

**GENERAL MEDICAL COUNCIL**

**PROFESSIONAL CONDUCT COMMITTEE**

Thursday 4 September 2003

44 Hallam Street, London W1

Chairman – Professor Peter Richards

Panel Members:

Dr Nihal Gunasekera  
Mr Neville Harrison  
Mrs Muktesh Kakar  
Dr Charles Winstanley

Legal Assessor: Mr Douglas Readings

Case of:

**EASTGATE, John William**

(DAY FOUR – PM PROCEEDINGS)

-----  
MISS JOANNA GLYNN QC, and MR A HURST, instructed by Messrs Withers,  
solicitors, appeared on behalf of the Complainant.

MR JAMES TURNER, of counsel, instructed by Messrs RadcliffesLeBrasseur,  
solicitors, appeared on behalf of Dr Eastgate, who was present.

-----  
(Transcript of the shorthand notes of T. A. Reed & Co  
Tel No: 01992 465900)

## I N D E X

|                                      | <u>Page No</u> |
|--------------------------------------|----------------|
| JOHN WILLIAM EASTGATE, Recalled      |                |
| Cross-examined by MISS GLYNN         | 56             |
| Re-examined by MR TURNER             | 85             |
| Questioned by THE COMMITTEE          | 88             |
| Further re-examined by MR TURNER     | 91             |
| Further cross-examined by MISS GLYNN | 92             |
| DAVID EVANS, Affirmed                |                |
| Examined by MR TURNER                | 95             |
| Cross-examined by MISS GLYNN         | 105            |
| Re-examined by MR TURNER             | 110            |
| Further cross-examined by MISS GLYNN | 111            |
| Further re-examined by MR TURNER     | 112            |
| Questioned by THE COMMITTEE          | 112            |

A THE CHAIRMAN: Mr Turner?

MR TURNER: Sir, I am happy to say that by those words of encouragement given by the Chairman, which we were able to pass on to others, Dr Hall has managed to rearrange her affairs so that she can be here tomorrow morning and, if the Committee were able to sit at nine o'clock tomorrow, that would assist her.

B THE CHAIRMAN: I happen to know that the Committee would be able to sit at nine o'clock. So that would be most helpful.

MR TURNER: I hope that we will have available by the close of business today the expert report from her, so that the Committee will be able to look at that in advance, which will shorten her evidence.

C THE CHAIRMAN: That will be even more helpful. Thank you.

MR TURNER: Then the other potential expert, sir, we would ask to arrive as soon as possible after the lunch break. So it should be possible to get both experts in tomorrow.

D THE CHAIRMAN: That is very good news. Thank you. Yes, Miss Glynn?

JOHN WILLIAM EASTGATE, Recalled  
Cross-examined by MISS GLYNN

Q Dr Eastgate, can I begin by seeking clarification from you? You have given some evidence today about the way in which the hospital at which you were working was run and staff shortages and matters of that sort. Can I be quite clear: in relation to the heads of charge, specifically, 3, 4, 5 and 6, you will appreciate the heads relating to 9 July, the note keeping heads and referral head. As I understand your case, in relation to head of charge 5, the records, you accept that there are deficiencies in your record keeping and we will look at that later.

E A What I said was that in the light of this discussion today, I certainly wish my records were better.

F Q I do not want to debate that topic with you at the moment, but as I understand it, you accept that the records we have for the material period are in the files and you accept that in some respects you wish they had been fuller and more verbatim.

A Of course.

G Q In relation to heads of charge 3, 4 and 6, what I understand you to be saying is that your practices in those respects did not fall below an acceptable standard. In other words, your practices were appropriate and professional.

A Yes.

H Q So you are not seeking to say to this Committee that the reason why things went wrong in this case is because you were overworked, there were staff shortages or anything else which might have affected your judgment in the circumstances. You are saying that in fact you did not do anything which was below an acceptable professional standard.

A A I am sorry if there is any confusion. I guess that is what the Committee is being asked to decide, whatever my own opinion. I believe I behaved properly at all times, yes, of course.

B Q I am asking you what your case is with respect specifically to your working conditions. Do you follow me? Are you suggesting that any of the facts that this Committee has been looking at are due to your working conditions, or are you saying that in fact you did not do anything that was below an acceptable professional standard, leaving aside the notes for the moment?

A Yes, I think is the short answer to that. I think it is important that you and others understand that, like any other NHS consultant or nearly any other NHS consultant, I was busy and undoubtedly overworked, but I would not see that as an excuse for unacceptable practice.

C Q Because your case is that this was not unacceptable.

A That as well.

D Q I just want to make sure we understand that. Could I ask you to take the bundle of documentation which may include by now D5, which is the report of the Cleveland Inquiry? (Same handed) As I understand it, Dr Eastgate, according to your curriculum vitae, part of your training was spent in Great Ormond Street Hospital, specifically in 1981. Is that right?

A All my specialist training was based from Great Ormond Street Hospital, although part of it was spent in Islington.

Q Was Dr Bentovim there when you were at Great Ormond Street?

A Yes.

E Q Was he responsible for your education at that stage?

A He was one of four consultant child adolescent psychologists with whom I worked.

Q You were presumably very familiar with Cleveland as it was unfolding and were presumably interested in following the results of it.

A Yes, of course.

F

Q That of course includes the inquiry report that we have extracts from.

A Yes.

Q We can see that a number of specialists gave evidence to Lady Justice Butler-Sloss, including Dr Bentovim, including Professor Zeitlin (as he is now). Is that right?

G

A Yes.

Q Professor Kolvin and so on. If you look at page 206, paragraph 12.24, there is reference there to Dr Bentovim's team. Is that right?

A Yes.

H Q Towards the end of that passage, do you see an extract from what Dr Bentovim said to the Committee:

A “It is extremely important that interviews are carried out in a very open way and that is the attitude which the interviewer conveys to the child, which is open-minded, and that is the way in which he should conduct the interview.’ This is equally essential when a child unexpectedly speaks of abuse during therapy.”

B A Yes.

Q Presumably by the time of these events, mid 1996, you would have been all too aware that that was the view of Dr Bentovim and the school that he represented, certainly by the mid-1990s and in fact from the late 1980s.

A Yes.

C Q If you turn to paragraph 12.28, there is another reference there to Dr Bentovim’s opinion, at the end of which Dr Bentovim has asserted that the research which he has undertaken is that a free statement, a spontaneous statement, made by a child is going to be the most acute.

A Yes.

D Q Again, reflecting his view at that time and subsequently and presumably your own educational learning by that stage.

A Yes.

Q You would have been aware of the very serious concerns expressed both by the American doctor who gave evidence to the Committee and indeed others reflected in paragraph 12.32, where there is a reference to Dr Underwager’s views. Do you see that?

E A Yes.

Q Which was:

“He said that children were vulnerable to adult influences and suggestions, such as from leading and suggestive questions. He warned that one should recognise the power of the interviewer compared with the child, and commented that those who interview seem to ignore their own behaviour.”

F So that is simply underlining what was well-known at the time and indeed particularly well-known after Cleveland. Is that right?

A Yes.

G Q Your evidence as I understand it in relation to the period from 9 July onwards specifically is that you were undertaking therapeutic interviews with Miss A. Is that right?

A Yes.

Q And that throughout this period you were undertaking therapeutic interviews, not investigative interviews. Is that correct?

A Yes.

H

A Q I want to ask you what your understanding of a therapeutic interview was. It is to help the child, is it not, primarily?

A Yes, of course.

Q Would you agree that you cannot help the child, a child in the circumstances of Miss A at the time, unless you know what is being treated?

B A Well, I think you can help the child by discovering what needs to be treated.

Q You cannot know what you need to know to treat the child if you adopt techniques that influence what the child says and her perceptions. Would you agree with that basic statement of fact? If you, as the interviewer, influence the child, you cannot help her. Would you not agree?

C A Psychotherapy training would say that you are inevitably influencing a child simply by being in the room with them. So I think one cannot say you are not influencing a child. Every question, every statement, every response that you make is influencing the child and you need to be very aware of that.

Q Let me be clear. You cannot help the child if you adopt techniques that influence what the child says and her perceptions in a way which may cause her to say things that are not true. That must be right, must it not?

D A It is hardly helpful to persuade somebody to say something which is not true.

Q Therefore would you not agree that when undertaking therapeutic sessions, the same principles as those relating to investigative techniques should be applied, specifically as follows: there should be no leading questions and the questions should be open-ended. Would you agree with that?

E A The use of leading questions, as has already been established, is something one has to think about very, very carefully and try to avoid whenever possible.

Q There should be no transmission of opinion of the interviewer. Would you agree?

A No.

Q You would not agree with that?

F A No.

Q In what way would you not agree with the assertion that you should not transmit your opinion about what she is saying?

A Again, it depends what you mean by opinion. For instance, much of the work even from Cleveland is that if a child needs to be heard, you need to make sure the child is of the opinion that you are listening and are thoughtful about what they are saying.

G Q And that there should be accurate recording of what a child does say.

A I think the whole business of accurate recording is a very difficult one. If we record absolutely everything that we do in therapy, we – or I - would only be able to do half the work I do, if I accurately recorded everything that happened.

H

A Q I will come back to that, if I may. Do you know of any literature that endorses the transmission of the interviewer's opinion or view of what is being said to a child in the circumstances of Miss A in July 1996, any piece of literature?

A It has been very clear from all the documents which have been presented that opinions have to be given very carefully. No, I know of no specific literature.

B Q I want to ask you specifically about the events of 9 July, please. By 9 July and indeed before that, it was clear that you were dealing with a very distressed child, was it not?

A Yes.

Q There was a theme running through the sessions up until that point of loss and being let down. Would you agree?

A Yes.

C

Q The notes speak of B dying, bereavement and a failure to grieve.

A They do.

Q Of the headmistress retiring, which was a source of concern for Miss A, and a time of upset.

A I think the accurate word is resigning.

D

Q We may not be particularly concerned with that. The fact that her mother was, for whatever reason, distracted by the younger daughter and there were feelings of jealousy.

A Yes.

E Q The issue about divorce.

A Yes.

Q And perhaps also the stresses of being tall and therefore being treated as somebody who was in fact older than she was.

A Yes.

F Q It was also clear to you by 9 July that this was a child who had been reported as disliking doctors.

A Yes.

Q You were aware not only of the problems which had arisen after the sessions with Professor X which you had been told about by the mother – is that right?

A Yes.

G Q But also as I understand it that she had a problem with medics full stop, in that there had been problems with Janet Treasure.

A Yes. And Dr Hunt.

Q The general practitioner?

A Yes.

H

A Q So you were dealing with a child with all those background characteristics that you had to take into account when you were deciding on the correct treatment. Is that right?

A Yes, of course.

Q Certainly by mid May, there is reference to the fact that she was gradually unfreezing, in other words, beginning to talk. Do you agree?

B A Yes.

Q There is also reference that we have seen this morning on 17 June (tab 1, page 21) to making progress with communication. Yes?

A Yes.

Q A further reference on 20 June to her starting to talk about her distress in a rather more controlled fashion and, by 4 July, being keen to see you. Yes?

C A Yes.

Q So a steady unfreezing. This girl was beginning to open up and beginning to want to see you. Is that right?

A She wanted to see me because she wanted to be absolutely clear she was not going home that weekend and there was a very specific reason why she wanted to see me on 4 July. I would not disagree with what you are saying in general terms.

D

Q As I understand it, up until 4 July you had been seeing this child for formal sessions perhaps once a week. Is that right?

A Yes. As you know, occasionally a little more frequently than that.

Q But after 4 July, specifically from 5 July onwards, your sessions with her were very much more frequent, were they not? There are sessions on the 5<sup>th</sup>, 6<sup>th</sup>, two on the 8<sup>th</sup> and then, as we know, two on the 9<sup>th</sup>.

E A Yes, I think that is accurate.

Q Why was it there was the increase in regularity of sessions to an almost daily basis in that period running up to the period of the 9<sup>th</sup>?

A A measure of Miss A's openness about her increasing distress. As you know, she did not go home for that weekend because there was a risk, a real risk, we felt, of her doing serious self-harm or even committing suicide. So she was seen more frequently because I was extremely worried about her mental state.

F

Q Dr Eastgate, I am afraid I cannot hear everything you are saying.

A Sorry. What I said was that I was extremely worried about her mental state at that time.

G

Q Having established the sort of problems that you had identified, the way she behaved with you may also be important, I suggest, to you and I would ask for your observations about this. You have said in relation to 12 June that she was almost a frightened girl at times and you said this:

H

“ . . . as if she was expecting me to be cross or angry if she said something that does not meet with my approval. She was also emotionally needy.”

A

Those are two pieces of evidence you gave this morning.

A Yes.

Q So, this was a girl for whom your approval would appear to be important and who was emotionally needy.

B

A She appeared to be wanting my approval, yes, certainly, and wondering how I would respond to her questions. That is what I said this morning.

Q She was concerned about your response and wanting your approval. In the light of that evidence, Dr Eastgate, would you not agree that the principle that you should not transmit your view about what the child has said to you becomes even more important?

C

A I appreciate you are talking about one very specific view that I transmitted. On the other hand, I need to express a view to this girl that I personally believe it is better that she cries than cuts herself. That is my view. It is my view that it is better that she cries rather than commits suicide. So, no, I would not agree because there are times when I feel very strongly that I need to let her know my view.

D

Q Where you are dealing with a child who seeks your approval and is emotionally needy, surely you are much more likely to influence what a child says and her perception of events if you transmit your opinion or view to her. That must be right, must it not?

E

A Therapy is a very powerful tool and you have to be very careful how you use it. I think that it is possible to misuse therapy and work on young people to manipulate them, for want of a better word. On the other hand, as I have already said, I think there are times in therapy where you are bound to want to influence the young person by expressing your opinion. As I have said, it is my opinion that it would be better if this girl cried rather than cut herself or did worse damage to herself. I would not hold back from expressing that opinion. Indeed, I would hope that my opinion influenced her.

F

Q You will understand that, in relation to heads of charge 3 and 4, head of charge 3 is concerned specifically with leading and head of charge 4 is concerned specifically with transmitting opinion. You understood that presumably.

A Yes.

G

Q In relation to this child's particular characteristics, I suggest to you – and you have already answered this – that it rendered it particularly important that you did not transgress either of those principles, as I submit they were. If we look at the note for 9 July, tab 2, page 7, you and indeed the Committee will again appreciate that there is no criticism from Professor Zeitlin about what happened up until the end of paragraph 2 and the first criticism comes in relation to your reaction to the silence. Have you understood that that is what Professor Zeitlin's evidence is?

A Yes.

H

Q So, we have reached a point where you have narrowed things down to something which or somebody who has let her down being in London. That is your last question and then there is silence.

A Yes.

A

Q I suggest to you, Dr Eastgate, that given that this child was in this terrible state that has been described and given that she sought your approval and given that she was emotionally needy, to go on to suggest to her that this person was a medical person was wholly inappropriate. What is your comment about that?

A I disagree with you.

B

Q And that, as you proceeded through this, you started to sow the seeds in her mind that what you were after was information about an event which is why you referred to "it" in the interview. Do you agree or not?

A It is the something that she is not able to talk about. I do not know whether it is an event or an experience. I do not know what it is.

C

Q Who made the first reference in this interview to feeling uncomfortable?

A I did, as best as I can tell.

Q Why did you make the first reference to feeling uncomfortable in this session?

A Because if you look at this session from the very outset, you will see that here is a girl who was clearly uncomfortable and feeling uncomfortable in the session.

D

Q This was a girl who had problems with being let down. People talked to her or made promises and then somehow or other had gone away. That was the theme, as we had already established up until this point, was it not?

A Yes.

Q Why do you say that it was appropriate to introduce the concept of an event making her feel uncomfortable?

A I said "it".

E

Q Right, "it" making her feel uncomfortable?

A Because I was trying to work out and help this girl explain to me what it was that was continuing to trouble her that she could not talk about.

F

Q The word "uncomfortable" suggests something very much more than something that is making somebody feel sad or distressed, does it not?

A If I had said "sad", I would be leading her because, for all I know, she might feel anger or she might feel shame or she might feel any other emotion, so I have to try and find a word which is relatively neutral. In your opinion, apparently "uncomfortable" is not neutral. I felt that "uncomfortable" was a relatively neutral term.

G

Q Why did you not use somebody who had let her down as a neutral term because that is after all what the topic was?

A I have explained that one of the other issues therapeutically for this girl is to try and help her be more in touch with her feelings rather than simply expressing them in self-damaging ways.

H

Q Do you accept that you could have asked her why she felt let down by it, how she felt let down by it and who it was who let her down? That would have been an appropriate way of conducting an interview, I suggest. Do you accept that?

- A A I am sure I could have carried out the issue differently.
- Q Why did you not?
- A With respect, I did not. I carried it out as I have described.
- Q Moving on, if we may, to the second session that day, between the session that started at 1.15, the first one, and the second one, the timing of which I think you are unable to give us at the moment; is that right?
- B A That is right.
- Q Between those two sessions, you have told us already that you were thinking 'oh dear'.
- A Yes.
- Q You were concerned about the developments in the earlier session.
- C A Yes.
- Q Indeed, that is the reason why you made the comparatively long note in relation to the first session because of its content, you told the Committee.
- A Yes.
- Q "The content speaks for itself, that is why I made the longer note"?
- D A Yes.
- Q The second session would you agree in fact contains even more important material: the first time there is an allegation of breast stroking?
- A Which I have recorded, yes.
- Q Why is it that you did not make a full contemporaneous verbatim note of what took place in the course of that session?
- E A I have already explained earlier today that it is not my practice to take verbatim notes during therapeutic sessions.
- Q When did you make the note that we find on page 8, Dr Eastgate?
- F A I cannot say for certain. It is not dated.
- Q Indeed, your name appears at the bottom of the page after the note for 11 July, does it not?
- A Yes.
- Q What are the Committee to make of the timing of this particular note comprising five lines and three words?
- G A That that is the record the Committee have of my session of 9 July.
- Q Was there ever any other note?
- A That is the sole record that is in the file, as you know.
- Q The reason you had a second session with Miss A that day is because you were anxious to gather more information, is it not?
- H A Yes. Miss A felt that she had something more to say.

A

Q Given that you were information gathering at that second session, what was the reason for the note that we have in the file being so very much shorter than the note of the session earlier on?

A I dictated these notes for my own information to help me remember the key issues in the session. In July 1996, they were able to do that. I regret that now, in September 2003, they clearly do not do that.

B

Q Did you not appreciate at that stage how important the accuracy and fullness of information-seeking sessions were potentially?

A I was not investigating. I was not going to appear at any stage before a court with the allegations that this girl had given to me. My job was to clarify what she was saying to me, to assess myself as directed in the code of practice and so on that these are real allegations that she is making. That is what I was doing.

C

Q You have emphasised that this was not an investigative interview, Dr Eastgate. I do not want to get involved in the semantics here, but do you agree with Professor Zeitlin that in fact it makes very little difference when it comes to the principles that apply. Professor Zeitlin said,

D

“You have a therapeutic process but in the middle we also have an exploration to clarify. In these circumstances, elements of both investigation and therapy are present. They are not separate. The guidelines for not leading children would apply whether this is the middle of therapy or not. Indeed, most people would take therapeutic sessions as having an even greater imperative to be non-directive. If at any point there is a possibility of abuse, it is important not to influence the child.”

E

Do you disagree with Professor Zeitlin when he says that?

A With some aspects of what you have just read out, yes.

Q Which aspects?

A I think you would have to read it out a little more slowly and give me a chance to comment as you go through

F

Q Do you agree that, in circumstances such as these, the principles that apply in relation to open-ended questions and not influencing the child are exactly the same whether you are dealing with investigation or therapy?

A Yes.

G

Q You have told the Committee that the note is accurate in that you did say to her/suggest to her that not only did it sound wrong to you but you were worried that he may have done it to other children as well.

A Yes.

Q You have also noted that she was surprised when you suggested that.

A Yes.

H

Q In other words, she was registering surprise at what you were saying to her; is that right?

A A Yes. You have omitted the line before that which is that she felt she was probably responsible for what had happened.

Q Yes. You have given evidence to this Committee that she had been an inpatient since 13 June and that you had had difficulties with communication which had gradually improved. When she said this to you on the evening of 9 July, did you show your approval in any way to the extent that now perhaps you were getting somewhere with her, that you were able to move on with her, that sort of thing?

B A I have little doubt that where Miss A was able to speak, she got some sense of, well done, thank goodness you are talking.

Q You have accepted that the principles so far as not influencing a child in these circumstances were applicable at this interview. Presumably they remained applicable from then on right through to the end of the period this Committee are considering; would that be right? You would be anxious not to influence her in her perception or indeed what she was saying throughout this period.

C A I have said already that at times I was desperate to influence this child. Not, I hasten to add, desperate to influence her in terms of promoting or propagating allegations against the paediatrician, but desperate to influence her in ways of helping her avoid self-harming, self-damaging behaviour and suicide.

D Q Can you explain to the Committee how it is that it was appropriate for you to say in front of Miss A on 12 July that, in your view, what had happened was 98 per cent certain to be criminal.

A I earlier said today that I trust that those were not my exact words. I do not know. I do not have a record of my exact words. What I wished to get across to Miss A's mother was that, as Miss A was describing these events, they sounded verifiable and with a degree of probability.

E Q If it is correct that you did say 98 per cent certain it is criminal, would you agree that that would be inappropriate?

A I agree it is retrospectively an over-emphasis on the certainty of the behaviour but of course if I am saying that this young woman has been abused, then we are talking about criminal behaviour.

F Q But it is wholly inappropriate to say something like that to Miss A's mother in front of Miss A at this point in the procedure, is it not?

A The alternative would be to say it to them separately, which seems to me even more unhelpful. It seems to me very important that Miss A should know what her mother knows and that her mother should know what Miss A knows.

Q Why was it appropriate to say it at all, Dr Eastgate?

G A Because I have to explain to Mrs A why it is that I feel it is important to discuss this with the child protection team, have discussed it with the child protection officer and I am going to have a strategy meeting.

Q And it reflected your view, your firmly held view on 12 July, that this doctor had sexually abused the child, did it not?

H A No, I said "probably". There is a probability.

A Q I suggest what you said to the mother was that it was 98 per cent certain. That is not the same as a probability, is it? Ninety-eight per cent certain.

A Ninety-eight per cent is a pretty strong probability but it is still a probability.

Q And it reflected the view that you held when you saw the mother that evening, did it not?

B A I have already explained that I felt at that stage that there was a probability, a believability about what Miss A was telling me which needed investigating.

Q Indeed, when we go back to the note of 9 July, the second session, which reads, "She was surprised when I suggested that not only did it sound wrong to me but I was worried that he may have done it to other children", there is no suggestion there in that note of any hypothetical situation being put, is there? That is what you said to her. You did not say, "If that is what he did, it sounds wrong." You were simply accepting what she said at face value as being sexual abuse.

C A The allegations she had made, as she was alleging them, sounded wrong to me and still sound wrong to me for what it is worth.

Q That is why, on 12 July, you took the course of action that you did. Could I ask you, please, to look at the notes for 10 and 11 July on page 8 of tab 2 which describe briefly your sessions between the 9<sup>th</sup> and the time you came to contact the social worker, Mr Evans. You have told us that you do not know when the note for 9 July was made. When were the notes for 10 July at 10.15 in the morning, 10 July at 5.00 in the afternoon and 11 July at 9.30 in the morning made?

D A You see the notes in front of you as they are. This is pre clinical governance. The notes are neither, dated, timed nor signed.

Q We have a document on one side of A4 typed up. Who did your typing for you or did you type it yourself?

E A My secretary did it.

Q Your secretary was given what in order to do this? A Dictaphone tape?

A Yes.

Q And she was given one tape from which she compiled this page; is that right?

F A I really cannot tell you. It seems entirely likely to presume that what I did is a summary dictation on Thursday 11 July, but I am afraid I cannot say whether I dictated each session separately or together.

Q So, you think it is likely that you did a summary on 11 July that comprises the note we have in front of us for the 9<sup>th</sup> in the evening and the 10<sup>th</sup>, two sessions, and the 11<sup>th</sup>?

G A It is possible.

Q So, in spite of the fact that this child, on the face of it, seemed to be making significant allegations, you did not make any note of it or dictate anything into the machine until the 11<sup>th</sup>; is that what you are saying?

A I am saying it is possible. I cannot recall how I kept these notes in July 1996.

H

A Q What did you understand the imperative to keep accurate notes to be at that time?

A The imperatives – my expectation was, and certainly my expectation of my specialist registrars is that they would keep accurate and regular notes. This is my attempt to so do.

B THE LEGAL ASSESSOR: Excuse me, the witness is dropping his voice and speaking away from the microphone.

A I am sorry. I will try again. Would you like to start again first, please?

MISS GLYNN: What did you understand the imperative to keep accurate notes was at this time?

C A I expect my junior staff and nursing colleagues to keep regular and good notes, and I expect to do the same myself, and I expect to make a note of every individual session I have had, as I believe I did in this case.

Q You understood the importance of notes, did you, in these circumstances?

A Yes, of course.

Q You were an experienced consultant dealing with children making all sorts of allegations over the years. Is that right?

D A Yes.

Q Indeed at page 10 in relation to 16 July after the strategy meeting we can see that you stated in that note towards the bottom of the page:

E “My understanding is the Child Protection Agencies are happy for this work to continue as they see that it is in [Miss A’s] best interest – But at the same time it is important that all discussions whether with nursing staff or other clinical staff, are written down as nearly verbatim as possible, and that no leading questions are used in trying to elicit information. Thus it is quite reasonable to ask Miss A what she can recall, to be supportive and encouraging as she tries to talk, but not to make suggestions as to what might or might not have happened.

F You are not suggesting to this Committee that that was new to you, are you, Dr Eastgate?

A No, of course not.

Q You had known that for many years. It was crucially important and central to your work, was it not?

G A Sorry, to which aspects of my work?

Q To the aspects that we are concerned with in this case?

A In terms of young people making allegations of abuse, and very clear allegations, it is important that they are recorded as nearly accurately as possible, yes.

H Q If that was not new to you how do you explain to the Committee page 8 of the bundle, the most crucial period in this process, the 9<sup>th</sup> through to the time you make

A the referral, no note made whatsoever until you say, possibly, the 11<sup>th</sup>, and then very brief?

A I have already said, the notes are very brief, as you are saying. I would not hold them up as an example of good note-taking. I do not believe they are.

Q When you came to recall the afternoon session of the 9<sup>th</sup> how could you do that in any detail two days later?

B A I recalled the crucial events accurately.

Q How do you know that?

A Some things are more ingrained on your memory than others. I can tell you now exactly what Miss A said about the lay-out of the room, and how it was that she believes she could have been abused even though somebody was present, because it has stayed in my mind. Most events from events from 1996 are erased from my mind.

C

Q Can I ask you to turn back, please, to the Cleveland Inquiry report, page 251. Can I ask you, before we go into this, you had presumably in your role as consultant in child and adolescent psychiatry read the contents of this report, the relevant parts of it anyway – is that right?

A Yes.

D

Q Chapter 12 would have been relevant to you – is that right?

A Yes.

Q If we look at (vi) about half way down the page, do you see:

“If there is a suspicion of child sexual abuse in the mind of the professional, the danger of false identification ought not to be forgotten. Therefore when a suspicion arises the professional may elect to:

E

- take no further action;
- hold a watching brief;
- make further informal inquiries.

F

The level of concern may reach a point within the guidance agreed with other agencies (...) where it is the duty of all professionals to inform others or refer to the Specialist Assessment Team.”

You were familiar presumably with that, were you?

A Yes.

G

Q There is reference indeed to the agreement with other agencies there?

A Yes.

Q In your particular case that would have been the Wiltshire guidelines – is that correct?

A Yes.

H

Q Although there is a reference in your letter of explanation to having something to do with the production of this guidelines I think what you are saying is that you

A were not responsible for producing them, but you were nevertheless very familiar with their contents – would that be accurate?

A Yes. What I had written was some time before that, which was advice on working together with youngsters who were disclosing sexual abuse, a rather different document in Wiltshire.

B Q If we turn to the Wiltshire guidelines, specifically chapter 5, which you will find in our bundle. You can use either. If you find it more appropriate to use the one you have got there in the blue file then so be it. Section 5:

C “General Medical Council guidance states that the belief that a child has been the victim of abuse or neglect will usually require a doctor to disclose the information to an appropriate person or authority. A decision to communicate such knowledge, therefore, rests with the doctor who should be prepared to justify his or her professional decision, not only to his or her peers either locally, on the GMC, or ultimately to the Courts. However, on the assumption that such referrals have been based upon sound clinical evaluation and judgment, then the doctor would not be blamed for acting in good faith and in the best interests of the child.”

D You are familiar with that, no doubt?

A Yes.

Q The fact that there may be a requirement to justify such a decision reflects that there may be adverse consequences to the child if such a decision is taken without reasonable grounds. Is that right?

A There could be adverse consequences for both the child any alleged perpetrator if action is taken too quickly. Hence the Cleveland Inquiry.

E Q Would you accept that verification is not the same as investigation?  
A Absolutely.

Q Would you accept the given by Professor Zeitlin about the example of vulvovaginitis?

F A No, I think that is totally irrelevant.

Q Can I put it this way: Professor Zeitlin advanced that example as an example of a situation in which vulvovaginitis may indicate sexual abuse – it is one of the indicators for sexual abuse – but every child that has vulvovaginitis has not been sexual abused and you have to make a judgment about whether to refer. In those circumstances it would be inappropriate to refer every child on the basis of that one indicator?

G A Yes. Would you like me to explain why I think it is irrelevant, or would you like to continue?

Q Certainly?

H A There are lots of indicators for sexual abuse as Professor Zeitlin mentioned. Many children who self-harm, many children who do not eat well, many children who are depressed may have been sexual abused, but equally we are not going to refer every child who self-harms for investigation of sexual abuse. On the other hand, if a

A child alleges that somebody has stroked their breasts on a number of occasions and touched them in their private parts that seems to be unequivocal.

Q Somebody may make an unequivocal allegation that they have been sexually abused by their father at home, for example, when, if you were to make some enquiries about it, you would find that they were an in-patient at the time and it could not have happened. That would have been an unequivocal allegation of sexual abuse, would it not?

A I am trying to think of circumstances when that might happen in isolation as you are describing.

Q It is an example, is it not, of an unequivocal allegation of sexual abuse which, upon further enquiry, would reveal it could not have happened?

A Yes. So one would need to be very clear about the young person, as suggested in guidelines enquiring about abuse, about specificity, venue, date, time, and get some very clear background information that helps you get some sense of the reality of the allegations a young person is making.

Q Quite often, and I suggest that perhaps 25 per cent of the time, not for any malicious reason, children misinterpret what has happened to them and make allegations that are, in fact, not right through misinterpretation. Do you agree with that?

A I have not seen the piece of evidence that Professor Zeitlin was quoting. I still believe that the incidence of false allegation of abuse is rather lower than that.

Q He is not saying that that is the percentage of false allegation of abuse, he is saying that is rather higher. He is saying in relation to false allegations of abuse, of those numbers, 25 per cent of them are in fact misinterpretation?

A One has got to be very, very careful about investigating abuse. Misinterpretation is something you need to consider whenever somebody is making an allegation of abuse.

Q That is why you have to assess very carefully the index of suspicion?

A Of course.

Q I am going to ask you about what you did in order to undertake that exercise. Here you had a very unhappy girl – correct?

A Yes.

Q A girl who you knew disliked Professor X – correct?

A Yes.

Q A girl who you knew had been Tanner staged, if I can put it that way. She had had Tanner staging examinations?

A Absolutely, yes.

Q Just the sort of procedure which you may think in the circumstances could be open to misinterpretation, I suggest?

A Yes, of course.

- A Q It is a procedure that involves looking at the breasts and the pubic hair?  
A Yes.
- Q And measuring them?  
A Measuring the children.
- B Q Assessing them?  
A Yes.
- Q Therefore, in those circumstances I suggest to you it was quite possible that, either innocently or wilfully, she made this allegation of stroking of the breasts because she did not like him?  
A It is possible. I considered it as carefully as I could and I talked to Miss A on a number of occasions, as my file notes indicate, before feeling that I should refer this further. By that stage I felt that this was not a girl who was doing this out of maliciousness as best as I could tell from the clinical context at the time. I was not accusing Professor X, I was simply saying that this girl is making a very clear allegation which needs reporting.
- C
- Q Did you find out how many sessions had been undertaken with Professor X before you made the referral?  
D A Yes.
- Q From whom?  
A I think I probably had a fairly clear idea from Mrs A at the referral, and certainly Miss A was able to tell me as accurately as she could how many sessions she had had.
- E Q Did you find how far apart they were in time?  
A I knew that some of them were six months apart, and so on.
- Q Did you know when the last one had been?  
A Yes.
- F Q How long those sessions had lasted?  
A No.
- Q This was, if you like, quite an unusual allegation in that you had a fair degree of specificity, did you not?  
A Yes.
- G Q You had dates that could be checked?  
A Yes.
- Q You had location?  
A Yes.
- H Q And you had alleged perpetrator?  
A Yes.

- A Q In each case you had somebody who was present with the child at the time?  
A Yes.
- Q Yet you have chosen to rely, before you made the referral, on what this child with all her problems had to say about it, without making any further checks – is that right?  
A Yes.
- B Q You have told the Committee that you did indeed make further checks with the child, and you have described in your letter of explanation. Can we turn to that, please?  
A You are looking at my letter of 1999 to this Committee’s predecessor?
- C Q Yes, tab 6. As you say, this is a letter dated 24 May 1999. Right in the middle of the second page it reads:  
  
“During these sessions, Dr Eastgate took all reasonable steps to verify the truth of the allegations. He specifically listened for specificity and congruity and looked for appropriate emotional response. All these were present. For example, [Miss A] was able to describe in detail the lay-out of Professor X’s room and how it was possible for Professor X to examine her without either her mother or grandmother in direct vision. [She] described that Professor X’s room was set up such that the examination couch was behind the chair in which [Miss A’s] mother or grandmother would sit, and this chair was facing Professor X’s desk. Dr Eastgate understands that [Miss A’s] description of Professor X’s room has never been verified.”
- E The first question about that, Dr Eastgate, is where is the note of that detail?  
A I explained this morning there is no note that I can find in the file.
- Q When you gave these instructions to whoever it was that drafted the letter for you what were you relying on?  
A At that time my memory. As I have just said, there are some things which are still ingrained on my memory from this. I think you will find that I also gave exactly the same account to the strategy meeting on 16 July 1996.
- F Q Do you have a note of that?  
A No, and surprisingly there are no minutes that we can find of that meeting.
- Q In fact, the description that Miss A has given now of the lay-out of the consulting room is neither consistent with the diagram that Professor X has produced to this Committee, nor indeed the diagram that has been produced by Mrs A?  
A No, it is not.
- G Q It is not, is it?  
A No.
- Q Of course, if you had made some further enquiries you would have understood that at the time before you made the referral to Mr Evans, would you not?  
H

A A The difficulty here is that if I were to have done that I would be investigating. It is not my job to investigate or to consider the allegation in that detail. It was my view that there was somebody else there to investigate these allegations, not me.

Q You would have been verifying, would you not, before you took the extremely serious step of bringing in outside agencies?

B A I do not share your view that it is serious. It seems to me that it is an important step to take consultation when you have serious concerns.

Q You have said that this was a very serious matter, in your evidence.

A It is potentially serious if a doctor is abusing a child, yes, of course.

Q Extremely serious that allegations of this sort have been made against a very eminent and, I suggest, respected man.

C A Yes.

Q Could not be more serious, could it?

A No.

Q But the fact was that based on what this highly articulate, highly intelligent and highly disturbed girl had told you, you made the decision that she had been abused.

D A I decided that there was a degree of significant probability in the allegations that she was making.

Q I have already asked you about the comment to Mrs A about the 98 per cent certainty.

A Yes.

E Q The fact is that on the very day before that, the words “the abuse” is being used both in your file note for 11 July and the nursing records for 11 July.

A Yes.

Q You have produced a record relating to the clinical meeting on 15 July.

A Yes.

F Q Today. Could I ask you to turn that up, please. I do not know where the Committee has put it – I do not know if it has a D number yet. This is the document which was produced just before the luncheon adjournment.

THE CHAIRMAN: D8.

G MISS GLYNN: D8 – I am sorry, I missed that.

(To the witness) Do you know who made this note, Dr Eastgate?

A I have already said, as best I am able to, I would expect it was Nurse Connolly, the senior nurse on the unit, but I cannot be certain about that.

Q One of the things it says is:

H

A “The team felt it was important to help [Miss A] place the responsibility where it belongs.”

The responsibility for what?

A The responsibility for her bad feelings and her self-hatred.

B Q On 16 July, the very next day, if we turn to the file note at tab 2, page 10, about the middle of the page:

“Again much of the theme is about issues being her responsibility and a belief that she should have been responsible for stopping any abuse that occurred.”

Page 10, middle of the page. Do you have that?

C A Yes, I do.

Q So you were concerned there about the fact that she should not feel responsible for stopping any abuse that occurred, is that right?

A I think the note is fairly clear, although I have not yet found it on that page, I am afraid.

D Q If we turn to the letter that she produced during that consultation ---

A It does say “any abuse”, by the way.

Q Yes. D2 is the letter she produced during that consultation, Dr Eastgate.

A Yes. I do not have that with me.

Q Perhaps you could be provided with it.

E THE CHAIRMAN: One of the Committee members can lend you a copy.

MR TURNER: I am grateful. (Document handed)

THE CHAIRMAN: While that is just being received by the doctor, can I remind the press, in case there are any members here today who were not here on the first day, that we have asked them to preserve the anonymity of the family and Professor X.

F MISS GLYNN: (To the witness) Would you agree that if one looks at this document D2, that was apparently produced during the course of that consultation, this is a document written by a child who clearly regards herself as having been abused by the doctor?

A Yes.

G Q Then if we can look very briefly at your letter which you say you wrote to the parents, dictated to them on the 19<sup>th</sup>, which we will find at tab 1, page 25 – it is actually dated 22<sup>nd</sup>, but you have described how you dictated it on 22 July. (sic). I am looking toward the bottom of the first page:

“[Miss A] remains not surprisingly a very unhappy girl, and as with so many young people who have been abused, still feels very responsible and guilty, despite the clear illogicality of this view.” (Counsel’s emphasis)

H

- A Your views could not have been more clearly expressed about what had happened, could they?  
A No. As I said, I did not proof-read the letter. I cannot tell this Committee at all whether I would have substituted “been” to “alleged”. I do not know.
- B Q You told the Committee earlier that when it was put to you by your counsel “Why didn’t you refer this matter to the social services on 9 July?”, you said you did not because it would have been precipitate to have done so.  
A Yes.
- Q Is that right?  
A Yes.
- C Q What are you saying changed between 9 July and 12 July?  
A By 12 July there was consistency. I am suggesting that from the information that I had available to me, there was a degree of veracity, and that I felt that this girl was making sufficiently worrying statements for me to need to consult with a senior colleague – which I did.
- D Q What do you mean by “veracity”?  
A I think we have been through that – as I described in my letter to this Committee’s predecessor in 1999.
- Q What were Mr Evans’ experience and qualifications, as far as you knew?  
A He is a senior social worker. I cannot tell you about his qualifications; I can tell you about his experience in leading the child protection services in Swindon, which were extensive.
- E Q The purpose of the referral to him, the conversation with him ---  
A Thank you.
- Q --- was what?  
A To have a consultation.
- F Q Do you mean of an informal talk type, or what?  
A Well, one does not necessarily have informal talks with social workers if they feel that what you are telling them is something that is a formal matter. I spoke to him informally, as has been clarified this morning, at the end of another meeting. But the thoughts that Mr Evans came up with as a result of that were that this was an issue of such importance that a proper professional discussion was necessary, and that was arranged.
- G Q Can I understand what it was that you thought you were going to be achieving by speaking to Mr Evans? What was the purpose?  
A I was consulting with a senior colleague and seeking independent advice.
- Q So it was for the purposes of seeking advice, was it?  
A Yes.
- H

- A Q Did you explain that to Mr Evans, or not?  
A The conversation happened some years ago, but to the best of my ability I would guess it went something like this: "Hello, Dave, I've got a bit of a problem here. I wonder what your thoughts are".
- B Q What did you tell Mr Evans?  
A I would have told Mr Evans the gist of the situation, without naming either the child or Professor X.
- Q What did you tell him?  
A That this child is alleging that during the course of a medical examination, or a number of medical examinations, should I say, Professor X stroked her breasts and touched her intimately.
- C Q What else did you tell him?  
A I cannot remember.
- Q What do you think it would have been appropriate to tell him, in the circumstances?  
A I think that is the gist of it to start off with, and then we would have had a discussion.
- D Q Which would have been what?  
A We would have talked – as I said, in the room, wherever we were meeting, a little more about the circumstances, so that he could get some more clarity. He would have asked me "Could this really have happened?", and I would have said "Well, yes, these are the things that Miss A is saying that make it sound like it's possible".
- E Q Did you make any notes of the conversation?  
A No.
- Q What sort of things would you have told him, that "made it sound as though it's possible"?  
A The same things as are in the letter of 1999.
- F Q Did you tell him, for example, that this girl had had treatment for bringing on puberty early?  
A Yes.
- Q And what the effects of that may have been – the stresses on her?  
A I do not think there is any literature to say that bringing on puberty early causes emotional stress.
- G Q Her tallness – and I think you have already accepted the fact that she was treated as being older than she was – must have been exacerbated by bringing on puberty early, perhaps?  
A No. Puberty was brought on early to reduce her tallness.

H

A Q Did you tell him anything about the antipathy that this girl felt towards Professor X?

A I cannot recall what I said to Mr Evans. What I know and what he will know is that Miss A was an in-patient in a psychiatric hospital, which means that she had a high level of disturbance, and that that disturbance was multi-factorial.

B Q Let us have a look, if we may, please, at the nursing notes for 12 July. Tab 3, page 8:

“[Miss A] saw Dr Eastgate again today. In the meeting they discussed [Miss A’s] disclosure of abuse by an eminent medic and how Dr E had a duty to report this to the police and social services.”

C That is what you were doing on 12 July, is it not, Dr Eastgate? You were reporting this matter to the police and the social services, not asking for an informal chat and a piece of advice?

A I was discussing it in consultation with Mr Evans. After discussion Mr Evans said “This is what I think ought to happen”. I agreed with him, and he went ahead and did it. I accept, as Professor Zeitlin is saying, that as a senior professional I could have said “Gosh, that’s entirely the wrong thing to do”, and had an argument with Mr Evans. I did not; I agreed with his course of action.

D Q The reason the strategy meeting was fixed with such rapidity, such unusual rapidity, was because of the seriousness that you regarded this with, and conveyed to Mr Evans. Is that not right?

A What I said this morning was that the speed with which this strategy meeting was arranged surprised me. On the other hand I am very pleased that it happened that quickly, because it happened at a time when I could manage it before I went on leave. Otherwise it would not have happened for five weeks.

E Q The reason it happened so quickly, and the reason why the nursing report reads as it does, was because you had formed the view that this was 98 per cent certainly a criminal matter. It was not Mr Evans who said that, was it, to you?

A No. And I am afraid that I cannot recall it was me. But, yes, I believed there was a probability that this could have occurred.

F Q Did you ever tell Mrs A when you saw her on the morning of 12 July that you had simply contacted the social services for an informal chat and a bit of advice?

A By the time I was speaking to Mrs A I was explaining to her that there would be a strategy meeting on 16<sup>th</sup> of whenever – July – and why that was going to happen.

G Q Dr Eastgate, I suggest to you that in fact you had very clear views about the position by 12 July, and you reported it in circumstances which were wholly unjustifiable, I suggest.

A I disagree with you.

H Q Can I ask you, please, to turn to the file note at tab 2, for 16 July. If you had received clarity – or clarification – from Miss A on the 10<sup>th</sup> and the 11<sup>th</sup> sufficient to justify reporting, why did you suggest in this note of 16 July to Miss A that it was:

A "important that she did try to be rather more clear about why she felt so uncomfortable with [Professor X], and that she start with one specific appointment, ..."?

A That follows on, I think, from the decisions that were made in the strategy meeting, which was that it was important that Miss A was given the opportunity to continue to talk as she will – as she would.

B Q I think you would accept that there was no immediate danger to Miss A; there was no suggestion, for example, that photographs had been taken of her by Professor X during the course of consultations, or anything exacerbating of that sort. Is that right – no evidence of that sort?

A I asked [Miss A] a very direct and I suppose quite leading question about photographs, and her answer was a very clear "No".

C Q Can I understand, please, what your understanding was of the guidance requiring parental involvement throughout the course of dealings with children in these circumstances. Are you saying that the guidance relating to including the parents is only relevant to the period after referral, or not?

D A The only way we can work effectively with young people is trying to work as closely with parents as possible, for whatever reason, not just about abuse. The guidance about working with parents is something that we need to consider in all our work in the in-patient unit.

Q Did you tell the parents about breast cutting?

A I think that – I believe that we did not. I do not know.

E Q What would be the reason for not telling the parents?

A Because we did not know.

Q Because – I am sorry?

A We did not know. We did not know.

Q Did you tell the parents about Miss A taking 20 Microgynon tablets?

F A I have already said this morning, I would expect that we did, but I have no record that we did. We should have done. And as I am the consultant responsible for the unit I also accept that that is my responsibility, to ensure it happened.

Q Do you agree that the spirit of all the guidance at the time was that parents should be involved at all stages, and with Professor Zeitlin when he says there is a clear unequivocal mandate to the consultant taking parents with you at every step?

G A Taking the parents with you at every step is a different issue. Consulting and letting parents know is important, that is why I made an extra effort to see Mrs A when she was visiting her daughter on the afternoon of 12 July.

Q Mrs A was clearly exceedingly worried, exceedingly upset, about what was going on, was she not?

A Yes, I guess so.

H Q Yes. And she was cooperating?

- A A Yes.
- Q Desperate for you to achieve some kind of ameliorative effect with Miss A – is that right, in summary?
- A I think that is fair.
- B Q In this case I suggest there were positive reasons to consult with Mrs A, because she had been there on four of the five occasions with Professor [X]. Why is it that you did not?
- A What I am telling you is I did. I spoke to Mrs A on the afternoon or early evening of 12 July.
- THE CHAIRMAN: Can I again say we must be careful about names.
- C A Sorry, have I ---?
- THE CHAIRMAN: No, you did not. It was counsel.
- MISS GLYNN: I am so sorry.
- THE CHAIRMAN: We rely on the press, and I am sure we can, but it is better that we do not use names.
- D A Sir, I am sorry – I have these names ingrained in my brain.
- THE CHAIRMAN: Yes, you did earlier on, but just now it was Miss Glynn.
- MISS GLYNN: I apologise, sir.  
(To the witness) Why did you not tell Mrs A?
- E A Sorry, we will have to go back a stage. What I said is that I arranged to meet Mrs A at the earliest possible opportunity from my point of view. I can make arguments about my workload, but that was the earliest I could see her.
- Q Well, you ---
- F A The second thing I think is very important, and that is that Miss A had said very clearly that he mother and for that matter her grandmother did not know what was happening; they did not see it, and she did not tell them. She also – although there is no minute of this, so I cannot verify what I am about to say – said that “They wouldn’t believe me”. I was not surprised when that happened, therefore, on 12 July. But I appreciate that now, many years on, I have great difficulty in making that assertion, because I have not got a clinical note that says that.
- G Q But even if all that be right, Dr Eastgate, what was the reason why you did not keep them informed, say, for example, on the evening of 9 July? Why did you not telephone Mrs A that evening ---
- A To say what?
- Q --- and explain what was happening?
- A To say what?
- H Q To say what was happening.
- A But what was happening?

A

Q By that evening ---

A Sorry, I realise I should not question you.

Q --- there had been a disclosure, had there not, Dr Eastgate ---

A No.

B

Q --- on the face of it?

A On 9 July Miss A was starting to say things to me which were concerning me a great deal, but it took me a further four days before I was sure that this was not fictitious, as best as I could tell, before I was sure that this had some veracity, as best as I could tell, and within 24 hours of knowing that, I had consulted with a senior colleague to ask their advice and I had seen Mrs A.

C

Q Why did you not tell Mrs A what was happening before you consulted with Mr Evans?

A Because I felt I needed to consult with Mr Evans to take some advice.

Q I have already put the suggestion that this was not seeking advice, this was making a report. There was no possible danger so far as you could see, was there, no negative reason why you should not have contacted Mrs A either on the 9<sup>th</sup> or 10<sup>th</sup> or 11<sup>th</sup> or indeed the 12<sup>th</sup>, before you contacted Mr Evans?

D

A Whether or not I contacted Mrs A before I contacted Mr Evans – and I see the arguments that you are making and the reasonableness of what you are saying – I would still have made that referral, if it is a referral. I would have sought that consultation with Mr Evans and the outcome of that would have been the same. I appreciate the timing may cause Mr and Mrs A some difficulties, but it would have been a meeting to say to her, “This is what I need to do.”

E

Q When Mrs A gave her evidence, she described the conversation she had with her husband and indeed the fact that her husband called you. Their concern was that cases can take a long time to be investigated and, if appropriate, tried and where there is uncorroborated evidence or evidence perhaps of a poor quality of a very disturbed child, there is little likelihood of any kind of conviction and the top priority was to do everything in the child’s best interests.

F

A Yes.

Q Those were reasonable views, were they not?

A Yes.

Q They are indeed reasonable views.

A Yes.

G

Q Indeed, you have told this Committee that it was very unlikely that this matter would come to court in your evidence this morning.

A Yes.

Q Presumably the reason you say it was very unlikely to come to court is because of the inherent problems with the evidence.

H

A Yes.

A

Q So why in those circumstances did you (a) contact Mr Evans, I say to report the matter, and (b) not tell the parents before you did so?

A Because if I did not report every case – sorry, I am not sure if that is a double negative – if I chose not to report any case of sexual abuse that I heard of where there was in my opinion no chance of a successful prosecution, I would not report any cases of sexual abuse to the child protection committee. The fact of the matter is, sadly, that most children who are sexually abused – in most cases of sexual abuse, sorry – there is no prosecution.

B

Q One of the matters that Professor Zeitlin drew to the Committee's attention was the risk of increasing a division between the parent and the child in such circumstances by not telling the parent and how important it is for the child to feel there is support and help coming from the parent; it creates a rift between the child, the clinicians and the parents and precipitant action can cause lasting damage. Do you accept all that?

C

A I agree entirely. It was a great pain to Miss A that her parents found themselves unable to accept the voracity of her allegations and she would have been much helped by her parents accepting, or at least considering, the voracity of them.

D

Q Finally, can I move to the notes? You have given a considerable volume of evidence about this. Firstly, 13 June, Miss A took too many pills and she was admitted as an in patient. Yes?

A She took an overdose.

Q If we turn to tab 2, page 4, there is a note on 18 June. Do you see that?

A Yes.

E

Q Immediately before that, there is a note for 12 June.

A Yes.

Q It seems that you saw Miss A the day after this alleged overdose, namely, the 14<sup>th</sup>, and also on the 15<sup>th</sup> and on the 17<sup>th</sup>. Yet there are no notes for any of those consultations, are there, including the one immediately after she was admitted having taken a so-called overdose?

F

A No. These are summary notes headed, "Session 18 June".

Q How do you explain the absence of a note with a child who has just been admitted having taken an overdose, apparently?

A The one file amongst the immense number of files which have been looked at regarding Miss A is the paediatric file. At that stage she was a paediatric patient and my normal practice would have been to have made some note in the paediatric file. I have not looked at that file in the context of this case, but I would expect – although I cannot promise you – that if you ask the paediatric department of the former Princess Margaret Hospital for Miss A's medical file, you will find some brief written comment from me that I have seen her. As I said, I do not have the file here and I have not looked at it in the course of these proceedings.

G

H

Q You have already established that in relation to the 16 July file note, none of those matters that you have recorded there concerning the requirement for verbatim

A notes and so on were new to you. Indeed, you accept that they are important. In those circumstances, I would like to turn, please, to the letter of 19 July, which you will find at the back of tab 1, page 24. This is just three days after you have made the note concerning the requirement for verbatim notes in relation to ---

A Excuse me. As near verbatim notes as possible.

B Q If one turns to page 10, the note of 16 July, to make sure we have the wording absolutely accurately in our minds:

“It is important that all discussions, whether with nursing staff or other clinical staff, are written down as nearly verbatim as possible and that no leading questions are used in trying to elicit information.”

C So you are saying that although this is trying to elicit information, it is a therapeutic interview. Is that right? Just so that we are clear about the semantics, you are talking about therapeutic interviews here.

A This child is admitted to an in patient adolescent unit for therapy.

Q I want to ask you how it is that there are no as near verbatim notes as possible in relation to 19 July.

A The letter to Mel Smith is my file note for the session of 19 July.

D

Q Would you agree that it is wholly deficient?

A No, I would not agree that it is wholly deficient. I have little doubt that it could be rather better than it is.

Q You have said two important matters in relation to these events, I submit.

E Firstly, you suggested to this Committee that Mel Smith would have had a rather more explicit understanding of the contents of this note than the Committee would. Is that right?

A I cannot tell you what the Committee made of the note.

Q That was your evidence shortly before the luncheon adjournment.

A You appreciate I was making a presumption about the Committee and I apologise for that.

F

Q The Committee cannot understand what you are saying about this note at all, because it does not appear in it. I will specify. You say that you left out the word “intimately” in relation to her father touching her.

A I did not include the word “intimate”, no.

Q The word “intimate” is crucially important, is it not?

G

A Not really. The danger is that I set Mel Smith up on a chase and we have already been very clear in these discussions that that would not be terribly helpful and so ---

Q Could I ask you to clarify that? You set up Mel Smith on a chase?

A One of the things that I did not want my colleague to do is go after Miss A, saying, “Hey, you need to talk more about this”, and she did not. If you read the

H

- A nursing file, the next major allegations that Miss A made in fact are to an entirely different nurse about a week later.
- Q So you are saying that she in fact said something about being touched intimately and you left the word, or did not include the word “intimately” in this note?  
A No, I did not.
- B Q You have also suggested that the touching referred, or the feeling, to use the right word – “felt her” – in fact referred to her breasts and you have not included that in the note.  
A You have to be very careful about my knowledge of the situation now and my note that I dictated as I went on leave on the 19<sup>th</sup>. Now I have a belief that Miss A was referring to breast touching in the form of intimate touching. The note that I wrote there is the note that I wrote at the time. I do not know now, because the case has been very, very complex and there have been, as you know, not for this Committee, but there have been a huge number of subsequent allegations. I think that as best as I know, that note is exactly accurate as you are going to get.
- C Q Are you suggesting this is a verbatim note, or as near as possible to a verbatim note?  
A What I am suggesting is that Miss A was not any more explicit than that at the time.
- D Q You gave very clear evidence before the luncheon adjournment that Miss A had told you before you went on leave on the 19<sup>th</sup> about intimate touching with reference to her breasts.  
A Yes.
- E Q This note is wholly defective, is it not?  
A It is certainly not going to help clarify this issue. Whether it is wholly defective, again I leave to the Committee to decide. It is unhelpful, I have to agree.
- Q How do you explain that, given your file note on 16 July?  
A What I have given to Miss Smith at that time is a summary of my session and the key points in my session with Miss A as I went on leave. That is what these are.
- F Q The key points are those she has left out, are they not?  
A The difficulty I have is the more you press me on it, knowing what has and has not been left out. I apologise to the Committee for my vagueness on that, but that is what happens as I think about it more and more.
- G Q Why, if that is what Miss A had told you on the 19<sup>th</sup>, was not that a child protection issue, if the matters that she had described to you at the hands of Professor X was?  
A What happened when she first described what I suppose you could call inappropriate touching by Professor X is that over the course of about four sessions, three sessions in particular, this was clarified: Was it, was it not? Was it just Miss A imagining things, misinterpreting things? We needed to be sure before we considered consulting with anybody else. This was said to me as I was about to leave on annual leave for three weeks. I did not have any chance to verify, clarify or do
- H

A anything more with this very brief statement that Miss A made in a brief session before I went on leave. All I was able to do was make sure that one of my team colleagues had some idea of the nature of that session.

Q Finally, Dr Eastgate, could I ask you to turn to the nursing notes at tab 3, please? The note for 22 July reads:

B “Clinical meeting, continuing disclosure work with JE.”

Was that an expression, “disclosure”, which was used in the hospital in July 1996?

A Clearly it was, because it is in the file.

Q Was there a climate of looking for sexual abuse in cases such as these in that hospital at that time, led by you and your department?

C A No.

MISS GLYNN: Thank you, Dr Eastgate.

THE CHAIRMAN: We will now take a break and continue at 20 to four. Doctor, you are still under oath and may not speak to anybody about the case.

D (The Committee adjourned for a short time)

Re-examined by MR TURNER

Q Dr Eastgate, take the Committee bundle at tab 2, page 8, please. It would appear that all of those file notes were typed up at the same time. I say that, but I suppose with the wonders of word processing, that does not necessarily follow. Do you know whether they were typed up at the same time?

E A No, I do not.

Q If and in so far as they were actually typed up at the same time, would it necessarily follow that they were all dictated at the same time?

F A No, not at all. I tend to give my secretary tapes with various different things on. I guess that if she had seen “file note re Miss A” at the top of the dictating tape and found “note re Miss A” at the bottom, she would have the intelligence to put them both on the same piece of paper, but I really do not know whether these were all dictated at the same time or at different times.

Q It was suggested by Miss Glynn that there are potentially adverse consequences to a child in making a premature referral to a child protection team. Do you agree?

G A It is not that easy to know what the adverse consequences would be. The difficulty in Cleveland was not so much about early reporting as early and in retrospect erroneous intervention. It is that which of course can be very damaging.

Q We know that in Cleveland children were being taken away from home.

A Exactly, yes.

H

- A Q What as a matter of practice does a child protection team do before it does anything else?  
A You have seen various flow charts. It depends at which stage in the flow chart you are involving the child protection team. If you are involving a member of the child protection team for a consultation, they would then consult, as in this case, they consulted and suggested further action, which I agreed with.
- B Q Would you expect precipitate action to result from a referral to a child protection team?  
A Occasionally, but it depends on the circumstances. When we were writing our much earlier version of what to do in sexual abuse, we wanted to put in a phrase, "Step 1, sit down and drink a cup of tea", simply because people needed to know that they must stop and think before they act. That is now rather better stated in much of the procedures.
- C Q It was also suggested to you that if a child alleged, for example, a father had touched inappropriately, that you should make inquiries, for example, as to whether the father was in the home, if it be alleged that it happened in the home, at the relevant time before you contact the child protection team. Do you agree it would be your job to investigate that sort of matter?  
A I would be asking the child in those circumstances, "Can you be sure that Daddy was at home when this happened?" or whatever it might be. So yes, I would be verifying it with the child. I would have very clear guidelines certainly in 1996 about not speaking to the parents without first having a consultation with the child protection officers.
- D Q It was pointed out to you in this case that quite specific details were available in relation to Miss A's consultations with Professor X. It was easy to discover what the dates on which they had taken place were, what the times were and who had been present.  
A There was no dispute about that.
- E Q It was suggested that it was for you to investigate those matters further before contacting anyone from the child protection team. Do you agree that that was your proper role?  
A I have said earlier today that I did not see it as my role and do not see it as my role to investigate child abuse. Assess whether it seems likely to have happened, yes, but even then bearing in mind the guidelines which are that any suspicion of child abuse should be reported to the child protection team.
- F Q You accepted that part of the process of a therapeutic session with a child is the eliciting of information.  
A Yes.
- G Q What is the purpose for which you need to elicit information from a child?  
A There are various reasons. We need to elicit information about her mental state, to be clear about both their safety and also about what treatment they might need and what form that treatment might take. As far as eliciting about events, it is important to build up formulation, in other words a big picture, about why it is that that child presents with those symptoms.
- H

A

Q In relation to your file notes of the various sessions you have had with Miss A, can you say in relation to any specific words in those file notes whether those actual words or phrases in any given case were in fact used?

A If you look at the first file note on page 8,

B

“[Miss A] moved on to talk about how at 9 her breasts were stroked by [Professor X], and he touched her in other intimate places. This felt uncomfortable and wrong, but she didn’t know what doctors were supposed to do.”

That is not a verbatim transcript but it is a close approximation because it was dictated after the session. It is a close approximation to what she said.

C

Q If you look at tab 1, page 24, you will see there the mention of something that Miss A said in relation to her father and we have heard reference now to “breast” in that context. Does that reference to breasts originate from your session on 19 July with Miss A or has it come from subsequent involvement by you with Miss A because you were involved with her, we know, for some considerable number of months after your return from holiday?

D

A I think what I have been able to demonstrate today is my confusion about what I meant when I wrote this note and breasts are not mentioned in that note.

Q Does that mean that they were not mentioned on the 19<sup>th</sup> or that you are not sure or what does it mean?

A By this stage, I am simply not sure.

E

Q Finally, it has been suggested to you by Miss Glynn that in your unit, in these days in 1996, you were looking for sex abuse generally. What do you say to that?

A I have already said that no, we were not. We would be acting, not just me but our entire service, inappropriately if we spent our time imagining that the sole cause of the young people’s disturbance on the adolescent unit was about sexual abuse. There were multiple factors.

F

Q Was the uncovering of sex abuse a common occurrence in your unit in 1996?

A No, it was not. Let me be clear about this. There were a number of young people who had been sexually abused coming through the unit and there are still, inevitably. If you think of traumas that can cause children major disturbance, then sexual abuse is one of them. Not the only one by any means. Inevitably, in a unit such as ours, young people come along having been abused. Some people do not reveal their abuse until they are within the safe confines of an adolescent unit. This is not just Swindon Adolescent Unit, this is any adolescent unit. Sometimes, simply being away and in a safe environment, young people start talking about abuse, as I suggest did this young lady in question. She is not the only person who has made allegations of abuse since being admitted to the adolescent unit.

G

Q Were patients ever coming in to the unit already having made allegations of sex abuse?

H

A Yes.

A Q Are you able to say which was the more frequent situation in 1996: coming in to the unit already having made allegations or making such allegations for the first time?

A If the Committee would like me to, I have a list of the patients who were admitted to the unit and I can tell you, by looking at that list, how many were abused.

Q Is that going to take you many moments to ...?

B A It is about walking over behind Mr Sadler there and getting a piece of paper from my file.

MR TURNER: May the doctor do that?

THE CHAIRMAN: Yes. (Pause while the witness collects documents)

C THE WITNESS: Obsessional compulsive disorder, no question of abuse; anorexia nervosa, no question of abuse; admitted with severe disturbance after alleging abuse.

MR TURNER: These relate to what period?

D A The period during which Miss A was in the unit. Severe anxiety, no question of abuse; pseudo-seizures, no question of abuse; emotional and conduct disorder, cause unknown; manic depressive psychosis, no question of abuse; drug-induced psychosis, anorexia nervosa, depression following pre-admission allegations of abuse; schizophrenia, psychosomatic disorder with fatigue, anxiety state and severe social phobia, no question of abuse; severe anxiety, no question of abuse; post-traumatic stress disorder and deliberate self harm following allegations of abuse well before admission; post-traumatic distress and deliberate self harm following rape before admission; depression adjustment reaction, no question of abuse; anorexia, no question of abuse; compulsive eating disorder, no question of abuse; deliberate self harm and depression, abuse alleged and maintained, for what it is worth, throughout the admission.

E Q Alleged before admission?

A Alleged during the admission.

F Q So, one other incident during that time that she was with you of abuse coming to light or being alleged after admission for the first time?

A Yes.

Q Were you and your unit running some sort of crusade to uncover sex abuse as a cause of whatever damage may be demonstrated by the child emotionally?

A As I have already said, no, I do not think there is any reason to believe that we were.

G MR TURNER: Would you wait there as the Committee may have some questions.

Questioned by THE COMMITTEE

H DR WINSTANLEY: I just wanted to understand your contact with Mr Evans which you described to us earlier on. I think you described it as a conversation and I think

- A Miss Glynn described it in another way. What started out as advice which you described to us could be said to have evolved into a referral, could it not?
- A I suppose I have some question about the referral part of it in that I believe that we can have a professionals' discussion about a patient without that necessarily being a referral and that the referral, be it for, say, a child protection conference or for investigation into allegations of abuse, seems to me arises from the professionals' discussion, but the fact of the matter is that I discussed this with Mr Evans and he made plans and between us we agreed, because it was clear I was part of that decision,
- B it was not taken from me, it was made by Mr Evans and he arranged it. If that is a referral, then, yes. It is a question of the definition of terms. It is almost tautology.
- Q The second part of my question is, whatever the start point of that conversation and whatever form one might describe the stage it reached, it was clear to you that a number of actions were about to occur.
- C A Absolutely.
- Q Did it not occur to you then, given the nature of events, that a consultation with the parents would be appropriate before things went further?
- A Yes. The timing is as you know, which is that I discussed this with Mr Evans and, by 2.30 that afternoon, a strategy meeting was not just planned but arranged.
- D I cannot tell you what was on my mind at the time but, certainly sitting here, my preference would have undoubtedly been to have met with Mrs A or indeed Mr and Mrs A to tell them what was likely to happen and that a strategy meeting would be arranged rather than a strategy meeting has been arranged but, whatever the discussion with Mr and Mrs A – and timing I think is not ideal, it would seem slightly more polite to say to them, "This is going to happen" rather than, "This has been arranged" – it would have happened anyway.
- E MR HARRISON: I know that you were not making an issue about workload but I am just trying to understand the situation in Swindon. At the time in 1996, you were the only child psychiatrist in Swindon?
- A No, I was the only child psychiatrist on the adolescent unit. There were three child psychiatrists in Swindon.
- Q You have talked about a catchment area of one million; how many child psychiatrists were available for that catchment area of Gloucester and Wiltshire?
- F A I am not sure that I can tell you off the top of my head but around about a dozen, I would have thought.
- Q You would have known those colleagues or most of them?
- A All of them.
- G Q I wondered whether you considered, when you were discussing the option of discussing a case with a colleague, whether another psychiatrist at that stage could have been useful to you.
- A The one psychiatrist I felt I could talk to and ... I am sorry, I hope I am not sounding too arrogant with this but one of the more time-served consultants in the area and who also has some of the greater child protection experience, which puts me some ways in a difficult position. I could have consulted with my colleague, Dr Eyre,
- H who succeeded me on the ACPP and has a great interest in working with social

- A services. I know his views on this case but, as best we can both recall, I did not discuss this case with him at the time.
- Q You went away for three weeks; who would have taken consultant charge while you were away?
- A Dr Eyre.
- B Q You mentioned that your file notes were written not for wider consumption. What reference would your colleague who was taking over the care have to notes if they were only for your consumption?
- A As far as access to the notes, obviously Dr Eyre would have open access to the file. He would also have a whole team of people who would know the case well, so that he would have a verbal history, a very detailed verbal history available to him and, as far as the whole process goes, in particular my colleague Bernie Connolly was not on leave and would be able to make sure he was fully informed.
- C Q There seemed to be a paucity of notes and note writing. You did say that you had a registrar, I guess it might have been a specialist registrar though it might have still been a registrar, but was that registrar involved in the management of Miss A and, if so, would he or she have been involved in writing notes?
- D A No, he had no responsibility for Miss A and he would not have been involved in writing notes. He did become very briefly involved when I was on leave because he would be responsible for a lot of the day-to-day work for all the patients on the adolescent unit at that time.
- Q Was there some reason why he was not involved with Miss A?
- E A I have done my best to think about what on earth the specialist registrar was doing at the time. I cannot tell you which patients he was responsible for or not, I do not have a copy of his logbook. What is very noticeable at the time is an absence of his presence on the adolescent unit and I do note in my diary that certainly one of his jobs was liaising with a local school. I have no idea what his role was on the adolescent unit at that time. I am terribly sorry, I cannot tell you what he was doing.
- F THE LEGAL ASSESSOR: Dr Eastgate, it is really to clarify something that arose out of an earlier question by Dr Winstanely. When you began your discussion with Mr Evans, the social worker, you were discussing the case on an anonymous basis, I presume.
- A I would always start on an anonymous basis, yes.
- Q In order for a strategy meeting to be arranged, you would have to identify the patient.
- G A I would, yes.
- Q So, at some stage in the course of the discussion between you and Mr Evans, you must have had to make a decision that this was a case in which you should identify the patient.
- A Yes.
- H Q My question then I think is, what was it that Mr Evans said that convinced you that this was a case in which you should take that decision to identify your patient?

A A I suspect it was something that we were saying together. I am not going to expect Mr Evans any more than myself to own the critical moment in that discussion, but the discussion went along the lines that this girl is making allegations which, to me, appeared verifiable within the context, and he would be aware, as is this Committee, that I had only spoken to the child, but that the allegations to me had some degree of probability and my guess is that that was the point, but also the fact that this was potentially, if these allegations had any validity, a very serious issue indeed and we felt that a simple informal discussion between two people, let us leave things and see what happens next, would be insufficient action. Together we had that discussion and together, therefore, we decided that he would make the referral on, as he did. I appreciate that Dr Winstanley has said, is this a referral or not? If a referral is passing a case on to somebody else to say, "What do we do now", yes. The words are getting increasingly confusing as to what is and is not a referral.

C THE LEGAL ASSESSOR: What is the critical factor?

A I suppose a guess between the two of us about probability.

THE CHAIRMAN: I have one very short question and that is to make sure I understand your evidence with respect to 9 July. I understood you to say, and I would like to know whether my understanding is correct, that at the end of the first interview you had no idea that in the afternoon you would receive information that might suggest abuse – is that correct?

D A That is my best recollection, yes.

Q You had no idea at the end of the first interview, despite reference to feel uncomfortable, and so on and so on, that the question of abuse might arise?

E A Thank you. It is a difficult question, in that I have already said that for young women like Miss A in the back of one's mind with the many different differential diagnoses there is a question of, "I wonder if this child has suffered abuse". To answer your question honestly, of course somewhere in the back of my mind was a thought that this child may have suffered some form of abuse, but to the best of my recollection my issues with Professor X were that I expected this girl to tell me how very uncomfortable she felt because of the appropriate examination.

F Q Having said that, perhaps I should just carry on to say that with it even in the back of your mind – and I understand precisely what you are saying – are you satisfied in retrospect that you took sufficient care in your questioning in the afternoon session?

A Yes, I am.

THE CHAIRMAN: There are no further questions from the Committee, there may be further questions from counsel.

G Further re-examined by MR TURNER

H Q I wonder if I could just follow up two of those matters. First of all, as regards Dr Winstanley's questions about the discussions you had with Mr Evans, you said that those discussions started off as a discussion between professionals in different disciplines but ended up with an understanding between you that there would be a referral to whoever it was to be technically treated as making the referral?

A A Yes.

Q When you had started that discussion had you thought it appropriate to talk to Miss A's parents before having the discussion with Mr Evans?

B A For what it is worth, I was looking at my diary, the memo to myself to phone Mrs A – to phone her incidentally, which I do not think either she or I have any record of me so doing – was written on 9 July in my diary – for what it is worth. I had it in mind all the way along that Mrs A and Mr A needed to know what was happening and be involved in this in that way.

Q At any rate, you have got a professionals' discussion which turns into a decision to refer?

A Yes.

C Q Was there any opportunity between the start of the professionals' discussion and the decision to refer to communicate with Mr and Mrs A?

A Not with my diary as it was that afternoon, I am afraid.

Q Did you, when you got back to the hospital that day, see Mrs A?

A You know I saw Mrs A at the end of the day.

D Q Did you then communicate to her that there was to be a strategy meeting?

A Yes.

Q Did you give her limited information in the way suggested by Mr Evans?

A Yes.

Q And in accordance with the wishes of Miss A herself?

E A Yes.

Q As far as Mr Harrison's question was concerned about consulting other medical professionals, thinking about it now have you any idea of what they would have been likely to say?

F A The named doctor for child protection at the time was a paediatric colleague. With much respect to him, he would have suggested I spoke to Mr Evans – I am almost certain of that – as would the named nurse, who was a senior paediatric nurse. Both of them would say, "Well, look, this is outside of our field". Dr Eyre, as best as I know from subsequent discussions with him ---

MR TURNER: I think we are happy with that. Those are the only matters I have.

G THE CHAIRMAN: Miss Glynn?

Further cross-examined by MISS GLYNN

Q As I understand it, Dr Eastgate, you are making reference to a diary entry that none of us have seen. Is it proposed that we should see this diary entry?

H A You are welcome to see it. The problem is that it is full of confidential information with the names of 26, 27 other patients that I saw that week. It is also in my own writing which most people in this room will not be able to read. I am happy

A to circulate it and pass it round the room so that people can see 9 July, the bottom of it.

MISS GLYNN: Sir, I will leave it to the Committee. It is the Committee's enquiry. I simply raise this as ---

B THE WITNESS: May I show it to the Chairman? It will not be of any help.

THE CHAIRMAN: What information does it contain which could help us?

A More muddle, sir, from my point of view. All I am saying is that I was being asked, did I have any thought about phoning or getting in touch with Mrs A before I met her on the 12<sup>th</sup>, and I said, "There is this entry in my diary for what it is worth".

MISS GLYNN: On the 9<sup>th</sup>, you say?

C A On the 9<sup>th</sup>. When you see my diary, if you were to see it, you would see that there happens to be a bit of white space there, and that is where it is written. It could be written because it is the only bit of white space. I am not sure if this is not a red herring.

THE CHAIRMAN: I will ask the Legal Assessor.

D THE LEGAL ASSESSOR: I do not think there could be any doubt that the fact that there is such an entry in Dr Eastgate's diary could very well be relevant to some of the questions the Committee is inquiring into. I am not sure that it is actually necessary for anybody to see the piece of paper.

E MISS GLYNN: Sir, I think the very last thing that the witness has just said may be important because he saying that although it is on a bit of white space on the 9<sup>th</sup> that does not necessarily mean that it relates to the 9<sup>th</sup>. It might have been the only space he had. It may well be that the witness is right, this is a red herring.

F THE LEGAL ASSESSOR: In the light of what he previously said that the note was there in the 9<sup>th</sup> and he always had it in mind to get in touch with Mrs A, that is perhaps of less importance. I am inclined to think that the Committee should accept the invitation of Dr Eastgate for the Chairman to have a look at the page in question and see whether it assists, subject to what counsel might say, I suppose.

MR TURNER: I respectfully concur with that.

THE CHAIRMAN: Perhaps I could have a look at it.

G THE LEGAL ASSESSOR: Would it be convenient to have it handed up now so that the Chairman can have a quick look at it, and then if there is another question Dr Eastgate could answer it before he leaves the witness box. (Same handed) (After a pause) Dr Eastgate, the Chairman has shown it to me. Is this a fair description, if you have got it in your mind: we have got a week at a view here?

A You have.

H Q With each day having some white spaces at the bottom?

A Yes.

A

Q So that you have written in at the bottom of 9 July the message, "Phone Mrs A"?

A Yes.

Q Then there are some words underneath it?

A I think you will find it says "London".

B

Q Right, so that would be where you would expect to find her if you telephoned her?

A Yes, the family were going on holiday at the week-end as best as I know. They also spent, as you know, some time in the country as well.

C

Q The only other point arising really is this: as there are other white spaces under the days it looks rather as if you probably wrote on that day or intended it to relate to that day in some way. Would that be fair?

A Yes.

Q Do you want to look at it again?

A No, I am not wanting to make too definite a guess. I am under oath and I cannot swear as to what the diary entry means. I can tell you what my best guess is and that is all.

D

Q Would you like to say your best guess again to the Committee?

A My best guess, as I have said to Mr Turner, is that it looks, from my diary entry and my best recall, that I intended to get in touch with Mrs A from the 9<sup>th</sup> onwards.

E

THE CHAIRMAN: Miss Glynn, do you wish to see it or pursue the matter?

MISS GLYNN: Sir, perhaps I could just ask one question arising out of it. It might clarify matters. Dr Eastgate, you say that is your best recollection?

A Yes.

F

Q Why did you not carry it through?

A It is not an excuse, I appreciate, but I was very busy, and that is the only excuse I can give. Whether Mrs A has any better recollection of answerphone messages being left or not, I do not know, but my best guess is that I did not carry it through at all.

G

Q Certainly in your mind at that time there was no reason not to?

A Apart from time, no.

Q No reason connected with a police investigation, tipping off or anything of that sort?

A There was no referral at that stage, as we have already identified. I did not even discuss this with a child protection officer until the 11<sup>th</sup>.

H

MISS GLYNN: Thank you.

A THE CHAIRMAN: That concludes your evidence, Dr Eastgate, thank you for being very clear and very frank with your evidence.

(The witness withdrew)

MR TURNER: I will call Mr David Evans, please.

B THE CHAIRMAN: Can I just say that the Committee is content to go on as long as is necessary.

MR TURNER: I am very grateful.

DAVID EVANS, Affirmed  
Examined by Mr TURNER

C

Q Mr Evans, will you tell the Committee your full name and your professional address, please?

A My full name is David Evans. I am currently employed as a child protection co-ordinator by Swindon Borough Council based at the Civic Offices in Swindon.

D

Q How long have you been employed as the child protection co-ordinator in Swindon?

A For over 11 years.

Q Can you keep your voice up a little bit?

A I apologise.

E

Q Are you the sole co-ordinator for the child protection scheme there or not?

A Currently I am. There used to be two child protection co-ordinator posts but three years ago one of those posts was changed, so currently I am the only child protection co-ordinator employed by Swindon Borough Council.

Q Can you speak a little slower, please. How long have you been involved in the work that you do now, social work with children?

F

A I have been involved in social work for coming up for 30 years. I have been employed as a social worker in various London boroughs, I have been employed as a team leader, and for the last 11 years I have been employed as a child protection co-ordinator.

Q Do you have formal qualifications in that field?

A I am qualified with a certificate of qualification in social work, which I obtained in 1981.

G

Q What does the post of child protection co-ordinator involve?

A There are major parts of the role of a child protection co-ordinator. The first is based around ---

Q Again, if you could keep it a little slower, please?

H

A I apologise. The first is based around child protection conferences. I act as an independent chair and chair child protection conferences where there are concerns

A about children being at risk. I act as a consultant to all the agencies that are members of the area child protection committee, and I act as a trainer in child protection issues.

Q Have you come to know over the years Dr Eastgate who sits here?

A I have known Dr Eastgate for 15 years, since I have been employed in Swindon. I have known him by his attendance at child protection conferences, by him using me as a consultant in child protection issues and attendance at training courses I have held.

Q Are you involved with him in the social world at all or not?

A No.

Q Can you tell us, first of all, a little bit about your opinions of Dr Eastgate in so far as you have been able to form them over the years that you have known him?

A I have always found Dr Eastgate to be committed to working to ensure that children are safe. I have always experienced Dr Eastgate as working with children and their families, and I have always seen John holding very high professional standards with regard to the issue of child abuse.

Q You are aware of the sort of procedures recommended in the document *Working Together*, I assume?

A I am.

Q That is a standard part of your background knowledge?

A In fact, when the last *Working Together* was published, I was part of the working party that created the procedures within Swindon and Wiltshire based on *Working Together*.

Q You are, of course, familiar with the document you see in front of you there, which is a copy of the Wiltshire guidance?

A I am.

Q In your experience has Dr Eastgate worked within that guidance, or not?

A Yes. I believe Dr Eastgate has evidenced on a number of occasions to my personal satisfaction that he understands both the spirit and the detail of the child protection procedures.

Q I want to ask you about a particular matter that led to a referral of a Miss A – and I believe you know the actual name of the young lady that we are speaking of as Miss A, do you not?

A That is correct.

Q Do you recall when you first became aware of anything concerning Miss A?

A I have only had one conversation with Dr Eastgate with regard to Miss A. That was back in 1996.

Q Are you able to tell us when in 1996 that was?

A I believe it was 12 July, although my diaries for that year do not exist, so I cannot confirm that. But I am 95 per cent confident that it was on that date or possibly the day before, but no other.

A

Q On that day how did you come to learn anything about Miss A, whatever day it may have been?

A As I said, part of my role is to act as a consultant, and Dr Eastgate asked if he could meet with me in order to discuss the situation with regard to Miss A.

B

Q Were you seeing him just for that, or was there any other purpose in your meeting him on that day?

A My memory was that I was at Marlborough House for another purpose, and that Dr Eastgate took advantage of my being there, and asked me to meet with him.

Q Right. So you are there at Marlborough House for something else, you deal with that business, and he broaches this separate matter with you?

A That is correct.

C

Q Do you remember the essence of what you were told?

A I need to preface that by saying that I undertake hundreds of consultations in child protection issues, but I am clear in my memory that Dr Eastgate indicated to me that he had a concern about a possibly abusive situation regarding his patient and a medical professional.

D

Q Did you go into detail at all, do you recall?

A Sufficient to understand that Dr Eastgate felt that his patient had made comments to him that led him to have concerns, and that those concerns needed to be discussed further.

Q And he was discussing them with you.

A He was, yes.

E

Q Did you give him any views?

A I felt the situation that Dr Eastgate shared with me was a serious situation that required further investigation, and it was my advice to Dr Eastgate that that investigation would have to be undertaken by the agencies who are enabled to undertake such further investigation.

F

Q So that would mean what would have to happen?

A Under the local procedures that would be the police and/or social services working together in order to investigate further.

Q What would be the start point of any such consideration?

A The start point would be if a professional or a member of the public indicated they had concerns about the safety of a young person.

G

Q Then what would happen?

A The police and social services would hold a strategy meeting either by telephone or face to face, and would decide whether further investigation was required under section 47 of the Children Act, and whether that investigation should be handled jointly, police and social services, or single agency by the police.

H

- A Q Taking the first stages, was this the first time you had ever been consulted by anyone, as it were, informally rather than as a referral to the child protection agency?
- A I am regularly consulted on what you would refer to as an informal basis. That is an offer that is made to all agencies within Swindon, that if they are not certain as to whether they have reached a threshold for referral, they can talk to the child protection coordinator to gain more of an insight into that situation. It is also clearly understood within Swindon that if within that conversation I heard information that
- B led me to believe a young person was at risk and the referrer was not prepared to action that, that I would action it on behalf of the area child protection committee.
- Q Do those sort of discussions with you inevitably lead to a referral at a strategy meeting, or not?
- A Not inevitably, no. Depending on what is being disclosed, it could lead to another type of meeting by way of a strategy meeting outside of the child protection procedures; it could lead to no further action; it could be that we agree there is not an
- C issue that would reach a threshold for child protection intervention.
- Q Have you ever had such a discussion with Dr Eastgate in relation to other cases?
- A I believe I have. I believe that – Marlborough House deals with some of the most damaged, most complex cases that we have experienced in Swindon, and I am
- D aware of having had other conversations with Dr Eastgate that had not led to child protection procedures being started.
- Q Did Dr Eastgate appear to you to regard the case of Miss A as a simple, straightforward matter, or not?
- A No. I believe Dr Eastgate reflected that this was a complex situation. He was making no judgements as to whether Miss A had been abused; he was raising the
- E possibility of abuse, and wondering best how to progress that concern.
- Q Was it apparent to you that there was no immediate danger to Miss A herself?
- A I was assured by Dr Eastgate that Miss A was an in-patient within the unit, and would not be having contact with the professional about whom the concerns were being expressed..
- F Q So what concerns as far as child protection were there, as far as you had any?
- A The concern was about the nature of the post held by the medical professional. My understanding of the conversation with Dr Eastgate was that this professional could be having contact with other young people in his professional capacity, and it was my view that that required further exploration. So there were two thresholds there: one was about Miss A herself, that she was safe, but there was also the
- G threshold about other young people. During consultations with any professional, I always have to keep in mind the possibility of other young people who may be at risk.
- Q So what conclusions did you come to?
- A The conclusion was that the concern was sufficiently serious that it required further investigation. The task of investigation is not mine as a consultant; the task of investigation would be by the police and/or social services following a strategy
- H

A meeting to decide on a way forward. It was my view that that threshold had been reached, and such a strategy meeting should be called.

Q Did you consider whether Dr Eastgate himself should carry out any further enquiries or investigations first?

A That again would have been discussion at the strategy meeting. The strategy meeting would make a decision as to how best to progress any further enquiries. That may have been an option they wished to consider. I was not part of that strategy meeting, I do not know whether that was considered; but it was legitimately the role of the strategy meeting to make a decision how to progress the investigation.

Q Was there any discussion that you recall about the potential involvement in the meantime of the parents of Miss A?

A Yes, there was discussion about involvement of the parents.

Q Do you recall how that came up?

A Dr Eastgate was asking my advice about how and when the parents should be informed of the allegation. Clearly there was a partnership model that we have to follow, and we understand that we best protect children by working in partnership with parents. It was my clear advice to Dr Eastgate that any contact with the parents should be made following the strategy meeting, and in line with the decisions made at that strategy meeting.

Q Why would you have those sort of concerns? The allegations were not related to the parents themselves – did you appreciate that?

A I did appreciate that. I was very clear there were no allegations with regard to the parents. My concerns were based around, if the parents were told prior to the police becoming involved, as to how the parents might react in what is a very, very painful situation for parents. There was a number of courses of action that may have interfered with the ongoing enquiries into the concerns. The parents may have been upset, angry, hurt with the professional, may have challenged him before the police were ready to undertake any form of investigation. It may have distorted the police investigation. I was aware of that, and therefore I made the recommendation to Dr Eastgate that he should not contact the parents prior to the strategy meeting discussing that issue.

Q How much detail did you have available to you at that stage of the allegation that was said to have been made by the child?

A Enough to come to a view that further enquiries were required. It would not be my job to go into significant detail on that point. If a professional approaches me as a consultant saying they have reached a threshold of concern, that is sufficient for me. I would have to have a conversation about what that concern was and whether it was based in the real world, but the detail would be the subject of the investigation – not by myself but by the police and social services following the strategy meeting.

Q But what if it is a matter that the professional who has approached you might be able to investigate quite easily himself?

A The Children Act 1989 says three agencies can investigate allegations or concerns about child abuse: the NSPCC, the police, social services. It does not indicate that Dr Eastgate in his professional capacity could undertake further

A enquiries. Dr Eastgate, following our local procedures, would be directed, if he had cause to be concerned, to pass those to the agencies that could investigate.

Q Can I ask you to look at that document – the Wiltshire document – in front of you, at tab 1, page 14.

A I have it.

B Q Do you see the policy statement there set out?

A I do.

Q Do you see paragraph B.1.2?

A I do.

C Q It says:

“The policy is set against a common intention on the part of the participating agencies, immediately to consult with the other appropriate agency concerning such allegations or suspicions.” –

relating to allegations or suspicions of child abuse.

A Yes.

D

Q Did Dr Eastgate appear to have suspicions of child abuse?

A I believe Dr Eastgate had been given information by Miss A that led him to have concerns. I think Dr Eastgate was maintaining an open mind at that point, as I would expect a professional to do, but one of the possible situations that we might have had to deal with was that this young person had been abused by a professional. Other possibilities were open, but at that point in time it required further investigation to understand what was the actual situation. That investigation in my view could only be undertaken properly following our procedures by the police and/or social services.

E

Q So how was the discussion left between you and Dr Eastgate?

A I advised Dr Eastgate that he should not make contact with the parents, that I would make contact with social services and the police, and that I would arrange for a strategy meeting to be set up as a matter of urgency.

F

Q Who did you regard as making the actual referral to the child protection agency?

A I undertook the phone call to the police and to the team manager of our referral team, and the referral was made by myself based on my conversation with Dr Eastgate.

G

Q If Dr Eastgate had said “No, stop, I don’t think this is a good idea. I’ve discussed it with you and I don’t think a referral in the circumstances is appropriate”, what would your reaction would have been?

A My view would have been that the concern about other young people was sufficient that I would have overrode John’s – Dr Eastgate’s – view at that point, and I would have made the referral to social services. As I said right at the beginning, every agency who undertakes consultation with the child protection coordinator

H knows that they reserve the right to do so.

A

Q But did he oppose your view?

A He did not.

Q So what happened about setting up a strategy meeting?

B A I returned to the office and spoke to the team manager – I believe it was Graham Jones – who then spoke to the child protection unit in Swindon, and a strategy meeting was set up for the following Tuesday, within two working days.

Q Is that the usual sort of length of time it would take to set up a strategy meeting, or slow, or quick, or ---?

C A I think that was fairly quick. If you consider the number of referrals that the referral team takes at any one time, it runs at approximately five a day. I think it was reflective of the seriousness that that meeting was set up, and held face to face, within two working days. A lot of the strategy meetings take place via the phone. This one was felt to be sufficiently complex that a face-to-face meeting was required.

Q Did you have any concerns that Dr Eastgate's referral to you, as it were, was premature in the circumstances?

D A I had no concerns that it was premature. He had identified a possible risk to other young people other than Miss A. That risk properly required investigation.

Q Do you consider it would have been improper for him not to either discuss it with you or to refer it himself?

A I think if Dr Eastgate had not discussed it with me he would have been in breach of our child protection procedures.

E Q You will find on your right-hand side another bundle of documents. Would you open that, please, at tab 4 and look at page 10.

A Yes, I have it.

Q This is not a document that you have created, but it is a document that someone else has created, seemingly after a telephone discussion, and it is dated 12 July. It purports to be a message from Dave Evans – so that would be you?

F A It would.

Q The message is:

“I have informed police.  
Strategy meeting next 16/7/96.  
Can you supply a venue for meeting”.

G Does that accord with your recollection of what happened following your discussion with Dr Eastgate?

A It does.

Q Did you play any further part in the case yourself after that?

H A I did not. On the 13<sup>th</sup> I went on annual leave, so the strategy meeting was attended by my colleague, Graham Titheridge, who was the second child protection coordinator employed by Swindon.

A

Q Were you in close communication with him about such matters?

A Yes. We shared an office and I would have discussed my views with Graham prior to the strategy meeting; but he would have chaired that meeting rather than myself, because I was on leave.

B

Q Are you aware of what decisions were actually taken at that meeting in the event?

A No.

Q What is the function, can you tell us again, of a strategy meeting in such circumstances?

A It is to decide what further action is required, and that could be a range of actions. It could range from no further action ---

C

Q So the further action could be inaction?

A Could be inaction. It could be decided that the threshold that I felt had been reached was not sufficient for investigation; it could be that the threshold was such that we needed more investigation, and we would ask a professional to maintain their involvement with that young person. It could be a joint investigation where police and social workers interview a young person. It could be a single agency investigation where the police undertake a police investigation. There are a number of options from that strategy meeting.

D

Q So the various different professionals from the different agencies literally work together to make decisions?

A Correct.

E

Q What is the overriding concern of all those professionals at such meetings?

A Swindon's child protection procedures are based on the premise that the welfare of the child is paramount, even above the need to obtain a conviction.

Q So if there were any conflict between actions required to try to obtain a conviction of someone, and the emotional welfare, for example, of a child, which would be regarded as predominating?

F

A The welfare of the child is paramount.

Q In this case Dr Eastgate, amongst other things, is criticised for not taking full verbatim notes of sessions that he had with Miss A following her initial allegations to him that he viewed as possibly amounting to sexual abuse. What is your view about the taking of full or contemporaneous verbatim notes in that sort of situation?

G

A I think it should be said that receiving such information from a young person is probably one of the most difficult and one of the most complex tasks that a professional could undertake, and that is reflected in the fact that on the child protection training – which I know Dr Eastgate has attended – we reflect on one session about how to receive a referral or that type of information from a young person. The advice ---

H

Q What is your involvement in that sort of training?

A I actually present that part of the training.

A

Q So you are the trainer?

A I lead that part of the training, yes; and the recommendations of the professionals is that the welfare of the child is paramount, therefore to take verbatim notes, which would be helpful in police investigations, would be useful, but if that were to preclude the young person from continuing with their conversation, or was upsetting to the young person, the professional is advised not to make verbatim notes at that point but to record it afterwards. The welfare of the child is paramount. You work with some young people where if you started to take verbatim notes in what is a very emotional, traumatically challenged situation, it is quite possible that the young person could not continue with the disclosure that they were making. That training is very clearly offered to all professionals in the Swindon area, and Dr Eastgate has attended that training course.

B

C

Q If the particular patient was one who found it difficult to engage with health professionals – clearly it is a matter for the individual to take the decision as to how to proceed – but what would your assessment of the likelihood be as to the appropriateness of taking contemporaneous notes?

A I know from experience that some children find that very threatening; they feel that it distracts from the professional listening to what they are trying to say to them. And I think when young people are trying to disclose painful issues, the least distraction the better. I think young people need to be listened to, eye contact probably needs to be retained, reassurance offered. That is the balance that is a very difficult one for a professional to have to make when receiving such information.

D

Q What would the procedure be for the obtaining of information from a child if there were to be court proceedings?

A The procedures within Swindon, and I believe nationally, are clear, that as far as possible the young person should be offered one interview and one medical examination. This is based on the premise that we understand for young people to disclose abuse is painful, and if they were asked to disclose that serially, that itself could be abusive. So as far as possible we would be looking for one interview, ideally within our child protection unit, videoed, and one medical examination. So the aim of the child protection procedures, the joint investigation procedures, is one interview, one medical, because that is for the welfare of the child.

E

F

Q What form would that interview take?

A At the time it would have taken place under the *Memorandum of Good Practice*, it would have been undertaken at the child protection unit in Swindon, and it would have been videoed, and that video may have been used as evidence-in-chief in any court proceedings. But it would have been led either by a police officer or a social worker, and those officers would have undertaken six weeks' training jointly in how to interview young people.

G

Q We know from looking at the *Memorandum of Good Practice* for such interviews that leading questions are to be avoided. Is it always possible to avoid leading questions, even in such an interview that is taking place for evidential purposes?

A No; and I believe the *Memorandum of Good Practice* also allows for leading questions if there is no other way forward. Clearly the aim is to ask open ended

H

A questions, but even the memorandum of good practice acknowledges at some point there may be the need for leading questions. Clearly it is not the ideal and we would wish to avoid it, but I believe the memorandum of good practice, or my interpretation of it, does allow for that if required.

B Q You speak about one interview being the ideal if there is a prospect of court proceedings. Would that in your opinion preclude further discussion of the matter in therapeutic sessions?

A No, but I think therapeutic agencies do struggle as to what area they can cover in further counselling with young people. It is an issue that has been addressed locally through a number of discussions. It is problematic particularly if the young person was to give evidence in court. But the welfare of the child is paramount, even above the need to obtain a conviction. So it would be possible for some therapeutic input to continue to be offered to that young person, bearing in mind the investigation.

C Q Did you have any clear guidance about that sort of topic in 1996 available?

A None that I am aware of. I think we would still struggle to find it today, if I am honest.

Q Was any note made of the conversation that you had on 12 July with Dr Eastgate?

D A If it was, it is not retrievable by me. It would be my professional task to undertake a recording of such a conversation. I would normally undertake a recording of that and I would then share a copy with the referrer. I can find no such note of that conversation, but that is my professional responsibility, not Dr Eastgate's.

Q When were you first asked to try to find whether there was such a note?

E A A number of weeks ago.

Q So many years after the event?

A Quite. The local authority have set up a policy of destroying all files after, I believe, five years. So it is possible that a note was made but it is no longer retrievable, but I cannot guarantee that note was undertaken. I have no memory of making it. But, as I say, I have undertaken thousands of consultations in the past 11 years.

Q What we do know and what is clear is that a strategy meeting was set up.

F A Yes. A message from me to Dr Eastgate confirms it and it is my understanding from looking at the family file that that meeting did take place. But, as I say, I played no part in the case after that. Graham Titheridge picked it up and then followed it through, as I would have done if I had not been going on annual leave.

G Q Can I ask you, please, to open again the Wiltshire Guidance document and look at tab 5, which is guidance specifically directed to health care professionals. If you look at paragraph 5.1.5, the second part of that refers to the "Working Together" document. It says:

H "Working Together under the Children Act 1989' states that 'Professionals must be free to refer without fear that this will lead to uncoordinated or premature action'."

A

Are you confident that a practice in accordance with that was followed in 1996 in Wiltshire?

A Yes, I am. The strategy meeting was about co-ordinating further inquiries for an investigation. I believe the procedures were followed appropriately in 1996.

B

Q What level of concern did you believe was required on the part of a professional before discussing the matter with you on the sort of basis that Dr Eastgate did in this case?

A I do not believe a professional needs proof of an abusive situation before discussing it with police and/or social services. A suspicion is sufficient for that discussion to take place.

C

Q If you turn on a few pages further, you will find some flow charts. Do you have those?

A I do.

Q Would you look at flow chart 3, please? What is the trigger shown on that flow chart for doing something?

A Informal discussion.

D

Q What is the trigger at the top of the first page? What is the first point?

A Suspicion of abuse.

MR TURNER: Then we have a discussion with a member of PHCT. Would you wait there, please, Mr Evans, and answer any questions from Miss Glynn?

Cross-examined by MISS GLYNN

E

Q Mr Evans, you have given evidence about the absence of a note for the 12 July meeting with Dr Eastgate. As I understand it, you have caused a search to be made of the local authority files. Is that right?

A I have obtained the local authority files and no such note is on that file.

F

Q So you have obtained the local authority files for that period?

A Yes.

Q Which do exist. Is that right?

A They do, yes.

Q So you managed to find file entries for July 1996.

A The first entry is for the strategy meeting that took place on the 16<sup>th</sup>.

G

Q So there is a note for the strategy meeting on the 16<sup>th</sup>. That has not been destroyed.

A I genuinely cannot remember whether the minutes of that meeting were on file, but certainly – I cannot remember. I am sorry, I cannot help you.

H

Q Am I correct in understanding that there are some minutes for some meetings during July 1996, whatever the dates?

A A I am aware of child protection conference minutes being on that file. I am not aware of the minutes of a strategy meeting, but I was not part of that process, so I would not have been chasing those minutes.

Q So we can take it that the local authority file for July 1996 has not been destroyed by reason of its age.

A That would be accurate, yes.

B

Q Yet there is no note of a meeting of 12 July.

A No. That is probably an oversight on my part in not recording it.

Q You have made reference to your diary being missing. Did you in fact have a diary entry for a meeting with Dr Eastgate to take place at Marlborough House that day?

C

A My diary indicates a meeting on the previous day – I believe there were two – but it does not indicate specifically a day on the 12<sup>th</sup>. But there is an appointment with Dr Eastgate on the 11<sup>th</sup>. My memory – and we are talking seven years ago – is of two meetings.

Q That appointment with Dr Eastgate, whether it is the 11<sup>th</sup> or the 12<sup>th</sup>, was in relation to this matter. Is that right?

D

A This is a long time ago. The appointment on the 11<sup>th</sup> was with Dr Eastgate specifically. The appointment on the 12<sup>th</sup> was with Marlborough House generally. So it could be that I was at a meeting with other members of staff on the 12<sup>th</sup>.

Q Would it be accurate to say that Dr Eastgate had contacted you and asked you specifically to speak with him when you were at Marlborough House?

A Yes.

E

Q The position is that you, as a senior social worker at the time, were being given information by a consultant child and adolescent psychiatrist concerning allegations that had been made about a very senior paediatrician. Would that be right in essence?

A Yes.

F

Q In those circumstances it would be inconceivable for you not to make a referral, would it not?

A I cannot think of any circumstances in which I would not want that to be inquired into further.

Q The reality is that it would be inconceivable in those circumstances for you not to make a referral.

G

A The only reason why I would think we would not is if we could actually demonstrate that the young person had never met that doctor. But inconceivable, yes.

Q In circumstances where the consultant had expressed concerns about it, it would be inconceivable for you not to follow it up and refer it.

A That is correct, yes

H

- A Q Indeed, your view would be, would it not, that Dr Eastgate would be quite aware of that fact?  
A I think Dr Eastgate was aware of that. Dr Eastgate was seeking confirmation that action should be taken. He was wanting a professional input in that. He did not want to be the sole person to make that decision and I think it is appropriate, as the government indicates, that professionals should work together to protect children. I think it is entirely appropriate that with that level of concern, Dr Eastgate consulted with the child protection co-ordinator.
- B Q When you spoke with Dr Eastgate, how did the conversation begin? Can you remember now?  
A Not in detail. It was around Dr Eastgate saying that he had information from a patient which was causing him concern. Dr Eastgate is always very clear in his language and would always allow for the possibility that what we were dealing with had another explanation. I do not remember the conversation in detail, but I do have a memory of Dr Eastgate feeling anxious and wanting to discuss it in more detail.
- C Q He expressed his view, did he not, that he was, for example, 98 per cent certain that this had happened?  
A He made no such statement to my memory.
- D Q Did he express his view that he was fairly certain it had happened?  
A No. The conversation of myself with Dr Eastgate, my memory is that this had been raised by his patient and that it needed further inquiry. He made no judgment that I remember as to the truth of his patient's statement. I do not believe the procedures indicate that he should have to. The procedures indicate that if he has a suspicion, he should draw that to the attention of the agencies who investigate it. I have no personal memory of Dr Eastgate using phraseology like "98 per cent certain".
- E Q Have you heard about that phraseology before?  
A This is the first time I have heard it.
- F Q The view you took between you was that it was important that a strategy meeting should be set up very quickly, which is why it was.  
A It was my belief that the strategy meeting should be set up. Whether Dr Eastgate agreed or disagreed with that was irrelevant. That strategy meeting was going to take place.
- G Q Dr Eastgate had worked with you for a number of years and you describe the circumstances in which you have known each other professionally. Is it fair to say he would have known exactly what your reaction to this would be?  
A I think it is likely he would have known my reaction, yes.
- Q At what stage did you learn the name of the patient?  
A During that first conversation, the only conversation.
- H Q You have told the Committee that you told him that the parents should not be consulted.

A A I gave my professional opinion that the parents should not be informed pending the strategy meeting being held and a decision made as to when it would be appropriate. I believe in parents being informed. The young person was safe. We had a few days grace in order to ascertain the best way forward.

Q Do you have a specific recollection of that now?

A Yes.

B

Q Would it surprise you to know that Dr Eastgate told the parents that very evening?

A It would surprise me, yes. But I need also to reinforce that I am a consultant. I am not a manager to Dr Eastgate. I can only offer him professional advice.

C

Q So your professional advice was that there was some concern about the parents perhaps impeding an investigation. Is that right?

A There was the potential for it. Parents who fear that their children have potentially been abused can react in emotional ways. That is not a criticism, that is the reality.

D

Q The only way in which he would be able to prevent that is ensuring that the parents knew nothing about it until after the police had consulted the paediatrician themselves, would it not?

A That was the business of the strategy meeting, not for me. The strategy meeting make those decisions.

Q That could be really quite a long time after these events had arisen.

A That would be the decision of the strategy meeting. I do not know the circumstances of that meeting and therefore I don't wish to speculate on it.

E

Q You have been asked questions about the taking of notes and the requirement for verbatim or as close to verbatim notes as possible. You have given your evidence about that. It is quite clear in all the guidance available at the time that full notes, or as full notes as possible, should be made as soon after the conversation as possible, is it not?

A That is correct.

F

Q Indeed, could I ask you to take up the Committee bundle and turn to tab 2? There is a note at tab 2, page 10, dated 16 July 1996 made by Dr Eastgate, reflecting advice that he had been given at the strategy meeting. I know that you were not present, but can I ask you about it, please? It indicates that there was going to be work done with Miss A with Mel, who is one of the nurses, rather than Dr Eastgate. Towards the bottom of the page, it reads:

G

“My understanding is that the Child Protection Agencies are happy for this work to continue as they see that it is in Miss A's best interest. But at the same time it is important that all discussions whether with nursing staff or other clinical staff, are written down as nearly verbatim as possible, and that no leading questions are used in trying to illicit information. Thus it is quite reasonable to ask Miss A what she can recall, to be supportive and

H

A encouraging as she tries to talk, but not to make suggestions as to what might or might not have happened.”

Presumably that would accord entirely with your understanding of the guidance and indeed with your approval?

B A I have not seen this document before and I am not responsible for it. The only comment I would make is that “written down as nearly verbatim as possible” does not indicate when that note should be taken. My view would still remain if you are in a therapeutic relationship with a young person and to write down verbatim notes at the time would be problematic. Verbatim notes, or accurate notes afterwards, would be my expectation.

Q As soon as possible afterwards?

C A As soon as possible, yes.

Q It is vital in your professional view not to say or do anything that might influence the child. Is that right?

A Yes.

Q And vital also not to transmit your opinion as the interviewer about what is being said.

D A That would also be correct.

Q Can I ask you to turn to the Wiltshire Guidelines, please, which you will be very familiar with. Section 5. Are you familiar with paragraph 5.1.8?

A Yes.

E Q We have looked at that on a number of occasions already. What is clear there is that the medical practitioner must make a referral based on sound clinical evaluation and judgment and may be required to justify it. Do you see that?

A Yes.

Q That is because inherent in making such a referral is the potential for adverse consequences for the child and therefore it must be done only in justifiable circumstances. Would you agree?

F A I would agree, yes.

Q How much information were you given by Dr Eastgate on the 12<sup>th</sup>? Are you able to tell the Committee now?

A Not in detail. It was seven years ago. I was aware that Dr Eastgate had a patient who was an in-patient. I was aware of her age, her name and that in his work with this patient concerns had been raised with regard to another professional.

G Q Were you told that there was a pre-existing antipathy towards this doctor and indeed other medics by this girl?

A Not that I remember. To be upfront, I would not go into that level of detail. That would be the role of the investigation. My job is to find a balance between obtaining enough information to make a decision to move it forward without trying to undertake the investigation.

H

A Q So going back one stage, you would not expect to be provided with the sort of information that would be required in the Wiltshire Guidelines 5.1.8, because that would be for the medic.

A That would go to the investigative process. The conversation with myself was the tripwire to say we needed to have that detailed conversation and that conversation should be undertaken by people who are trained in the investigative process. I am, but I have not practised for a number of years. Therefore my task in the conversation with Dr Eastgate would be to obtain enough information to be able to decide what further action, if any, were required. Once I had reached that threshold, I would not expect to have further conversation about the detail.

B Q It is for the doctor to make the sound clinical evaluation and judgment before the referral and not for you.

A It is, yes. And the same for every other professional.

C MISS GLYNN: Thank you very much, Mr Evans.

Re-examined by MR TURNER

D Q What should the criteria threshold be for such an evaluation?

A It should be that there is suspicion that there is an abusive situation which requires further inquiry.

Q What adverse consequences can result from a referral from a strategy meeting in itself?

A The circumstances we are talking about are there could be adverse professional issues for the third party medical professional. The other part of the consideration that had to be made was the impact upon that person's career if such an allegation was made and was not investigated properly.

Q If you had the referral to the strategy meeting and the strategy meeting having considered on an interdisciplinary basis that there was no justification for moving forward, there would be no repercussions for the third party professional, would there?

A No.

Q So does the potential for harm arise from the referral or does it arise from the decisions of the strategy meeting?

A From the strategy meeting. The strategy meeting is the decision making process.

G Q Is it normal in your experience to involve parents in discussions about such matters when there has been a suspicion by health care professionals prior to a strategy meeting?

A In the circumstances where we are dealing with another professional, it would not have been unusual at that point not to have discussed it with the parents prior to the strategy meeting. I think practice has moved on. I think recent legislation has moved on, but at that point it would not have been unusual for a decision not to inform the parents pending the strategy meeting. One of the major tasks of the

H

A strategy meeting would be how and when to inform the parents as a matter of urgency, but we would take a lead from the police with regard to that decision.

Q The question of the social services file in relation to this matter. We have heard evidence from Dr Eastgate that at the strategy meeting a decision was taken by social services that because the allegation was extra familial abuse, social services would not be involved and anything that would happen in the future would be for police further investigation. Would that affect the question of the existence of a file?

A No.

Q Because we do know that there was a subsequent referral about another matter which social services did accept.

A That file exists. That was my concern. I know that file was in existence. I did not go past the date when I was looking for a piece of paper, because I quite rightly did not want to involve myself in things that I had not been a part of.

Q So does a file exist in relation to that subsequent referral?

A That is correct.

Q But there is a separate file still in existence in relation to the first referral. Is that right?

A I think the first file to this issue is the one that we cannot find at this point. The second file is regard to the second piece of work that we undertook. I am sorry for any confusion.

Q So, there is one file in existence and it relates to the second referral.

A That I correct.

Q So, there are no notes of the child protection meeting or of any notes you may or may not have made.

A None that I have found. Certainly, I can find no notes that I have made. I have not looked in detail for minutes of the strategy meeting as I was not part of that meeting.

MISS GLYNN: Sir, may I ask one more question that I omitted to ask, subject to Mr Turner asking any questions arising out of it?

THE CHAIRMAN: Yes.

Further cross-examined by MISS GLYNN

Q Mr Evans, you have given evidence about the advice you gave to Dr Eastgate about not telling the parents. Can I put this to you, please. Have you considered, and indeed had you considered at the time, the very real risk, I suggest, of increasing a division between the child and the parents by doing this and the importance of preventing a rift between the child, the clinicians and the parents during the course of these procedures?

A Clearly, any such decision was a balance. My view was that there was potential risk to other young people and, at that point, it outbalanced the rights of the parents to be informed. That was my professional view at that point.

A

Q But you have been saying that the interests of the child are paramount at all times and must take precedence over any possible prosecution or investigation.

A We are talking more than one child in this situation. Miss A was safe, other young people who may have been having or were still having contact with the medical professional may have been at risk and that needed further investigation.

B

Q Miss A was certainly not safe, was she? She was safe from that particular practitioner but she was in an extremely vulnerable medical position with all sorts of issues regarding her relationship with her mother particularly.

A I had no knowledge of those, that not being my issue. If that was part of the child protection investigation, that would have been picked up appropriately. It was not for me to seek that information as to why Miss A was in John's care.

C

Q But did you not think it was important to discuss those sorts of issues with Dr Eastgate before you gave him the advice not to tell the parents?

A No. I think it was important that the investigation process looked at those issues. My job is not to investigate. My job is to ascertain whether the threshold had been reached. Without that information, my view was that the threshold had been reached and thus I advised Dr Eastgate.

D

Further re-examined by MR TURNER

Q Are any of these sorts of decision in relation to children where there is suspicion of sexual abuse easy decisions?

A I think they are the most complex and the most painful issues that any of us as professionals have to deal with.

E

Questioned by THE COMMITTEE

THE LEGAL ASSESSOR: I appreciate this is hypothetical but supposing when Dr Eastgate and you had spoken together, he had come to the conclusion that he did not wish it to go further and that he did not wish to identify his patient. You have told the Committee that you would have wanted to proceed anyway.

A I would have proceeded.

F

Q Forgive me for not understanding the procedures but would there have been any way that you could have proceeded?

A Yes, I could have reported my concerns to social services and the police and the police could have formally approached Dr Eastgate seeking that information. He would then have the right to refuse and that would have been subject to further discussion, but I could have passed on those concerns and the information I had and where I had received it from to the police.

G

THE CHAIRMAN: That concludes your evidence, Mr Evans. The Committee are very grateful to you.

(The witness withdrew)

H

A MR TURNER: Sir, that is the evidence this afternoon. We have a witness available for 9.00 tomorrow morning.

THE CHAIRMAN: And you have an expert report for us to read overnight. (Same handed to the Members of the Committee and marked as D9) We will continue at 9.00 tomorrow morning.

B (The Committee adjourned until 9.00 a.m. on Friday 5 September, 2003)

C

D

E

F

G

H