

Wellcome Witness Seminar: 50 Years of Brook on Friday 6th February 2015

Some extracts have been redacted where indicated in line with our [Access to Personal Data Policy](http://wellcomelibrary.org/content/documents/policy-documents/access-to-personal-data.pdf) [<http://wellcomelibrary.org/content/documents/policy-documents/access-to-personal-data.pdf>].

Participants:

Dr Lesley Hall	Senior Archivist Wellcome Library 1979-2015
Simon Blake	Chief Executive of Brook 2006-2015

Witnesses:

Dilys Cossey	p 5-6
Caroline Woodroffe	p 6-10
Dr Christine Watson	p 10-13
Wendy Thomas	p 13-15
Suzie Hayman	p 15-17
Polly Goodwin	p 17-20
Mary Crawford	p 21-25
Alison Hadley	p 25-29
Dorothy Borbas (Keeping)	p 29-31 (Testimony read by Simon Blake)
David Paintin	p 31-33 (Testimony read by Simon Blake)
Q&A	p 33-46

Wellcome Trust, London

6 February 2015

Dr Lesley Hall: Right, good afternoon, everybody. I think we've got a very exciting and perhaps rather full few hours ahead of us, so I think we should probably get going now. I'm Lesley Hall, I'm Senior Archivist here at the Wellcome Library and I'm not going to say a lot because we have some very exciting speakers coming up. I had the great honour to be the person who catalogued the archives of Brook, which we now have here, and which are available to research, apart from a few files which are closed for reasons of data protection, so that was very exciting. It was particularly exciting as we already have very strong holdings in the history of sexual health, which I've prepared a small virtual exhibition, which may interest you to see some of the things we've got here. It's just very diverse, we've got some significant collections which were devoted to sexual health, such as the archives of the FPA [Family Planning Association], ALRA [Abortion Law Reform Association], the papers of Marie Stopes, but it's a subject which crops up both in other archival collections and in the holdings of the Library more generally. And we think we're probably one of the best repositories in the

world for this kind of material. I'm sure there are others who would make the claim, but we think we're pretty good on that.

Anyway, it is my great pleasure to invite these Witnesses to add to what is already in the archive of Brook here with their personal reminiscences of what happened at various developments within Brook over the years. I remind everybody that this is being recorded and that after the witnesses have spoken and discussed among themselves, we are very much hoping to open this up to the audience for comment and questions because I'm sure you all have quite a lot to contribute yourselves on this subject. So without more ado, I will ask for a recorded interview with the founder, Helen Brook, to be played and then Simon Blake will be taking over to chair the discussions. Thank you, Simon.

Audio recording of Helen Brook interview played back in the seminar [link to BBC website: <http://www.bbc.co.uk/programmes/p02c7sd5>] transcribed from BBC Women's Hour 18 Nov 2014 recorded in July 1989. Helen Brook is interviewed by Helen Boaden.

Helen Brook: I found after a few weeks there that here was the very thing that would make women free. As the 50s advanced, there was more and more pressure from people like me to do something about all those women out there who are suffering from the backstreet abortionists, who are having to find the money for Harley Street, which was booming, and when Marie Stopes died, her clinic in Whitfield Street was fairly run down. And we were asked in the Family Planning Association to do something about it and by the grace of God, it was me that was chosen to do something and to get the thing back on its feet again. And it was after I'd been there about six months, it suddenly dawned on me we weren't under the constitution of the FPA, and the FPA could see only the married woman. And Marie Stopes didn't have a constitution and I had this marvellous wonderful thought, I can set up a session if I can get a doctor and the clinic's secretary and a nurse, we could start seeing the unmarried woman.

Interviewer: *What do you remember about your first session?*

Helen Brook: Oh, every word. It was so exciting, it was such a sort of ... such a sort of grey November evening, it was a Thursday, and going into the clinic and sitting behind the desk there and waiting for the first patient to come in. But of course, you didn't know ... I mean you didn't think of it as having done something strange, you really just were giving these women something that they so desperately needed. You know, they were secretaries, secretaries in their ... between thirty and forty. And men in those days — I suppose they're the same nowadays — quite often used their secretaries also as their mistresses. But these poor wretched women had no means of getting birth control advice, so to be able to come and talk it out and talk about it ... you see, the great thing was they could talk about it and other sexual ... it sounds very strange. Well, nurses, you see, many nurses in those days were coming over from Ireland, well, they were unmarried. And, of course, there was a tremendous number of ... there were enormous numbers of illegitimate children from the

American ... from the Irish immigrants who came here to work in the hospitals and so on. The others were school teachers and, you know, you'd say to ... I remember saying to one young woman, 'What is it ... what's it all about?' you see. And she said, 'Well, one can't let it be known that you've got a contraceptive in, or that you're carrying a condom, because then the young man, who you meet, thinks that this is what you want.' Well, as it wasn't really what they wanted anyway but they had to always pretend that it wasn't, so they had to pretend to be unprepared, although they were prepared, you see. So that we were there really to prepare them to be unprepared. I mean it really was a very funny situation, but it gave them a chance to talk about it all. And to, you know, help them to see that it wasn't very sensible, it was much better just to get yourself prepared every day and hope for the best really.

Interviewer: *What was the reaction to this unprecedented move? The public reaction?*

Helen Brook: Oh, it was very lucky, really. You see, it wasn't ... we said nothing for about six months. And then I had to report it to the clinic committees and then it got to the board and then the fusses began. And then in the October of that year, we actually held a big party and it was on Marie Stopes's birthday and to announce that we were seeing the unmarried woman. And what was so fascinating was that the press who you would have thought would have jumped at this, I think they were so stunned that they didn't say anything at all for about a fortnight or so, but then suddenly somebody cottoned onto what had been said and, you see, as the people ... the men on the platform had been Lord Brain and Professor Dugald Baird, great names in the medical world, you see, somehow or other the press hadn't realised that they were really talking about something that had not happened before.

Interviewer: *So you did have doctors on your side, some doctors?*

Helen Brook: Oh, I had wonderful people. I mean great men. And most of the medical profession was — they don't always come out and say so — but they certainly were.

Interviewer: *What about criticism?*

Helen Brook: Ah [*laughs*]. Criticism was absolutely fantastic. We really ... I was treated in a way that you would've thought that I had invented sex, you see. You know, I was meant to have lifted the lid of Pandora's box and let out all those terrible things that are there that people before that had never done anything at all that was like sleeping with each other. But since we had started giving ... allowing the unmarried to have protected sex, then, of course, women were able to be promiscuous and of course husbands didn't like it, you see. It's very funny about husbands — they don't always like their wives, or they didn't in those days like

their wives having contraception. And many men, when I was first in family planning, would hide their wives caps or throw them in the fire or all sorts of horrors, you know, you can hardly believe, you know, civilised people would think of.

Interviewer: *Why were they doing that?*

Helen Brook: Because they didn't want their wives to have sexual intercourse with a cap, or they thought if the wife had a cap, she would be having it with other men and be unfaithful to them and they wouldn't find out. Oh, men have very funny minds when it comes to that sort of thing, you know, so it's all right for them but not for us.

Interviewer: *So how easy, given that reaction, was it to spread the word if you like, to move from that little attic room above the Marie Stopes clinic to the situation we have today when there are Brook clinics all over the country?*

Helen Brook: Well, you see, what was rather lucky was that the people who were most against us made such a to-do that I never had to spend a penny on any kind of publicity or ... they did it all for us and the more they went on, the more the people that had any sense, or any humanity, wanted us to really get going with these very specialised centres which were for counselling and for really supporting these younger people, really coming in as the parents to the younger ones because the parents so often were unable to help their young ones. Quite often, I'd say to a young person like sitting with you, I'd say, 'Why didn't you ask your mother that?' You see. And she'd say, 'Oh, well, you see, she wouldn't understand.' But I'd say, 'You are speaking to me so why should I understand more than your mother? I'm a mother too, you know.' 'Oh, but,' she said, 'You're different, you're with it.' But my daughters didn't think I was with it. I mean they both say, my daughters both say, 'I never taught them a thing.' **[End of interview excerpt]**

Simon Blake: It's one of those recordings which, I think, you can listen to over and over again because each time you listen to it, you hear something else, but one thing remains the same that it gives me goose bumps every time I listen to it, not least because it reminds us of how far we've come but also how far we haven't come in so many ways in that, whilst the stories might be slightly different now, that many of those issues remain the same for young people.

I'm Simon Blake and I'm the Chief Executive of Brook now and it's my great pleasure to be able to chair this afternoon's proceedings, so thank you very much for asking me, Lesley. I wanted to start by saying thank you to Dilys [Cossey] and Caroline [Woodroffe] who, just after I'd started at Brook, came to me and suggested that we approach the Wellcome Trust to maintain this archive. And all that I knew is that we had a lot of very, very good stuff in a store cupboard but we weren't quite sure what it was. And Dilys and Caroline diligently went

through and looked at what was there to make the case, and thank you, Lesley, for agreeing with colleagues here and doing all the hard work because there is so much rich material and it must be available for people to use to understand the history in order that we can understand the future.

I think we've got a great group of witnesses, not just those who are on the speaker panel but also you, because I know some of you, I know some of your history and relationship with Brook, but not all of you, but I'm sure that you all have your understanding, your experiences, and to reiterate what Lesley said, we'll hear from the witnesses before the coffee. We'll then have a short break, but then we want this very much to be a discussion so that you have the chance to feed into this ... this isn't you being vessels into which you're poured information but an opportunity for dialogue as well.

So, without any further introduction from me, what I'd like to do is to introduce the first witness which is Dilys Cossey. I'm going to ask each of you to start by saying when you were involved and what your roles were so that people can understand the context and the time in which you are talking from. So over to you, Dilys, thank you.

Dilys Cossey: Thank you. Can you hear me all right? Brook is a thread running through my life. I was present at its birth in 1964 at the FPA AGM. And I watched it grow to maturity. In the last half century, I've had different roles. I've moved from birthing attendant to tenant in Tottenham Court Road, writer of Brook pamphlets, London Committee and Brook Board member, and finally Chair and now just a member.

I'm going now to just talk about how it was in the early years. It is the people who make Brook. There is a generosity of spirit, not just among the names ... people everyone remembers: Fay Hutchinson, Pauline Crabbe, John McEwan, Caroline Woodroffe and Helen herself, but among the workers at the grassroots. And workers at the grassroots are important as I discovered when in 1961, and this is a story some of you have already heard but I think it's important for the record, I attended the FPA clinic at the Walworth Women's Welfare Centre, which later became a Brook clinic, to have a diaphragm fitted prior to getting married. Alas, I did not have a sparkling engagement ring on the third finger of my left hand and the volunteer receptionist was suspicious, to say the very least, thinking I was up to no good. So she grilled me not only on my personal details but on those of my intended — that's name, age, occupation, place of residence and where and when we were going to get married, happened to be Brixton Registry Office, not the most fashionable place but we did it. Somewhat reluctantly, I was let through to join the line of women sitting there, minus suspender belt, knickers and stockings, and then into the doctor who asked me briskly if I enjoyed sex and when I was going to start a family. Then I crouched down behind a screen and was taught the mysteries of inserting a diaphragm and thus equipped for married life, I left. I subsequently learnt that care was taken to check up on whether I actually got married [witness: *Good Lord*].

At about the same time, Helen was hatching her plans for the first unofficial Brook clinic at Marie Stopes, which she was talking about in the interview. And in 1964, crunch time came at the FPA when ... at the FPA AGM, when the question of whether contraceptive advice should be offered to the married as opposed to the about-to-be-married with engagement

rings at FPA clinics. I was attending the AGM in my capacity as Secretary of the Abortion Law Reform Association. If my memory serves me correctly, Church House was the venue and it was packed and there were some very indignant ladies present. The outcome was *no* to the FPA seeing the unmarried but *yes* to another organisation. And so it came to pass that I saw Brook being born in the form of a resolution at the FPA 1964 AGM.

At the time, I dismissed the FPA view as fuddy-duddy, but I think I have a better understanding now. The struggle to get contraception accepted was long and bitter, the context was helping married couples to choose the number of children they wanted. Premarital sex was not part of the equation, let alone enjoying your sexuality without harm with a concept of sexual rights. Helen was a brave woman to challenge the FPA position. In the same way the cause with which I was associated, abortion law reform, was not part of the official FPA agenda. I felt a camaraderie with the unmarried sex lobby — we were both on the fringes.

This camaraderie was reinforced when I attended the opening of Brook in Walworth, I think in 1965, again in my capacity as our Secretary and because I lived within walking distance. It was a bitterly cold day and I was tempted to pop into a pub for a glass of warming whiskey but thought it would not do my cause any good if I arrived with alcohol on my breath. Helen was present, of course, but I hadn't been around long enough to identify the others. Now that changed over the following decade. In the early 1970s, I moved into my tenant role when I occupied the small backroom in Tottenham Court Road, running the campaign for free contraception. As a result of which, in 1974, contraception became free of charge on the NHS irrespective of marital status.

I got to know most people in the building, those running the clinics and those in the admin, and Caroline Woodroffe and I shared crises and confidences. Brook's work was an influential factor in the debates and the resulting 1974 Department of Health memorandum of guidance on family planning services specifically retained a role for Brook as a service provider. The FPA gave up all its clinics at that stage, more or less. It was one of the best bits of advice of memorandums ... or memoranda that I think was ever put out on family planning. And we were involved in the writing, the free contraception lobby, everybody in the field.

Just one further aspect of the early days is the two pamphlets I wrote in the late 1970s for Brook: *Safe Sex for Teenagers* was the name of the first and *The Case for the Condom* was the second. Now you may think that these are anodyne, indeed, old-fashioned titles, if extremely politically incorrect. Caroline pointed out to me the other day that Brook rarely mentioned the word sex, at least in public, when she was at the helm, whereas today you can hardly avoid it on the Brook website. I reminded her that we were visited by a Department of Health civil servant on the publication of the first pamphlet, and on the second, it was a representative of the BMA [British Medical Association], both uncomfortable with our work. The Department of Health didn't like sex in the title. And the BMA did not like the fact that we'd recommended that GPs should provide condoms. Indeed, the word *condom* was itself unfamiliar and it took the advent of HIV, AIDS, to normalise it, but that's another story. Well, that's just my very small part of the jigsaw. Now over to the others.
[Applause]

Simon Blake: Thank you very much, Dilys. Now straight over to Caroline Woodroffe please.

Caroline Woodroffe: Thank you, Dilys. And thanks to Lesley for taking the Brook archives and to Stephanie for making it happen at last. Took a long time. Dilys and I had a lot of fun in that storage cupboard on our knees, grovelling among the papers. And then when things had been brought here to Lesley, we had a great file of photographs and we got into terrible giggles trying to figure out who the people were in the photographs and writing their names on the back. If you ever use the archives and find that the names are ridiculously wrong, it's our fault. And thank you to Lesley for organising this important event. Brook has changed a great deal, I believe, although I'm no longer closely in touch. And you must forgive us for having speakers mostly from the beginning because that's the people that Dilys and I knew. I was the General Secretary of Brook from 1970 to 1986 — a long time you may think — and I was on the Board before that. I was followed by Alison Frater, who's not here today, and by Margaret Jones, who I'm very pleased to say is here sitting near the back.

It was the most wonderful job. I was greeted in Birmingham and in Bristol and Edinburgh and Belfast and Liverpool by friends, stayed in everybody's houses. It was just super. For one thing, we were self-selected, we weren't in it for our careers, it wasn't going to do anybody's career any good, we weren't in it for money as you may imagine. We were in it because we all agreed with what we were doing and that was very uniting.

I must bore you for a moment by putting on the record, because remember that I'm talking to you but I'm also talking to the mike which is a funny sort of thing ... that I must put on the record the names of the wonderful people who worked with me, many I'm sorry to say have died. Helen, who just makes me giggle when you listen to her, she was inspiring and charmed everybody but she certainly needed a bit of administrative backup. [*Laughter.* Witness: *...and management!*] Yes, Suzie, thanks, yes. But with Helen and her husband Robin who was very, very important, many of you will know how extremely important Sally Price was, living in Birmingham and our [National] Developmental Officer. I see Jane Fraser nodding — it's true, isn't it? Philip Barbour was our treasurer, he was extremely important to me. And Pamela Sheridan was a major donor. She was lucky to have been born a Glaxo baby ... we did well out of that. And Ruth Coles in Bristol, a firebrand doctor. And our stars in London — Fay Hutchinson and Pauline Crabbe, who Dilys has already mentioned. Those who I hope are still alive, I believe they are, Jackie Warren, who is the secretary of the London Centres, Luba worked closely with her — she was amazingly good. And a very good team in Edinburgh, and I'm sorry to have heard from Simon that Edinburgh is no longer a Brook — it doesn't matter, I'm sure it's something useful, but they were very good people in Edinburgh and I loved staying with them. And Mary Crawford from Belfast, who's here today. They were all very important people to me. It was my life.

Preparing for today, I thought — what was our purpose? What was it that we were trying to do? Well, I don't know about anybody else, I think we were all agreed, to me the purpose was, first, to ensure that every child was a wanted child, and, secondly, to improve the position of women by freeing them from the burden and fear of unwanted pregnancy. Access to contraception is essential for gender equality. How did we do this? In two ways. First, we provided welcoming clinical services ourselves. And I'm very pleased that today one of our witnesses is a doctor, because Dilys and I, inviting people at random, rather left out doctors.

But Christine Watson is here today. So we would provide the clinical services ourselves and, secondly, we would change public opinion.

When Helen started Brook, it was shameful to be an unmarried mother, or an illegitimate child. We all knew of someone who had been hidden away in a mother and baby home, children who'd been adopted, the stigma of illegitimacy. It was sinful to have sex before marriage. I hope Dilys waited [*laughter*]. You were a fallen woman. Guilt attached to sex. Both men and women got trapped into shotgun marriages, marriages they shouldn't have made and yet more couples were having sex before marriage. It was cruel and stupid to deny contraception to the unmarried, cruel to both the parents and the unwanted baby. Using Brook as an example, we would change public opinion so that all women seeking contraception would be welcomed by all GPs and family planning clinics. That was our aim. In other words, to do ourselves out of a job, which was in those days the role of many voluntary organisations because we had this idea, which is completely gone now, that you started a voluntary organisation, experimented with something, it was then taken over by the public services. Public services, what are they, you say nowadays.

Brook had opened in London in 1963 with a great deal of support from the Family Planning Association. Helen and Robin were important members of the FPA. Freda Parker of the FPA provided the administrative backup for Helen's genius. I was a volunteer in the FPA and on FPA committees — that's how I met Helen. And our doctors and nurses were trained in FPA clinics very largely. By the time the FPA changed its rules in 1970 to allow the unmarried, we had Brooks in Birmingham, Bristol, Edinburgh, Coventry and London. Who were our clients? Let me give you a snapshot of the services in 1971. There were 22 000 clients in that year, most of them in London or Birmingham, and these clients made 56 000 visits during the year to 4000 doctor sessions. So that gives you an idea of the size and the function. Half of these clients were new. Of the new clients, only a third were under twenty. Half came on a friend's recommendation, often an older friend. Most new clients, 80 percent, were prescribed oral contraception at their first visit. A small number, less than one percent in those days, were pregnant and chose to be referred for abortion. Birmingham Brook found that two-thirds of their clients had boyfriends who shared in the cost of their visit.

There was a lot of variation among the centres. We had feisty individuals working with us who had opened centres because they were rebels. And as a result, we were a federation with separate finances and management. Of course, it made my job much easier than Simon's is now, but it left room for experimentation, and I introduced the obvious idea that every branch should be represented on the Board. It was only one question, I remember, where the Board refused what somebody else wanted to do, and it was actually a joke. Avon wanted to add menopause counselling. We said, well, perhaps not under Brook. Of course, they just went ahead and did it under some other name. You know, the people running Avon Brook weren't going to be stopped in anything they wanted to do — quite right.

Counsellors were important from the start in Birmingham and became important in London, but in Avon counselling was provided by the doctors. And in our centres, we had some doctors trained in psycho-sexual counselling, for example, Fay Hutchinson. Pregnancy testing and abortion referral became part of the services and, interestingly, we had three hospitals in London that set up their own small Brook centres, one or two sessions a week, to see their hospital patients. At King's, Dr John Newton found that only 50 percent of his patients referred following abortion to the regular gynae clinic at six weeks turned up. When

he opened a Brook session and referred for return at two weeks, 80 percent arrived. There was a different image.

Some local health authorities paid us to see their residents for free, for others we had to charge. So, variation. Did we change public opinion? You bet we did. We had wonderful publicity, we had excellent press officers, one of them is sitting here now, Suzie Hayman. And you did that for a bit, didn't you, Alison? Yes, two of them, yes, after I'd gone. And we had marvellous support from agony aunties. Journalists who had been clients often spoke up for us. There was a slight risk of our publicity conveying the idea that Brook was better than the other sources of help. Competition is natural and had to be suppressed. But in fact, we had happened at just the right time, we were part of a rapid increase in the number of doctors prepared to prescribe contraception for the young and unmarried. A lead was given by a wonderful man, Sir George Godber, the Chief Medical Officer of Health at the time, giving us a lead to his family planning clinics.

Did we have enemies? You bet we did. Mary's here from Belfast, I'm sure she'll tell you some of that. Suzie, I hope, is going to talk about Mrs Gillick. I will tell you briefly about Dr Brown in Birmingham. As soon as I arrived in Brook, Birmingham Brook, which was always a very feisty place, reported Dr Brown to the GMC because there was a girl who was, in fact, sixteen and she had given her GP's name with the assurance from Birmingham Brook that it would be all right, the GP would not tell her parents. [The] GP went ahead and told her parents and that was trouble in the home, and Birmingham Brook was fed up with this man Dr Brown, he'd done it before, so they brought [reported] him to the GMC. It was quite an extraordinary thing. At the end, there was a split verdict. The verdict said that he had not been guilty of gross professional misconduct, but he had been guilty of breaking the confidence of a patient. You may imagine, he came out on the front steps of the GMC and said, 'I'm not guilty.' We came out behind him and said, 'He is guilty.' It brought the issue of confidentiality very much into the press.

So what has changed? The disgrace of young unmarried sex and the stigma of illegitimate birth have gone. Half of first births are now outside marriage, whether that's a good thing or not doesn't matter. It's become different, completely different. Mother and baby homes have closed. I don't know if any of you have seen that programme that's become rather soppy, *Call The Midwife*. It was a terrible view of a mother and baby home in one of the recent ones.

Adoptions have fallen. There was a woman on the radio this morning saying about the sadness of trying to find her original mother who didn't want to see her and so on. There has been an enormous change in the position of women in the last fifty years. Almost only Dilys and I here are old enough to realise just how big the change has been. There has been legislation, The Abortion Act 1967, for which you can thank Dilys among others and Madeleine Simms, and I'm delighted that Madeleine Simms' daughter and son are here today, wonderful.

The Equal Pay Act 1970, The Sex Discrimination Act 1975, the setting up of The Equal Opportunities Commission — I was appointed a member of the Equal Opportunities Commission by the Labour government in recognition of the importance of birth control in equal, meaning gender, opportunities. Access to contraception was essential for the improvement in the position of women and we played an important part.

Job done? Not yet. In 2011, in England, 15 per 1000 young girls under eighteen terminated their pregnancy with an abortion. Thank you. [Applause]

Simon Blake: Thank you very much, Caroline, and we're going to move swiftly on to Christine Watson, one of the doctors.

Dr Christine Watson: Thank you very much for inviting me to the seminar. I've really enjoyed what Dilys and Caroline have had to say, they've told me so many things I'd forgotten. And as you've heard, I'm just a token doctor, so I'm just going to try and fill in things that maybe they can't say because of not being doctors. But forgive me two things, some of this is biographical and some of it is [hazy]... because my memory is incomplete you must forgive me because I'm getting on, but anyway, I started off as a medical student in 1956 and I qualified in 1961 and I found myself in the latter half of 1961 as a houseman in obstetrics and gynaecology at King's College Hospital in South East London. And in those days, you were technically on duty all the time, seven days a week, twenty-four hours a day, and in a six-month job, you got a two-week holiday. So, my evenings were frequently punctuated by calls to casualty to see incomplete abortions, women who presented with vaginal bleeding signifying an incomplete abortion. And it seemed, in retrospect, that most nights I had to arrange to take them to theatre and evacuate under anaesthesia the retained products of conception to control bleeding and hopefully infection. The majority of these abortions were undoubtedly self-induced. And I think this is one of the reasons which triggered my interest — professional interest in family planning. I sort of had aspirations to become a consultant obstetrician gynaecologist at that time, but I got married too early and started my own family and that put the kibosh on that, and I quickly got the message that as a married woman I wasn't consultant material, so I looked around for another career and family planning came to my rescue. So I went along to the FPA and took the theory course and then I did my practical training at the famous, already mentioned, Walworth Family Planning Clinic in South East London, where I learnt the great art of how to fit a cap, which was the only contribution doctors could make in those days. We didn't have — this is way before the Abortion Act, of course, you remember that 1967, hence the problems with the illegal abortion — and all we had to offer was male withdrawal or condom use or female caps and the odd pessary to accompany it. I remember my mother having Volpar gel in her top drawer, which always mystified me. Anyway, that was it. So I trained and I started work in family planning clinics which were then run by the FPA, voluntary, they were not under the health service, and women had to pay for their services.

I didn't actually have a chance to work in Brook, which had opened at 55 Dawes Street, bang next door to the clinic where I did my practical training in Walworth in, I think, November 1964, Dilys, actually [Witness: '64, yes]. And I went along to have a look at it, being intrigued, you see. But I didn't get the chance to work in Brook until 1971, by which time I had three young children and I was working on a sessional basis. And I was lucky to be appointed to a Monday morning session at Brook in Tottenham Court Road and this continued until 1975 under the inspiring leadership of somebody called Caroline Woodroffe and Pauline Crabbe. By that time, of course, prescribing the pill was in full swing and, as you've heard, the FPA had dropped its prohibition on the unmarried, but Brook had found its

niche with young people. And I very much enjoyed the stimulation of working in that clinic in Tottenham Court Road, which was slightly different from the local family planning clinics that I was used to.

I had to do some research for this, as you can imagine because I've been retired for fifteen ... seventeen years actually, and to my surprise on my CV, which I consulted, it tells me I was a member of the Walworth Brook Clinic Committee from 1975 to 1980 and a member of the London Brook Advisory Centres Executive from 1984 to '87 and its Finance and General Purposes Committee from 1985 until 1987. I must confess I had absolutely no memory of these activities [*laughter*] and I must have been completely useless. Anyway, come 1982, I became the Head of Service for the Family Planning and Well Woman Services as they were called in Lewisham and North Southwark, which was then under local health authority control. And that gave me the opportunity to support the work of Brook clinics within our catchment area, which included Walworth which was a full-time clinic pretty well, and we also had a clinic at Lewisham one evening a week. So from 1987, 1988 onwards, we included statistics from Brook clinics in our catchment area in our annual reports, along with our own statistics in order to get a sort of comprehensive view of our impact on the local population.

Come April 1st 1992, we were all made into a trust, which was called Optimum — everyone called it Optibum, it was Optimum. But again, it gave me the opportunity to support Brook and I regard it always, their services, as complementary to what we were doing already. We were able to negotiate a 'service level agreement', it was called, with Brook, to provide specialised services to young people in Lewisham and North Southwark and Brixton, which was actually in Lambeth Health Authority.

By the time I retired in 1997, we had five Brook clinics operating in South East London, Walworth, Brixton, Lewisham, Deptford and Rotherhithe. And they jointly provided about four full days a week plus eleven separate sessions a week, with nearly 6000 registered clients per annum. And I have lodged our annual reports with Dr Lesley Hall so if anyone in the future wants to look at the statistics, they can.

My other very happy connection with Brook was through the Family Planning Training Unit, which had been established at my *alma mater* King's College Hospital by Dr John McEwan, of whom you've heard, and they turfed him out in April 1993 and I was sort of there really to catch the training unit at the bottom of the hill at Camberwell Green and we took it under our wing to continue the postgraduate training of doctors in family planning. And we ... they obtained a thing called the DFFP, which was a Royal College of Obstetricians and Gynaecologists qualification. And we were always included the special needs of young people in our syllabus. Pauline Crabbe and Dr Fay Hutchinson and latterly Dr Gillian Vanhegan from Brook gave talks regularly on our courses and were, of course, very well evaluated by the participants because they were full of enthusiasm for their cause. One of the teaching aids we used regularly was a splendid film in which Dr Fay Hutchinson interviewed a somewhat recalcitrant teenager seeking advice. It was an absolute masterpiece of clinical interaction and unfortunately in all the changes that have occurred since my retirement, I don't know what's happened to this film, who might have it. If any of you know of its whereabouts or what it was, I can't even remember who made it, it really ought to go in the archive because it's a masterpiece.

With Brook, as I said, I regarded them as complementary and we tried to interdigitate to provide joint service delivery. I think we cooperated on a number of things. Looking back over these, there are recurrent themes. One was the repeated circulars and documents issued by the Department of Health paying lip service to the need for separate less formal services for contraceptive advice for ... tailored to the needs of young people in view of the persistently high conception and abortion rates in this age group. Needless to say, this was never accompanied by any increased funding. Apart from those repeated circulars, there were repeated pleas from us for special funding to support this work and we were able to make occasional limited contributions from our budget to Brook. But sessions were sometimes closed through lack of funding and there was a lot of scratching around for short-term funding. I'm sure Caroline will remember this, .e.g. from Docklands Development money, AIDS funding, joint funding. You had to sort of make the case that providing services for young people was somehow spoke to these needs.

There is statistical evidence from our reports that between us, we were seeing significant numbers of young people. Brook had the advantage of the non-medical counsellor and I must say I thought that was a wonderful thing for this age group. We didn't have that in our clinics. Their clients were definitely weighted towards the young. Our Trust services had the advantages of many more clinic sites and times, twenty-two versus five, and more sessions, fifty versus fourteen, but despite this, Brook tended to attract around 50 to 60 percent of clients aged fifteen and under and 40 to 50 percent in the age group sixteen to nineteen, but progressively smaller percentages in the older age group. So it was doing its proper job.

We had the impression over the years that clients were getting younger and started recording under-thirteens, thirteen year-olds, fourteen and fifteen year-olds, all quite separately in our statistics. I used to do an evening clinic in the bottom of Bermondsey and I remember being very concerned when the clients were not quite tall enough to see over the reception counter. Yes, we were aware that there was a hot issue of sexual abuse, and Fay was very good at teaching us that. The other depressing feature at this session were the repeated requests for pregnancy tests, not because the clients were wanting to avoid pregnancy but the reverse. They tended to come in groups and one gained the impression that there was a competition within the peer group to see who could get pregnant first. This was a very salutary sort of situation. We accepted that this might be partially explained by various social factors, such as lack of educational opportunity, poor employment prospects and the need for social housing in a very deprived part of London.

With Brook there were plenty of opportunities for fruitful collaboration, for example, Walworth Brook, which was a full-time centre, undertook telephone bookings in their full-time centre for our Well Woman clinics, which were scattered throughout Lewisham and North Southwark. And in turn, we did our most, our utmost, to publicise Brook services in all our promotional literature. From 1994, Brook collaborated in an innovative local sex education initiative targeted through schools for which we were able to provide some staff resources. There's some very interesting details about this in our annual reports, and it was near the end of my term and I retired three years later, but I was very interested to read a report from Alison Hadley on the teenage pregnancy strategy which followed and which became a nationwide phenomenon with some demonstrable results, the sort of success that I'd always dreamed of in lowering the pregnancy and abortion rates in young people.

Yes, I'm sorry, I'm right at the end, I'm just going to say, the other lovely time we had was the seventieth birthday party of the original Walworth Clinic, which took place in '91 and was actually held at Walworth Brook and we have some nice photographs from that. Helen and Robin Brook were there and we got lots of ... We had a nice party and we got lots of congratulations from people like Virginia Bottomley, the Minister of Health, and the Duke of Wellington who was a very great supporter of family planning. I'm not sure that this had a happy ending because I think the building ... oh, Brook actually bought the building on that occasion from the Family Planning Association, but I understand it was subsequently condemned by the health and safety boys [*laughter*]. I'm going to finish there, thank you. [*Applause*]

Simon Blake: Thank you very much, Christine. So I'm now going to hand straight over to Wendy Thomas.

Wendy Thomas: Thank you. Hello everybody. I was the Chief Executive of London Brook from 1988 to '94, and one of the people who appointed me is sitting in the back row. But I had sort of two incursions into Brook in the sense that I was a client in 1968. And it's very interesting the 60s, I think, because everyone that wasn't around in the 60s thinks it was a wonderfully trendy time and everybody was having lots of sex. Well, actually, as I was always pointing out to people, it was rather difficult to get contraception if you weren't married. But I was a student from 1967 to 1970 in London University and I pitched up to my GP in Bournemouth when I wanted the pill and he said I was too young to be having sex, and I said, well, I was too young to be pregnant. I thought they were rather different things and he was very scared of me, I had very long hair and very short skirt, and he didn't quite know where to look [*laughter*]. Anyway, his embarrassment got the better of him and he did actually write me a prescription, though I subsequently went to Brook after that. But I went home and told my sister, who was four years older and was engaged, and she went shooting off to the doctor, so he had to sort her out as well because she wasn't married at that point. Anyway, I started coming to Brook in 1968 and was probably there, probably went until '71. So I'm probably one of your statistics, Caroline [*Witness: yes*].

Can you hear me? I've just realised I'm not talking to the right bit. So it's very interesting to come back in 1988 and I was very happy, a very happy time at Brook and I've continued to be a Brook member and to follow what's going on. 1989 was, in fact, our 25th anniversary and Alison was the press officer and she had this quite nice little scenario where Helen and I would go and be interviewed and do television and radio and stuff. And I adored Helen, the only problem with Helen was that she'd talk about the unmarried and how awful it was that, you know, people had to help these poor young things and, you know, it was promiscuity, she'd sometimes do that on the television. And I'd say, 'Well, actually, I went on the pill twenty odd years ago and I thought that my parents had brought me up rather well.' The whole concept of enjoying sex was, you know — Helen sort of ... she was very good and very clever at enchanting everybody, and I adored her, but sometimes I think she thought people actually wanting to get on the pill and go have sex with lots of people was not necessarily a good thing. And I think if you look at the 60s, you know, there's a huge difference between when it all ... when Brook started in '64 and sort of '68, even in that

period, things changed a good deal. But I continued to see Helen after I left Brook and I went on to Population Concern and did international sexual health. She wrote me a wonderful letter when my father died, and I used to go have tea with her when she was almost completely blind. And it was absolutely terrifying because she wouldn't let you help and everything was left, she'd go shopping with the carer and buy these wonderful cakes, and the kettle was left in a particular place and when it boiled, she knew how to lift it and fill the kettle. She couldn't see a thing and I'd be standing there, you know, rigid with terror that she was going to burn herself, but she never did.

So it was a very wonderful family that you joined. And funny enough, Lord Brain was — I'm now at The Migraine Trust and there's huge crossovers between migraine and sexual health because three times more women get migraines than men because of the hormonal fluctuations. Lord Brain actually signed the incarnation, as it were, of The Migraine Trust in 1965, because it's our 50th this year, so he was pretty busy at that time doing those sorts of things, by the sounds of it. And there were amazing people around and, you know, a huge inspiration for me, was and continues to be is Dilys [Cossey], who once told me that when she first started out, you know, there was a room full of little grey-haired ladies and now she'd turned into one [laughter]. She was quite surprised at how it had happened and said, it'll come to you too. But I haven't quite gone grey yet. So and, of course, as I say, Helen. And Pamela Sheridan, who Caroline mentioned earlier, was wonderful, was always tremendously supportive and we sat at the back of various things and I was telling her about this plan I wanted to do and she wrote me a cheque for 25 000 while we were sitting there and gave it to me and said, 'Don't tell the others.' [Laughter]. And did that more than once, actually.

So it was very exciting time. Funny enough, the party for Walworth, I managed to get a lovely person, who's now unfortunately died, Philly Bassett who came to work as a ... she was doing a fund-raising course and it was its first incarnation and we did know each other because our daughters went to the same school and she raised funds to buy Walworth Brook. And so the party was a great success. But it was a pretty dilapidated building and those stairs were always scary.

So some of the things that we did, when I arrived at London Brook, there were problems, there were financial problems, I'm sure it was nothing to do with Christine having been on the finance committee [laughter], but in those days I was in the backroom, the same backroom in Tottenham Court Road that Dilys was in, a little tiny back office. I worked for some great people, Karen Bowden and Eileen Vestey, Eileen Hughes as she is now, both of whom I get Christmas cards and send Christmas cards to, and keep in touch with running the South and the North London centres, which were very different. It's quite interesting, you know, even in London, South London was very different from North London. But Camden and Islington Health Authority had decided to cut Brook's money, I arrived right in the thick of it. It was quite hard going and what we did was we had to stop seeing people for free. I think, under the age of twenty-two and then they could pay between twenty-two and thirty because there were quite a lot of women who had been at Brook for some time and were working up West, as it were. And it was very difficult to get contraception because by the time they got home in those days, the doctors' surgeries weren't open, those sorts of things, so in fact, that's how we kept going, that's how we kept the Tottenham Court Road one going. When I arrived, I think there were seven centres and when I left, there were at least fifteen. My memory isn't quite as good, but I think that's roughly how it worked.

We did some different innovative things, we introduced outreach work, because one of the things we were aware of was that young people ... there were a lot of young people out there, but they didn't always know about us, they didn't know about coming to us. We opened Tottenham Court Road Centre on a Saturday morning at twelve because we knew they didn't get out of bed, but it was also very easy to say I'm going up West to shop, so a lot of people travelled quite a long way to come to the Tottenham Court Road branch.

So we had the outreach work, we had some schools work, we had a Brook Centre in what was then, I think it was Islington Sixth Form College, because they were basically sixteen to eighteen, we could do it. It was always a bit tricky with under-sixteens, as you know. We also had a Brook at Centrepont. It subsequently moved into, I think, the London Connection because of homeless young women on the streets. And actually we got an award for that, I got some money for that and then we had an award from what was then North East Thames. And the only problem with Centrepont was ... great organisation but actually they want to keep people out and we wanted people to come in, so it was a bit tricky, that's why it moved to the London Connection in the end. We wanted to make boys and young men part of the solution, not necessarily, you know, as being seen as part of the problem.

Under-sixteens were always a problem in terms of under-sixteens abortion without parental consent. And I used to see all of those, probably we did no more than, I think, less than five a year, but it was tricky and if it was a repeat abortion and if it turned out that the mother wasn't signing but the stepfather was, those sorts of problems ... we were really very closely on the lookout for that. But bizarre situations where some parents would want to turn up at the centre and want to talk to you. And sometimes it would be that the friend had had the abortion and given their daughter's name. That happened on more than occasion. Or you'd sit there and actually have to talk to parents without breaking confidentiality. I actually was surprisingly good at it. Not actually telling any lies but just bending the truth, as it were, or actually not telling the truth either. But it was tricky. So I think the most important things were, you know, we were there for people to trust us and I think that was one of the big things. And I think I'll finish there because I'm sure other people will be doing other things, except that one last thing. You see, I'm not very organised, I've just got scrappy notes. The 25th birthday that we had, Richard Branson lent us Heaven, the nightclub, and it was quite a riotous party. It was quite difficult because it was quite difficult to get clients to come because people don't put their hands up and say I've been to Brook, on the whole. But we had a good time and we got some publicity which is again what you want. Richard Branson was very supportive. Thank you. *[Applause]*

Simon Blake: It's wonderful how the different bits are knitting together, isn't it, as we go through, so Suzie [Hayman] straight over to you.

Suzie Hayman: To me, right OK. Yes I have scraps of paper as well. Suzie Hayman. I joined Brook from the FPA, I'd actually come down from university clutching my English degree and grad cert of education and wanted to get into the press, into writing, into media and got a job as press assistant with the FPA, which I greatly enjoyed. But I met Helen at quite a few conferences in the following couple of years and was very, very pulled towards

Brook and what Brook were doing. I was particularly interested, because I really got very interested in sex education and young people. And I got to a point where I really wanted to ... I wanted to get a job with Brook. And my husband, who could give Machiavelli a lesson or two, said, 'Write to Helen and ask her advice'. So I wrote a letter to Helen, saying, you know, 'I would like to develop a career, to do this ... What would your advice be?' And she phoned me up and said, 'Ring Caroline Woodroffe'. And I rang Caroline Woodroffe and went in and had an interview and was given a job. And I think it was a job which was actually created for me because there wasn't a press officer or an information officer at Brook at that time and that was the job I stepped into. And that was in '76 and I stayed with Brook until '84 and the first thing I did, one of the things that we discussed in that interview, was I wanted to write something about the fact that you could advertise anything on television with sex but you couldn't advertise sex, you couldn't advertise contraceptives. And I wrote a paper which was published by the Birth Control Trust called *Advertising and Contraceptives* [Witness: yes]. You remember that? [*I still have a copy*]. Oh, have you? I haven't. [*I should've brought it.*] Yes. Very pleased with that and it bubbled along under the surface for the next eight years. We'll come back to that. So, when I look at what I actually did in Brook for the ... for that eight years I think there are, there is that and four other things I am most pleased about. One of which is in that in that eight years, I made Brook the 'go to' organisation for quotes about birth control, sexual issues with young people, sex education, anything like that. If there was a story, they'd come to Brook for a quote. And Caroline would be ... we'd be writing letters to *The Times* which would usually get accepted. Caroline would be interviewed, Fay would be interviewed, Pauline would be interviewed. We really had reams, I mean I don't think I ever settled down and actually counted the column inches, but it got bigger and bigger and I was very pleased about that.

The other thing that I was pleased about was that certainly towards the end, I started getting asked by *Just Seventeen*, a teenage magazine, you might remember, to write articles for them – which I did – lots of articles about all sorts of again relative issues about sexual health and relationships – which I eventually put together into a book. So my very first book, which was called *It's Not Just Sex* was actually kicked off mainly with articles from *Just Seventeen*. But the other thing I was really pleased about was that *Nineteen* magazine came to me and said could you advise us on who would be a good agony aunt, we need a new agony aunt, any suggestions? And I said, 'Oh, yes, a wonderful doctor, Fay Hutchinson.' And for quite a few years, Fay did the agony page for *Nineteen* magazine, which meant that every monthly — it was a month, wasn't it? *Nineteen*, yes. [Witness: *I think so*]. It was monthly definitely — every month, it would be 'Fay Hutchinson of Brook Advisory Centres' in *Nineteen* magazine, which obviously had its own demographic younger than nineteen, average reader probably was about fifteen or sixteen. In other words, our exact demographic. So there was that. The thing about it was that Fay was, and those who know her will recognise this, she was the worst time keeper you could imagine. If you wanted Fay to be ready for eight o'clock, you told her it was seven thirty; if you [Witness: *or seven*] or seven, exactly; if you wanted her to deliver a paper or something on the 12th of January, you had to tell her it had to be in by the 28th of December, and so what I realised very quickly was that if I wanted this column to be delivered every month on time, I would have to sit down with her and take dictation and so we developed this wonderful, I mean it really was such fun habit of once a month, we'd get together and she would dictate to me. When I went to the Lake District, we then had an even better time because what she'd do is she'd come up three times a year and we would have a weekend. And what of course I was gaining was

a training in counselling; I was bringing my journalistic skills to her and she was giving her counselling skills to me. So when I eventually went to Relate and became a Relate counsellor, I was half-way there as it were, because Fay had trained me. You couldn't get a better training than that.

Anyway, Helen, one of the things I remembered listening to that wonderful, wonderful interview is that lovely voice she had, if people who knew her, you know, this wonderful frail, fluting voice. And you'd have this lovely image of this sweet little old lady, if you knew her, who had the most acerbic wit possible. She was very, very funny. Very, very biting. And one of my favourite memories was one of those early conferences at the time, when I really bonded with her, was a conference about sexual health. And there was somebody, I am trying to remember who it was who was talking about sex in older people, and he was saying that people stopped having sex in old age for the same reasons as they stopped cycling because they became too infirm, because they got out of the habit or because they lost their bicycle. And there was a little silence after that and Helen's whisper cut through the ENTIRE room: 'That's my problem dear, no bicycle!' And I never did get round to asking Robin what he thought of that [Witness: *not a lot*] — not a lot, exactly.

Anyway, in my time at Brook, in fact, just before I joined there was a memorandum sent round by the DHSS which included advice on dealing with young people and contraception. And in 1980, there was updated guidance which emphasised that in exceptional circumstances doctors could prescribe to under-sixteens without consulting their parents.

111 lines of text have been redacted here in line with our [Access to Personal Data Policy](#)

Suzie Hayman: Oh, can I say just one thing? I forgot, one really quick thing, when I said I joined to do advertising contraceptives. The other thing I was most proud of was — I left filming the last act I did with Brook is to film a condom ad which went out on ... I think it was LWT with Adam Faith in it. And I wrote that. And that was the last thing I did before I left Brook. So perfect circle.

Simon Blake: Another clap, right. [*Applause*]. Okay, so I'm just using Chair's discretion here to say, Polly [Goodwin], you're going to be the last person before the break. We're then going to break for coffee, we'll come back and Mary [Crawford] and Alison [Hadley], you'll be after the break, just so, Polly Goodwin, over to you.

Polly Goodwin: Okay, thank you. Thank you. I'm not sure I've got as many tall tales around life in Brook as some of my previous colleagues, but I first got involved in Brook ... I was a client in the late 70s and 80s and moved to Birmingham, which is the centre that I know most about, to be really shocked, having come and I suppose started my sexual awakening journey as a young woman in Worcester with a fairly permissive, on reflection, doctor who was associated with our university who you didn't have to go and tell stories about having bad periods in order to get the pill, you just said, 'I think I'm having sex'. He'd say, 'Here's a prescription.' I came to Birmingham and my GP surgery — it's funny I rang my friend to check that I hadn't misremembered, but there was a sign up in the GP's surgery, where we

registered, saying, 'This GP does not prescribe oral contraception to unmarried women.' And we think that would probably have been 1977, '78, '79; it's the memory you can't quite remember. So anyway, we found out about Brook and arrived at Brook, and I've got to say, going to Brook as a young woman in the late 70s was an absolute revelation. You were treated like a grown-up. You were treated like somebody who knew her own mind and who understood her own sexuality. You got to talk to the doctor. You also got a chance to talk to a counsellor and I think that was the start of my journey in Brook. And I then moved into youth and community work and sent a lot of the young people that we were working with to Brook for help and advice. And in the time that Ann Dorow, I think her surname was, and Tonia Clark was her deputy in Brook, they approached me to come and join the Board. And Sally Price was still involved in those days.

And I suppose one of the things that I've reflected on is how much Brook has changed in some respects since those days, but how much absolutely — scratch any of us and at the core we're pretty much the same as we were. And I've been involved in Brook Board Birmingham since 1997, I took over as Chair in 2004, 2005. And I am now the Vice-Chair of the merged organisation. And in reflecting some of this, it's thinking about — have things changed? Yes, some, and I want to kind of talk about some of those changes, but one of the things that surprised me in my reflection is that the currency of talking about sex, sexuality, pleasure, enjoyment and consent are still somehow more contentious than I would ever thought possible of the me that started off joining the Brook Board in 1997, because we almost thought we were on a journey that would have arrived somewhere different. And I'm not saying that we haven't arrived, but I think certainly young women particularly enjoying their sexuality and issues of consent are somehow less clear than they were in those days than they are now. I think what hasn't changed is our passion, our values and our underlying ethos. I don't think we've changed that approach to listening and respecting our clients and I don't think we've changed in the fact that I met committed and absolutely fantastic staff in sort of 1978. And I talk to young people, I still do the odd dabble into youth work as a researcher these days, and I still talk to young people for whom Brook has been a change agent in their life journey. So I don't think some of those have changed.

And I think one of the things that is constant is that change is constant. Brook has grown, developed, matured, the world has changed around us, sometimes for the better, sometimes for the worst, and when I kind of first got involved in Brook's Board, premises were one of the things that were talked about hugely. We had York Road, we had an outreach post in Hamstead in Handsworth and we had another outreach post in Washwood Heath, and I think we had a number of branches all over the place. And one of the kind of turning points for Brook Birmingham was having a health and safety executive person come out and tell us that we couldn't have people in the building in York Road unless we spent more money than I think anybody would ever have had in order to invest in it. So we ended up getting one of the first ever lottery grants for capital in the West Midlands to convert the John Bright Street premises, which at the time was the middle of club land. For those of you who know Birmingham, there was the Edwards clubs and there were two or three others. Had a little chequered history where we shared a sort of open space and kind of frontages with what was effectively a lap dancing club and is now *des reses* for kind of young up-and-coming executives.

And I think one of the things that possibly was more prevalent in those early days when I joined the Brook Board was, I'll never forget, Sally [Price] sitting me down and saying, 'Now,

you mustn't worry, but we've all been taught, we've all been having training in how to look for bombs under our cars'. Because at the time I joined the Board, there was a pretty virulent anti-abortionist kind of campaign against Brook and often people with placards. And it was the time of ... there had been the bombings in Birmingham and there was a general sense. And I just remember going home and thinking, what am I doing? I just thought I was helping Brook to kind of reach out to more young people and here I am being told about bombs in my cars. And I think one of the changes I've seen is that in my tenure as Board member and then Chair, anti-abortionists carried on picketing outside Brook but instead of taking an adversarial stance, certainly under the guise of the staff team we had then, they would go out with cups of tea and cake and say, 'Come on, come on in and have a look at what's so awful about it all.' And that seemed to get rid of them as effectively as anything else actually.

I think the other thing that changed was that when I first joined Brook Board Birmingham, the second thing after bombs under your car was confidentiality. Absolutely, and for those of you who have known Brook Birmingham through its many guises, we've always been very hot, and we always were very hot, on kind of confidentiality. And older Board members would talk about posting client records between themselves so that when police came on fishing expeditions and there was no back stop to say we would look at the records, the records that were in question were gone. And again, one of the things that changed was we took a big policy decision, we took some quite costly legal advice, put a policy in place that said that if anybody wanted to look at a part of a client record, they had to be specific about what that client record was being asked to look at for, and they had to take me personally as Chair to court. And actually I think we only came close to court proceedings once and a judge just said, 'Why on earth would you want to see this? It's not going to help your case.' So I think some of those things have changed.

The other thing that I remember ... I think time ... timescales are harder, aren't they, as you kind of look back ... is our Chief Exec at the time, Tonia Clark, had a letter sent to every single person in her street telling everybody where she lived, and I think at her child's school, that she was murdering babies and that she murdered babies for a living. And that would've been as late as maybe the late 80s, early 90s. And looking back it seems very odd but, you know, one of the things I'm very grateful for is that we've never had had to deal with that in the way Facebook and Twitter and all of those campaigns that are around. But that was very difficult for us, as a board, I think.

I think some of the things that we did really well in Brook Birmingham was we managed to work out how we could increase the numbers of people we were seeing without having any more money from our funders for more staff, because in common with every Brook, we had these huge queues. We often couldn't deal with the volumes of young people that we were seeing. And to give you a bit of a flavour, I had a quick look at some of my older Chair's reports and in 2006, we were reporting having seen 38 000 young people for visits, of which 43 percent were new clients and 24 percent were young men. So we saw quite high volumes of people, it was usually 100 to 150 per clinic that we were open. So there were always pressures on us to get more people in and get more people through. I think one of the other things that I'm really proud about is that I was on Brook Birmingham's Board at a time when we didn't even have the money to pay the rent at one point. I think there were a number of things that had happened altogether, I think there had been a five or six percent pay award for doctors and nurses, Durex had put up their unit cost of condoms and the Department of Health deregulated the morning after pill that involved taking five or six or maybe even more

pills over a period of time, and re-regulated a morning after pill that was only two, which was fab, so of course we wanted to prescribe it, but the unit costs had gone from maybe one penny to 90 pence per intervention. And one of the things that we did well as a board was work our socks off with the staff and raise money, but move to a point over about two and a half, three years, where we went from not knowing quite how we were going to manage our wage bill at the end of the month to having some reserves.

And once we started building some reserves, one of the that things we did, having been involved in some infection testing work, was to invest in the chlamydia ... okay, one minute ... to invest in chlamydia screening. And as part of that, we then got involved with something called the Near [Patient] chlamydia testing that then was written up, and I've got her name and I can't find her card, the right card ... I too have got cards ... just bear, I'll find it in a sec. But we were able to be part of a pilot that moved chlamydia testing from — you come in and we will text you, or ring you, or wait until the next time you come and give you your results, which meant that a number of young people, particularly those with maybe more chaotic lifestyles, didn't get their results and didn't get the treatment, to if you can just sit in reception and have a cup of tea, within fifteen minutes we can give you your chlamydia test result, which meant that within one visit those young people were out of the centre with the treatment that they needed. And that was all written up by the BMJ and there are journal articles that I can let Lesley have.

I think, looking to the future, I think one of the challenges for all of us in Brook is Brook has always been at the leading edge. We've always been the pioneers and I think one of the good things we've done about Brook is we have helped other people understand how to work in the way we do and how to have successful relationships with young people, how to make sure that young people can get access to services. And I think how do we stay at that leading edge in a policy political and health and social care and public service delivery model that wants to scale everything up to such an extent that you become a really small minnow sort of swimming around a huge great shark? And I think one of my fears for the future is sitting here in ten, twenty, years' time, talking about some of the conversations that you all had about reinventing of Brook, and I don't want that to happen. [Applause]

Simon Blake: Thank you, Polly. So I think we'll have a ten minute tea and coffee and toilet break. Thank you very much to the speakers that have gone before. Thank you for listening. I hope you're building up your questions, comments, points, stories to add to this, because we've got two more stories. I'm going to read you a couple of memoirs by Dorothy Keeping and David Paintin and then it will be open to the floor.

Lesley Hall: We also have a very short film that we'd like to show, unfortunately it's not the one with Adam Faith [Witness: *Oh, damn*]. But it's a fair example of ... [Witness: *A cinema ad*].

Simon Blake: Okay, so if we start again at five to, according to this clock.

[Pause in recording]

Simon Blake: Okay, if you could take your seats and we'll start again. [*Murmurs of chatting from audience*] Okay, thank you for coming back so promptly and, without further ado, I shall hand over to Mary Crawford, who will say who she is, where she's from and talk you through her memories.

Mary Crawford: Okay, my name's Mary Crawford and I'm really delighted to be here today. When I listened to the other speakers, I came to think, oh, I was going to say that, oh, I was going to say that, so I have five short slides to look through. And I was also a Brook girl, and I was a Brook girl in Birmingham in the mid-70s, and when I went back to Belfast in 1991, I was working with a group of young people and one of them came in with a petition and it was to support the opening of Brook. And she said to me, 'Do you mind if I give that to all the other young people to sign?' And I said, 'Well, only if you give it to me to sign first of all.' But it wasn't until September 1992 that I was interviewed and then subsequently appointed as the centre manager. And that time, we opened two clinics a week and we opened to huge controversy. So this is — Simon will hate this because it's got the old Brook logo on it, you are not allowed to use the old Brook logo, but it does say history on it.

Simon Blake: That's the end of the presentation. [*Laughter*]

Mary Crawford: That's it, I'm not allowed. So we were the eighth branch that opened in September 1992 and I was employed then and I started in the November of 1992. And it was opened because there were high rates of pregnancy in the Eastern Health Board and also it was the first time that a Director of Public Health had asked Brook to open. Normally Brook went and said, 'I think you need this,' or talked to commissioners in that kind of way. So it was the first time and the thanks he got for that was he got a death threat. So Gabriel Scally, many of you may know or may have heard of him, Gabriel was a stalwart for about six months and then he left and all the other staff in what was then the Eastern Health Board had to deal with it. And they were very difficult to work with. And we didn't have enough money, we didn't have the core funding worked out. And actually, Gabriel came to visit the clinic one Saturday afternoon and the clinic was bunged and also people at that time could smoke in public places, so in a very small room, there were a lot of young people smoking. And if anybody knows Gabriel, he's death on smoking, so he came in with his daughter, who was about two at the time, and there were no seats so he had to sit on the floor. And you know when you have a visitor from the Board, you keep thinking, oh, I hope there are people here and I hope it will be all right, well, it was packed so that was good, but his daughter was playing with some toys because we had a toy box at the back of the room and then Gabriel saw somebody lifting the toy and he looked around to see where the other little baby was, but actually it was a fourteen year-old that was sitting playing with the toy, so he was slightly nervous at that point. When we went upstairs, he said, 'You have to stop the smoking.' And I said, 'Gabriel, you sign a contract and I'll stop the smoking,' because even then the Board

weren't signing contracts. And up until I think about five or six years ago, the Chief Officer of the Eastern Health Board was the person who had to sign off on the contract because no middle managers within the Eastern Health Board would sign off on the contract because it was so controversial.

In 1992, the age limit was up to ninety-five [twenty-five], sorry, was up to nineteen, and as other people said, it was really difficult in terms of the numbers we were seeing and giving a good service to the twenty to twenty-four year-olds. So we asked for more money and they said, 'No, you're going to have to reduce it.' [Female client age was reduced to nineteen in April 2000 due to demand.] So that was a difficulty for us, because if you look at the abortion figures for Northern Ireland, the highest rates of abortions of women who say ... who come to England for their abortions and give address in Northern Ireland are in that twenty to twenty-four year age group.

But going back to 1992, we opened to a furore of opposition [someone sprayed the word SCUM on the wall] and the first time that happened, I nearly died. It was like, oh, my God, but I phoned the Belfast City Council and they have special materials for getting rid of graffiti like that. And they came round very quickly and I got it rubbed off. The first time the protestors superglued the lock, which is down along the bottom of the door, I was panicking, 'Oh, my God, how am I going to get in here?' The second time, there's a café next door, I went in and I got somebody to phone round to the locksmith for them to come and do it. So your first times of all of those are the panic times and then after that you just get on with it.

I personally signed cheques for both electricity and for the telephone during the first nine months because money was very slow to come in. The Eastern Board were not sure whether we would survive. The opposition had taken a court case. There was [a group] called Medico-Legal Group, who went to court to ask for a judicial review on the decision that the Eastern Health Board made to open Brook in the first place. But credit to Gabriel, he had done everything properly in terms of how he had negotiated and contracted, so the judicial review was thrown out.

We would have had up to 200 pickets on a Thursday night and Saturday afternoon. We would've had the answering machine which someone had given us, because we had a lot of stuff that was given to us, and the answering machine every day would be blocked up because it was an old machine, so somebody would phone up and then just leave the phone so the tape would keep going, so you'd come in the morning and people wouldn't be able to get through.

During our first year, we had an experience of someone who phoned up women saying that he was doing research on behalf of Brook around sexual health and sexuality. And after about ten minutes, this phone call would turn into a dirty phone call. So I spent the first year counselling both women and partners of women who were phoning up shouting down the phone saying, 'You're outrageous, you're terrible, you're doing all of this.' And this was actually nothing to do with the clinic service, it was to do with this person. Turned out that the person ... it was the first time that the RUC, which was the police force at the time, and BT put cameras above in a ceiling to actually catch a person doing it. And he was in the office above our Chairperson where she worked. So I don't know if he knew who she was and had done that or that Brook was just an issue so he could do that.

So we had all of that to contend with. The other thing we had to contend with was the statutory sector. I learnt very quickly that if you phoned up and asked for something, people said no. And I thought why are they saying no, that's a bit bizarre. You had to put everything in writing because if it went in writing, then it had to be dealt with, but if you dealt with it over the phone, people would just not phone you back, they wouldn't deal with you. The person or the company who we were buying contraceptives from refused to sell us contraception, which I couldn't get my head around until one of the reps said to me, 'He's anti-abortion and he thinks you're doing abortions, so he's not going to sell it to you.' So the first six months, we had the reps, the drug reps, handing us the pills out of the boot of their cars. So we had bizarre things going on during all of that time.

But it seemed that one of the things that someone else said, there's no such thing as bad publicity, we never advertised the service because we didn't have to, because you'd say to the young person, when you come into North Street, you'll see the pickets and then you'll know where you are. Now we did offer to go out and meet young people and we would have taken them in and we would have taken them out of the building as well. We had to control the press quite a lot, in terms of filming, to say they couldn't film around. We did get huge publicity. I would have been on all of the local media talk shows. We even got Newsnight one night as well. I was the most evil woman in Northern Ireland, but when I went onto the radio or TV, my horns were well down and I was very inclusive, so someone else mentioned about inclusivity, and what I would have done was I would have invited people in to see the clinic, to have a look at it, and to dispel myths.

So quite early on, we had ... the Reverend Ian Paisley had a very large picket and there were four SPUC women, Society for the Protection of the Unborn Child, which is a Catholic organisation ... came into the clinic while it was on a Saturday afternoon and demanded that they speak to me and I said, 'Yes, of course, but you'll have to wait until the clinic's finished.' So the clinic was finished, they came in and they talked to me. They left saying to me, 'Oh, well, there's no point talking to you because you're going to just say that anyway.' So I was working for an organisation that had very clear boundaries, had values, had beliefs, and was working for the benefit of the young person, so anything that we have done over the last 22 years has been — how does this impact on the young person? And if it impacts well on the young person, then that's what we will go for. So that's what I had said to those SPUC women.

About two months later, they ... a person from the Free Presbyterian Church asked me to go and do a talk in Coleraine to their family mediation night. And I went into this church and there was 200 packed, absolutely packed. I was six-months pregnant attempting to look like I was ten months pregnant and a very nice person really. So I was up in the dais with someone who was David McIlveen, who was a minister at the time, and he picketed us for seventeen years every Friday afternoon. And I really would have liked to have given him something at the end, but even in the snow if I went out and said, 'Do you want a cup of tea?' he wouldn't take anything. So we did this talk and I mentioned homosexuality in the middle of my talk and an elderly man down on the left-hand side started choking and I thought, oh, if something happens to him, I'm destroyed because it'll be on the front of the Belfast Telegraph — *Brook Manager Kills Free P in his Own Church*. So I was sweating thinking, please, somebody, get him a glass of water.

In the middle of the talk, the four SPUC women, because Free Presbyterians are a very right-wing Protestant church, the four SPUC women arrived and there were no seats except in the front seats, so they lived in the area, so they came and sat in the front row. And after it, there had been a member of the management committee with me and when we had finished, they did a beautiful tray-bake supper, but they handed the tray-bake like this to me so they wouldn't look at me. They poured ... never mind talking about Helen, they did it, they poured the tea without looking at me as well. So I was holding the cup making sure they were getting it into it. But I said to Phyllis, who was a member on the management committee, 'Come on, I'll introduce you to the SPUC women.' So the SPUC women ... I was the only person in that room of over 200 people that they knew, so they kissed and hugged me. And as we drove down the motorway, Phyllis said to me, 'Mary, I'm reporting you to the management committee for kissing SPUC women in a Free Presbyterian Church. There's something not right.' [Laughter]

So, given that that was kind of the situation and scenario we were, from those things the tenacity is something that we've always done, we've always been inclusive, we've always said to people, 'Come in, find out what it is,' and we make a point of that. So if there is a new Minister of Health, we invite them, if there are people from the health committee, we invite them, if there are politicians we invite them to come and see what we do because you're better of complaining about us from a position of knowledge as opposed to one that you're making up in terms of myths. We've also had resilience. And I think Brook is about resilience because young people are at the edge, sexual health is at the edge, and we in Brook Northern Ireland are at the edge of what we do. And we have to be resilient in terms of doing that and if you go back to your values, then you're going back to saying what's right for young people and what needs to be done for them.

The other thing is we have to have energy. We have to be fit for those huge numbers of young people who come in, you have to be fit to get up to the next day and go through the same thing over and over again. In the last 22 years, we have come on leaps and bounds. We opened two clinics in 1992. We now run seven days a week and two clinic sessions in Coleraine as well. In fact, the person from the Eastern Health Board, our commissioner at the time, said he would retire when he got the seventh day clinic because they wouldn't call it a Sunday clinic. So we say we've got a Sunday clinic and everyone else says it's a seventh session. So that's the kind of political mores that we live within and that we work within, because we're in a conservative, with a small c, society. We're also political, with a small p, so both sides of the community are opposed to Brook. And at the start, there was very little middle ground. Now there is much more middle ground in relation to that.

We were very lucky in terms of ... from 1994 to about 2011, the G W Cadbury Trust gave us money for which were really grateful. We got a million dollars from Atlantic Philanthropies in 2005 and we're just finishing off that money now. We almost have core funding, so we really have done extremely well. We always want to move on and do better and do more for our young people, so we work in a leadership and collaborative way. We are keen on policy and strategic awareness. But sorry, I'll just very quickly do these. This is one of the pieces of information right at the start. This guy, here, wrote to me regularly about how I was going to be punished from God above. And for the first six months, I was getting regular letters about how angry God was with me. I'm probably the most prayed for person in Northern Ireland, apart from now probably Dawn Purvis and Marie Stopes. And when these were the pickets who started about sixteen years ago, we don't have pickets now because they've all gone to

Marie Stopes. And they're also not doing quite as badly as that but they are doing some of that.

But when Polly [Goodwin] said about the letter, I didn't know about the letter that Tonia had got. This was my letter sent to 80 people in my street on 10th of July 1999, I think it was, and I've taken my personal address out of it, but that was what was said, you know, that where good people keep silent evil triumphs. So on that morning, the Friday morning, I had the next-door neighbour's child coming in, saying, 'Mammy says, this is a letter for you.' And I couldn't quite work it out. And when I was coming home that afternoon, people were looking at me a bit funny and I said, 'Did you get a letter?' And they said, 'Yes, we got a letter.' So in my area, all over that weekend, the discussion around abortion was absolutely fabulous, the discussion around access for services for young people was really good. I live in a community where I was settled and well known and, therefore, we had quite a sophisticated debate around that. So we've had really positive experiences out of some of the negativity. And Brook Northern Ireland at the minute is in a very good strong position and really values the support from Brook Young People. And the basis on which we actually work and which all of us, and any of you who have ever been involved in Brook will know that by keeping those boundaries, by keeping young people safe, by having discussions with them, that we're doing the best that we can for those young people, and that those young people are developing and making decisions in relation to that. And he's making me stop now. Thank you. [Applause]

Simon Blake: Thank you, Mary, and plenty of time at the end for more stories, Mary's got plenty of them, so thank you. And last but not least, Alison Hadley.

Alison Hadley: Great, thank you. I knew it would be hard to follow Mary, not least because I can hardly talk, but I'm very pleased to be here. I wasn't a Brook girl actually because my mum and dad just put me on the pill when I was coming up to eighteen and they said, 'We think you're about to have sex, so here's the pill.' No blood pressure check, my dad was a doctor, never, anyway, it was all fine. They told me not to go hang-gliding, not to take cocaine and to take the pill, which was quite a good set of boundaries, I guess, gave me quite a lot of flexibility of other things, but I never had to go to Brook for that. Never had my blood pressure checked. But I came to Brook initially as a nurse in the London centres. I had done my health visitor training and worked as a health visitor, and had done my family planning training and I'd just got really interested in young parents and contraception and I became a nurse in [the] Tottenham Court clinic, East Street and Wandsworth, and I can still remember the clients there. And then I became the Press and Information Officer for Brook in 1986 with Alison Frater and she was Chief Executive. And I think my best press release title was for the 25th anniversary, which was *Brook celebrates 25 years in Heaven*, which was the Heaven nightclub that Richard Branson had got, which was quite a nice title I thought at the time. And then in 1992, I became Policy Officer for Brook until 2000 and then I moved into government to work on the teenage pregnancy strategy. It was the best job ever at Brook. And I think what I remember about it was there was never any kind of divide between real life and work, it was just seamless because work was so lovely and was so

part of life. And the issues you were dealing with were so part of life, it was just such a real privilege to have had that.

So there are lots and lots of memories about my fourteen years at Brook. And thank you to Steph for keeping a copy of the annual reports — one copy in Brook that didn't all go to Wellcome. And so I collected them last week and read them through and they are a vivid reminder of all the amazing work that everyone did at Brook. And annual reports are really important for that because they detail things you've completely forgotten. And the impact that the Brook had, which was completely disproportionate to its size, I mean extraordinary really, I think.

But I decided I better narrow it down to something I did at Brook so I've decided to talk a little bit about the work I did on confidentiality. So I've started in 1986 and of course during the 70s with free contraception and Brook being there, there'd been a big increase in young people using Brook and attending contraceptive clinics. And there'd been a 25 percent drop in the teenage pregnancy rate. And actually I think sex education was quite progressive during the 70s, it was a good decade; it had its flaws I'm sure, but it was a good decade. And the teenage pregnancy rate had come down a lot and it was the lowest rate that had been recorded, but in the 80s the trend started to be reversed. And it was a decade of misery for lots of people, actually. I mean 1979 was obviously a big year in terms of an election and we had a lot of cuts in family planning clinics and community clinics. There was a big rise in youth unemployment and, of course, in the 80s we had the Gillick case. So confidentiality that the sort of fragile trust that young people had in services had been completely shattered by the Gillick case.

So we had a really low rate of teenage pregnancy in the beginning of the 80s and the rate started to climb. So Gillick took the case to December 1984 and then between 1984 and September 1985, there was a nine-month period when she in theory won. Now talking to doctors in retrospect after that time, lots of them carried on providing contraception to young people under sixteen because it was duty of care, but in theory they couldn't, and of course young people really didn't trust it. So the attendance dropped hugely of young people just in that year and took a long time to climb up again. We did lots of advocacy to promote the overturning of the case by Lord Fraser and so it was overturned, young people could go back to the clinics. We did lots of advocacy, but there was no sort of headline announcement, there was no billboard advertising saying 'it's safe to go to clinics'. You know, it was a press report and that was it really. So it was very difficult to build up their trust. Then in 1990, the Health of the Nation campaign or programme was launched by the Conservative government and it had an under-sixteens 50 percent reduction target in it, which was actually quite helpful really. And it had an explicit reference to confidentiality saying that young people are unlikely to use a service if they're not reassured about confidentiality. So we have a Conservative government saying it's quite useful thing really. And it also coincided with a big expansion of clinics which Margaret [Jones] was very involved in, and Brooks sprung up in all over the country, particularly in the North West.

So it gave us a bit of a fair wind to do something about confidentiality and we sort of started it with an annual report front cover, which some people might remember, when we said 84 000 fifteen year-olds are sexually active. Margaret worked that one out, not by counting them but, you know, doing a scientific calculation. 18 thousand attend family planning clinics, does your local service see under-sixteens? And it got a huge amount of media coverage

actually and my interview on the Today programme with Brian Redhead, if anyone's old enough to remember Brian Redhead, and he kissed me too, I'm not sure if that is a good thing or not, anyway he did [*laughter*]. So it generated lots and lots of interest, but it was still, you know, professionals were really unclear still, young people were very untrustworthy [mistrustful] and we had to do something a lot more to get out of the shadow of Gillick. So what we next did was we went off to the Netherlands and we had trip there, quite a lot of us went to say, okay, we're going to the country with the lowest teenage pregnancy rate, what could we learn to bring back to England, the UK? And it was a fascinating trip, but we were there about two hours when we realised actually that we couldn't import the cultural backdrop that makes so many things so different there, but the one thing that was tangible and we could import was the young people's trust in confidentiality. So interestingly, even though things were much more liberal and people talked much more openly about sex and the Dutch expected young people to be sexually active during their teenage years when they were ready, confidentiality was still really important to Dutch young people. And one girl said to us, you know, 'My doctor wouldn't tell anyone, we trust our doctors.' And we thought: blimey, now we're a long way from that, so what can we do? So we embarked on a journey to repair all the damage done by Gillick — am I going to be sued for that? No. [*Laughter*] The damage done by that case and restore clarity and confidence in young people and professionals. And we had the government sort of legitimising that in a way by the Health of the Nation target and by Tom Sackville, do you remember Tom Sackville who was Minister of Health, who was actually a very sort of benign minister. And he was very supportive of the under-sixteens work.

So the first meeting I remember was at the BMA with the RCGP and I had to do a sort of presentation about why we needed to get together and have a collaborative approach to confidentiality and we wanted to get some guidance jointly branded and it must have been quite a scary occasion because I can still remember what I was wearing, which was odd — I mean I wasn't wearing anything odd but it's odd that I remember that. I'm sure I looked fine. But I was sort of talking to these doctors because I didn't know how it was going to go, but actually you know we were on a good ... we did have a fair wind behind us, and the BMA and RCGP and the FPA and Brook and the Health Education Authority joined with us on this guidance. And it was a four-page guidance and the government sent it to every GP and every family planning clinic in the country, funded by the HEA, probably, Margaret [Jones], you had something to do pulling some strings there, having come from the HEA. Now, that was reported by *The Guardian* as 'Contraception advice to young people must be confidential.' *The Mail* reported it as 'Doctors ordered to keep young girls' pills secret' which was kind of a different flavour of the reporting. So we then followed up that 'doctors' guidance with a booklet for young people with just a little A6 booklet called *Private and Confidential* because we wanted to get that message out to young people. And we got it distributed through *Mizz* magazine, which was a very popular teenage magazine. It went to 260 000 teenagers, straight through in the magazine to them, so that immediately they could see the messages to them. Interestingly, the government didn't fund that, they didn't kind of oppose it but they didn't fund the distribution of that. We got charitable funding for that.

And then we thought we need to get confidentiality guidance for all those professionals who work with young people but aren't necessarily providing the contraception, so we did guidance called *What Should I do?* which was for nurses and social workers and youth

workers and teachers, and that was with the RCN and Association of Directors of Social Services, the National Youth Agency. And then we did a confidentiality and schools training manual, and then we worked with the RCGP and did a confidentiality toolkit and a confidentiality poster, which I think is still around called *Hear to Listen, Not to Tell*, which actually I think is still in my GP's toilet. I mean in the surgery not in his home toilet. And it was developed through a whole set ... a series of seminars with GPs about what we could put on this poster.

We did have quite a lot of opposition during that time. I had a little postcard from a guy, who'd seen me on a TV programme, suggesting that I was a very, very nice woman and perhaps I should be a nun, because he thought that would suit me well because I was actually very nice. Gillick didn't like us much and we did have quite a lot of spats with her, but actually the more publicity we got and the more ... you know, people were very sensible, this was the right thing to do so we did actually have the tide with us.

And then at the end of the 90s, I moved to the teenage pregnancy unit in government and I guess Brook was my anchor and reference point for lots of things that happened during the teenage pregnancy strategy, so all the work on confidentiality informed the new under-sixteens guidance that was a specific action of the strategy. It really helped in the judicial review challenge of the guidance by someone called by Mrs Axon, who was like a new sort of Mrs Gillick, and also really helped to run some really tricky negotiations with ministers around the balance of confidentiality and safeguarding the Sexual Offences Act. And so all the work I've done through Brook and confidentiality really made me feel sort of confident to have those discussions and it helped inform a lot of the strategy guidance that we did for social workers and youth workers. And so it was really influential I think in helping inform government policy.

Can I just talk about three themes, just briefly? Yes, just sort of ... I was thinking a lot about what are the sort of consistent themes and a number of us have talked about that for Brook throughout its history, and there were just three things that really I thought stood out for me. I think the first one was kind of Brook, I think, is really skilful at balancing the negative and positive. And right from the beginning, I was noticing a quote by Lord Brain at the opening of Walworth Brook, when he said, 'We're not merely preventing tragedies, we're promoting happiness.' And then Fay Hutchinson, bless her, you know, had this wonderful phrase once which we did put on a press release which really aggravated Gillick and others, which was 'We're here to minimise the misery and maximise the pleasure,' which is a real Fay sort of saying. And then very recently, Brook has the sex positive campaign, but at the same time has developed the traffic light tool to ... and spotting the signs to really detect abuse and exploitation of young people. So that kind of balance of positive and negative, I think, Brook is really skilful at achieving. Listening to young people to inform advocacy, looking at the annual reports, you know, we listen to the helpline calls a lot, and Steph is on the helpline a lot. I took lunchtime breaks for the helpline and that informed some of the barriers that we knew we had to identify using the advocacy. We used young people to mystery shop how to get emergency contraception, you know, like find the number in your phone book, ring up, try and get an appointment within 72 hours, and wrote that up. And of course, young people's participation is now really bedded into Brook's work now.

And lastly, I think it's about holding firm for the need of dedicated young people's services and I think, you know, it's been confirmed throughout the decades that young people do

want a really trusted safe confidential space to start their journey. They may then move into other services, but they really need to start with. And the Brook's research — someone with a smile would be your best bet — I think was absolutely a wonderful bit of research and I still use that title and it informed the guidance for the strategy, which was the basis for the *You're Welcome* quality criteria, which is endorsed by the WHO and championed by the Chief Medical Officer. But I think we really have to hang onto that young people still need that unique specialist service. And I guess it's something about Brook people, from the receptionist to the nurses to the counsellors to the doctors, you know, they are wonderful people, I don't know how you quite clone them too ... because you can have East Street was really hazardous, I have to say that if we'd had a fire in East Street when we were on the top floor it wouldn't have been funny at all. And no one minded because the people were so lovely there. And Fay [Hutchinson], again, she was the sort of epitome of a wonderful Brook person, I think, so much so that she used to give the clients the speculum to warm up before she fully inserted it. So she said, 'You hold this and warm it up.' Such a nice thing to do. And a Swedish friend of mine, I was talking to her, and she'd been to Brook and she said, 'And you know, there was a doctor there and she gave me the speculum to hold before I put ... it was extraordinary I thought.' And even a Swedish woman was impressed by Fay, you know, that's amazing [*laughter*].

So, you know, the Brook people are wonderful, but I don't think we can take anything for granted in terms of what happens next. Ideally we want the Brook values to be suffused everywhere and we want the backdrop around sexual health to be open and honest and positive. We've made progress but we're certainly not there. So Brook needs to hang onto that unique selling point and use young people to keep telling the stories, I think, and stick true to the values. And it's been a wonderful journey, and looking back made me sort of happy and sad simultaneously because it was a great time, and I'm not there anymore, so thank you. [*Applause*]

Simon Blake: Thank you, Alison. I think what's so interesting about everything that's been said is this last week we did a one-day survey of young people in Birmingham because we have threats to the Birmingham clinical service at the moment, and they basically said, 'We want a confidential service. We don't go to our GPs because we don't trust that it will provide us with what we want. We like the people here, we don't care that we have to wait a little bit longer, we know that when we're seen it will be by people that trust us.'

So all those things that come through the speakers today just replicated and reiterated in one set of 45 clients in one afternoon in one service. So, thank you. It's my job now to read to you two memoirs, one from Dorothy Keeping, who was at Brook in Avon from 1974 to 1984, and has written this — there's quite a lot but I am going to read you all of it, so it will probably take me about five minutes to read, Dorothy's and then five minutes to read David Paintin's as well. So Dorothy said:

Memories of life with Brook (Avon) 1974-1984

In the early sixties I had experience working as a volunteer for the Family Planning Association of Bristol [at the central health clinic]. After an apprenticeship I acted as secretary at an outreach clinic on the Hartcliffe housing estate on the outskirts of the city. I

recall that the Bristol Health Authority had given us space to run the clinic, but no storage room. Consequently I had to transport a suitcase carrying supplies of contraceptives back and forth. The case lived under my bed when not in use!

Then in 1963 I moved with my family to Montreal, Canada. On arriving [in Canada] I was looking around for voluntary work and found a niche in the Family Planning Federation of Canada there it was a dramatically different scene from that in the UK. The sale or use of contraceptives was illegal in Canada until the 1960s, partly because of the large Catholic population. Barbara and George Cadbury were among the leaders of the campaign to change the law and were jointly honoured by the government. After working with Alice Cowan, [the then secretary of the FPFC] for about a year she left and I became secretary in her stead. I mention these facts as it dramatically illustrates the changes that have occurred in contraception in my lifetime.

On my return to Bristol from Canada in 1974 I was looking for employment and fortuitously Brook was seeking a receptionist. I applied for the job and was successful in obtaining it. Brook [Avon] was then situated in Clifton, Bristol, near the university. It was on the third floor of an old house and one had to climb a narrow winding staircase to reach the top floor. But on arrival at the clinic one immediately felt an air of welcome. The doctors did not wear white coats; the staff both medical and administrative were relaxed and particularly welcoming. Advertising seemed unnecessary as the local press came to us to find out what we were doing and Jenny Murray, (the presenter of *Woman's Hour*), was then with Radio Bristol and she was particularly helpful in spreading the word.

I had been a receptionist, I think for about a year, when the then secretary, Donna Smith, left to take a social work course at the university. I was offered the job to replace her and readily accepted. Gradually I learned the ramifications of the work. Caroline Woodroffe organised regular meetings with other secretaries of Brook and I learned a great deal from her and them.

Brook also ran a pregnancy advisory service, headed by Dr Ruth Coles, supported by other doctors. Ruth's vivacity and friendly attitude provided a valuable service, backed up with the co-operation of local nursing homes.

I gradually became particularly involved with education work. Through social services I was introduced to the work being done at Hillside House, Redland, Bristol. It was one of the first residential homes to assist young persons who had previously been in mental homes to live in the community. I had no background in education but two very able ladies who had, assisted me. We talked in small groups with the residents of Hillside House. We also set up a little office where social workers, teachers etc, could visit and talk to us, obtain materials on contraceptive methods and arrange for group talks to be given by ourselves, if this was requested.

We found an 'artistic' young woman who made a cardboard doll whose abdomen opened and showed the female reproductive system. We called her 'Daisy' and she was a great success. We also provided drawings of the male reproductive system with which we could explain the millions of sperm released on ejaculation, all swimming and competing to impregnate the female ova.

We were also fortunate in obtaining the support of a newly appointed health education officer and he spread the word about our work in the school network.

We tried, if possible, to speak to groups of girls on their own and then the boys. I recall we were asked to speak to the Steiner School for six sessions! An incredible number. Usually we had two sessions at the most. At the end of the work we received a note from the students, which I will always remember. It thanked us for telling them about sexuality and said 'now we know where we are going'. I was never quite sure what they meant by that, but I hope it was a positive result!

Brook was all about team work. Inevitably we sometimes had differences of opinion on how things should be done but we always tried to work out what would be best for Brook. I would like to be able to thank all the people with whom I worked but that is not possible in the limited space of this paper. However I can assure them all of my appreciation for the sterling work they did.

Helen Brook was a revolutionary with a quiet voice and her achievements have had far reaching positive implications. At 90 years of age I have seen many social changes. How I wish Brook centres had been around when I was 18!

Dorothy Borbas (previously Dorothy Keeping) 29.12.14.

Brook in the 1990s — comments by David Paintin

I became a trustee and board member of Brook Advisory Centres on the invitation of Caroline [Woodroffe] in the early 1990s and remained in post for about seven years. I had been unable to accept her previous invitation about 10 years earlier as, at that time, I could not attend meetings unless they were held in the evening because of my clinical and teaching duties as reader in obstetrics and gynaecology at St Mary's [Hospital Medical School]. I had been a supporter of Brook since the early 1970s and, as an honorary NHS gynaecologist at the Samaritan Hospital, had been able to provide terminations for some of the Brook clients whose local gynaecologists were unwilling to help. Caroline and I had been committee members of the Birth Control Trust that, in 1984, had published Judy Bury's masterly review of *Teenage Pregnancy*, and I had been the secretary of the RCOG [Royal College of Obstetricians and Gynaecologists] Working Party on Unwanted Pregnancy and the author of its report in 1991. This had stressed the importance of sex education and, at meetings at Brook, I gained new perspectives on this topic from Dilys Went. It was good to work with the other medical trustee, John McEwan, and the Brook medical officers, Fay Hutchinson and Gillian Vanhegan. [For those of you who don't know Gillian still works at Brook London today as the Medical Director.]

Apart from helping with the drafting of the Brook booklet *An introduction to the facts on abortion* (1996), the topic that is clearly in my memory was the survey of clients organised by Alison Hadley, Policy Director for Brook. The teenagers gave highest priority to confidentiality — for them it was very important that anything revealed during their attendance at Brook should not be revealed to anyone without their consent — to their parents, teacher, family doctor or the police. Brook centres were valued especially because they were completely separate from family planning clinics where they might be seen by a relative or neighbour and because care was taken that they should not be overheard when making an appointment. Health professionals working at Brook had always been bound by

their professional duty not to disclose information given in confidence but, because there was a possibility that other staff might not always be so discreet, the Brook counsellors suggested that absolute confidentiality should be a policy that all staff must accept on appointment [— receptionists, counsellors, nurses and doctors]. This was after the Gillick case of 1985 and that Lord Fraser had ruled that a doctor could give advice on sex and contraception if a girl under 16 is mature enough to understand the consequences of her actions [and cannot be persuaded to inform or to allow him to inform her parents]. The Brook Medical Advisory Committee, of which I had become the chair, had to point out that health professionals had a legal duty to protect all children in danger of, or who were actually experiencing sexual abuse, and that there were occasions when social services must be involved even if this was against the wishes of the young person. This meant that Brook clients could not be promised complete confidentiality. After some discussion, it was decided that if disclosure to authority was essential — as with incest or sexual activity had been coerced — the client should be told in advance who would be told and when this would happen. It was accepted that consenting sexual activity between a girl under 16 and a boy of similar age or a few years older would be regarded as a valid relationship. It was disappointing for some of the counsellors that clients could not be assured of absolute confidentiality but, in reality, most young people experiencing sexual abuse could be persuaded that they needed the help [of social services and the possible prosecution of the offender]. This outcome had the desirable effect of making all staff aware that client confidentiality was a condition of employment. It is important to realise that then and now the majority of Brook clients are over 16 or over and most of the few that are younger are in a consenting relationship with their partners. Clients under 14 were uncommon and, at that time, were the group considered to be most at risk of abuse. In the following decade, it became apparent that sexual abuse was much more frequent than we had thought. The law had been strengthened; the social service departments of local authorities have child protection policies with which Brook centres must liaise when it seems likely that abuse has occurred.

For me, the 1990s were when teenage pregnancy was shown to be strongly associated with [socio-economic] deprivation. In a study that included all the teenage conceptions [(births and legal abortion)] in the Tayside Region of Scotland between 1980 and 1990, conceptions were 20-times more frequent in the most deprived postal districts compared with the most affluent; the opposite was found for the proportion of conceptions ending in legal abortion [about 33 per cent and 60 per cent, respectively (T. Smith *Influence of socioeconomic factors on attaining targets for reducing teenage pregnancies. British Medical Journal 1993; 306: 1232-1235.*)] These patterns were confirmed in several other studies from England. It became apparent that, while Brook provided a model for contraceptive services for young people, the non-use of contraception had complex causes that included social factors such as family income, housing and educational achievement. Fortunately, in 1997, the election of the Labour government of Tony Blair ended 18 years of Tory rule. In the brave new world of New Labour, a priority was to remedy the damage that had been done to the NHS and the welfare state by the policies of Margaret Thatcher; in particular, to lessen the effects of socio-economic deprivation and to increase the budget of the NHS. A Social Exclusion Unit was established in the Cabinet Office that included a team to consider teenage pregnancy; this was headed by Alison Hadley, well-qualified for the post by her years of experience at Brook. The well-written and comprehensive report, [the *Teenage Pregnancy Strategy for England*] was published in 1999 [(*Teenage*

pregnancy: report by the Social Exclusion Unit 1999. in Cm 4342

<http://dera.ioe.ac.uk/15086/1/teenage-pregnancy.pdf> : HM Government. London. p. 139.)]

The recommendations covered: sex and relationships education [PSHE], improving access to contraception, supporting teenage parents and their children, and developing local and national initiatives. Coordinators were to be appointed to coordinate around teenage pregnancy [jointly by each local authority and health authority to define the districts, social groups and schools where teenage conceptions occurred most frequently]. Alison and her team monitored the implementation and continued the process after the government was re-elected in 2001. In time, the recommendations led to a notable improvement in local services for sexually-active teenagers, teenage mothers and their children. [The implementation was complemented in 2001 by a nation-wide consultation on a *National Strategy for Sexual Health and HIV* that, when implemented with funded in 2002, set standards for provision that that included sex education, contraceptive services and legal abortion.] It may be significant that these reforms were initiated during 1997-99 when Frank Dobson, a consistent supporter of the right of women to control their fertility, was Secretary of State for Health [and were continued after he was succeeded by Alan Milburn (1999-2001 and 2001-2003)].

These reforms reduced conceptions in girls under 18 by 37 per cent — from 44,117 in 1999 to 27,834 in 2012 — in contrast to modest increases in women aged 20-39 (*Conception Statistics 2013* [<http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-332828>]). This was a notable achievement for Alison Hadley and her team, the Secretaries of State for Health and the Labour government. It was good to see Brook policy on contraceptive services for young people accepted as component of government policy.

David Paintin Emeritus Reader in Obstetrics and Gynaecology, University of London 1 February 2015

So we now have a short film and it's then over to you. And just before it goes over to you, there will be a microphone which will be brought round to you, sorry I've forgotten your name — by Angela, who's over here. So please wait for the microphone and do say who you are and where you're from or your connection to Brook at the given topics.

[Audio of Brook promotion film] <http://wellcomelibrary.org/player/b20292727>

Caroline Woodroffe: Simon, I think I should explain what that was.

Simon Blake: You should.

Caroline Woodroffe: Some young people who worked in an advertising agency said that they would make us that film for free to put into cinemas and it went out in cinemas and the press said, 'But what was this about?' It was so discreet that we don't know what they were trying to do. But, nevertheless, it was the first time that we got into cinemas with an ad.
[Applause]

Simon Blake: Okay, so now it is over to you.

Jane Fraser: Thank you. Jane Fraser. I first joined Brook in the late 60s in Birmingham as a counsellor, a qualified social worker who was recruited by Sally Price, of course. Sally, as she always did, mentored me and before too long was sending me out to schools and youth groups to talk about Brook. And initially the idea was that we told them about the service in order so that they knew where we were, but it soon became apparent to a number of us that this really wasn't enough. We needed to be talking a bit more about contraception, responsibility and relationships and so on and so forth. We started developing our own materials in order to do that because there was nothing in those days, in the late 60s, early 70s. And Birmingham Brook set up an education unit to publish some of those resources, in particular the one that mentioned about that Daisy doll from Bristol, which we turned into a three-dimensional model with a male partner which went with a whole teaching pack. We were then spotted by the Department of Education, who sent in people to support us and give us more professional advice and so on and had a good team around us, and were moved under Margaret Jones's rule into London and made national.

But really what I'm trying to say is that during those ... that period, I think for twenty years I was writing and developing sex education materials — they were based largely on what we knew from talking with young people in the clinics about the level of ignorance, that the sort of information they needed and the skills that they needed in order to negotiate their sexual relationships in a way that was mature and fulfilling. And we became, in fact, at Brook the major agency for developing leaflets and booklets for young people themselves, teaching resources for teachers in schools and health workers and so on. It really sort of set the tone of what sex education resources ought to be for all these agencies in the time — well, went from when there was nothing to there now being a huge variety of resources coming out all the time. And it's good to know that Brook was there right at the beginning setting the standard and getting it known throughout the country. [Applause]

Harriet Gill: Hello, I'm Harriet and I've been involved with Brook for many years. I've had about eight jobs in Brook so it's been responsible for a long successful career. **13 lines have been redacted from here in line with our [Access to Personal Data Policy](#) .**

Moving on, we had ... I was working with Brook in Wirral in Merseyside for many years and we had similar problems with protestors as Brook North Ireland every week, kind of interdenominational crowd of people who hated us. And we had a lot of attention from a guy who was an ex-paramilitary for Precious Life. He was also an ex-serviette salesman, a failed serviette salesman, who really took on a massive campaign against individuals of us and

against the centre. And we ... in the end, we responded positively to the press, and it was amazing because we took something very dear to Brook, which is people's rights and we turned it around really and said that young people had a right to use the service and staff had a right to work. And we just kept repeating that and the press were really supportive and eventually that crowd disappeared, though we had protestors for a long time after that.

And then the other thing I was going to say was my most recent job was looking after Brook London, building on the legacy of Wendy [Thomas] and other Chief Execs, and I was responsible for selling East Street. And I think ... last year we eventually sold it. And there are still people in Brook London, Gillian and Joanna Brien, lovely counsellor, who still looked a bit upset when we signed the final completion. But it was the right thing to do, the building was in a bad state. I think it's still got the lovely blue plaque outside because it was, of course, the founder of the FPA who had handed it to us. And then finally I was going to say that going back to what I think is most important about Brook, which is that it values young people's rights and it values people, and some of my greatest friends and favourite people in the world are from Brook. If I had a kind of *Wonderful Life* moment, probably 80 percent of people I know and love are from a connection with Brook. And they do it because they believe in young people's rights and you can take for granted that their politics was not a capital P — are all in the right place, all the ducks are lined up. If you work for Brook, you believe in something quite fundamental and broad about the rights of people and the rights to justice and to happy healthy lives, so that's my recollections. [Applause]

Simon Blake: There's another hand up here.

Jesse Olszynko-Gryn Okay, thanks, I'm Jesse Olszynko-Gryn. I'm interested especially in the history of pregnancy testing which came up a couple of times, so I had one question about that. If there's stuff that's not already in the archives if you could, anyone of you could speak more. Are we allowed to ask questions? Is that part of the...?

Simon Blake: You can do what you like?

Jesse Olszynko-Gryn: Okay, if there's anything not already in the archives maybe you could add to the oral history record about how the testing, the pregnancy testing service worked, how it was different or similar to other similar services offered by the FPA or other organisations, that would be one question. So it was accompanied by counselling or whatnot. And then, because I know about some of the other services, I don't know about Brook's pregnancy testing operated in this period. The other question would be ... I think the Brixton clinic came up once and that sort of made me wonder if there was a particular story about Afro-Caribbean teenagers in the Brixton and Lambeth area, South London, because that didn't really sort of ... issues of immigration and ethnicity and race wasn't schematised so much today, so I was wondering if there was a sort of interesting ... anything to say about that basically.

Polly Goodwin: I'd like to say something about that. Just to say in my day, as it were, the pregnancy testing, there was an appointment booked in for someone being concerned about pregnancy and that would be accompanied by them seeing the counsellor and then possibly on to the doctor, depending on whether they wanted to go away, think about it and come back. So that was fairly straight forward. But only certain appointments because they took quite a long time, so there were only so many people booked in, but I'm sure that Harriet can probably say more about that, but that's what it was in that time.

Brixton was interesting. We struggled to get the finance to keep Acre Lane going. It was in a pretty awful building again [Witness: *Common theme this, isn't it?*]. And there was quite a high proportion of Afro-Caribbean clients, but I didn't think ... I think Brook was very different and diverse within London. So, for example, there was East — I talked about North and South London, but actually East and West London had their own particular characters. Brixton was mainly women coming and in terms of the ethnic profile would have been at that time mainly Afro-Caribbean. We did have some difficulties with keeping the money going and the person who came to our rescue at that time was a chap called Garnett, who was the Chair of the what was then South ... whatever ... was it Lambeth? Lambeth South and Lewisham. Mr Garnett who was the father of Mrs Bottomley. He was the Chair of the thing and I'd met him and he'd met me there, and they proceeded with giving us money. And he was very supportive, Virginia was supportive, Virginia Bottomley, and he ... the funding continued. So that's my memory of Acre Lane.

Lucy Bland My name's Lucy Bland, I'm a historian. I was ... it's a fantastic event, incredibly interesting. There was one thing I just wanted to ask about which was the initial opposition to Brook when it was set up in '64. Now a theme that has come up a bit is religion, but it hasn't been made very explicit. I mean Gillick's Catholic. I thought this huge opposition in Birmingham in '64 was from Catholics, wasn't it? I mean someone mentioned in Birmingham the doctors who wouldn't give abortion, I mean they were Catholics. **5 lines have been redacted from here in line with our [Access to Personal Data Policy](#).** So I'm interested, obviously none of you are old enough to have been around there in Brook in '64, but how was that ... I mean that opposition was quite extreme, wasn't it in Birmingham anyway? I don't know if it was just Birmingham, but was the opposition mainly a Catholic opposition or were there other kinds of opposition then? Do you know?

Simon Blake: Dilys.

Dilys Cossey: Well, Birmingham was a centre. There was ... I've forgotten his name now, but he was a professor of obstetrics and gynaecology in Birmingham, and he led the opposition to the Abortion Act. If somebody's got a better memory than I. [Witnesses: *McLaren. Yes that's it.*] McLaren, that's right, McLaren and he said he ... That was one of the reasons why the Birmingham Pregnancy Advisory Service, which is now the British Pregnancy Advisory Service, was established to be able to find ... to be able to provide

abortions under the new Act for Birmingham women. Because McLaren said that if the Abortion Act was ever passed, he would leave the country, but sadly that did not happen. And I think that possibly, I'm not familiar with him, but Birmingham was a significant centre of opposition to legal abortion. And that probably it was the same people who, you know, were also ... Nick Scott something...

Nicholas Simms: Nicholas Simms. My mother Madeleine was part of this group that everyone on the panel knows. Was also people like Professor Scarisbrick and people like that, he was at Warwick, I think, a historian, so he led lots of the opposition. People like SPUC were clearly Catholic. I mean my mother, when I had my first Catholic girlfriend, my mother went absolutely berserk. That was the worst possible thing, so my mother sort of ... I don't know, it's interesting the Victoria Gillick story, rather Victoria Gillick's sister aligning with the Pope, you know, the Pope has been a thorn in the side of women's sexual health and all the rest for, well, [Witness: *and child health*] and child health, but the Pope coming out yesterday and saying that he approved of smacking children, you know, it's funny how it all goes round in circles. Sorry, I don't know how that helps, but Birmingham was very much the centre of a sort of Catholic group which Professor Hugh McLaren, John Scarisbrick.

Simon Blake: Okay, I'm not going to let myself be David Dimbleby and lose control of things [Witness: *of course, you are, Simon*].

[?Witness 02:34:51]: There is one other thing there. One of the spinoffs, positive spinoffs from Professor McLaren was that he used to send all his young trainee doctors to Brook to learn how to give contraception to young people. So I mean there was a totally [Witness: *confused, confused*].

Suzie Hayman: Yes very. Then Professor Newton sort of took over and he had a very different idea because he was very supportive, wasn't he of the FPA and Brook? [Witness: *yes, he was*.] So Birmingham, in fact, changed at that point but ...

Nicholas Simms: Sorry, there was one other point that was worth making which was about the Irish experience, which Mary [Crawford] touched on to an extent, you know, why were so many Irish Catholics coming over to London for abortions, and that was both from the south and from the north. And that mustn't be forgotten. [Witness: *no, absolutely*].

Simon Blake: Just before, Jennie, just, Caroline [Woodroffe], when you told Helen Brook about SPUC, what did she say to you?

Caroline Woodroffe: This was very, very odd. Helen said, 'What is this SPUC?' And somebody said, 'Well, it's a Society for Protection of Unborn Children.' And she said, 'Ugh, we're going to be having a Society for the Protection of the Frustrated Sperm next.'
[Laughter]

Simon Blake: Jennie, follow that.

Jennie Bristow: I couldn't possibly. Thank you all so much. That was a brilliant kind of historical story. My question is sort of about the present really because it's inspired by something you said, Polly [Goodwin], about how ... so there's better access to contraception, obviously there's less stigma and, yes, the same goes in abortion care, but you were saying that issues around pleasure and consent have become more muddled. And I just thought that was fascinating ... or as muddy, and I wondered if you could just sort of expand on it a bit.

Polly Goodwin: I think when I was a younger woman, there was certainly ... you felt that by the time I got to my age with children that were my age when I was a younger woman, some of those battles around feminism would have been won. And I naively used to think that some of the battles around racism would also have been won. So I think talking to young women ... so I'm a freelance researcher in my day job and we did a piece of work in Sandwell, probably four years ago now, where young women talked at great length about performing serial fellatio on a line of boys in order to avoid being raped because that was how you lived within the gang culture that they lived within. And there's been quite a fair amount of research around those kind of elements of whether that is consent. And actually, is it consent because it's normal? So for those young women that was a very normal way of behaving because it gave them some protection. In parts of Birmingham and the Black Country where young men don't move from B32 to B33 because there are physical and quite dire consequences about moving outside your postcode area, and I don't necessarily mean it's just B32 and B33 — really for the tape they were just examples that came into my head, but young women, I think, when you talk to young women and I think one of the most powerful things I've seen, and Simon will kind of maybe be able to answer this a bit better, was the film we made around consent issues and young women talking about sex and relationships and consent. I don't think the agenda has moved on in the way that when I was a young woman, I sort of thought it would. Because if you think about the 70s and 80s, people ... there was a feminist movement that started talking about consent. I don't know how far that's taken us, but the research that I read from some of the work that I do would suggest that we haven't worked out what informed consent means. We still don't know what constitutes rape. And we certainly don't know what maybe constitutes safe pleasurable sex for young women. Because if you talk to some young women sometimes who are sexually active and say, 'Well, are you having fun?' The answer's often no. So I think some of the work Brook does around counselling, education and talking to young people is that really tricky bit of saying sex is fun, it is pleasurable, it's absolutely got to be consensual.

Simon Blake: Suzie.

Suzie Hayman: Can I just say, one of the other things that is muddying the waters considerably and I'm about to write a book on it. Can you hear me? So one of the things that has really muddied the waters, and I'm about to write something on this, is the influence of internet pornography and the number of young people, particular men who are getting ... well, but girls as well, who are getting their image of what sex is about from pornographic films that they can see on the internet which are infinitely more explicit and violent than anything we saw when we were young people. It's just a different order of things entirely and that quite a considerable number of young people are growing up thinking that that is what the norm is. It's domination, it's power, it's violence and it is not about consent. And so, you know, you talk there and you might think that that's just gang culture, but it seems that some of that is seeping into quite, you know, almost average normal teenage culture now. And so, you know, consent is rather going by the board and images of that. But what is sex? What actually do you do in a sexual relationship and what do you expect of each other? What do boys expect themselves to do to be real men is something that's actually, you know, yes, there were pockets of it way back when, but now it seems to be, you know, as I said is almost normalising. And it is deeply worrying. And this is where the sex education comes in that I am still perpetually horrified that by all the work we did, we do not have an agreement of what is sex education in schools. And it always lags behind. Whatever there is there, it's not talking about pornography, it's not talking about being media savvy, it's not talking about being able to address these issues with your parents or whatever. You know, it's worrying and it's new and it's different.

Simon Blake: I think this is a classic bit of where we've got to balance the negative and the positive as well. And most young people we see at Brook are okay, and even if they've seen porn, as long as you have sensible conversations with them, can work their way through it. And there is a real balance of yes when you have those experiences Polly describes they're awful, but they're not the norm, and I think it's much easier for us to talk about the bad sex and make all sex young people have bad sex. And so part of our job is how do you talk about good sex in the context of young people's lives, some of which is really, really difficult? Alison, you.

Alison Hadley: I just wanted to say not every young person gets the chance to come and talk to Brook and I think that's the point.

Simon Blake: Absolutely.

Polly Goodwin: That for me is why I'm so concerned about the new commissioning environment because I think we are specialists at helping young people have positive

conversations about sex that doesn't happen if you rock up to an all-age service, I think, sometimes.

Suzie Hayman: But also to feel able to talk about it. I mean I was on that Netherlands trip as well and one of the things I remember absolutely vividly ... now when was that? Twenty years ago? [Witness: *twenty-one.*] More, well, the point is that [Witness: '92] before I went talking with some teenagers, interviewing young people, one of the things I asked them was, 'Do you talk to your parents about sex?' And they looked at me as if I was mad and said, 'Of course, not. Never, ever.' I asked the same question of the Netherlands teenagers and they looked at me as if I was mad and said, 'Of course, we do.' That's the cultural difference. It's not just about sex education, yes. And it's not necessarily asking your parents' permission or telling them you're having sex, but it's just being able to talk to them about sexual matters, which still we find so difficult. I know from my agony letters, I know from the sort of helpline stuff I get from the family lives. You know it at Brook, it is so difficult for parents of children still to be able to be easy about talking about sex.

Simon Blake: Christine, you wanted to come in.

Dr Christine Watson: Well, it's just a personal thing, actually. In preparation for coming here, I took the opportunity at cross-examining my fifteen year-old going on twenty-five granddaughter, who goes to a very big comprehensive school in Gloucestershire, mixed, about what sort of PSE [PSHE; Personal, social and health education] she was getting. And she gave me a very good account, actually, and I was greatly cheered because it sounded pretty superior and it covered all those things that you've talked about. And she told me it happened in each year, the five years, and how it panned out and it certainly covered pornography and so on. And I thought, well, this is marvellous, this is heaps better, this is, you know, what ... but the fear is that, you know, not replicated everywhere and nobody is going to make it happen [Witness: *yes*] everywhere without huge political initiative and will. And I was greatly cheered by Alison's paper, as I told her, about the reduction in the teenage pregnancy rates because I think that wasn't beyond wildest dreams when I was working up to, you know, I worked throughout the Thatcher era, you see, from '82 to '97 and it was really uphill. So some good things have happened but we just need to make sure they go on happening. [Witness: *absolutely*]

Simon Blake: Alison, you want to come in and then Margaret.

Alison Hadley: I'm really pleased, Christine, that you've talked about your granddaughter's experience because I think it's really important not to kind of cement ourselves in the negative on all sorts of things that actually sex education isn't good because schools do some fantastic work. And actually Brook has led the way on new guidance which is addressing pornography, you know, social media, sexting. So actually, you know, as Brook

typically does, it is sort of ahead of the game. And I do wonder, and this is for another meeting really, I do wonder how Scandinavian countries and the Netherlands talk to young children about pornography. I wonder whether it is quite a British thing: this is what we're going to worry about now. And, you know, maybe it's the same spectrum of young people, some of whom are very vulnerable and always have been, some who muddle through and kind of have some casualties on the way but get through, and some who are fine. And I just think we just need to be very careful not to swing right to the negative and a sort of pathological kind of approach because that's a very British thing to do. And I would love to do a visit back to the Netherlands and to Scandinavia, if anyone wants to fund it, to just talk to them and how do they deal with these things that are worldwide now. You know young people watch pornography everywhere, [Witness: *everywhere*]. And you talk to young people and they don't think it's a big problem. But the vulnerable ones will have a really bad impact from it. So I guess it's ... I don't know quite what I'm saying ... but I just think we should be careful and be cautious about the British approach to these things which is always like — we're really scared about sex, and actually this is what we're going to be scared about now [Witness: *No, true*].

Simon Blake: And when people say, 'Is it worse for young people now?' Well, it's — can it be worse than 50 years ago, or is it just different? Margaret. Can you say who you were? [Witness: *who you were?*] The role you had.

Margaret Jones: I'm Margaret Jones and I was in Simon's position from during the 90s really. And one of the things that happened then that Alison [Hadley] referred to was with the Health of the Nation, was the expansion of Brook branches. And I've been sort of contemplating how we can still continue to get to more young people and I'll always remember that the big expansion in the North West was because a chairman of a health authority came and visited Brook. Sue Ryrie showed him around Liverpool Brook and he was just so impressed, he went away and said to his minions, come on, you're going to set them up. And we set up about eight branches in three years as a result of that. I'm wondering with the problems in Birmingham, whether we shouldn't ... I know you're negotiating with people in the [NHS] Trust and it sort of seems to be going over their head, but should you invite the chair of the Trust along with the public health director to come and visit Birmingham Brook and see whether or not it will have the same effect, talk to some of the young people who are there one afternoon [Witness: *yes*] I think it's answering young people's needs, but you've got to get to that person at the top and unfortunately, at the moment, that person at the top is anybody, they're fragmented all over the place. And I was lucky, we had chairmen of health authorities, regional health authorities, and you could go and talk to them or directors of public health like we had for Belfast, Gabriel.

Simon Blake: Thank you. We're conscious that we've got very little time left, so I'd urge anybody who does want to say something, who's got a story to tell, to think about... Rachael.

Rachael Thomson: Thank you. Well, it's such a pleasure to be here and actually seeing everybody together, which is so much more ... in a sense you learn so much more than if we'd just read what you'd said. You know, the presence of the event is great. And, you know, I've had the pleasure of working with quite a lot of you having arrived in the 90s, being drawn in as a member of Wendy Thomas's London Brook Executive, and working with Alison and through the sex education forum. And I think, I suppose it's just commenting a bit on the notion of being drawn into something. I arrived from Manchester as someone who'd been doing research, and kind of arrived in a job and suddenly realised I was not being groomed quite - but I was being drawn into certain relationships of people [*laughter*] but groomed in the very nicest way. And that notion that you're part of being drawn into a network that doesn't necessarily have a name, which has a very clear purpose, which is extraordinarily altruistic and high-minded in many ways as well. And, you know, I'm still part of the club and I've got ... my two colleagues here are both being co-funded ... have had co-funded PhDs with Brook, which I think is also a fantastic example of one of the things Brook has done which is to look to generate knowledge and research through working directly with young people. So that's something that doesn't quite appear on the radar like services do, but I think that role that Alison was really key in in terms of looking to young people for the solution to the problem, so if the problem is one around lack of access or lack of trust, then you use young people, whether it is mystery shoppers or researching their experience or finding their narratives, that actually is the most powerful way of transforming public opinion, which is one of the legs of project. And I know Simon does that really powerfully using new social media and a whole range of things. So that's a long tradition.

I've got two questions that I feel like for me are slightly unanswered from the day. One is about the title 'Brook'. So it's really unlikely, in a sense, that you wouldn't know what's in the tin from the title Brook. And I'm quite interested, were there ever moments when people thought of renaming the organisation? And what conversations might have happened around that? I don't think we're alone in knowing that lots of people call Brook, Brook Street. And there's all that sort of [Suzie Hayman: *we always had that*]. But that notion of the secretaries, the sort of, you know, lots of slippage can happen around it being a non-stigmatising kind of space. So I'm really interested [Suzie Hayman: *doesn't say what it does on the tin, yes*] in that. But I've also got another question which is: how did it shift to becoming a young person's organisation? That was slightly glossed. And were there specific organisations - conversations - about shifting away from being a focus to the unmarried, to the young, and what kinds of conversations were they? Were there conflicts around it, for example?

Simon Blake: So, Caroline's hand went up for the first question, I don't know if it did for the second as well. But do you want to start.

Caroline Woodroffe: Helen said that when she was setting up this centre, she was waltzing. She loved dancing. She was waltzing with a banker called John Trusted and he said, 'My darling, I will give you ...' and I can't remember what it was, one thousand pounds, ten thousand pounds, 'So long as it's called 'Brook'.' [*Laughter*]

Mary Crawford: Actually, can I just say in relation to Northern Ireland, I was at a meeting and the young person chairing it went round the room and said who everybody's name was, and she came to me and said, 'That's Mary Brook.' And I said, 'No, it's not.' And she said, 'Yes, you're Mary Brook.' And then somebody else said, 'Actually, you're Mary Condom.' [Laughter] So, in my local area, I'm known as Mary Condom because I always have condoms and I have them here for anybody who wants some for Halloween or, sorry, Valentine's Day. [Laughter] So we had discussions in Northern Ireland about if we ever changed the name, what would we change it to and who would you change it to? And we ended up saying, well, you probably wouldn't change it to anything. And we would have left that. So that was our position.

Polly Goodwin: I just wanted to add actually that when Helen told me that story which she said it was fifteen thousand pounds [Witness: *a lot in those days*]. It was a lot of money in those days. I think we went through this, you know, when I was there, about the Brook Street and I used to say, 'We're about sex not secretaries,' when people got it. Now Brook Street Bureau doesn't exist anymore, so in a way it's sort of gone into it. I think it's extremely difficult, I've worked for various organisations to do with sexual health where we know the name isn't right, but the trouble is no-one's actually come up with a better one. And I think ... I think that's part of the problem. At least with Brook, it wasn't ... it didn't say what it does on the tin, but it was almost like a code because people — young people knew what it was. And I think that was good. And I think you can waste a lot of energy trying to change names and brands and money, but I don't think it doesn't ... unless it's something really difficult, for whatever reason, I think there's a Brooke with an e for donkeys and horses but, you know, if it's not one thing it's another.

Dr Christine Watson: Would you tell the Department of Health that — about changing the name?

Simon Blake: Margaret has got something to add to that, then Polly.

Margaret Jones: On the age range, it was under Dilys's guidance, while Dilys was Chair and I was Chief Exec, that we actually considered the age range and during the time that I was there, we brought it down to twenty-five and I think since then, I'm not sure who was Chief Exec at the time, but shortly after I left which was in 2000, it came down to twenty-one. So those issues were considered by all the branches together in England. The name also was considered but we kept it.

Dilys Cossey: I was always an advocate for concentrating on the younger age groups because I felt that those were the tricky areas that the public bodies found very difficult to

deal with, whereas we in Brook could handle, you know, thirteen, fourteen, the under-sixteens much more happily than perhaps a local authority or a health body, and could also, as has been demonstrated very clearly by the evidence here, we could set the kind of environment and the standards for coping, or dealing, or reacting, or serving this very young group. I always felt that that was what we should be doing because we actually had nothing to lose, whereas a local authority might feel very hampered by looking at the very young. That's why I felt that once you're over twenty-one, I mean you should be able to look after yourself.

Simon Blake: I'm forty-one, still trying. And I think, Margaret, what's happened with the younger age group, our age group is still twenty-five but commissioners and commission services in some places are twenty-one and eighteen, as Mary said, often in response to funding arrangements where we've had to try to make a way of getting a better ... make our money meet our capacity. Polly.

Polly Goodwin: I just wanted to reflect from inside kind of Brook when the age range change came around. It isn't that it was an imposed thing either, you and Dilys didn't just ... this is going to change, there were a lot of conversations. And I think to me one of the things about being part of Brook is there are a lot of conversations about everything. So there was a lot of conversations about whether it was right thing to do to concentrate on under-twenty-fives. And I think we all agreed that that was the best use of what was limited resources and it made sense to reach the youngest and most vulnerable. In the same way when we talked about merging, it was a huge conversation. I think one of the things that none of us have really mentioned today in the reflecting on where we are today is Brook is now one Brook. We are one single organisation. And the road to that was done in a very Brook fashion really with lots and lots and lots of conversation. So I think, as an organisation, we do talk about things I think in a way that a lot of other organisations, that I have and am involved in, don't have those same kind of internal challenges to each other. You know, people still talk about confidentiality and what that looks like and what that means. So I think it's part of those underpinning values and ethos that we talk about things and go on journeys across all of us.

Simon Blake: We're fast getting to five thirty, at which point we will have a glass of wine available for anybody who's free and wants to carry on the conversations, but I'm just going to ask the panel, in sort of 35 seconds or less, to think in 25 years' time what would you — for people sitting here, so get your brain out of the past and into the future — what would you ... one thing you might want Brook to have achieved, or Brook to have done or to be true for young people. Christine, can I start with you? Don't think too much.

Dr Christine Watson: Well, I think they have a marvellous integrated function and I do hope that they will continue their work with supporting right across the board — social workers, teachers, other health professionals — with their expertise on helping young people with

their sex and contraception. I mean that is a real niche which they can spread out and help all sorts of other helping agencies.

Simon Blake: Thanks, Christine. Polly. Shall we just go down the line?

Polly Goodwin: That we're still here and that we're still working with young people, but I think more importantly that we win some of the battles around PHSE and that it becomes something that is every single young person and child's right to be able to talk about that in school, whether you're an academy, whether you're a faith-based school, whether you're a local small community school, or what. There should be a toolkit, written by us of course, that everybody uses to start a conversation and that that conversation starts early enough to influence decision making as people move through sexual maturity and into sort of enjoying and celebrating their sexuality.

Simon Blake: Thank you, Polly. Mary.

Mary Crawford: What I want for the young people of Northern Ireland is that they live in a society that is accepting of their sexualities and that they have an understanding of consent before they find themselves in a situation where they may be making choices about it.

Simon Blake: Thank you. Wendy.

Wendy Thomas: Well, I veer between wanting to be planned obsolescence, which is always my plan, but I'm not going to go down that road. I think ... I agree with everything everyone's said, I think, I suppose, the thing I would want most is that the young people who've been through Brook over the last 50 years and some of them will have had children who are grown up and they will have been able to talk more to their children, because I think it's fine to talk ... I would encourage parents to talk to their children. They don't have to talk about what they do in bed, but I want them to be able to do is talk about how to handle your sex life in a safe way ... to be safe, I think. That's what I want for young people.

Simon Blake: Thank you, Wendy. Caroline.

Caroline Woodroffe: I'm quite thrilled by today and I would like all this to continue, but just picking out two things, I would like The Abortion Act to be changed in Northern Ireland, and I would like The Abortion Act, and I'm only picking on abortion as one small thing, I'd like the abortion law in this country to be preserved.

Simon Blake: Thank you, thank you, Caroline.

Alison Hadley: Okay, in 25 years when I'll be eighty-five, I really hope we have statutory SRE for all children in all schools, whatever nature of school there is, and Brook will be at the forefront of making that happen, and I would like Brook to still be here as the anchor of young people's voices around sexual health and expertise.

Simon Blake: Thank you. Suzie.

Suzie Hayman: I think what I'd probably like is, thinking back to those Netherlands teenagers, for this not to be an issue, for it not to be something that we have to worry about and think about, you know, that sex is frightening and ghastly and dangerous and all that sort of thing [Witness: *unless of course you're married*]. [Laughter] Oh, what's that lovely phrase that sex is what we teach children is that sex is a dirty, ghastly, disgusting, dangerous thing that you do with the one you love [Witness: *that's right*]. So this is it, what I would wish is that in 25 years, it's just not ... it's just sex is sex and isn't it nice.

Dilys Cossey: I would like to echo the three feelings that Brook should still be here but that it should be strong to face the challenges ahead. I think we're in a very shifting society, that the pressures on Brook and its place in provision for young people is going to be much challenged in the coming decade. And I would like to see it remain here and grow strong, or stronger, and deal successfully with the challenges.

Simon Blake: Thank you. So the last thing which I would ... just to say is that Rosa Parks said, 'You must never be fearful about what you are doing when it is right.' And I think all of the conversations today, everything which I believe about the people who have been at Brook and the work that the Brook does is that it is right, and therefore whatever those challenges are, we mustn't be fearful because we are doing it right. So thank you, everybody, for being part of this afternoon, thank you to everybody for sharing your stories, thank you to Lesley and to Steph and to everyone who's helped. And Caroline is going to say something to close.

Caroline Woodroffe: You can guess what I'm going to say is thank you to Simon. [Witness: yes]

Simon Blake: Thank you very much. Have a glass of wine. Thank you.

[Applause]