

Witness Name: Frances Dix

Statement No: W5262001

Exhibits: N/A

Dated:

## INFECTED BLOOD INQUIRY

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### WRITTEN STATEMENT OF FRANCES DIX

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I provide this statement in response to two requests made by the IBI under Rule 9 of the Inquiry Rules 2006. The first request was dated 4 November 2020 and the second request was dated 17 December 2020.

I, Frances Dix, will say as follows,

In response to the rule 9 request dated 4 November 2020:

#### **Section 1: Introduction**

My responses to questions 1 to 8:

1. My name is Frances Eliza Dix of GRO-C, GRO-C. My date of birth is GRO-C 1960. From October 1997 to July 2000 I was employed full time in the role of Social Worker for the Macfarlane Trust (MFT) and the Eileen Trust (ET).
2. From 1976 to 1978 I was employed full time, in Norfolk, as a care assistant in a residential home, Burlingham House, for people with a learning disability. My role was to assist in all aspects of life of clients.
3. From 1979 to 1981 I was employed full time as a Life and Social Skills instructor in an Adult Training Centre, in Lowestoft, Suffolk, for people with a learning disability.

4. From January 1981 to January 1986 I worked as a full time senior support worker, again with learning disabled adults, in Merton, South London, assessing need, programme planning, skills teaching and running groups.
5. From January to February in 1987 I was employed by a Social Work agency to help set up a project for homeless people in Hammersmith.
6. From February 1987 to July 1997 I was employed by Westminster Social Services as a full time deputy manager of residential services for people with a learning disability.
7. My role was to provide key work for clients, to include assessment and care planning as well as provide supervision for staff, staff recruitment, devise rotas and staff training. I also organised and implemented the closure of the units and developed specific projects in response to client need and service deficiency, to include costings and application for funding.
8. From 1995 to 1997 I was also seconded to Social Work training and completed two full time placements for 6 months each at Phoenix High School in Hammersmith and Brent East sector Mental Health Assessment and Care Management Team in Kilburn NW6. In the school my role involved working as part of the Learning Support Team using a variety of counselling techniques and social work interventions with identified pupils. As part of the Care Management Team I completed assessments of need, care planning and implementation, resource identification, monitoring, purchasing care packages, budget monitoring, counselling, application for services and welfare benefits, fulfilling key requirements of legislation as well as networking and liaising with other professionals.
9. From October 1997 to July 2000 I was employed as a social worker at the Macfarlane Trust. My responsibilities were to provide support via the telephone helpline, make discretionary grants to beneficiaries, present grant applications to the board of trustees on a regular basis, develop and facilitate weekend conferences for registrants and liaise and make referrals to outside organisations where necessary. The minutes of the meetings provided by the inquiry show I was also present at Strategic Review Meetings and the Partnership Sub-Group, although I have no recollection of this.

10. From September 2000 to September 2002 I was employed as the Student Support Co-ordinator in Hertswood Secondary School, Borehamwood, Herts, responsible for the co-ordination and delivery of emotional support for pupils. Liaising with outside agencies where necessary.
11. From 2002 to 2014 I was employed as the Family Links Manager in Quintin Kynaston School, in Westminster. My duties included managing the learning mentor and peer mentor teams, providing 1:1 and therapeutic group work for pupils and their families to include multi-family group work, facilitating a young carers group and family therapy. I also linked to and co-ordinating the work of outside agencies working within and outside the school who provided a service to school pupils, to include drug workers, psychotherapists, counsellors and mental health early intervention workers. My role also involved providing Parenting groups and staff training. My position made me responsible for providing management duties to include, planning services, monitoring services and supporting monitoring staff.
12. From April 2014 to present date, after completing my MSC in Systemic and Family Psychotherapy, at the Tavistock Clinic, I have worked as a family therapist in Rhodes Wood Hospital, Hertfordshire, a child and adolescent inpatient mental health tier 4 service for young people with eating disorders. My role includes providing regular family therapy to enable families to support their child through a task orientated recover programme paying attention to the context of the illness and exploring what may prevent the child from eating at home. This also involves skill training to parents and groups.
13. I believe I must have worked for 30 hours a week for the Trust as I had two sons aged 6 and 9 when I started so probably did not work full time. I do not recall. I also do not recall my division of labour between the MFT and the ET.
14. My line manager was Anne Hithersay and I regularly reported to her and to the board of trustees.
15. I myself have been a member of the Haemophilia Society as my two sons have haemophilia, but do not recall when I was a member, it was when my children were growing up.

16. I have not been involved in any way with any inquiries, investigations or criminal or civil litigation in relation to HIV, HBV, HCV, or vCJD in blood and/or blood products.

## **Section 2: Your role**

My responses to questions 9 to 12 of the rule 9 request.

17. Regarding my role with the MFT and ET I have no precise recollection of the induction, training and information I received as to their functions, aims and objectives although, as I had an understanding of their creation being formed as a response to the needs of those who had become infected with HIV through blood products and grants were awarded along specific guidelines, I'm sure all were made clear to me at the time. I believe I also signposted registrants to the benefits adviser in the trust and to outside agencies. I remember visiting a registrant on one occasion to assess the need they had requested. I also recall setting up and facilitating a small conference for female registrants and one for wives of deceased registrants.
18. My role was specifically to answer the telephone helpline and respond to requests for grants by presenting these to the board of trustees (at regular board meetings but I do not recollect how often they took place) if the requests lay outside the guidelines whereby the office could respond without the trustees involvement. At the board meetings I would make a request on behalf of the registrant.
19. I'm sorry I have no recollection of the role of each staff member and if I made referrals on to them.

## **Section 3: The structure of the MFT and the ET**

My responses to questions 13 to 15 of the rule 9 request.

20. Although we shared premises with other offices in Alliance House I have no idea what the other organisations were or who worked in them. To my recollection all the registrants' details were in one particular room in the MFT office, locked in cabinets. I do not recall anyone outside the MFT or ET having access to these.
21. I worked in the office alongside 3 others and we worked well together. Anne Hithersay being one of the four, was my extremely supportive manager.

#### **Section 4: The work of the MFT and the ET**

My responses to questions 16 to 42 of the rule 9 request.

22. I have no recollection of how new beneficiaries were identified or assessed.
23. I was responsible for making discretionary grants based on specific guidelines and criteria, which I do not recall. At times registrants were asked to provide supporting documents. I do not recall whether I needed to take account of whether a yearly budget needed to be considered. I also do not remember whether the grants were means tested or not. If the request did not meet the criteria I made the registrant aware and took their request to the board of Trustees I believe. As I recall by far the majority of requests were made to alleviate the difficult circumstances of a person or family and I felt it my role to represent the registrants' needs through making the Trustees aware of need and how the request linked to the need.
24. I have no recollection of exactly how the system worked. I believe I was able to make decisions if they fitted exactly into guidelines, but I really do not remember. If the request didn't fit within the guidelines I asked if the applicant would like me to present it to the trustees for their consideration. This I did after gaining information to support the request.
25. As I recall The Trustees were receptive to my views when they were determining an application but the final decision came down to them. I took into consideration the situation of the applicant and made a case with this as central. I gave a social picture as best as I could.
26. I do not recall the equity sharing discussion during the February 10th 1998 MFT board meeting and can make no comment on my contribution and thoughts or the effects it had on beneficiaries. I do not recall what I meant by 'other creative ways'.
27. To my recollection I did carry out at least one home visit possibly to assess need in terms of a request a beneficiary had made but I cannot remember.
28. I believe I had a good relationship with MFT and ET beneficiaries. I was empathetic and tried to enable a request to fit criteria where possible and with as a systemic view as I could.

29. Again I do not recall what the identified social work needs of the Trust registrants were but I imagine they were subject to the same needs as other people in the country infected with HIV and included, social, housing, employment, psychological and emotional need. Of course many registrants would potentially be subject to physical needs as well because of their Haemophilia.
30. If funding had been withdrawn for specialist social work posts for people with haemophilia and HIV, as stated by Dr Winter at the strategic review meeting in March 1998, I imagine the impact would have been that those affected would have been left with unmet need in many areas, and especially in the areas covered in the last point. It may have impacted on my role needing to locate and signpost registrants. I do not have any recollection of what the impact was on my work though.
31. I also do not recall if the MFT and ET were able to meet such need or if poverty was a real issue at the time for beneficiaries.
32. I do not remember if there was a clear policy on how to treat widow/dependants following the death of a primary beneficiary or how regular payments for widows were determine. Neither do I remember what support was given to bereaved families.
33. I recall setting up and facilitating a weekend conference for affected women as a one off.
34. I do not know if there was a procedure in place to consider applications made on an urgent basis.
35. I do not recall if the MFT and ET took steps to engage and understand their beneficiary community but the minutes of the strategic reviews suggest they did in that they proposed focus groups to identify need. The setting up of the Partnership group as specified in the minutes also suggests user involvement was essential and sought.
36. The minutes suggest the Partnership group was set up to facilitate dialogue between the Trusts and the beneficiaries but I do not remember. I imagine my belief would have been that I represent the views of the beneficiaries in their absence.

37. I have no recollection of any of the Partnership group meetings or the MFT board meetings so I cannot comment on why the registrants present at the Partnership meeting were angry.

38. I do not recall what relationship, if any, the Trustees had with the beneficiaries of the Trusts. I don't believe they had a lot of contact with each other.

39. In response to question 35, I believe I communicated by phone and letter.

40. In response to questions 34, 36, 37 and 39, I do not remember what happened in those circumstances.

#### **Section 5: Complaints and appeals**

My responses to questions 43 to 47 of the rule 9 request.

41. I have no recollection of the complaints and appeals procedures.

#### **Section 6: Relationship with Government**

My responses to questions 48 to 51 of the rule 9 request.

42. I have no recollection of whether I knew if there was any oversight by any Governmental department over the MFT or ET.

43. I am unaware of any correspondence, direction, guidance or any other involvement between Government departments and either Trust.

#### **Section 7: Other**

My responses to questions 52 to 56 of the rule 9 request.

44. I left the MFT in 2000 because my father died in July 1999 and I found it increasingly difficult to work in a setting with other bereaved people.

45. Because it is so long ago I can't comment on if I felt the MFT and ET were well run. I really don't remember what I thought. I can also not comment on whether I felt there

was equality in terms of the treatment of beneficiaries, as I again I do not remember what I felt.

46. I apologise that I have so little recollection of the 3 years I was employed by the MFT but I'm afraid that is the case.

In response to those additional questions posed in the Rule 9 request dated 17 December 2020:

47. At paragraph 17 above I have stated "I remember visiting a registrant on one occasion to assess the need they had requested." However I do not recall how the registrants needs were assessed and if there was a fixed criteria.

48. At paragraph 25 above I have stated "As I recall The Trustees were receptive to my views when they were determining an application but the final decision came down to them." I can't recall whether they largely agreed or disagreed with my assessments or whether an applicant had a way to appeal mine, or the board's assessment. I do not recall if I made or suggested policy changes to the decision-making process to the board. I have no recollection of any inconsistencies in the board's decision-making to the board.

49. At paragraph 34 I stated "I imagine my belief would have been that I represent the views of the beneficiaries in their absence." The Inquiry has asked by response why I was required to represent beneficiary views in the Partnership Group if the beneficiary community was already represented on it. I did not need to if they were present. I wish to change my answer to reflect that I would not have needed to as you say.

50. On representing the views of beneficiaries in their absence. When applying for grants to the trustees on behalf of applicants I could have made representations for them based on telephone conversations with them and letters they sent.

51. On whether working for the MFT and ET was a positive or negative experience for me, and whether the MFT and ET positively or negatively impacted the lives of persons with HIV/AIDS contracted due to infected blood and blood products. I felt it a positive experience working with the MFT and left only when my father died and I felt



it too difficult to work for this client group whilst feeling bereft. I do recall meeting and encountering anger amongst some of the registrants because they felt unheard in wanting an inquiry into the contaminated blood. I believe some registrants felt the Trusts provided for some of the needs of its registrants but that it was set up to appease but not accept responsibility – which is what some felt needed to happen.

**Statement of Truth**

I believe that the facts stated in this witness statement are true.

Signed \_\_\_\_\_

Dated \_\_\_\_\_

**Table of exhibits:**

Date	Notes/ Description	Exhibit number

**Statement of Truth**

I believe that the facts stated in this witness statement are true.

Signed **GRO-C** \_\_\_\_\_

Dated 1 Feb 2021

**Table of exhibits:**

Date	Notes/ Description	Exhibit number