of anticholinergic agents used to treat parkinsonism or drug induced extra pyramidal (movement disorder) side effects associated with antipsychotics	Trihexyphenidyl : 1mg daily upto max 5-15mg Orphenadrine: 150mg up to 400mg Procyclidine: 2.5mg upto 30mg (very rarely 60mg daily)	Oral Procyclidine: oral / Im / IV	Anticholinergic adverse effects Drowsiness, blurred vision, constipation, confusion, slurred speech, dizziness etc Glaucoma Hallucinations / confusions etc