

| Development of Children's Care Services in Scotland

Report for the Scottish Child Abuse Inquiry

Andrew Kendrick

Erin Lux

Sharon McGregor

Richard Withington



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Project Team

Prof. Andrew Kendrick
Emeritus Professor, CELCIS
University of Strathclyde

Erin Lux
Research Fellow
University of Strathclyde

Sharon McGregor
Research Fellow, CELCIS
University of Strathclyde

Richard Withington
CELCIS
University of Strathclyde

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Introduction

Context

The issue of the historic abuse of children in care has been an increasing concern in countries around the world. A number of inquiries have taken place in different countries and a range of measures have been put in place to address the needs of survivors of abuse in care. However, the focus of the inquiries and responses to historic abuse vary markedly from country to country.¹ In many countries, the issue of the historic abuse of children in care has not been addressed and there are ongoing concerns about the quality and effectiveness of care services. There are also important cultural, socio-economic, and political factors that have influenced the development of services for children in care across the globe.² In Scotland, there have been a number of policy and practice developments aimed at safeguarding and protecting children in care from abuse and harm.³

The issue of the safeguarding and protection of children in care was highlighted in Scotland in the 1990s, with a number of reviews of care services. It was only in the early 2000s, however, that concerns were raised by adult survivors who had experienced abuse in care as children. A petition to Scottish Parliament by survivors led to an apology from the First Minister in 2004, the setting up of the *Historic Abuse Systemic Review*, and the establishment of a support service for survivors of abuse in care. Further developments included the setting up of the National Confidential Forum and the Scottish Human Rights Commission InterAction on the Historic Abuse

¹ Johanna Skold and Shurlee Swain, eds., *Apologies and the Legacy of Abuse of Children in 'Care': International Perspectives* (Basingstoke: Palgrave MacMillan, 2015).

² Andrew Kendrick, "Residential Child Care," in *International Encyclopedia of the Social & Behavioral Sciences*, 2nd ed., ed. James Wright (New York: Elsevier, 2015).

Mark E. Courtney and Dorota Iwaniec, eds., *Residential Care of Children: Comparative Perspectives* (Oxford: Oxford University Press, 2009).

Elizabeth Fernandez and Richard P. Barth, eds., *How Does Foster Care Work? International Evidence on Outcomes* (London: Jessica Kingsley Publishers, 2010).

³ Andrew Kendrick, "In Their Best Interest? Protecting Children from Abuse in Residential and Foster Care," *International Journal of Child and Family Welfare* 3, no. 2 (1998); Andrew Kendrick, *Protecting and Safeguarding Children in Care: A Review of Developments in Services for Children in Care in Scotland* (Glasgow: CELCIS, 2014).

of Children in Care; the commitments made by Scottish Government to the *InterAction Action Plan*, and the announcement in 2015, of the Scottish Child Abuse Inquiry.⁴

The overall aim and purpose of the Inquiry is to investigate the nature and extent of abuse of children in care in Scotland, raise public awareness of the abuse of children in care, to provide an opportunity for public acknowledgement of the suffering of those children, and provide a forum for validation of their experience and testimony.

The Inquiry's terms of reference are:

- to investigate the nature and extent of abuse of children whilst in care in Scotland, during the relevant time frame;
- to consider the extent to which institutions and bodies with legal responsibility for the care of children failed in their duty to protect children in care in Scotland (or children whose care was arranged in Scotland) from abuse, and in particular to identify any systemic failures in fulfilling that duty;
- to create a national public record and commentary on abuse of children in care in Scotland during the relevant time frame;
- to examine how abuse affected and still affects these victims in the long term, and how in turn it affects their families;
- the Inquiry is to cover that period which is within living memory of any person who suffered such abuse, up until such date as the Chair may determine, and in any event not beyond 17 December 2014;
- to consider the extent to which failures by state or non-state institutions (including the courts) to protect children in care in Scotland from abuse have been addressed by changes to practice, policy, or legislation, up until such date as the Chair may determine;
- to consider whether further changes in practice, policy, or legislation are necessary in order to protect children in care in Scotland from such abuse in future;

⁴ Andrew Kendrick et al., "Scotland: Historic Abuse in Care and Human Rights," in *Apologies and the Legacy of Abuse of Children in 'Care': International Perspectives*, ed. Johanna Skold and Shurlee Swain (Basingstoke: Palgrave Macmillan, 2015).

- to report to the Scottish Ministers on the above matters, and to make recommendations as soon as reasonably practicable.

The Inquiry defines 'child' to mean a person under the age of 18. For the purposes of the Inquiry, 'abuse' is taken to mean primarily physical and sexual abuse, with associated psychological and emotional abuse. However, other forms of abuse may be considered and include: medical experimentation, spiritual abuse, unacceptable practices (such as deprivation of contact with siblings), and neglect.

The Inquiry defines 'children in care' broadly and includes:

- children in institutional residential care such as children's homes (including residential care provided by faith-based groups);
- secure care units including List D schools; borstals, young offenders' institutions;
- places provided for boarded-out children in the Highlands and Islands;
- state, private, and independent boarding schools, including state funded school hostels;
- healthcare establishments providing long term care;
- any similar establishments intended to provide children with long term residential care;
- children in foster care.

The Inquiry also excludes particular groups of children, some of whom, in other contexts, might be seen as being 'in care'. These include:

- children living with their natural families;
- children living with members of their natural families;
- children living with adoptive families;
- hospitals and similar treatment centres attended on a short term basis;
- short term respite care for vulnerable children.

The terms of reference of the Scottish Child Abuse Inquiry and the definitions for 'child', 'abuse' and 'children in care' will form the basis for this research review, although mention may be made of other forms of care, where relevant.

Aims and Objectives

The principal aim of this research review is to describe the development of child care services in Scotland from 1900 to 2014.

Specific objectives will be to describe the establishment, evolution, and nature of various forms of care settings over the period under review—specifically, those named in the terms of reference of the Scottish Child Abuse Inquiry. It will also explore in more detail critical aspects of the development of child care services in Scotland. It will look at the changing nature of the child care population over the period under review, including overall numbers, reasons for reception into care, and the changing needs of children and young people. It will address the changing nature of staff and carers, in particular, the recruitment and selection, and the training and supervision of carers and staff.

Finally, the review will attempt to identify systemic weaknesses in care services over time, as well as developments in good practice.

Methods

The research review has collated and analysed a range of material relevant to the development of care services in Scotland. These include:

- i) Histories and reviews of care services in Scotland;
- ii) Individuals' experiences of care services: children and young people, adults who experienced care as children, carers, staff, and professionals;
- iii) Research studies and evaluations of care services;
- iv) Grey literature: care service providers' reports, documentation, and policy documents;
- v) Official statistics.

The Scottish Child Abuse Inquiry has commissioned a number of research reviews.⁵ Inevitably, there will be overlap between this review and the other research reviews for the Inquiry, particularly Kenneth Norrie's review of the relevant legislative background. While every effort has been made to reduce repetition by cross-referencing, in some cases, information will be repeated where it is important to provide the context for the ongoing development of care services.

We have also drawn on material from previous literature reviews and reports that Kendrick and colleagues have written over the years.⁶

It is important to note that we have tried to be as objective as possible in the way that we have presented material in this review, and have reflected authors' representations and descriptions as accurately as possible. This, however, may be in stark contrast to how others have represented or experienced a particular care or educational setting.

Over the period of this review, the nature of children's services has changed markedly; there has been increasing regulation to try and ensure standards of care,

⁵ Kenneth Norrie, *Legislative Background to the Treatment of Children and Young People Living Apart from their Parents: Report for the Scottish Child Abuse Inquiry* (Edinburgh: Scottish Child Abuse Inquiry, 2017); Susan Elsley, *Review of Societal Attitudes of Children for the Scottish Child Abuse Inquiry* (Edinburgh: Scottish Child Abuse Inquiry, 2017); Lorraine Radford, Steven Dodd, Christine Barter, Nicky Stanley and Ather Akhlaq, *The Abuse of Children in Care in Scotland: A Research Review* (Edinburgh: Scottish Child Abuse Inquiry, 2017); Alan Carr, Hollie Duff and Fiona Craddock, *Literature Review on the Outcomes for Survivors of Child Maltreatment in Residential Care or Birth Families. Report for the Scottish Child Abuse Inquiry* (Edinburgh: Scottish Child Abuse Inquiry, 2017).

⁶ Andrew Kendrick and Alexander Fraser, "The Review of Residential Child Care in Scotland: A Literature Review," in *The Review of Residential Child Care in Scotland: The Three Supporting Research Studies*, Central Research Unit Papers (Edinburgh: Scottish Office, 1992); Andrew Kendrick, "Safeguarding Children Living Away from Home from Abuse: A Literature Review," in *Children's Safeguards Review*, Roger Kent (Edinburgh: The Stationery Office, 1997); Helen Kay, Jennifer Davidson and Andrew Kendrick, *Safer Recruitment Practice: Audit of Existing Recruitment Practices in Residential Child Care* (Glasgow: Scottish Institute for Residential Child Care, 2005); Robin Sen, Andrew Kendrick, Ian Milligan and Moyra Hawthorn, "Historical Abuse in Residential Child Care in Scotland 1950-1995: A Literature Review," in *Historical Abuse Systemic Review: Residential Schools and Children's Homes in Scotland 1950-1995*, Tom Shaw, Appendix 2 (Edinburgh: Scottish Government, 2007); Andrew Kendrick and Moyra Hawthorn, *National Confidential Forum for Adult Survivors of Childhood Abuse in Care: Scoping Project on Children in Care in Scotland, 1930 – 2005* (Glasgow: CELCIS, 2012); Andrew Kendrick, *Protecting and Safeguarding Children in Care: A Review of Developments in Services for Children in Care in Scotland* (Glasgow: CELCIS, 2014); Andrew Kendrick, *Independent Review of Historical Abuse of Children in Care of the Lord and Lady Polwarth Children's Home, Edinburgh* (Edinburgh: CrossReach, 2016).

and to protect and safeguard children and young people. Residential establishments with long histories have changed their names and functions over the years. Particular types of care have emerged and then disappeared, for example, fever hospitals and sanatoria, residential nurseries, and family group homes.

That said, care services can broadly be categorised in relation to three groups of children and young people. Services for young offenders have developed over time from the early reformatories to include borstals, remand homes, approved schools, detention centres, secure accommodation, and specialist foster care. Services for victims of neglect and abuse have developed from boarding out in rural areas of Scotland to current foster and kinship care, and from industrial schools to children's homes and residential units. Services for disabled children or children in care because of parental illness have developed from the early hospitals and institutions for disabled children, and now include respite care and foster care, and residential homes and schools. However, responses to these groups of children have overlapped in a variety of ways.

In addition, the Scottish Child Abuse Inquiry has included in its remit educational services provided on a private basis or in order to attend school, for example, independent or religious boarding schools and school hostels. This is in recognition that children in such settings are also vulnerable, and these services have been included in this review.

Structure of the Report

The original remit of the report was to look at the development of residential and foster care services for children, as defined by the Scottish Child Abuse Inquiry, between 1900 and 2014. Most of the material in the report has been structured in terms of particular time periods defined by major pieces of child care legislation: the *Children Act 1948*, the *Social Work (Scotland) Act 1968*, and the *Children (Scotland) Act 1995*. However, we also felt it important to provide some contextual material on the development of children's services in the 19th century, and this is covered in Chapter Two. We have also included information on more recent developments in Chapter Eight.

It became apparent that while these time periods work well for services for children and young people in state care, they are less relevant for other services such as independent boarding schools and school hostels. We therefore decided to treat

these services separately and devote a single chapter to each of these. We could have done this for other services, such as long-stay hospitals, but decided that the overlap with other services for children in state care was such that it made sense to consider these together.

Finally, there has been an increasing amount of research, policy and literature in recent years. This has meant that chapters have, of necessity, become more complex in their structure and in the range of content covered. We have tried as best we can to make the structure of these later chapters as logical as possible while covering the range of information available.

Development of Children's Services and Schools before 1900

Introduction

Even though this review of the development of care services covers a period of over one hundred years, it is worth spending a little time to go further back in time, as the foundations of the Scottish child welfare system were laid well before this. This was also the context of Scotland's changing relationship with the rest of the UK, and its distinctive, but connected, legislation, policy and practice in child welfare, and social work more generally.⁷

Cage identified that as early as 1424, legislation created the 'important distinction between those who were able to earn their own livelihood, and those who were obliged to resort to the charity of others for their subsistence.'⁸

...the medieval church and state alike had recognised, since the fifteenth century, that paupers fell into two categories, the able-bodied vagrant poor who should be severely punished for their idleness, and the helpless impotent poor, victims of old age, disease or disability, who had a genuine claim on the charity of society and might be licensed as "King's Beggars" or "Bluegowns".⁹

Hill, Murray and Rankin highlighted that the various Poor Laws from 1579 onwards placed a duty on each parish to give financial assistance to the poor, including children.¹⁰ However, the distinction between the 'deserving' and 'undeserving' poor also led to important differences in the responses to children and young people. Orphans and destitute children were eligible for help from the Poor Law, but other poor children might not be helped.¹¹

⁷ Vivienne E. Cree, "A History of Social Work in Scotland," in *Social Work in a Changing Scotland*, ed. Vivienne E. Cree and Mark Smith (London: Routledge, 2018), 9.

⁸ Robert A. Cage, "The Scottish Poor Law, 1745-1845" (PhD thesis, University of Glasgow, 1974), 3.

⁹ T.C. Smout, *A History of the Scottish People: 1560-1830* (London: Fontana Press, 1972), 84.

¹⁰ Malcolm Hill, Kathleen Murray and Judith Rankin, "The Early History of Scottish Child Welfare," *Children & Society* 5, no. 2 (1991), 185. See also, Helen MacDonald, "Children Under the Care of the Scottish Poor Law, 1880-1929" (PhD thesis, University of Glasgow, 1994), Norrie, *Legislative Background*, 1.

¹¹ Hill, Murray and Rankin, "Early History," 186.

It was also in the period before 1900 that Scotland's distinctive approach to the care of children, particularly those separated from their parents under the Poor Law, became apparent. The boarding out of children with families was used to a much greater extent than in England, and was the preferred option for children under the Poor Law.

Triseliotis noted that the development of residential institutions in Scotland lagged behind their development in England.¹² White suggested that the reason for this 'seems to have been an aversion to institutions on the part of the Scottish people generally.'¹³ However, the 19th century, and the latter half in particular, saw the development of a range of residential institutions for children and young people. Until such institutions were established, children and young people were dealt with in the same way as adults and were not separated from adults in prisons, hospitals and poorhouses. Oliver argued that from the 17th century onwards, there was 'an ever increasing trend for the institution to become the major method of controlling deviants; not just dangerous criminals or violent lunatics but other less immediately harmful deviants as well—the poor, the crippled, the indolent, the elderly and orphans.'¹⁴

Discussing the treatment of young offenders, Ralston detailed the Tron Riot of 1812, where members of the Keelie Gang attacked and robbed a number of people, and a watchman died as a result of the beating he received.¹⁵ While many of the young people arrested were sentenced to transportation, three ringleaders, aged between 16 and 18, were sentenced to death and were hanged. '[T]here was as yet no move towards viewing children as belonging to a separate category from adult offenders.

¹² John Triseliotis, "Residential Care from a Historical Perspective," in *Our Children: Residential and Community Care*, ed. J. Eric Wilkinson and Gerry O'Hara (London: National Children's Bureau (Scottish Group), 1988), 6.

¹³ Keith White, "Residential Child Care Past and Present: A Study of Different Types of Residential Care for Children in Edinburgh and Hull with a Comparative Historical Background" (MPhil dissertation, University of Edinburgh, 1973), 25.

¹⁴ Mike Oliver, "The Integration—Segregation Debate: Some Sociological Considerations," *British Journal of Sociology of Education* 6, no. 1 (1985), 82.

¹⁵ Andrew G. Ralston, *Opening Schools and Closing Prisons: Caring for Destitute and Delinquent Children in Scotland 1812 – 1872* (London: Routledge, 2017), 26.

No allowance was made for the youth of the culprits and the traditional view of the age of responsibility under the law was upheld.¹⁶

Over the course of the 19th century, there was an increasing emphasis on addressing the issue of juvenile delinquency and intervening in the lives of children and young people in a more targeted way. This saw the development of industrial and reformatory schools. Similarly, orphanages, children's homes, and institutions for disabled children were established and this was driven by economic factors as well as philanthropic concerns.

Some of the residential establishments for children and young people set up in the 19th century still exist today, having changed and transformed over the years in line with legislation and improvements in quality and standards.

Boarding Out, Foster Care, and Baby Farming

Hill identified that foster care in Scotland was recognised from the start of state involvement in the 16th century, where it was possible for 'a beggar's bairns' to be looked after by a person of the 'honest estate' by direction of a magistrate or justice.¹⁷ Commenting on the Poor Law Acts of 1574 and 1579, Cage wrote:

The authors of the Acts clearly felt that one method of eliminating the problems caused by begging was to remove the children of beggars from the influence of their parents...Hence, it was ordained that if a beggar had any children between the ages of five and fourteen, any person of honest estate could take them into his service. The period of indenture was to last until the age of eighteen for females and twenty-four for males.¹⁸

¹⁶ Ralston, *Opening Schools and Closing Prisons*, 31. At that time, children aged over seven were liable to punishment as criminals.

¹⁷ Malcolm Hill, "Introduction: Adoption and Fostering in Scotland – Contexts and Trends," in *Shaping Childcare Practice in Scotland: Key Papers on Adoption and Fostering*, ed. Malcolm Hill (London: BAAF, 2002), 11.

¹⁸ Cage, "The Scottish Poor Law," 8-9.

Ferguson also commented that in the 16th and 17th centuries there might be provision 'for educating and training such children, but the emphasis was on servitude.'¹⁹

Ferguson wrote that between 1790 and 1830, many children on the accounts of the Town's Hospital (Glasgow's poorhouse) were 'boarded-out', over one thousand in 1820.²⁰ Children could also be indentured so that boarding out would mean that, in exchange for food and clothing, children were bound into apprenticeship or work. Abrams cited the Poor Law Inquiry Commissioners who, in 1843, stated that 'orphans, foundlings, and deserted children were usually boarded either with relations or friends...or with strangers who were willing to take charge of them.'²¹

While orphans and destitute children were eligible for help under the Poor Law, it was only in 1848 that it was clarified that 'the children of fit unemployed adults could receive relief, even though their parents could not.'²² The *Poor Law Amendment Act (Scotland)* of 1845 put in place a system of parochial boards, a national Supervisory Board, and paid inspectors.²³ The Board of Supervision established by this legislation could not compel parochial authorities to board-out children, but 'through the exhortations of its Minutes and Annual Reports which all stressed the importance of family life (and its cost effectiveness) hardly any were kept in poorhouses.'²⁴

Skelton, Secretary to the Board of Supervision, compiled a report on the boarding out of children in Scotland in 1875.²⁵ On 1 January 1875, of the 5,985 orphan and deserted children on the poor roll, 4,053 children were boarded-out. In addition, there were another 495 children who were boarded out.

¹⁹ Thomas Ferguson, *The Dawn of Scottish Social Welfare: A Survey from Medieval Times to 1863* (London: Thomas Nelson and Sons Ltd, 1948), 287.

²⁰ Thomas Ferguson, *Children in Care – And After: A Study of a Group of Glasgow Children Who Came into the Care of the Local Authority* (London: Oxford University Press, 1966), 1. It is important to note that the term 'hospital' could be used to describe an institution for children or for pensioners.

²¹ Lynn Abrams, *The Orphan Country: Children of Scotland's Broken Homes from 1845 to the Present Day* (Edinburgh: John Donald Publishers, 1998), 37.

²² Hill, Murray and Rankin, "Early History," 186.

²³ Norrie, *Legislative Background*, 1.

²⁴ Ian Levitt, "Welfare and the Scottish Poor Law 1890-1948" (PhD thesis, University of Edinburgh, 1983), 8.

²⁵ John Skelton, *The Boarding-Out of Pauper Children in Scotland: With an Introduction on Pauperism, and a Note on Local Inspection* (Edinburgh: William Blackwood and Sons, 1876), 73.

Various reasons are assigned by parochial boards for separating these children from their legal guardians, the most common case being that in which the surviving parent, generally the mother, is held to be unfit from mental or physical weakness, or from intemperate and profligate habits, to have the custody of her children.²⁶

Initially, children could only be fostered with parental consent but increasingly children were boarded out against their parents' wishes.²⁷

By 1884 parishes were permitted to forcibly separate illegitimate children from their mothers and place them in foster care—a policy which had the advantage, according to the authorities, of removing the child from a pauper's environment and freeing the mother of the responsibility for a child thus facilitating her search for stable employment.²⁸

MacDonald highlighted the increasingly interventionist approach, as boarding out was used not only for orphaned and deserted children, but to save those whose parents were viewed as 'unfit'. 'Evidence before the Select Committee on the Poor Law in 1868 revealed that it was not unusual for parishes to "separate" children from their poorhouse parents and board them out in the same manner as orphaned and deserted children.'²⁹

This shift towards intervention increased in the late 19th century and was driven by the societies formed for the prevention of cruelty to children. This led to the first national child protection legislation; the *Prevention of Cruelty to, and Protection of Children Act 1889*. Parents who neglected their children could be subject to fines or imprisonment, and children could be taken to a place of safety and, subsequently, placed in the care of a fit person. 'The Act set a precedent for further protective legislation in 1894 and 1904, and this legislation was consolidated with the Children Act of 1908.'³⁰

MacDonald also noted that a number of voluntary child welfare societies were emigrating children without their parent's knowledge or consent. Many of these

²⁶ Skelton, *Boarding-Out of Pauper Children*, 76-7.

²⁷ Hill, Murray and Rankin, "Early History," 191.

²⁸ Abrams, *Orphan Country*, 13.

²⁹ Helen, J. MacDonald, "Boarding-Out and the Scottish Poor Law, 1845-1914," *The Scottish Historical Review*, LXXV, no. 200, (1996), 200.

³⁰ MacDonald, "Boarding-Out," 203

societies were 'resorting to "philanthropic abduction", whereby children were taken out of the country without parental consent.'³¹ However, the legislation drawn up to clarify such issues—the *Custody of Children Act 1891*—increased the rights of those caring for such children, including those boarded out under the Poor Law.

Following the passing of this Act parents who wanted their boarded-out children returned to them were faced with the prospect of complex legal proceedings. The expense, sense of intimidation, and difficulties in travelling to the Court of Session inevitably restricted the number of petitions, and parishes were thus largely free to refuse parental access to children separated at their discretion.³²

There was, then, an increasing focus on the separation of children from their parents and the negative influences of pauperism and an undesirable environment.

McHugh, for example, detailed the stance of the Daughters of Charity to boarding out in the context of their administration of the Whitevale Children's Refuge from 1877. The Sisters 'strongly supported' boarding out of children 'on the grounds that it provided "the child with a comfortable home and with a good Catholic education", and had already demonstrated "most admirable results".'³³

McMillan also detailed the use of boarding out for children with 'intellectual disabilities'. 'It is clear from the Report on the State of Education in Glasgow...that Glaswegian children with intellectual disabilities were often boarded out. Most of the "outdoor" children were boarded with strangers in towns or in the countryside.'³⁴ Girls tended to assist with the housework, sewing and knitting, while the boys tended to be employed on farms.

While there was general support for the Scottish system of boarding out of children and an increasingly interventionist approach, there were reported cases of abuse, which were investigated. For example, a case of neglect of a boarded-out child in Edinburgh by the foster carer was the subject of a criminal prosecution and this led

³¹ MacDonald, 203.

³² MacDonald, 204.

³³ Mary McHugh, "The Development of the Catholic Community in the Western Province (Roman Catholic Dioceses of Glasgow, Motherwell, and Paisley) 1878-1962" (PhD thesis, University of Glasgow, 1990), 225.

³⁴ Lachlan McMillan, "Origins and Evolution of Special Education for Children with Intellectual Disabilities in Greater Glasgow 1862-1962" (PhD, University of Strathclyde, 1998), 19-20.

to an inquiry by the Board.³⁵ Another situation where a child had died from lack of medical attention was 'whitewashed' in the investigation report.³⁶ Harper went on to write that at the end of the 19th century, a clean and healthy environment was a high priority, and 'lack of cleanliness seems to have been the primary reason for reprimanding a guardian or removing a child from its care.'³⁷ In another case, inspectors dismissed a child's complaint of being whipped, 'and would have been happy to commend the guardian if they had not noticed that Mary was suffering from impetigo.'³⁸

At times, there was opposition to children being boarded out in country districts because of their impact on the local community. One such complaint concerned their bad influence on other children in the local school, citing that they were dirty and the lowest of a town population.³⁹ Both McMillan and Keane identified complaints about the boarding out of 'imbeciles' or 'mentally defective children' in particular communities.⁴⁰

Skelton concluded his report on the boarding out of pauper children by stating that the system 'has been attended, in so far as the children are concerned, with most beneficial results.'⁴¹ He did acknowledge that the boarding out was not successful in every case.

Thus, the system has not succeeded in those cases (a) where the children are boarded with persons in receipt of parochial relief, or with aged and infirm relatives; (b) where inspection and supervision are not vigilant and habitual; (c) where an excessive number of children are boarded with one guardian; (d) where an excessive number of children are boarded in one parish.⁴²

³⁵ Ferguson, *Children in Care*, 7.

³⁶ Marjory Harper, "Boarding Out at Home and Abroad: Rescuing and Rehabilitating Scotland's Destitute Children from the 1860s to the 1960s," *Northern Scotland*, 27, no. 1 (2007), 102.

³⁷ Harper, "Boarding Out at Home and Abroad," 102.

³⁸ Harper, 106.

³⁹ Ferguson, *Children in Care*, 12.

⁴⁰ McMillan, "Origins and Evolution of Special Education," 22. Anne M. Keane, "Mental Health Policy in Scotland 1908-1960" (PhD thesis, University of Edinburgh, 1987), 44.

⁴¹ Skelton, *Boarding-Out of Pauper Children*, 114.

⁴² Skelton, 115.

However, boarding out was central to Scottish child care and distinguished it from the English system which saw the workhouse as offering greater control over a child's development. Levitt wrote that, by the end of the 19th century, only the Falkirk Board objected to this approach, and adopted the stance of the poorhouse offering greater supervision.

However, for the other urban boards, the removal of children from the poorhouse to farmsteads and crofts, clad in normal clothing and receiving regular medical attention and schooling was itself justification. Not only would the child be removed from the unhealthiness of the towns, but would not suffer the taint of the poorhouse "pauperism".⁴³

Abrams also noted that 'the Poor Law authorities were well aware that by boarding children in country districts they were entering into a mutually beneficial economic relationship with the guardians and the local community'.⁴⁴ In 1862, there were 130 children boarded out on Arran. A Board of Supervision Inspector carried out an investigation of this, concluding:

...that the crofters and small farmers in Arran were not only benefited by the cash payments on their account, and enabled to pay their rents more easily than they could do without them, but have also a present and prospective supply of servants and labourers whose wages are at the lowest.⁴⁵

Related to the issues of poverty and child welfare in Victorian Britain, was what became known as 'baby farming'. Blaikie described the practice in a rural area of Scotland:

When pregnant or nursing mothers were refused relief, they often in turn refused the poorhouse, and the mechanism through which they continued to earn a living was baby-farming, a practice whereby local women (mostly impoverished) were paid to wetnurse and wean other women's infants.⁴⁶

Such baby-farmers had themselves often to recourse to Poor Law relief. Blaikie highlighted that the 'evil results of this system had been amply demonstrated

⁴³ Levitt, "Scottish Poor Law," 55-6.

⁴⁴ Abrams, *Orphan Country*, 47. See also Roy Parker, "Some Early Economic Threads in the History of Children's Homes," *Scottish Journal of Residential Child Care* 16, no. 3 (2017), 9.

⁴⁵ Ferguson, *Children in Care*, 9 (citing Mr Peterkin, Board of Supervision Inspector).

⁴⁶ Andrew Blaikie, "Infant Survival Chances, Unmarried Motherhood and Domestic Arrangements in Rural Scotland, 1845-1945," *Local Population Studies*, 60, (Spring 1998), 42.

throughout Britain, with many shocking stories of malnutrition, starvation, strangling and exposure.⁴⁷ A number of 'baby farmers' were hanged in Britain for the murder of children for whom they were paid for 'adoption', including Jessie King who was executed in Edinburgh in 1889.⁴⁸ However, Abrams stressed that 'mothers were desperate, not immoral and unnatural,' and 'from the perspective of child protection only a change of attitude towards single mothers, enabling them to remain in employment while caring for their babies, would get rid of the necessity for such dangerous forms of child care.'⁴⁹

Hospitals, Almshouses, and the Poorhouse

McCallum⁵⁰ and Hall⁵¹ outlined the long history of hospitals and almshouses in providing relief for the poor in Scotland. McCallum noted the wide variety of names for such institutions, such as almshouses, maison-dieu, bede-houses, as well as hospitals, and that there was a lack of a clear distinction amongst them.⁵² Durkan made reference to the 'blew freris', poor children maintained in St George's Hospital in Dunkeld in the 16th century.⁵³

In the 19th century, there were a number of charitable hospitals that catered for poor children. However, these were not medical hospitals in the current sense, 'a Hospital can be defined as an institution for the maintenance, clothing and education of orphan or destitute children, it being understood that the beneficiaries live within the Hospital.'⁵⁴ Checkland wrote that by 1872, there were 'many hospitals in Scotland where boys (and a few girls) were boarded (usually between the ages of eight and

⁴⁷ Blaikie, "Infant Survival Chances," 42.

⁴⁸ Joanne Pearman, "Bastards, Baby Farmers, and Social Control in Victorian Britain" (PhD thesis, University of Kent, 2017), 132. See also, Jim Hinks, "The Representation of 'Baby-Farmers' in the Scottish City, 1867-1908," *Women's History Review*, 23, no. 4 (2014), 567.

⁴⁹ Abrams, *Orphan Country*, 218.

⁵⁰ John McCallum, "'Nurseries of the Poore': Hospitals and Almshouses in Early Modern Scotland," *Journal of Social History* 48, no. 2 (2014), 427-49.

⁵¹ Derek Hall, "'Unto Yon Hospital at the Tounis End': The Scottish Medieval Hospital," *Tayside and Fife Archaeological Journal*, 12, (2006).

⁵² McCallum, "Nurseries of the Poore," 429.

⁵³ John Durkan, "Care of the Poor: Pre-Reformation Hospitals," *The Innes Review* 10, no. 2 (1959), 275.

⁵⁴ Isobel C. Wallis, *John Watson's School: A History* (Edinburgh: The John Watson Club, 1982), 85.

14), educated and subsequently apprenticed.⁵⁵ She noted that the aim of George Heriot's in Edinburgh as set out in Heriot's will, was 'the maintenance, relief, bringing up, and educationne of puire fatherless bairnes, friemen's sonnes of the Towne of Edinburgh.'⁵⁶ She listed some 27 endowed hospitals across the country in 1872.

However, as these hospitals were largely funded by money invested by the Governors and trustees, the wealth of the hospitals began to rise considerably, soon becoming a matter of public knowledge. Concerns about the quality of education were also raised and, by the 1860s, several Royal Commissions had investigated the Hospitals. In 1868, the Argyll Commission criticised some of the Hospitals, and suggested that the endowments might be more profitably employed in maintaining efficient day schools. Following several Acts of Parliament, the welfare and educational elements in the hospitals were separated.⁵⁷

While similar schools in England were reformed as boarding schools on Arnoldian lines,⁵⁸ no attempt to do this was made in Scotland, and from 1869 nearly all the hospitals were turned into large day schools, the endowments being used for scholarships.⁵⁹

Over the latter half of the 19th century, then, these endowed hospitals developed in different ways. Some became day schools (for example, George Heriot's, George Watson's, James Gillespie's, Hutcheson's, Morgan Academy), some continued as orphanages (for example, the Dundee Orphan Institution, and the Edinburgh Orphan Hospital), and Donaldson's continued as a residential school for deaf children. Fettes School opened as a boarding school in 1870 and there were places for non-fee paying 'Foundationers', the 'orphans or sons of needy parents', and fee-paying boarders.⁶⁰

⁵⁵ Olive Checkland, "Education in Scotland, Philanthropy and Enterprise," in *Scottish Life and Society: A Compendium of Scottish Ethnology: Institutions of Scotland: Education*, ed. Helen Holmes (East Linton: Tuckwell Press, 2000), 68.

⁵⁶ Checkland, "Education in Scotland," 68.

⁵⁷ Anthony J.C. Kerr, *Schools of Scotland* (Glasgow: MacLellan, 1962), 190; see also, John Highet, *A School of One's Choice: A Study of the Fee-Paying Schools of Scotland*, (London: Blackie & Son Limited, 1969), 58-9.

⁵⁸ Thomas Arnold was the headmaster of Rugby School from 1828 until his death in 1842.

⁵⁹ Robert Anderson, "Secondary Schools and Scottish Society in the Nineteenth Century," *Past & Present*, no. 109 (November 1985), 189.

⁶⁰ Robert Philp, *A Keen Wind Blows: The Story of Fettes College*, (London: James & James (Publishers) Ltd, 1998), 5.

Some of the poorhouses in Scotland were also called hospitals, and the Town's Hospital in Glasgow was founded in 1733 as a poorhouse. Ferguson stated that at 'Michaelmas 1819 there were 355 adults and 58 children in the Town's Hospital, as well as 212 children belonging to the hospital but boarded out in various parts of the country.'⁶¹ Hill, Murray and Rankin also wrote that in the 19th century, younger orphans and children of those needing indoor poor relief⁶² were kept in poorhouses.⁶³

The Edinburgh Charity Workhouse was opened in 1743, and Paterson noted that in 1844, it 'had accommodation for about 600 adults and 480 children.'⁶⁴ Following the *Poor Law Amendment (Scotland) Act 1845* and the establishment of the Edinburgh Parochial Board, it became the Edinburgh Poorhouse.

The east wing, parts of which were known as Darien House and Bedlam, was supposed to be used for children, and the mentally ill who were not classed as lunatics requiring more restrictive care in the asylum...Strict separation between the "ordinary" inmates, children and the mentally ill was not maintained, paupers being placed wherever space was available.⁶⁵

Ferguson highlighted that in 1867 'poorhouse children were commonly placed several together—sometimes as many as five or six—in one bed...The desirability of separating children from adults was not recognised and was, indeed sometimes vehemently disputed.'⁶⁶ Gaffney wrote that the 'issue of medical care was always an important one for Parochial Boards', and 'the proportion of paupers in need of medical care was always very high.'⁶⁷ In Glasgow, then, three of the city's poorhouses incorporated hospital sections, and Gaffney also evidenced the overcrowding, 'especially in the children's wards.'⁶⁸

⁶¹ Ferguson, *Dawn of Scottish Social Welfare*, 231.

⁶² 'Indoor poor relief' indicates accommodation in the poorhouse as opposed to 'outdoor poor relief' which provided food or clothes to allow recipients to remain at home and seek work.

⁶³ Hill, Murray and Rankin, "Early History," 188.

⁶⁴ Audrey Paterson, "A Study of Poor Relief Administration in Edinburgh City Parish, Between 1845-1894," (PhD thesis, University of Edinburgh, 1973), 24-6.

⁶⁵ Paterson, "Poor Relief Administration in Edinburgh," 208-9.

⁶⁶ Thomas Ferguson, *Scottish Social Welfare: 1864 – 1914*, (Edinburgh: E & S Livingstone Ltd, 1958), 296.

⁶⁷ Rona Gaffney, "Poor Law Hospitals 1845-1914," in *Health Care as Social History: The Glasgow Case*, ed. Olive Checkland and Margaret Lamb (Aberdeen: Aberdeen University Press, 1982), 44.

⁶⁸ Gaffney, "Poor Law Hospitals," 51.

MacDonald noted that in the mid-19th century, 'the poorhouses had developed in Scotland very much as mixed institutions, providing varying standards of care to a diverse group of inmates.'⁶⁹

By the late nineteenth century, up to 6000 children entered poorhouses annually, although there were rarely more than 2000 resident at any time. It was only in the main city poorhouses in Glasgow; Edinburgh; Dundee; and Govan that the number of child inmates ever exceeded 200 at any time.⁷⁰

Levitt described the problems in the Glasgow Barony poorhouse in the 1880s when it was described as 'both over crowded and insanitary.'⁷¹ This led to an increased effort to foster children and as most children were in the poorhouse with a parent,⁷² from 1884 the Barony 'agreed to a trial period of fostering children whose parents were in the Poorhouse.'⁷³

Aspinwall wrote that there was:

...almost a predictable pattern of maternal death in pregnancy or the early death of the illegitimate child in the poorhouse: whether these were explicable by poor diet, general ill-health, "condoned" infanticide or cavalier medical treatment is a moot point.⁷⁴

McMillan highlighted the plight of children with learning disabilities in the poorhouse.

Another receptacle for children with intellectual disabilities in Glasgow in the nineteenth century was the poorhouse with its lunatic wards and asylums which were often overcrowded. These offered total maintenance and catered for every type of insanity. Generally however the poorhouse lacked sufficient means for the proper care and supervision of these children.⁷⁵

MacDonald also stated that corporal punishment was frequently used to enforce discipline: 'children who tried to escape, who truanted from school, who fought with

⁶⁹ MacDonald, "Children under the Poor Law," 172.

⁷⁰ MacDonald, 173.

⁷¹ Levitt, "Scottish Poor Law," 59.

⁷² Levitt, 58.

⁷³ Levitt, 61.

⁷⁴ Bernard Aspinwall, "Catholic Realities and Pastoral Strategies: Another Look at the Historiography of Scottish Catholicism, 1878-1920," *Innes Review* 59, no. 1 (2008), 107-8.

⁷⁵ McMillan, "Origins and Evolution of Special Education," 26.

each other or persistently annoyed the elderly inmates could face retribution ranging from six to ten strokes of the cane or a cold bath.⁷⁶

Levitt noted the impact of legislation in the latter part of the 19th century. The *Prevention of Cruelty to Children Act 1894* 'widened the definition of "neglect" and deemed the poorhouse a "place of safety" where the police and others could place children thought "in danger"'.⁷⁷ He suggested that by the turn of the century, 'separated children were now one of the fastest growing groups receiving poor relief', and '[g]reater numbers of children were now accumulating in mixed and badly segregated poorhouses.'⁷⁸ This, as we have seen, led to an expansion of the boarding-out system.

MacDonald noted that increasingly, at the end of the 19th century, children in the poorhouse were sent outside to school. By 1900, 83 per cent of the children were educated outside the poorhouse.⁷⁹

Hutchison recounted how the development of hospitals for sick children came later to Scotland than other European countries, with the Children's Hospital opening in Edinburgh in 1860 and the Glasgow Children's Hospital opening in 1882.⁸⁰ Details of early admissions demonstrated 'the desperate need that prevailed for the children's hospital to cater for the paediatric needs of a major city burdened with poor health and with sub-standard housing for its constantly increasing population'⁸¹

In the 19th century, infectious diseases were rife and epidemics were a regular occurrence. Up until the 1860s, general hospitals and poorhouses dealt with infectious diseases, and a significant proportion of those affected were children.⁸²

⁷⁶ MacDonald, "Children under the Poor Law," 182.

⁷⁷ Levitt, "Scottish Poor Law," 63.

⁷⁸ Levitt, 63. See also MacDonald, "Children under the Poor Law," 174.

⁷⁹ MacDonald, 181.

⁸⁰ Iain Hutchison, "The Disabled Child in an Industrial Metropolis: Glasgow's Children's Hospital, Scottish Convalescent Homes 'in the Country' and East Park Home for Infirm Children," in *Disability and the Victorians: Attitudes, Interventions, Legacies*, ed. Iain Hutchison, Martin Atherton and Jaipreet Viridi (Manchester: Manchester University Press, 2020), 146-147. See also, Douglas Guthrie, *The Royal Edinburgh Hospital for Sick Children 1860-1960* (Edinburgh: E & S Livingstone Ltd, 1960).

⁸¹ Hutchison, "The Disabled Child in an Industrial Metropolis," 148.

⁸² Marguerite W. Dupree, "Family Care and Hospital Care: The 'Sick Poor' in Nineteenth-Century Glasgow," *Social History of Medicine* 6, no. 2 (1993), 204.

During epidemics, temporary fever hospitals would need to be erected.⁸³ Following a typhus epidemic in Glasgow in 1864-65, a temporary fever hospital was set up in Parliamentary Road, and the following year was made permanent. 'Glasgow thus took the lead in Scotland in providing and binding itself to maintain a permanent fever hospital.'⁸⁴ In 1870, there was an epidemic of relapsing fever and additional accommodation was needed. A site at Belvidere was purchased and, initially, temporary wooden buildings were set up. In 1877, the smallpox hospital was opened at Belvidere, and in the following years permanent pavilions replaced the wooden buildings of the fever hospital. These were completed in 1887. Russell stated that 'a large proportion of the patients are children,' and detailed the number of cases, including scarlet fever, measles, typhoid, whooping cough, typhus, and diphtheria, with an overall mortality rate of 10 per cent.⁸⁵ However, there did not seem to be the same impetus in Scotland to establish fever hospitals as in England or Ireland.⁸⁶

Orphanages and Children's Homes

Orphanages had a long history in Europe with institutions being established in different countries from the 16th century.⁸⁷ In one sense, then, Scotland's orphanages were a relatively late addition. The Dundee Orphan Institution, for example, opened in 1815, taking in nine boys and 12 girls. The orphanage moved to larger premises twice in the 19th century, with Carolina House opening in 1870 with 55 children.⁸⁸

White discussed the rapid expansion of voluntary homes and orphanages in the second half of the 19th century.

In Scotland, this period saw the founding of Quarrier's Homes, Ponton House, Smyllum Orphanages, Red House Orphanage, the Widowers' Home, Aberlour Orphanage, and Nazareth Houses in different parts of the country

⁸³ John Burn Russell, "City of Glasgow Fever and Smallpox Hospitals, Belvidere," *Glasgow Medical Journal* 30, no. 1 (1888), 21.

⁸⁴ Russell, "Glasgow Fever and Smallpox Hospitals," 22. See also, Olive Checkland, "Local Government and the Health Environment," in *Health Care as Social History: The Glasgow Case*, ed. Olive Checkland and Margaret Lamb (Aberdeen: Aberdeen University Press, 1982), 11-13.

⁸⁵ Russell, 28.

⁸⁶ Margaret Currie, *Fever Hospitals and Fever Nurses: A British Social History of Fever Nurses: A National Service* (London: Routledge, 2005), 21.

⁸⁷ Juliane Jacobi, "Between Charity and Education: Orphans and Orphanages in Early Modern Times," *Paedagogica Historica: International Journal of the History of Education* 45, Nos. 1-2 (2009), 54.

⁸⁸ Carolina House Trust, "Our Story," *Carolina House Trust* website.

and the beginning of the Royal Scottish Society for the Prevention of Cruelty to Children.⁸⁹

In addition, the Church of Scotland became involved in the care of children when the Rev. Dr William Robertson opened the Home for Orphan Girls in South Queensferry in approximately 1868. He and his daughter ran it at their own expense for a number of years until it was taken on by the *Committee on Christian Life and Work* in 1898.⁹⁰

White attributed this expansion to three main factors. The first was the influx of Irish immigrants after the famines of the 1840s and 1850s. Aspinwall highlighted the poverty of the Irish migrants, with over 28,000 families each living in a single room in Glasgow in 1861, and with conditions getting even worse over the next 20 years.⁹¹ He also commented that the arrival of large numbers of Irish migrants in the mid-19th century 'overwhelmed the small, insignificant ecclesiastical structures of the Catholic Church in the west of Scotland', and 'the shortage of priests and supportive Catholic institutions such as schools, orphanages, seminaries, religious orders, and newspapers became glaringly obvious.'⁹²

O'Hagan noted that, following an epidemic of cholera, a 'Catholic Orphan Institution' was opened in Glasgow in 1833 attached to St Mary's Church in Abercromby Street.⁹³ Further epidemics in the 1840s added to these needs and 'the Sisters of Mercy, like the Franciscans, became involved in looking after orphans at the orphanage in Abercromby Street in the East End of Glasgow.'⁹⁴

Continued concern for the religious upbringing of children also prompted the [St Vincent de Paul] Society to take a special interest in the work of Catholic Orphanages and reformatories, and later to assist in establishing

⁸⁹ White, "Residential Child Care Past and Present," 66.

⁹⁰ Lewis L. L. Cameron, *The Challenge of Need: A History of Social Service by the Church of Scotland 1869-1968* (Edinburgh: The Saint Andrew Press, 1971), 20.

⁹¹ Bernard Aspinwall, "Children of the Dead End: The Formation of the Modern Arch-Diocese of Glasgow, 1815-1914," *The Innes Review* 43, no. 2 (1992), 126.

⁹² Bernard Aspinwall, "The Formation of the Catholic Community in the West of Scotland: Some Preliminary Outlines," *Innes Review* 33, no. 33 (1982): 44.

⁹³ Francis O'Hagan, "The Contribution of the Religious Orders to Education in Glasgow during the Period 1847 – 1918" (University of Glasgow: PhD thesis, 2002), 111.

⁹⁴ O'Hagan, "Contribution of the Religious Orders," 112.

what it termed its "patronage" institutions such as the Children's Refuge in Whitevale Street, and the New Children's Shelter.⁹⁵

Smyllum House orphanage was opened in 1864 as a successor to St Mary's, Abercromby Street, which was certified as an Industrial School in 1862.⁹⁶

White considered that the second factor in the expansion of voluntary homes was that:

...children ceased to be chargeable to the parish at the age of 14 years, and many were therefore pushed out of a sheltered environment at that age with no family support. Quarrier's Homes (1871), Ponton House (1865) and some of the Church of Scotland Homes (c.1904) were originally set up for this purpose.⁹⁷

Finally, there was an increase in philanthropic concerns about the plight of vulnerable children and this was exacerbated by the economic slumps of the 1880s and 1890s, which led to 'more children on the streets.'⁹⁸

Dilworth noted that Catholic religious orders first came to Scotland after a gap of some 300 years, when a small group of 'Ursuline sisters established themselves at St Margaret's near Edinburgh in December 1834.'⁹⁹ They came to address two needs: 'to provide elementary Catholic education for the poor children in the Lowland towns and to care for the sick and destitute in the urban ghettos.'¹⁰⁰ In 1878, when the Catholic hierarchy was restored, there were eight men's orders with 15 houses and eight women's orders with 24 houses.

Outside the field of education in its strict sense, the sisters have conducted homes for children who were orphans or destitute, or mentally or physically handicapped. Men and women religious have run industrial or approved schools (the terminology has varied) and hostels of different kinds for young

⁹⁵ McHugh, "Development of the Catholic Community," 223. See also Bernard Aspinwall, "The Welfare State within the Welfare State: The Saint Vincent De Paul Society in Glasgow, 1848-1920," *Studies in Church History* 23, no. 4 (1986): 454-6.

⁹⁶ McHugh, 223-4.

⁹⁷ White, "Residential Child Care Past and Present," 67.

⁹⁸ White, 71.

⁹⁹ Mark Dilworth, "Religious Orders in Scotland 1878-1978," *The Innes Review* 29, no. 1 (2010), 92.

¹⁰⁰ Dilworth, "Religious Orders," 94.

people who were homeless or living away from home or in need of rehabilitation.¹⁰¹

The Daughters of Charity of St Vincent de Paul undertook the management of Smyllum Orphanage. They also managed the Children's Refuge in Whitevale Street, Dennistoun, from its establishment in 1887. The refuge provided a temporary home for children up to the age of about 12 years and 'whose destitute circumstances endangered their faith or morals.'¹⁰² The refuge aimed to return as many children to their parents or close relatives, and this was achieved in about two-fifths of cases. Most others were 'placed under Catholic guardianship by admission to Industrial Schools', adoption, or placement in service. A small number were admitted to Smyllum Orphanage.¹⁰³

In 1892, the Vincent de Paul Society also opened a night shelter as part of its Day Refuge for children. This was 'to preserve them from the horrors of common lodgings.'¹⁰⁴ However, 'only the "better-behaved" boys were admitted to the Shelter, and of the 30 children admitted in 1897, 15 were in regular employment.'¹⁰⁵ In 1899, the night shelter transitioned to the Working Boys Home in new premises in Oak Street, Anderston.

Aberlour Orphanage was established in 1875 when 'four mitherless bairns' were placed together in a cottage on the banks of the Lour.¹⁰⁶ It subsequently moved to a purpose built orphanage. 'The Orphanage was entirely self-sufficient, self-contained, produced its own food. It was a world unto itself and carefully managed its contact with the wider society.'¹⁰⁷

William Quarrier set up the Orphan Homes of Scotland at Bridge of Weir following his work with destitute children in Glasgow. The Orphan Homes opened in 1878.¹⁰⁸ Abrams also described the Whinwell Children's Home in Stirling founded by Annie Croall in 1883 and, '[w]ith beds for around 40 boys and girls, it was typical of the

¹⁰¹ Dilworth, 93.

¹⁰² McHugh, "Development of the Catholic Community," 225.

¹⁰³ McHugh, 225-6.

¹⁰⁴ McHugh, 226-7.

¹⁰⁵ McHugh, 227.

¹⁰⁶ David Divine, *Aberlour: Narratives of Success* (Durham: Durham University, 2013), 12.

¹⁰⁷ Divine, *Aberlour: Narratives*, 13.

¹⁰⁸ Anna Magnusson, *The Quarriers Story: A History of Quarriers* (Edinburgh: Birlinn Limited, 2006), 47.

small town orphanage, well known in the community and almost totally reliant on donations for support.’¹⁰⁹

Thus, despite the ongoing reliance on boarding out, there was an increase over the 19th century on residential institutions specifically for children.

Prisons

Cameron, in her history of prisons in Scotland, showed that prior to the 19th century the ‘concept of prison as a form of punishment was virtually unknown.’¹¹⁰ Prisons and gaols were used primarily for custody until the offender was punished by execution, transportation or other punishment. That said, Coyle commented that at the start of the 19th century, Scotland had a ‘comparatively liberal penal tradition on three main counts: levels of capital punishment, of transportation and of imprisonment’.¹¹¹

Dobash observed that ‘[g]aols in England and Scotland became notorious for their appalling physical conditions, corrupt administration and indiscriminate mingling of men and women of all ages.’¹¹² Coyle also highlighted that the quality of accommodation, security and staff was lacking and ‘[e]xamples of the poor state of the prisons abound.’¹¹³ ‘Added to the general squalor and inhumanity were the particular problems of lack of employment, lack of religious instruction, the peculiar misery of lunatics and debtors, and the power of the jailer.’¹¹⁴

Dobash noted that the first ‘house of correction or Bridewell’ was established in London in the 16th century and ‘[b]y the middle of the 17th century similar institutions had spread to the most industrialised sectors of Protestant England, Germany and the Netherlands.’¹¹⁵ In Scotland, however, while statutes were passed that prisons should be built from the 16th century, it was some 200 years before the first houses

¹⁰⁹ Abrams, *Orphan Country*, 81.

¹¹⁰ Joy Cameron, *Prisons and Punishment in Scotland from the Middle Ages to the Present* (Edinburgh: Canongate, 1983), 1.

¹¹¹ Andrew Coyle, *Inside: Rethinking Scotland's Prisons* (Edinburgh: Scottish Child, 1991), 23.

¹¹² Russell P. Dobash, “Labour and Discipline in Scottish and English Prisons: Moral Correction, Punishment and Useful Toil,” *Sociology* 17, no. 1 (1983), 6.

¹¹³ Coyle, *Rethinking Scotland's Prisons*, 25.

¹¹⁴ Cameron, *Prisons and Punishment*, 55.

¹¹⁵ Dobash, “Labour and Discipline, 3–4.

of correction were opened. 'Although the Scots were slow to erect correction houses, by the beginning of the 19th century they had examples in two of the largest and commercially important cities in Scotland, Glasgow and Edinburgh.'¹¹⁶

The Edinburgh Bridewell was completed in 1795 and the Glasgow Bridewell was built in 1798.¹¹⁷ The Bridewells were intended 'for the "correction" of vagrants and petty offenders by a course of labour', and the prisoners were employed in a variety of tasks. 'In the Edinburgh Bridewell there were thirteen workrooms in each of the four storeys...the prisoners [were] employed in weaving linen, cotton and woollen stuffs.'¹¹⁸

During the 19th century, across Britain, various forms of prison discipline were supported and the 'congregate system which had prevailed for generations, i.e. prisoners in association day and night...was now universally condemned.'¹¹⁹ The solitary system meant no association throughout the term of imprisonment and 'almost total deprivation of labour, books and exercises', while the separate system 'was not so severe since it allowed work in cells, some books and exercise, and communication with prison officers.'¹²⁰ This was put in place in the Glasgow Bridewell in 1825, and sometime later 'came the "Silent System", which allowed work in association but in silence.'¹²¹

In the 19th, century, many children and young people would also be housed in prisons and Ralston noted that between 1812 and 1822, the number of juvenile prisoners in Edinburgh Bridewell increased from 76 to 481.¹²² Mackie also gave figures for young offenders in Edinburgh, and in 1846, '336 out of 1,366 prisoners in Edinburgh jail were fourteen years old or younger.'¹²³ Cameron noted that among the first inmates of the General Prison in Perth, which opened in 1843, were three children under 12 years and six children aged between 12 and 16 years.¹²⁴ By 1855,

¹¹⁶ Dobash, 11.

¹¹⁷ Dobash, 11.

¹¹⁸ Cameron, *Prisons and Punishment*, 59-60.

¹¹⁹ Cameron, 94.

¹²⁰ Cameron, 94.

¹²¹ Cameron, 94.

¹²² Ralston, *Opening Schools and Closing Prisons*, 35.

¹²³ Peter Mackie, "The Foundation of the United Industrial School of Edinburgh: 'A Bold Experiment'," *The Innes Review* 39, No 2 (1988), 134.

¹²⁴ Cameron, *Prisons and Punishment*, 99.

of the 670 prisoners in the General Prison at Perth, 52 were juveniles who were accommodated in a separate wing of the prison.¹²⁵ McMillan gave examples of 'weak-minded' children as young as 11 who were placed in prison for offences such as theft or assault.¹²⁶

Collin detailed the repressive regimes for children and young people in prisons in the 19th century, including solitary confinement and the silent system, which allowed work in association with others but in total silence.¹²⁷ Mahood detailed the use of prison for prostitutes, many of whom would have been under the age of 18. While 'nonstatutory female penitentiaries' were established with the aim of removing young women from prison for their 'sexual misdemeanours', prison was still a recourse.¹²⁸

Cameron detailed conditions in the General Prison in Perth in the 1840s and 1850s, based on the Governors' journals.

They describe the wretched frugality of the diet leading inevitably to sickness, often exacerbated by hardship, poverty and neglect before admittance. The dreary work, frequent grim punishments, the harshness of solitary confinement and the extreme youth of the majority of prisoners resulted in many cases of suicide and insanity.¹²⁹

Children and young people sentenced to the General Prison spent the first month in solitary confinement, although this might be waived for the very young, and 'the Journals are full of entries of suicides or attempted suicides, sometimes two or three in one day by male prisoners between twelve and thirty.'¹³⁰

A number of prisoners – a horrifying proportion of them very young – 'became incoherent in their minds' or 'their minds gave way'. There is a

¹²⁵ Coyle, *Rethinking Scotland's Prisons*, 55

¹²⁶ McMillan, "Origins and Evolution of Special Education," 13.

¹²⁷ Margaret C.Y.C. Collin, "The Treatment of Delinquent and Potentially Delinquent Children and Young Persons in Scotland from 1866 to 1937" (PhD thesis, University of Strathclyde, 1992), 23. See also Dobash, "Labour and Discipline" for a discussion of the 'silent' and 'solitary' systems of penal labour.

¹²⁸ Linda Mahood, "The Magdalene's Friend: Prostitution and Social Control in Glasgow, 1869-1890," *Women's Studies International Forum* 13, Nos. 1-2 (1990), 49. See also, Linda Mahood, *The Magdalenes: Prostitution in the Nineteenth Century* (London: Routledge, 1990).

¹²⁹ Cameron, *Prisons and Punishment*, 103.

¹³⁰ Cameron, 104.

constant stream of prisoners crossing to the Imbecile and Lunatic Wing. Suicide attempts were frequent and often successful.¹³¹

Children and young people were also frequently punished, most commonly for trying to communicate with other prisoners. Punishments included the irons and dark punishment cells for up to 72 hours.¹³²

Relatively early in the 19th century, William Brebner, Governor of Glasgow's Bridewell Prison established a separate regime for juvenile offenders, and 'every effort was made to teach the youngsters a trade.'¹³³ Further, he considered that prison was not the most appropriate place for them. He proposed a separate institution and in 1838, the Glasgow House of Refuge for Boys was opened.¹³⁴

By the end of the 19th century, there had been a significant fall in the number of children and young people in prison. Cameron wrote that in 1898, there were 30 children under 12 in custody and 381 between 12 and 16.¹³⁵ In 1900, the *Elgin Committee* investigated the prison system in Scotland and considered the situation of juvenile offenders, those who were 16 years or younger. It concluded that there was little need for change as there was only a small number in prisons, and 'in 1899 the total number in custody in the country was twenty-one, of whom five were under sixteen years of age.'¹³⁶ In this report, the Committee was at odds with the 'more general penal enthusiasm at the time for a rigid separation of prisoners based on age alone.'¹³⁷

Reformatories and Industrial Schools

Watson, writing in 1896, stated that if 'London is regarded as the birth-place of reformatory and industrial schools, Scotland claims to have been their cradle and nursery.'¹³⁸ Over the course of the 19th century, and particularly in the 1840s and 1850s, 'juvenile delinquency began to be viewed as a social rather than a penal

¹³¹ Cameron, 103.

¹³² Cameron, 107.

¹³³ Coyle, *Rethinking Scotland's Prisons*, 34.

¹³⁴ Coyle, 34.

¹³⁵ Cameron, *Prisons and Punishment*, 142.

¹³⁶ Coyle, *Rethinking Scotland's Prisons*, 95.

¹³⁷ Coyle, 95-6.

¹³⁸ John Watson, "Reformatory and Industrial Schools," *Journal of the Royal Statistical Society* 59, no. 2 (1896), 257.

problem.’¹³⁹ ‘The young offender was no longer seen simply as a culpable criminal but as a victim of circumstances over which he had limited control, and requiring training in a school rather than punishment in a prison.’¹⁴⁰

Collin described these developments in this way:

Restorative and reformatory methods of social control turned towards a concentration on the youth of the lower social orders as a means of reforming society through the rising generation...the solution was to establish separate and non-statutory institutions which would divert the youth of ‘the residuum’ away from receiving the prison brand or the poorhouse stigma, either of which, it was believed, would make them socially and morally irredeemable.¹⁴¹

Mahood also described the varying ‘penitentiaries for children and adolescents’ such as reformatories, industrial schools and certified industrial training ships. ‘These “child-saving” institutions traversed the disciplinary continuum. Some were soft-end minimum security institutions while others were cruel and resembled adult jails.’¹⁴²

We saw above that consideration was being given to the needs of children in prisons, and Ralston wrote that in Edinburgh, ‘[a]s early as 1819 a special committee was appointed...“to inquire into the expediency of establishing a house of refuge for delinquents in this city”.’¹⁴³ For various reasons, however, this was not taken forward, one of these being the opening in 1832, of a ‘general-purpose House of Refuge for the Destitute, young and old.’¹⁴⁴ A cholera epidemic had overwhelmed existing institutions such as the infirmary and workhouse. ‘The Refuge was an ambitious attempt to deal with the problems of disease, poverty and crime under one roof.’¹⁴⁵

¹³⁹ Andrew G. Ralston, “The Development of Reformatory and Industrial Schools in Scotland, 1832–1872,” *Scottish Economic and Social History* 7, (1987), 40.

¹⁴⁰ Ralston, “Reformatory and Industrial Schools,” 40.

¹⁴¹ Collin, “Treatment of Delinquent Children,” 38. See also Gwynedd Lloyd, “From Ragged to Residential Schools: Schooling away from Home for Troubled and Troublesome Children,” in *Scottish Life and Society: Education: A Compendium of Scottish Ethnology*, ed. Heather Holmes (East Linton: Tuckwell Press, 2000), 254.

¹⁴² Linda Mahood, *Policing Gender, Class and Family: Britain, 1850 – 1940* (London: UCL Press, 1995), 2.

¹⁴³ Ralston, *Opening Schools and Closing Prisons*, 38.

¹⁴⁴ Ralston, 39.

¹⁴⁵ Ralston, 39.

In 1832, a small refuge for girls was set up in Edinburgh, the Dean Bank Institution for Female Juvenile Delinquents. This would train some 20 girls between 10 and 15 years as domestic servants.

By the beginning of the 1840s, in spite of much discussion, little action had been taken on reformatories for juvenile offenders...and the extent of the city's reformatory facilities was two privately run houses which were struggling to muster enough support even for their very limited objectives.¹⁴⁶

In Glasgow, similar discussions were being had and led to the opening, in 1838, of the Glasgow House of Refuge. Coyle, Collin and Ralston all detailed these first moves to decarceration.

From its opening the House of Refuge was used by Glasgow magistrates as a form of diversion to avoid sending juveniles to prison. Within a very short period of time there were 200 boys in residence and it became an integral part of the city's provision for young delinquents.¹⁴⁷

Ralston noted that in 1839, the governor of Glasgow Bridewell, William Brebner, 'observed that since the Refuge had been opened there had been about a hundred fewer juvenile prisoners in Bridewell.'¹⁴⁸

A refuge for girls followed in 1840, when the old Magdalene Institute (established in 1815) was renovated for the purpose. 'The girls' house was a refuge of a more general nature than the boys', catering for both criminal and destitute children, for a time making little distinction between the original inmates of the Magdalene Asylum and the Refuge cases.'¹⁴⁹

Parallel to these developments, were arguments that the focus should be on children who had not yet been involved in crime. Industrial feeding schools were considered to be a particularly Scottish response to addressing the issue of children in prisons and poorhouses. Ralston highlighted the influence of Sheriff William Watson and Alexander Thomson of Banchory in Aberdeen, and Thomas Guthrie in Edinburgh.¹⁵⁰

¹⁴⁶ Ralston, 40. The second was a small house in Dalry.

¹⁴⁷ Coyle, *Rethinking Scotland's Prisons*, 35.

¹⁴⁸ Ralston, *Opening Schools and Closing Prisons*, 48.

¹⁴⁹ Ralston, 48.

¹⁵⁰ Ralston, 57.

Sherriff Watson argued for 'the need for a proper system of education, and the need for training in the habits of industry. The first industrial feeding school was opened in Aberdeen in 1841, followed by a school for girls in 1843.'¹⁵¹ The Aberdeen industrial school was quickly followed by the opening of day industrial schools in other towns and cities in Scotland.

Lloyd noted that some of the industrial schools were called ragged schools, influenced by the movement in England started by John Pounds; for example, the constitution of Snowdon School in Stirling referred to it as both an industrial school and ragged school.¹⁵² Initially, the industrial schools were day schools and in highlighting their distinctiveness, Ralston stated that '[c]rucially, they were non-residential', and they 'provided industrial training and meals in addition to intellectual instruction.'¹⁵³ 'Industrial schools attempted to catch the delinquent at an earlier stage of his evolution—before he was convicted of an offence, not afterwards.'¹⁵⁴

Although Sheriff Watson and Thomas Guthrie supported a non-residential principle with children returning home at night, other schools established dormitories for children, and this was accelerated by legislation in the 1850s and 1860s. 'In practice, the provision of dormitory accommodation was an inevitable result of the acceptance of children sent by magistrates.'¹⁵⁵

During the 1850s, 'the reformatory approach of some of the industrial schools was formally recognised by the *Youthful Offenders Act 1854* which set up official reformatory schools while the remaining industrial schools came under some state regulation in the Industrial Schools Act of the same year.'¹⁵⁶

This legislation:

¹⁵¹ Collin, "Treatment of Delinquent Children," 50; see also Ralston, "Reformatory and Industrial Schools," 41.

¹⁵² Lloyd, "From Ragged to Residential Schools," 255.

¹⁵³ Ralston, *Opening Schools and Closing Prisons*, 92. See also, Philip Seed, "Should *any* Child be Placed in Care? The Forgotten Great Debate 1841-74," *British Journal of Social Work* 3, no. 3 (1973).

¹⁵⁴ Ralston, "Reformatory and Industrial Schools," 42.

¹⁵⁵ Ralston, *Opening Schools and Closing Prisons*, 117.

¹⁵⁶ Lloyd, "From Ragged to Residential Schools," 256. See also Rosa M. Barrett, "The Treatment of Juvenile Offenders: Together with Statistics of their Numbers," *Journal of the Royal Statistical Society* 63, no. 2 (1900), 194.

...instigated the development in Scotland of a dual system of institutions which were to be clearly identified as either reformatories or industrial schools; the former providing treatment for youthful offenders after their 14 days of incarceration in prison, and the latter giving protection and training for children whose involvement with crime was otherwise imminent.¹⁵⁷

Over time, the statutory system led to standardisation and appointment of a national inspectorate and 'this culminated in 1866 with consolidating UK legislation, the Reformatory Schools Act 1866 and the Industrial Schools Act 1866'.¹⁵⁸ However, Ralston argued that this legislation blurred the distinction between the two types of school, as '[a]ny child under twelve charged with a criminal offence could now be sentenced to an industrial school, and so kept out of prison.'¹⁵⁹ In addition, as 'the vast majority of industrial school pupils were now committed by magistrates and did not return home at night, there was no longer the necessity for the institutions to be situated near the children's homes.'¹⁶⁰ 'A Scottish industrial school in the 1870s was a very different institution from an industrial school in the 1840s: few of the children attended the school voluntarily and fewer still returned to their homes at night.'¹⁶¹

Parker noted the rapid rise in the numbers of industrial schools in the second half of the 19th century and, by 1883, there were 34 such schools in Scotland.¹⁶² He attributed this increase in numbers to the funding base for industrial schools, and the range of grounds upon which an industrial school order could be made: delinquency, vagrancy, begging, being in the company of thieves, moral danger, etc. This contrasted with 'narrowly prescribed grounds' for a reformatory school order, and there were 11 reformatory schools in Scotland. There was, then, an incentive to keep the industrial schools full and this 'prompted claims that there was need for more places in additional schools.'¹⁶³

Urquhart also outlined the reasons for committal to the Dundee industrial schools and the Mars Training Institution, a ship on the Tay. Under the *Industrial Schools Act*

¹⁵⁷ Collin, "Treatment of Delinquent Children," 63.

¹⁵⁸ Christine Kelly, "Continuity and Change in the History of Scottish Juvenile Justice," *Law, Crime and History* 6, no. 1 (2016), 63.

¹⁵⁹ Ralston, "Reformatory and Industrial Schools," 51.

¹⁶⁰ Ralston, 52.

¹⁶¹ Ralston, *Opening Schools and Closing Prisons*, 154.

¹⁶² Roy Parker, "Early Economic Threads," 1.

¹⁶³ Parker, 2.

1866, children 'apparently' under the age of 14 could be ordered to be detained if they were, for example, begging or with intent to beg in a public place, 'wandering' with no fixed abode and no guardian providing subsistence, found destitute and an orphan or with a surviving parent in prison, beyond the control of a guardian who requested detention. They might also be detained for 'vagrancy' or 'hawking', although these were not actually included in the legislation.¹⁶⁴

Ralston also noted the use of training ships, the 'Mars' on the Tay near Dundee and the 'Cumberland' near Dumbarton, which were both certified under the Industrial Schools Act.¹⁶⁵ Urquhart gave an account of the Mars Industrial Training Ship. It was established in 1869 and while most boys were detained there on a court order, a primary purpose was the training of naval recruits. The boys were expected to provide their own day-to-day care and were taught seamanship skills such as sail-making, knotting, and splicing. 'They were also trained in gun, rifle and cutlass drill, and taught to row.'¹⁶⁶

Among the Catholic community, the religious teachings of the industrial schools caused concern. In Edinburgh, Thomas Guthrie's refusal to allow Catholic religious instruction led to the establishment of the United Industrial School of Edinburgh, which admitted both Protestant and Catholic children and provided them with appropriate religious instruction.¹⁶⁷ Stack described the depth of fear about the proselytisation of Catholic children and the political lobbying that took place to gain concessions in the reformatory and industrial schools legislation to ensure that Catholic children would be placed in Catholic institutions.¹⁶⁸

Continued fears about the proselytising of Catholic inmates in institutions led the Catholic community in the West of Scotland to found its own means of support for delinquent children. A Reformatory for Boys at West Thorn Mills, Parkhead, was functioning as early as 1859...This Reformatory, and a

¹⁶⁴ Chrissie Urquhart, "'Saving' the Child in Victorian Dundee," *Scottish Journal of Residential Child Care* 4, no. 1 (2005), 36-7.

¹⁶⁵ Ralston, "Reformatory and Industrial Schools," 52.

¹⁶⁶ Urquhart, "Saving the Child," 39.

¹⁶⁷ Mackie, "Foundation of the United Industrial School," 133.

¹⁶⁸ John Stack, "The Catholics, the Irish Delinquent and the Origins of Reformatory Schools in Nineteenth Century England and Scotland," *Recusant History* 23, no. 3 (1997), 383-4.

parallel institution for Catholic girls at Dalbeth, were opened virtually simultaneously.¹⁶⁹

O'Hagan detailed the daily routine of the St Mary's Industrial School, opened in 1862, and the industrial work focused on sewing and repairing clothes.¹⁷⁰

Aspinwall, however, identified the very poor conditions in the Catholic institutions. In St Mary's Industrial School, 36 boys and 25 girls died in the years 1876 to 1886, a much higher death rate 'than for more well-endowed, comparable Protestant industrial schools.'¹⁷¹

Poor maintenance, illegal, invariably desperate overcrowding, defective hygiene and management failings above all reflected the dire poverty and social problems of the community. Saving children from perilous conditions and Protestant proselytism may have been laudable objectives but the infrastructure was inadequate.¹⁷²

Lloyd highlighted that despite the philanthropic basis of the founders of these schools, the regimes were harsh. She quoted Hurt who described it as 'a disciplined and oppressive routine of hard work, severe punishment, austere living conditions, and a spartan diet.'¹⁷³ Urquhart also wrote that 'every aspect of the day was structured and supervised, and was a relentless cycle of religious instruction, secular instruction, domestic chores, and industrial work.'¹⁷⁴

In considering the impact of these institutions, Collin argued that the attempts of reformatories and industrial schools to address youth offending were 'frustrated by the fact that they were voluntary and non-statutory agencies.'¹⁷⁵ Kelly also noted that in Scotland:

...the route to juvenile justice reform was shaped by the interaction between voluntary, philanthropic action in the form of the Scottish industrial school

¹⁶⁹ McHugh, "Development of the Catholic Community," 228-9. See also, Aspinwall, "Formation of the Catholic Community," 52.

¹⁷⁰ O'Hagan, "Contribution of the Religious Orders," 185.

¹⁷¹ Bernard Aspinwall, "Catholic Realities," 90.

¹⁷² Aspinwall, 90.

¹⁷³ Lloyd, "From Ragged to Residential Schools," 256.

¹⁷⁴ Urquhart, "Saving the Child," 40.

¹⁷⁵ Collin, "Treatment of Delinquent Children," 55.

movement, and state intervention as the state stepped in to assume statutory regulation of industrial and reformatory schools.¹⁷⁶

Her research on industrial and reformatory school admissions showed 'that there was considerable scope for judicially sanctioned intrusion into domestic circumstances well before the appearance of juvenile courts'.¹⁷⁷ The Royal Scottish Society for the Prevention of Cruelty to Children (RSSPCC), for example, 'vigorously rescued neglected children who were reported to them or discovered wandering destitute on the street, making it their business to direct them promptly, via the burgh court, to institutional care in an industrial school.'¹⁷⁸

Ralston suggested that the changes driven by the legislation meant that 'reformatories...became increasingly penal institutions for hardened offenders, with young delinquents starting on a course of crime being committed to industrial schools.'¹⁷⁹ 'Thus by the 1870s the reformatories were subject to the criticisms made of prisons in the 1840s, while the Scottish industrial schools had developed into residential institutions that in effect were...reformatories of a milder sort.'¹⁸⁰

These developments, however, led to a decrease in the number of juveniles in prison over the second half of the 19th century. By the end of the 1800s, there were some 5,500 children and young people in 43 industrial schools and reformatories in Scotland.¹⁸¹

Barrett also attributed the reduction in the number of juvenile offenders in prison between 1856 and 1896 to this new intervention.

Scotland, in contrast to England, was far less preoccupied with the punishment of young offenders and far more concerned with the need to prevent crime by the reform of delinquents at an early stage in their criminal career, and with the need to provide care and protection for children whose fall into crime was highly probable. Philanthropic zeal stirred the public conscience and directed humanitarian action for reform towards the

¹⁷⁶ Kelly, "Continuity and Change," 62.

¹⁷⁷ Kelly, 64.

¹⁷⁸ Kelly, 73.

¹⁷⁹ Ralston, *Opening Schools and Closing Prisons*, 163.

¹⁸⁰ Ralston, 163.

¹⁸¹ Kelly, "Continuity and Change," 72.

creation of reformatories and industrial feeding schools as alternatives to imprisonment for youthful offenders.¹⁸²

However, in 1896, there were still 618 juveniles (538 boys and 81 girls) committed to prison.¹⁸³

Ralston wrote that '[t]he experiments with industrial and reformatory schools were arguably the most innovative philanthropic developments in mid-nineteenth century Scotland.'¹⁸⁴ Watson was a little less sanguine in his conclusion. He stated that though they had not lived up to the claims of their 'early admirers' in terms of emptying prisons, and though 'they have not achieved such success as this, as little can they be reckoned failures.'¹⁸⁵

Institutions and Hospitals for Disabled Children

In the 19th century, there was also an increasing focus on institutional responses to disabled children in Scotland.¹⁸⁶ In 1793, the Society for the Indigent Blind opened in Edinburgh and while its initial focus was adult males, it expanded to include adult females and children. The Glasgow Blind Asylum opened in 1804 and, in 1823, it opened a residential school for boys and girls between 10 and 16 years.¹⁸⁷

The first establishment for hearing impaired children in Scotland (and in all of the UK) was Braidwood's Academy in Edinburgh, opened in 1760 by Thomas Braidwood. Watson noted that most of the pupils were boarders.¹⁸⁸ However, Braidwood moved his Academy to London in 1783 and there was a gap until the opening of the Edinburgh Institution for the Education of the Deaf and Dumb in 1810.¹⁸⁹ Hutchison wrote:

¹⁸² Collin, "Treatment of Delinquent Children," 42.

¹⁸³ Barrett, "Treatment of Juvenile Offenders," 187. See also Ralston, "Reformatory and Industrial Schools," 47.

¹⁸⁴ Ralston, "Reformatory and Industrial Schools," 44.

¹⁸⁵ Watson, "Reformatory and Industrial Schools," 306.

¹⁸⁶ Iain Hutchison, "Early Institutional Provision in Scotland for Disabled Children," *Scottish Journal of Residential Child Care* 3, no. 1 (2004), 31.

¹⁸⁷ Hutchison, "Early Institutional Provision," 33.

¹⁸⁸ Thomas J. Watson, "A History of Deaf Education in Scotland, 1760 – 1939" (PhD thesis, University of Glasgow, 1949), 13-4.

¹⁸⁹ Watson, "History of Deaf Education," 32.

Catering for the poor as well as the wealthy, Edinburgh Deaf and Dumb Institution opened in 1810, followed by similar institutions in Aberdeen and Glasgow in 1819, and Dundee in 1846. Donaldson's Hospital, opened in 1850, resulted from the bequest of the Edinburgh publisher, James Donaldson (1751-1839).¹⁹⁰

Watson also noted that Smyllum Orphanage in Lanark developed into an institution for Roman Catholic blind and deaf children, and 'by 1880 had reached a total of 27.'¹⁹¹ Watson gave a brief account of institutional life in the Edinburgh and Glasgow establishments: 'In Glasgow the children rose at 7 a.m., the girls doing housework and boys gardening until 9 a.m. when breakfast was served. After school there was dinner which was followed by more domestic work and gardening until 6 pm.'¹⁹² While the meals were ample, they 'were dull in the extreme.'¹⁹³ However, this was not the case for all the children. In Edinburgh, pupils of wealthy parents paid fees and their children received additional education, had private bedrooms, and dined at the headmaster's table. Vocational training was also part of the curriculum. Watson gave details of the occupations of some 200 boys who had left the Edinburgh Institution, and these included shoemakers, tailors, farm-servants, weavers, blacksmiths, engravers, saddlers, masons, gardeners, brass-founders, and cabinet-makers.¹⁹⁴

In 1890, the *Education of Blind and Deaf-Mute Children (Scotland) Act* 'covered the important points of compulsory attendance, and help to the parents who were unable to pay for the board, education, and travelling expenses of their children.'¹⁹⁵ The Act also meant that institutions were relieved of the burden of maintaining the children of poor parents as School Boards would now bear the cost:

The immediate effect was to increase the number of children in the institutions – in Glasgow by about 20, and in Edinburgh by about half that number. The School Boards had to choose between sending their children to existing institutions and providing schools of their own, and the majority of Boards chose the former method.¹⁹⁶

¹⁹⁰ Hutchison, "Early Institutional Provision," 32.

¹⁹¹ Watson, "History of Deaf Education," 79.

¹⁹² Watson, 55.

¹⁹³ Watson, 55.

¹⁹⁴ Watson, 59.

¹⁹⁵ Watson, 111.

¹⁹⁶ Watson, 112.

McMillan, in his history of the development of services for children with intellectual disabilities in Greater Glasgow between 1862 and 1962, highlighted the imprecision of labels used at this time—‘idiots’, ‘imbeciles’ and the ‘feeble-minded’—and that such children ‘were to be found in poorhouses, others in madhouses, asylums, industrial schools and even prisons’.¹⁹⁷ We saw above, that McMillan gave examples of ‘weak-minded’ children as young as 11 who were placed in prison for offences such as theft or assault. However, he stated that it would be more likely that they would be placed in a reformatory or industrial school.¹⁹⁸

During the intervening period, two enduring institutions for learning disabled children were opened: Baldovan Orphanage and Asylum for the Cure of Imbecile and Idiot Children in 1855,¹⁹⁹ and the Scottish National Institution for the Education of Imbecile Children at Larbert in 1863.²⁰⁰ Baldovan was opened by Sir John and Lady Jane Ogilvy, based on their observation of a Swiss colony to which they had sent their own child. It was opened with the initial intent of ‘curing’ a learning disability.²⁰¹

The treatment practised at the Baldovan Asylum is in all respects similar to that introduced and followed out with so much success by Dr. Guggenbuhl, at Abendberg, Interlaken...Good food, fresh air and exercise were combined with education and training.²⁰²

McMillan noted the integrated approach at Baldovan: ‘in the same building, though under a completely different management, was a small institution for orphans and destitute children. This was in addition to the twenty or thirty “idiot” children whom

¹⁹⁷ McMillan, “Origins and Evolution of Special Education,” 1.

¹⁹⁸ McMillan, 16.

¹⁹⁹ Baldovan has gone by a variety of names over its time – Baldovan Institution, Baldovan Asylum and Strathmartine Hospital.

²⁰⁰ Iain Hutchison, “Institutionalization of Mentally-Impaired Children in Scotland, c.1855-1914,” *History of Psychiatry* 22, no. 4 (2011), 417. See also, Neill Anderson and Arturo Langa, “The Development of Institutional Care for ‘Idiots’ and ‘Imbeciles’ in Scotland,” *History of Psychiatry* 8, no. 30 (1997), 250-6, and the Scottish Consortium for Learning Disability, *The National Confidential Forum. Estimating the Number of People with Learning Disabilities Placed in Institutional Care as Children, 1930 – 2005* (Edinburgh: Scottish Consortium for Learning Disability, 2014), 16.

²⁰¹ This is likely because the Swiss colony mentioned claimed to be able to ‘cure’ mental deficiency. The primary cause of mental deficiency in Switzerland was, at the time, ‘cretinism’ caused by iodine deficiency – a condition which, to a degree, was treatable.

²⁰² McMillan, “Origins and Evolution of Special Education,” 126.

Baldovan was capable of accommodating.²⁰³ This approach was abandoned when it was found not to be as beneficial as expected.²⁰⁴

The Scottish National Institution for the Education of Imbecile Children was opened in 1863 with the intention of providing education, rather than a cure.²⁰⁵ Anderson and Langa discussed the origin of the Institution in the work of Dr and Mrs Brodie who, in 1855, 'had opened a small school for invalid and imbecile children.'²⁰⁶ Anderson and Langa described the educational approach of the National Institution as providing 'not only the simple and traditional elements of instruction to be found in ordinary schools, but also of a course of training in the more practical matters of life.'²⁰⁷

The first residential provision for physically impaired children was established in Glasgow with the opening of East Park Home in 1874, and early admissions 'were dominated by children with rickets, spine diseases, hip joint disease and paralysis.'²⁰⁸

Towards the end of the 19th century, the Fresh Air Fortnight movement took hold in Scotland, promoting holidays for children of the poor, disabled children, and those who were convalescing. While initially a range of country houses were used, permanent accommodation was opened, such as the Children's Holiday Village at Humble.²⁰⁹

Magdalene Asylums and Institutions, and Lock Hospitals

The first Scottish Magdalene Asylum opened in Edinburgh in 1797 with others opening throughout the 19th century: Glasgow in 1815, Aberdeen in around 1845, Dundee in 1848, and Greenock in 1853.²¹⁰ Further establishments opened in these and other Scottish towns. McHugh discussed the establishment of the Glasgow Magdalene Asylum in 1815 for 'the Class of Penitents' in Scotland by the Sisters of

²⁰³ McMillan, 126.

²⁰⁴ Anderson and Langa, "Development of Institutional Care," 251.

²⁰⁵ Hutchison, "Institutionalization of Mentally-Impaired Children," 416.

²⁰⁶ Anderson and Langa, "Development of Institutional Care," 251.

²⁰⁷ Anderson and Langa, 254.

²⁰⁸ Hutchison, "Early Institutional Provision," 34.

²⁰⁹ Thomas, *Scottish Social Welfare*, 574.

²¹⁰ Jowita Thor, "Religious and Industrial Education in the Nineteenth-Century Magdalene Asylums in Scotland," *Studies in Church History* 55 (2019), 349.

the Good Shepherd, and its expansion with 'a new building to hold 150 inmates being completed in 1873.'²¹¹ Thor also noted that the major Scottish cities had more than one Magdalene asylum.

In Edinburgh there were at least four, but probably more of them: the Female Shelter, the Alnwick Hill Reformatory, St Andrew's Home of Mercy, the Rescue and Probationary Home. The Salvation Army might also have its own Magdalene Home.²¹²

She also wrote about differences between the Magdalene asylums in Edinburgh, one of which took girls and women from prisons or Lock Hospitals for periods of up to two years, while another provided a temporary shelter and young women went there voluntarily.

Magdalene Establishments in nineteenth-century Scotland paint a rich picture of institutions whose methods and focus varied. They were not all the same and just like other institutions they developed in response to society's expectations, religious and political changes and their financial situation.²¹³

Thor detailed the Magdalene Asylums' reformatory role through religious and industrial education.²¹⁴ 'Scottish Magdalene Asylums became centres of education for women who sought a new start in their lives. They were part of growing efforts of social reform aiming to respond to social problems by considering their causes instead of punishing their victims.'²¹⁵ They became 'part of the wider "social purity" movement, which attempted to eradicate prostitution and the sexual exploitation of women and children and became a major outlet for female philanthropy.'²¹⁶ Unlike those in England and Ireland, most of the Scottish Magdalene Asylums were

²¹¹ McHugh, "Development of the Catholic Community," 229. See also Mahood, "The Magdalene's Friend," 52-3.

²¹² Jo Thor, "Magdalene Establishments in Nineteenth-Century Edinburgh," *Ecclesiastical History Society*, January 2018.

²¹³ Thor, "Magdalene Establishments." See also, S. Karly Kehoe, "Crime and Punishment, Immorality and Reform," in *Scottish Women: A Documentary History, 1780-1914*, ed. Esther Breitenbach, Linda Fleming, S. Karly Kehoe and Lesley Orr (Edinburgh: Edinburgh University Press, 2013), 196.

²¹⁴ Thor, "Religious and Industrial Education," 347.

²¹⁵ Thor, 349.

²¹⁶ Thor, 349.

managed by lay committees rather than by religious orders, and 'most of the institutions were Presbyterian in orientation.'²¹⁷

Mahood wrote that life in the Magdalene asylums was 'organized around the premise that inmates could only be reformed if order was put into their lives and a strict regime of "mild, wholesome, paternal and Christian discipline" was enforced.'²¹⁸ 'The core of the Magdalene establishments' education was the intention to bring salvation to those whom society had abandoned to sin.'²¹⁹ This was done through religious education provided in daily prayers, worship, and religious instruction.²²⁰ The institutions also offered 'behavioural education' in terms of developing habits of hard work, humility, and obedience. Mahood highlighted that there were rigid rules and a high standard of conduct was expected, with punishments including 'expulsion, solitary confinement, or hard physical labour.'²²¹

Thor described one strand of education as focused on training 'the typical household duties required of a servant: sewing, laundry, cleaning, cooking and gardening.'²²² 'The institutions were concerned with training women of the lower social orders to be humble and efficient workers. They taught them to be content with their status in society and to know what this entailed.'²²³ The work undertaken by the women was also a source of income for the institutions, and '[b]y the middle of the century the managers discovered that laundry work was the most profitable and easily learned of the trades tried in the institution.'²²⁴ 'Financial motives and the need to make profit out of the inmates' labour, therefore, lay behind the two-year residence requirement, which is another example of reform ideology being shaped by economic realities.'²²⁵

Another Institution established alongside the Magdalene Asylums were the Lock Hospitals and 'although they were formally separate institutions, they worked interdependently.'²²⁶ Mahood identified three trends which influenced the founding

²¹⁷ Thor, 351.

²¹⁸ Mahood, *The Magdalenes*, 78.

²¹⁹ Thor, "Religious and Industrial Education," 356.

²²⁰ Thor, 356.

²²¹ Mahood, *The Magdalenes*, 80.

²²² Thor, "Religious and Industrial Education," 360.

²²³ Thor, 361. See also Mahood, "The Magdalene's Friend," 55.

²²⁴ Mahood, *The Magdalenes*, 90.

²²⁵ Mahood, 92.

²²⁶ Mahood, 51. The term 'lock' was derived from 'loke', a house for lepers, or 'locques', the French for rags which were used to bind lepers' sores.

of lock hospitals: philanthropic concern for the problems of illegitimacy, prostitution, and moral and physical contagion; the need for medical care for patients rejected by other hospitals; and the crusade to improve conditions in prisons, workhouses and hospitals.²²⁷ The Lock Hospital was a charity for the treatment of female venereal disease patients, and the patients were generally considered to be prostitutes. 'Unlike cases of leprosy and other diseases, where both sexes were quarantined, with very few exceptions, in cases of syphilis it was women alone who were segregated from the community.'²²⁸

The Glasgow Lock Hospital opened in August 1805, the third such hospital in Britain.²²⁹ 'Although the hospital had no legal power to detain patients against their will, in its management practice and style it resembled a reformatory or prison.'²³⁰ Forrest described the increased focus on the 'moral reclamation' of prostitutes through the 'Glasgow System', and girls and women with venereal infections were sent to the Glasgow Lock Hospital.²³¹ 'Admission to the Lock in these years was mainly by referral from police courts, jail, refuges and hostels as well as the Magdalene Institute'.²³²

In Edinburgh, the Lock Hospital began to admit patients in 1837.²³³ Tait detailed the age of the first 1,000 patients in the hospital, and almost two-thirds (662) were aged from 15 to 20 years.²³⁴ Forty-two were aged under 15 years, and the youngest was nine years old. 'Many of the girls so affected cannot properly be called prostitutes; but the existence of this disease is very good evidence that they are equally undeserving of the title virtuous.'²³⁵ The Edinburgh Lock Hospital was not long-lived and it closed after only 12 years.²³⁶ The Royal Edinburgh Infirmary, however, had a long history of treating venereal diseases, and Lees described the development of

²²⁷ Mahood, *The Magdalenes*, 29.

²²⁸ Mahood, 38-9.

²²⁹ Mahood, 36.

²³⁰ Mahood, 36.

²³¹ Anna Forrest "The 'Glasgow System': Class, Gender, Poverty, Prostitution and the Policing of Venereal Disease in Victorian Glasgow," *Scottish Justice Matters* 2. no. 3 (2014), 31. The 'Glasgow System' was also adopted in Edinburgh and Aberdeen, and cities in England.

²³² Forrest, "The 'Glasgow System'," 32.

²³³ Mahood, *The Magdalenes*, 38.

²³⁴ William Tait, *Magdalenism: An Inquiry into the Extent, Causes, and Consequences of Prostitution in Edinburgh*, 2nd ed. (Edinburgh: P. Rickard, 1842), 32.

²³⁵ Tait, *Magdalenism*, 33.

²³⁶ Mahood, *The Magdalenes*, 38.

the 'lock wards' from their inception in 1750.²³⁷ In the 1870s, with the building of the new Royal Infirmary, there was a ward for 12 women in the new Royal Infirmary building.²³⁸ In the early 1890s, a ward was opened for 16 male patients.²³⁹ Other general hospitals also had lock wards, for example, Aberdeen Royal Infirmary and Glasgow Royal Infirmary.²⁴⁰

Mahood noted the interdependence of the Lock Hospital and the Magdalene Institution. 'The Lock Hospital performed the curative function and the Magdalene Institution played the reformatory role and they depended on each other for the exchange of inmates.'²⁴¹ In addition, Forrest argued that girls and young women who had been sexually abused were also viewed as 'dirty and dangerous' and 'those who were the victims of assault involving the communication of venereal infection, were transferred after medical treatment in the Lock to other confining institutions such as industrial schools, children's homes or the Magdalene Institute.'²⁴²

Conclusion

It can be seen, then, that the foundations of care services for children in Scotland were laid over previous centuries and consolidated in the 19th century. While there was a clear emphasis on the use of boarding out and foster care for children, there was also the development of a range of more specialised forms of institutional and residential care. This said, throughout the 19th century, children and young people continued to be cared for in adult institutions such as poorhouses, prisons, and hospitals.

²³⁷ Robert Lees, "The 'Lock Wards' of Edinburgh Royal Infirmary," *British Journal of Venereal Diseases* 37, no. 3 (1961), 187.

²³⁸ Lees, "Lock Wards of Edinburgh," 188.

²³⁹ Lees, 188.

²⁴⁰ Roger Davidson, *Dangerous Liaisons: A Social History of Venereal Disease in Twentieth-Century Scotland* (Amsterdam: Rodopi, 2000), 18.

²⁴¹ Mahood, "The Magdalene's Friend," 51.

²⁴² Anna Forrest, "The 'Abominable Superstition' and the 'Cure' of Sexually Transmitted Disease," *Scottish Justice Matters* 3, no. 1 (2015), 29.

Development of Children's Services between 1900 and 1948

Introduction

In Chapter Two we outlined the foundation of services for children in Scotland in previous centuries. The 19th century saw the development of boarding out as a primary form of care for children separated from their parents under the Poor Law, as well as the development of a range of residential care services.

This chapter will describe the development of children's services from the start of the 20th century to the enactment of the *Children Act 1948*. This period was marked by the major influence of two world wars and the economic recession of the 1920s and 1930s on the population of Scotland. There was an increase in legislation and regulation of children's services over this period.²⁴³ There was a continuing evolution of children's services, and the importance of the boarding out of children continued. Specific residential institutions continued to provide places for different groups of children and young people, and children and young people continued to be placed in adult institutions such as poorhouses, prisons, and hospitals.

We will look at the general context for the development of child care services, highlighting the specific impact of the two world wars and the economic situation in Scotland. We will also discuss the important inquiry into child care services in Scotland carried out by the *Committee on Homeless Children* (the Clyde Committee) that took place at the end of World War II and reported in 1946.²⁴⁴ We will then focus on the specific development of the different types of child care services over the first part of the 20th century.

Context

In this section, we will provide contextual information on the social and economic conditions in Scotland and the impact of these on children and families. We will

²⁴³ Norrie, *Legislative Framework*.

²⁴⁴ Scottish Home Department, *Report of the Committee on Homeless Children, [The Clyde Report]* Cmd 6911, (Edinburgh: HMSO, 1946).

provide general information on the overall numbers of children in care, the reasons for reception into care, and the changing needs of children and young people.

At the start of the 20th century, there were a number of legislative routes that led to children and young people being placed away from their families. Poor Law legislation was used for destitute children and orphans, although increasingly children were removed from their parents because of neglect and abuse. The Reformatory and Industrial Schools legislation led to children being placed into these institutions. By the time of the *Clyde* Report, children were placed away from home under legislation including: the *Poor Law Scotland Act* 1934; the *Children and Young Persons (Scotland) Act* 1937; the *Adoption of Children (Regulation) Act* 1939, and, the *Mental Deficiency and Lunacy (Scotland) Act* 1943. Significantly, during this period many children and young people were placed in voluntary homes and institutions by their parents.

1900 to World War I

While Ferguson evidenced the reduction in poverty across Scotland in the 50 years between 1864 and 1914, he also stated that ‘the dawn of the twentieth century found still a great deal of destitution in the cities and manufacturing towns.’²⁴⁵ In 1904, there was a severe depression, especially in engineering and shipbuilding.²⁴⁶ Abrams highlighted that in the 19th century and up until World War I, ‘the social consequences of industrialisation, urbanisation, rural depopulation and poverty were of unparalleled intensity.’²⁴⁷ Poverty dominated the lives of the urban and rural working class. Levitt highlighted the concern at the increasing numbers of people applying for poor relief and there was a call for a government inquiry into its causes.²⁴⁸

Overcrowding was a feature of children’s living experience at the start of the 20th century:

In 1901 around half of Scots were housed in dwellings of one or two rooms and 11 per cent lived in just one room. The notorious ‘single-end’—one small room in a four-storey tenement containing kitchen and sleeping

²⁴⁵ Ferguson, *Scottish Social Welfare*, 281.

²⁴⁶ Ferguson, 325.

²⁴⁷ Abrams, *Orphan Country*, 2.

²⁴⁸ Levitt, “Scottish Poor Law,” 98.

accommodation—was roundly condemned as a breeding ground for immoral conduct and ill health, but continued to house a large proportion of Glasgow families.²⁴⁹

In crofting communities, houses often consisted of a single room sub-divided for animals and humans. Such overcrowding and poor standards of accommodation had a significant impact on children's health and development.²⁵⁰ Boyd highlighted the impact of poor housing and overcrowding in the mining villages of Ayrshire, particularly the spread of infectious diseases in the miners' rows.²⁵¹

Poor health led to high infant mortality rates in these overcrowded conditions. Lee detailed the infant mortality rate per 1,000 live births in different areas of Scotland in 1901. It ranged from 140 in Lanarkshire to 94 in Highland.²⁵² In the first years of the 20th century, the mortality rate for illegitimate children was double that of legitimate children and approximately a quarter of illegitimate children died in their first year.²⁵³ Illegitimate children constituted a significant proportion of the poor in urban and rural Scotland and were, in most respects, the most vulnerable group requiring care.²⁵⁴

Individual families were adversely affected by explicit crises. Amongst these were: the serious illness or death of one or both parents; long-term unemployment, especially affecting the male earner; temporary or long-term physical incapacity of one or both parents; drunkenness or mental instability; and desertion by the husband or wife.²⁵⁵

And it was the children who were frequently the innocent victims of family crisis; boarded out with relatives, neighbours or employers when parents were no longer able to cope; placed in institutions for short periods at times

²⁴⁹ Lynn Abrams, "Families of the Imagination: Myths of Scottish Family Life in Scottish Child Welfare Policy," *Scottish Tradition* 27, (2002), 46. See also, R.A. Cage and John Foster, "Overcrowding and Infant Mortality: A Tale of Two Cities," *Scottish Journal of Political Economy* 49, no. 2 (2002), 129.

²⁵⁰ Abrams, *Orphan Country*, 6.

²⁵¹ John Lindsay Boyd, "The Prevalence of Tuberculosis in Certain Ayrshire Villages with Special Reference to Housing and Living Conditions and Prophylaxis" (MD thesis, University of Glasgow, 1917), 135.

²⁵² C.H. Lee, "Regional Inequalities in Infant Mortality in Britain, 1861-1971: Patterns and Hypotheses," *Population Studies* 45, no. 1 (1990), 57.

²⁵³ Ferguson, *Scottish Social Welfare*, 539.

²⁵⁴ Abrams, *Orphan Country*, 11.

²⁵⁵ Abrams, 19.

of intense pressure; removed from their parents by the state or, in the event of the death of one or both parents, desertion or alleged neglect or cruelty, found more permanent homes, often far away from their place of birth.²⁵⁶

Informal and formal community care of children was widespread, and this ranged from temporary babysitting to long-term unofficial adoption.²⁵⁷ The majority of children received Poor Law relief because of the death or disablement of their father. However, children were increasingly separated from their parents.

Children not living at home, then, were either orphans, deserted, or 'separated' from their parents by the Courts. In 1905, 43 per cent of children not at home were separated by the Court and by 1914 this had increased to 57 per cent.²⁵⁸ Levitt presented figures that showed this change over the longer period from 1900 to 1945. In 1900, 46 per cent of the 6,143 children under the Poor Law were orphaned, 19 per cent were deserted, and 35 per cent were separated. By 1945, these proportions had changed even more significantly, and of the 7,229 children in total, 11 per cent were orphaned, 10 per cent were deserted, and 79 per cent were separated from their parents.²⁵⁹

By 1910, after 15 years of investigative experience, the SNSPCC²⁶⁰ in Glasgow had seen almost 20,000 cases of neglect, 1,000 cases of children being brought up in 'immoral surroundings', and more than 10,000 children begging and singing on the streets of the city.²⁶¹ The focus of the SNSPCC was on physical aspects of health, clothing, bedding and cleanliness, the condition and cleanliness of the home, and the character of the parents.²⁶²

Social reformers, local authority officials and philanthropists universally characterised the poor working-class family as dysfunctional requiring

²⁵⁶ Abrams, 3.

²⁵⁷ Abrams, 24.

²⁵⁸ Ferguson, *Scottish Social Welfare*, 522.

²⁵⁹ Levitt, "Scottish Poor Law," 369.

²⁶⁰ Scottish National Society for the Prevention of Cruelty to Children, later the Royal Scottish Society for the Prevention of Cruelty to Children (RSSPCC), and now Children 1st.

²⁶¹ Abrams, *Orphan Country*, 9.

²⁶² Gary Clapton, "'Yesterday's Men': The Inspectors of the Royal Scottish Society for the Prevention of Cruelty to Children, 1888-1968," *British Journal of Social Work* 39, no. 6 (2009), 1047.

surveillance and discipline if it was to be prevented from destabilising society through its reproduction of 'racial, sexual and social degenerates'.²⁶³

MacDonald cited figures from the *Royal Commission on the Poor Laws and Relief of Distress* on the age of children in various types of care under the Poor Law in 1906. There were 750 children under the age of five in the poorhouse, 27 in other types of institutions, and 315 were boarded out. The figures for those aged between five and 10 were: 620 in the poorhouse, 229 in other institutions and 2,000 who were boarded out. Finally, 475 children aged 10 and over were in the poorhouse, 628 in other institutions, and 3,673 children were boarded out.²⁶⁴

Impact of World War I

Hughes and Meek highlighted the impact of World War I on families in Scotland. 'The loss of life during the war ensured that all babies became important and, as a result, child and maternal health provisions improved, including those for unmarried women and their children.'²⁶⁵ They also described how there was an increased focus on the welfare of illegitimate children and on keeping children with their mothers, compared to the pre-war practice of boarding out illegitimate children.²⁶⁶

Yet many children paid the price of their fathers' inability or unwillingness to provide for them. Hughes and Meek noted the concern of the Scottish National Society for the Prevention of Cruelty against Children (SNSPCC) for the increasing desertion of families by ex-servicemen. Significant numbers of children were sent to live with relatives, boarded out or placed in institutions such as poorhouses and orphanages.

These children included the illegitimate children born to soldiers' wives, children of deserted and widowed women and those of unmarried mothers—some of whom may have married after the war, had the conflict not taken such a high toll on young men's lives. It also included the children of ex-servicemen whose marriages broke down due to the dislocating effects of war.²⁶⁷

²⁶³ Abrams, "Families of the Imagination," 45-6.

²⁶⁴ MacDonald, "Children under the Poor Law," 177.

²⁶⁵ Annemarie Hughes and Jeff Meek, "State Regulation, Family Breakdown, and Lone Motherhood: The Hidden Costs of World War I in Scotland," *Journal of Family History* 39, no. 4 (2014), 370.

²⁶⁶ Hughes and Meek, "State Regulation, Family Breakdown," 371.

²⁶⁷ Hughes and Meek, 379.

Poverty, shame or persuasion that it was in the best interests of the child forced such parents to place their children into care.

Widowhood was another major consequence of World War I, affecting almost one-third of the mothers of children in Scotland.²⁶⁸ During World War I, soldiers' wives received a separation allowance, and Hughes and Meek highlighted the surveillance that accompanied payment of separation allowance or war widows' pensions. These could be withdrawn for 'immorality, conviction of a criminal charge, gross neglect of children lack of cleanliness and drunkenness.'²⁶⁹ 'Throughout the war, working-class wives were treated with suspicion and subject to a demonizing rhetoric about their behaviour and if found wanting they too were often harshly treated.'²⁷⁰

There was also concern about single, unmarried women and the impact of 'khaki fever'—the attraction to young men in uniform—that would lead to 'high levels of illegitimacy, prostitution, and venereal disease.'²⁷¹ However, there was no increase in illegitimate births in Scotland during the war years; it ranged between 7,000-9,000 children between 1912 and 1919, some seven or eight per cent of all births.²⁷²

During World War I, child refugees from Europe were accommodated in Scotland, and Aspinwall found that Belgian children were found homes by the Catholic parish of Crosshill, 'along with school accommodation and nuns to teach them in French and Flemish.'²⁷³

1918 to World War II

Finlay wrote that following World War I, there was a short-lived boom in Scotland's economy after which it 'began to experience major structural problems.'²⁷⁴ In the late 1920s and 1930s, Scotland suffered the impact of the Great Depression. Those in

²⁶⁸ Hughes and Meek, 364.

²⁶⁹ Hughes and Meek, 366.

²⁷⁰ Hughes and Meek, 366.

²⁷¹ Hughes and Meek, 369. See also, Viv Cree, "'Khaki Fever' during the First World War: A Historical Case Study of Social Work's Approach towards Young Women, Sex and Moral Danger," *British Journal of Social Work* 46, no. 7 (2016), 1839.

²⁷² Hughes and Meek, 369.

²⁷³ Aspinwall, "Children of the Dead End," 135.

²⁷⁴ Richard Finlay, *Modern Scotland 1914-2000* (London: Profile Books, 2004), 64.

receipt of poor relief more than doubled from over 200,000 in 1931 to over 430,000 in 1935.²⁷⁵

The experience of growing up in Scotland was conditioned by social class and geography. Poverty and overcrowding were the two key determinants of whether or not you would survive your first six months. The infant mortality rate for Scotland in 1937 was 80 per 1,000 births.²⁷⁶

Menzies discussed the development of local authority maternity and child welfare services 'under the powers conferred upon them by the Notification of Births (Adoption) Act, 1907, the Notification of Births (Extension) Act, 1915, and the Maternity and Child Welfare Act, 1918.'²⁷⁷ In 1920, the infant mortality rate was 90 per 1,000 births, but with wide variation across Scotland.²⁷⁸ She described a range of services provided by local authorities that included 'the temporary boarding out of children', 'hospital accommodation for children', 'accommodation in convalescent homes', 'the provision of homes and other arrangements for attending to the health of children under 5 years of age whose parents cannot provide a satisfactory home for them', and 'contributions made by the local authority to voluntary institutions'.²⁷⁹ She commented on the 'acute distress' due to unemployment and economic depression that necessitated 'relief in the form of rations, food and milk...given to mothers and children.'²⁸⁰

Stewart noted that following child welfare developments up until the end of World War I, the inter-war years were 'rather less dramatic.'²⁸¹ However, he highlighted the increasing focus on the mental and emotional development of children and the development of child guidance. There was an 'expansion of child guidance clinics in

²⁷⁵ Finlay, *Modern Scotland*, 84.

²⁷⁶ Finlay, 117.

²⁷⁷ Mary J. Menzies, "Maternity and Child Welfare in Scotland," *British Medical Journal*, (August 26 1922), 348.

²⁷⁸ Menzies, "Maternity and Child Welfare," 349. See also, Lee, "Regional Inequalities in Infant Mortality," 57.

²⁷⁹ Menzies, 349.

²⁸⁰ Menzies, 349.

²⁸¹ John Stewart, "'The Most Precious Possession of a Nation is its Children': The Clyde Committee on Homeless Children in Scotland," *Scottish Economic & Social History* 21, no. 1 (2001), 49. See also, John Stewart, "Child Guidance in Interwar Scotland: International Influences and Domestic Concerns," *Bulletin of the History of Medicine* 80, no. 3 (2006), 513. Keane, "Mental Health Policy," 142-7.

the 1930s and by the end of the decade there were some seventeen of these in Scotland.’²⁸²

Warnock highlighted that, at this time, ‘maladjustment was not officially recognised as a form of handicap calling for special education’²⁸³ In addition, Stalker noted that in this period, disabled children tended to be excluded from child care policy and legislation:

The 1933 Children and Young Persons Act, for example, which required local authorities to ‘board out’ all children in care, with the aim of finding a permanent substitute home, nevertheless excluded those with handicaps, many of whom therefore continued to live in ‘colonies’ or residential schools.²⁸⁴

In November 1931, in response to a parliamentary question, the Secretary of State for Scotland stated that on 31 December 1930 there were 7,150 children managed by Poor Law Authorities in Scotland. Of these, 87 per cent were boarded out with guardians (foster carers) and the remainder were the ‘inmates of institutions.’²⁸⁵ Abrams shows that, because of the Depression, 1933 was ‘a peak year for the number of children under Poor Law care as result of the depression, when 8,150 children out of a total of 9,200 were found in foster homes.’²⁸⁶

However, many children were placed in residential care under other legislation, and Abrams wrote that during the inter-war period, there were ‘at least 275 institutions for homeless children and young people across Scotland, more than 100 located in Glasgow and Edinburgh.’²⁸⁷ Most of these institutions she described as ‘small’ (albeit large by present day standards) accommodating no more than 30-40 children. There were, however, two large homes, Quarriers Homes in Bridge of Weir (accommodating up to 800 children at any one time) and Aberlour on Speyside that accommodated almost 500 children in the 1930s.²⁸⁸ Both Quarriers and Aberlour were more like

²⁸² Stewart, “Most Precious Possession,” 50.

²⁸³ Mary Warnock, *Special Educational Needs: Report of the Committee of Enquiry into the Education of Handicapped Children and Young People*, (London: H.M.S.O., 1978), 17.

²⁸⁴ Kirsten Stalker, “An Evaluation of a Family Based Respite Scheme for Children with Mental Handicap” (PhD thesis, University of Edinburgh, 1988), 7.

²⁸⁵ Hansard, HC Deb 25 November 1931 vol 260 cc397-8.

²⁸⁶ Abrams, *Orphan Country*, 39.

²⁸⁷ Abrams, 79.

²⁸⁸ Abrams, 79.

children's villages than homes as each had a school, church, farm, as well as residential accommodation.

During the 1920s, there was a significant reduction in admissions to industrial and reformatory schools, 'and for a number of reasons, predominantly social change, the schools fell out of favour.'²⁸⁹ Kelly also wrote that across the UK, there had been 'widely publicised revelations uncovering abusive treatment of children.'²⁹⁰

Impact of World War II

The outbreak of war in 1939 led to an unprecedented period in relation to boarding out of children and residential care in Scotland. In addition to those children already in care, thousands of children, mothers, and other vulnerable adults were evacuated to the countryside from the major cities and potential targets of German bombing (Glasgow, Edinburgh, Dundee, Clydebank, Rosyth, Inverkeithing, North and South Queensferry, and later, Greenock, Port Glasgow and Dumbarton). In addition, children from Europe were displaced to Scotland, either the children of allied forces or children evacuated from Greater Germany and other invaded countries, such as those children, mostly Jewish, rescued through the 'kindertransport'.²⁹¹

In relation to Scottish children evacuated to the countryside, it is difficult to establish the exact numbers. In the first wave of evacuation in August and September 1939, when the order came to 'Evacuate Forthwith', some 176,000 people were evacuated. Nearly 100,000 of these were mothers with accompanied children and over 62,000 were unaccompanied children.²⁹² This evacuation was voluntary and over the coming months, there was a return of people, including children, to the cities. On 8 January 1940, 37,600 unaccompanied children remained in the evacuation areas, 61 per cent of all those who had been evacuated.²⁹³ In the spring of 1941, the bombing raids on Glasgow and Clydeside led to a second wave of evacuation. 'A count in July revealed

²⁸⁹ Christine Kelly, "Criminalisation of Children in Scotland 1840-1910" (PhD thesis, University of Glasgow, 2012), 215.

²⁹⁰ Kelly, "Criminalisation of Children," 215.

²⁹¹ The 'kindertransport' was the mission to rescue children, mostly Jewish, from Nazi occupied territories prior to and during World War II.

²⁹² John Stewart and John Welshman, "The Evacuation of Children in Wartime Scotland: Culture, Behaviour and Poverty," *Journal of Scottish Historical Studies*, 26, no. 1-2 (2006), 106.

²⁹³ Richard M. Titmuss, *Problems of Social Policy* (London: HMSO, 1950), 172. See also, John Michael Lloyd, "The Scottish School System and the Second World War: A Study in Central Policy and Administration" (PhD thesis, University of Stirling, 1980), 53.

that some 142,000 people, including 58,000 school children, were billeted in Scottish reception areas with Glasgow contributing 120,000.²⁹⁴

Many unaccompanied children were placed with families during this period as well as in residential care and evacuation camps.²⁹⁵ A relatively small number of Scottish children (462) were evacuated overseas to the Dominions of Canada, Australia and South Africa. The scheme ended, however, with the sinking of the *City of Benares* by torpedo, with the loss of over 250 lives, including 77 of the children being evacuated.²⁹⁶

The Dunning Historical Society provided varying accounts of the experiences of evacuated children,²⁹⁷ and has published a book of their experiences.²⁹⁸ Many of the children had positive experiences and recalled these as happy times, others experienced isolation and cruelty in their placements. Boyd's study of a group of evacuated children from Clydebank found that in 80 per cent of cases, parents had no complaints about the treatment of their children, and there were expressions of gratitude. There were, however, a number of complaints from parents: 'Admittedly some of the complaints were serious: children locked in a room; damp beds; lack of bedding; lack of cooking facilities; bed linen not changed after other children had slept in it...poor food.'²⁹⁹

While many evacuated children were placed with families, a significant number of children were housed in residential care and a number of houses and evacuation centres were opened. For a period, youth hostels were staffed and used to accommodate groups of children, particularly disabled children.³⁰⁰ Keane noted that

²⁹⁴ Lloyd, "Scottish School System," 119.

²⁹⁵ Kendrick and Hawthorn, *Scoping Project on Children in Care*, 28.

²⁹⁶ Jo Jack, "The Impact of Second World War Evacuation on Social Welfare in Scotland (Incorporating an Analysis of Oral Testimony from Scottish Evacuees)" (MPhil dissertation: University of Stirling, 2017), 110. Apparently, no children from Scotland lost their lives. See also, Lloyd, "Scottish School System," 102-3.

²⁹⁷ Dunning Parish Historical Society, "Dunning's Evacuees," *Dunning Parish Historical Society* website.

²⁹⁸ Lorne A. Wallace, ed. *"Here Come the Glasgow Keelies!": Vivid Recollections of World War II Evacuees and a Wee Scottish Village* (Dunning: Dunning Parish Historical Society, 1999).

²⁹⁹ William Boyd, *Evacuation in Scotland: A Record of Events and Experiments* (Bickley: University of London Press, 1944), 129.

³⁰⁰ Boyd, *Evacuation in Scotland*, 132.

'many defective children who had previously attended day schools were, for some time at least, transferred to residential schools.'³⁰¹

Jack wrote that 106 hostels and five camps were established and, by 1942, they were providing accommodation for 3,500 evacuees.³⁰² The five evacuation camps were: Dounans, Aberfoyle; Abington; Middleton, Gorebridge; Meigle, Perthshire; and Broomlea, West Linton. However, Lloyd highlighted concerns about the camps.

Controversies over discipline, the dismissal of a few children for "bad misconduct", the existence of problems such as bed-wetting and high staff turn-over, earned the camps unsavoury reputations that were never lived down... The camps increasingly became repositories for children too difficult to billet for social, physical, psychological or religious reasons.³⁰³

The camps were also lacking in physical amenities, they 'lacked adequate winter accommodation and, at times basic necessities such as hot water and electric light, as well as facilities for indoor recreation.'³⁰⁴

Large houses were taken over to provide additional residential accommodation. Barnardo's, for example, which previously had no residential homes in Scotland, identified seven evacuation centres opened in the early years of the war (Blairhill, Rumbling Bridge; Castle Milk, Lockerbie; Cloan, Auchterarder; Comlongon Castle, Ruthwell; Foswell, Auchterarder; Springkell, Eaglesfield; and Stapleton Towers, Annan).³⁰⁵ Lloyd highlighted the success of Cally House, near Gatehouse of Fleet, which was run as a co-educational residential secondary school by Kirkcudbright and Glasgow Education Committees.³⁰⁶ While some of these closed at the end of the war, others continued for a few years more and one until 1952.

The evacuation also impacted on existing residential establishments. Magnusson described some Quarrier's cottages as 'bursting at the seams' because of children placed there because of the bombing or children having lost a father.³⁰⁷ McMillan

³⁰¹ Keane, "Mental Health Policy," 210.

³⁰² Jack, "Impact of Second World War Evacuation," 87.

³⁰³ Lloyd, "Scottish School System," 142-3.

³⁰⁴ Lloyd, 144.

³⁰⁵ Kendrick and Hawthorn, *Scoping Project on Children in Care*, 29.

³⁰⁶ Lloyd, "Scottish School System," 148.

³⁰⁷ Anna Magnusson, *The Village: A History of Quarrier's* (Bridge of Weir: Quarrier's Homes, 1984), 113.

also identified issues for institutions catering for children and young people with learning difficulties.

During the War the number of appeals received for institutional accommodation for children under five increased rapidly partly due to the fact that owing to the need for manpower it was no longer possible to give the necessary care and attention to these children in their own homes. To meet this situation many of these children had to be certified as "idiots" under the Lunacy laws and sent to Mental Hospitals. At best this was a dishonest manoeuvre, while at worst the sending of children under five to a mental hospital was morally unacceptable.³⁰⁸

McMillan also discussed the developments in Waverley Park Institution for girls. The Pavilion building had been used as a bedding store but, in 1943, it was converted to provide accommodation 'for twenty babies of the "idiot" or very low grade "imbecile" type'.³⁰⁹ 'Demand rapidly exceeded supply. Children received expert care and responded rapidly. The situation in many homes was eased and the benefit to the older girls was marked.'³¹⁰ However, the plan that children should move from the Pavilion at the age of five did not take place, partly because of shortage of alternative accommodation, and partly because relatives were unable to care for them at home. So, in 1951, of the 21 children living in the Pavilion, only six were under the age of five and the oldest was 13 years old.³¹¹

Watson noted that, with the exception of the Aberdeen Institution, all the establishments for deaf children were evacuated during the war.

Donaldson's School sent its Edinburgh children immediately to Dunglass House in East Lothian. About two months later this became the home of the senior department, and the junior department...was opened at Redcroft Hotel in North Berwick. The school remained in these two areas until 1946. The Glasgow School for the Deaf moved to Dalquharran Castle, near Dailly in Ayrshire in October, where it, too, remained until 1946. The Day School and Institution at Dundee were evacuated to Belmont Castle, Meigle, Perthshire, and there some residential pupils remained until 1947.³¹²

³⁰⁸ McMillan, "Origins and Evolution of Special Education," 66.

³⁰⁹ McMillan, 66.

³¹⁰ McMillan, 66.

³¹¹ McMillan, 67.

³¹² Watson, "History of Deaf Education," 250.

Smith discussed the issue of juvenile delinquency during World War II and the implications for the placement of young people.³¹³ He noted that it was difficult to interpret the statistics on juvenile offending during World War II, which seemed to indicate an increase (particularly by children aged under 14). However, one thing was clear: 'despite geographical differences, individuals and institutions did perceive a general wave of lawlessness among children and teenagers in Scotland.'³¹⁴ This was attributed to war conditions and the break-up of the family, with the absence of fathers due to service in the forces. Women were conscripted into war work and this 'provided an opportunity for child-saving professionals to target the "neglectful mother" as being responsible for the rearing of delinquent sons.'³¹⁵

Residential schools were set up to deal with this group of young people and these included Barns House in Peeblesshire, and Nerston House in East Kilbride, which both opened in 1940.³¹⁶ 'This underlines the importance of evacuation in providing a vehicle for experiments for smaller institutions, such as hostels, and in highlighting the psychological health of children in general.'³¹⁷ The impact of juvenile delinquency on services for children and young people is discussed further below.

As well as the evacuation of children in Scotland because of the bombing of cities, various groups of children and young people were evacuated to Scotland during World War II. Children and young people were evacuated from England, particularly after the onset of the blitz. 'Returns made at the end of April, 1941 indicated that there were between 6,000 and 7,000 "official" evacuees attending Scottish schools together with a similar number of private visitors.'³¹⁸ The Atholl Palace Hotel became the home of the Leys School, Cambridge, between 1940 and 1945 because the school was requisitioned as a hospital. 'Around 168 boys made Pitlochry their new home during the school term, with the school retaining the hotel caretaker.'³¹⁹

³¹³ David Smith, "Official Responses to Juvenile Delinquency in Scotland During the Second World War," *Twentieth Century British History* 18, no. 1 (2007), 78.

³¹⁴ Smith, "Official Responses to Juvenile Delinquency," 86.

³¹⁵ Smith, 87.

³¹⁶ Jack, "Impact of Second World War Evacuation," 88.

³¹⁷ Stewart and Welshman, "Evacuation of Children," 116.

³¹⁸ Lloyd, "The Scottish School System," 104.

³¹⁹ Atholl Palace Hotel, "Hotel History and Architectural Heritage," *Atholl Palace Hotel*/website. See also, Hugo Brown, *Gladly Lerne, Gladly Teche: Memoirs of the First Thirty-Five Years of Croftinloan School 1936-71* (Winchester: Foxbury Press, 1990), 26.

Two English preparatory schools – West Downs, Winchester, and Wellesley House, Broadstairs – made plans (which were later implemented) to move to Blair Castle, Blair Atholl and to Rannoch Lodge, respectively, for the duration of the War.³²⁰

Lloyd discussed the establishment of a number of schools for ‘allied children’ during the war. While these were mostly day schools, there were also residential schools.³²¹ There were two boarding schools for Polish boys and girls taught by Polish staff. The Marie Curie-Skłodowska Secondary Grammar School for Girls was based at Scone Palace, near Perth, from 1941 to 1942. Between 1942 and 1947 it was based at Dunalastair House near Pitlochry. The Juliusz Słowacki Secondary Grammar School for Boys was located in various places between 1941 and 1947: Dunalastair House in Pitlochry, and establishments in Glasgow, Crieff, Bridge of Allan and Garelochhead.³²² These schools transferred to England in 1947 and 1948. The Norwegian Government bought Drumtochty Castle, Fordoun in Kincardineshire as a boarding school for Norwegian children who were refugees from the German occupation of Norway.³²³ Refugee Dutch children were also accommodated for a period in the evacuation camps.³²⁴

Williams detailed the complex policy and administrative processes involved in establishing the Kindertransport system across the United Kingdom.³²⁵ ‘The Kindertransport took an estimated 800 minors to Scotland.’³²⁶ A number of residential establishments were set up for Jewish children from Germany both before and during the war, as part of the Kindertransport. A children’s hostel was opened beside Garnethill Synagogue in 1938, and Whittingehame Farm School in East Lothian opened in 1939 and accommodated 160 children. Later in the war, hostels were opened for a group of teenage boys who had survived Nazi concentration

³²⁰ Brown, *Gladly Lerne, Gladly Teche*, 26.

³²¹ Lloyd, “Scottish School System,” 150.

³²² Thomas Kernberg, “The Polish Community in Scotland” (PhD thesis: University of Glasgow, 1990), 95.

³²³ Lloyd, “Scottish School System,” 150.

³²⁴ Kendrick and Hawthorn, *Scoping Project on Children in Care*, 29.

³²⁵ Frances Williams, “A Kindertransport to Scotland: Reception, Care and Resettlement” (PhD thesis, University of Edinburgh, 2012), 16–22.

³²⁶ Williams, “Kindertransport to Scotland,” 327.

camps.³²⁷ Children were also fostered and Williams noted that in Scotland, two-thirds of children were fostered in Jewish homes compared to less than one-third across the UK.³²⁸

However, the children were looked after in a wide range of places: 'foster homes, evacuation centres, trans-migrant hostels, agricultural training centres, orphanages, approved schools, boarding schools and convents.'³²⁹ She also highlighted different discourses which have evaluated Kindertransport in positive and negative ways. It could be viewed as an example of British altruism and humanitarianism, or there could be a more critical narrative of the experience of Kindertransport children.³³⁰

The Clyde Committee

Concerns about child welfare provision were highlighted by the experiences of evacuation during World War II and 'the war was the accelerator of social reform.'³³¹ Holman identified four significant outcomes of the 'upsurge of war-time child care': the national interest in the well-being of children separated from their parents; an increase in the number of child care social workers and their impact on children's services; the success of different methods of child care such as foster care and residential care, and their impact on children; and the needs of separated children.³³²

Two committees of inquiry were established in 1945: the *Committee on Homeless Children* in Scotland, which produced the *Clyde Report*,³³³ and the *Care of Children Committee* in England and Wales, which led to the *Curtis Report*.³³⁴ Murphy wrote that, in contrast to the situation in England and Wales, 'neither the Scottish public

³²⁷ Kenneth E. Collins, Ephaim Borowski and Leah Granat, *Scotland's Jews: A Guide to the History and Community of the Jews in Scotland*, 2nd Edition (Glasgow, Scottish Council of Jewish Communities, 2008), 19. See also, Jack, "Impact of Second World War Evacuation," 52.

³²⁸ Williams, "Kindertransport to Scotland," 31.

³²⁹ Williams, 113.

³³⁰ Williams, 76-7.

³³¹ Bob Holman, "Fifty Years Ago: The Curtis and Clyde Reports," *Children & Society* 10, no.3 (1996), 201.

³³² Holman, "Fifty Years Ago," 202.

³³³ Scottish Home Department, *Clyde Report*, 1.

³³⁴ Care of Children Committee, *Report of the Care of Children Committee*, [*The Curtis Report*] Cmd. 6922 (London: HMSO, 1946).

nor press was clamouring for change',³³⁵ and the main driver for the *Clyde Committee* was the need to mirror the *Curtis Committee* in England.³³⁶ The remits of the two Committees were slightly different, though their findings were similar, and both contributed to the *Children Act 1948* that related to Scotland as well as England and Wales.³³⁷

The *Clyde Committee* carried out a systematic examination of the system for children in care away from home in Scotland, and reviewed the legislative framework, the provision of residential and foster care (including provision for disabled children), inspection, standards and safeguarding of children, and aspects of care (such as size and layout of residential care, staffing and staff training, diet and nutrition, recreation, religious instruction, education and aftercare). It examined the different types of care: 'boarding out' with foster carers; children's homes managed by voluntary organisations; and children's homes managed by local authorities. However, the Committee did not consider residential care for young offenders, remand homes, approved schools, and the like.³³⁸

The report gave detailed figures for the number of children cared for away from their family home on 15 March 1945. In total, there were 17,607 children and young people in care. Of these, 7,976 children were in foster care (45 per cent) and 9,631 children were in residential care. Although we have seen that the focus was upon the boarding out of children in Scotland, most children and young people were in residential care.

The proportions of children in foster care varied according to the administrative and legislative basis for children being in care. Of the 6,436 children placed in care by the Poor Law authorities, 5,377 children were boarded out to foster parents or relatives (84 per cent) compared to 1,059 (16 per cent) placed in voluntary homes.

A larger proportion of children were in residential care under the remit of other government departments and legislation. For example, three-quarters of children under the remit of the Scottish Education Department, and almost all of those under

³³⁵ John Murphy, *British Social Services: The Scottish Dimension* (Edinburgh: Scottish Academic Press, 1992), 25.

³³⁶ Murphy, *British Social Services*, 20-1.

³³⁷ Norrie, *Legislative Background*, 45-51.

³³⁸ Scottish Home Department, *Clyde Report*, 4.

the remit of the Scottish Home Department and the General Board of Control, were in residential care. This included the significant number of children in voluntary homes who were not the responsibility of any type of public authority.³³⁹

The *Clyde Committee* addressed the administrative organisation for homeless children and concluded that it was important to recognise the welfare of children as a distinct function of the local authority, and that 'in each County and large Burgh there should be established a *Children's Care Committee* which would administer the whole of this field.'³⁴⁰ 'The result would be one authority with a uniform jurisdiction in place of several with overlapping and varying powers of control.'³⁴¹ Similarly, an *Advisory Committee* should be set up to advise the Secretary of State. The Committee also emphasised the importance of aftercare and 'the selection of suitable subsequent employment.'³⁴²

Stewart argued that despite the fact that large institutions persisted and psychiatric services were slow to develop, 'the origins, findings, and outcomes of the Committee on Homeless Children...clearly illustrates the changing perceptions of childhood which legislatively resulted in the 1948 Children Act.'³⁴³ The focus on the importance of the family and the need to ensure children's emotional and psychological well-being began in the period between the wars and gained added impetus from the experiences of World War II.

Murphy, however, wrote that the 'findings of Clyde were not so sensational as those of Curtis either in fact or presentation, whether because the investigation was less rigorous, or whether conditions in Scotland, being nearer to the community, were less dated and repressive.'³⁴⁴ He went on to argue that 'had Scotland depended solely on Clyde for real reform, we should not have had the radical legislation produced. The Children Act of 1948 was a Great Britain Act.'³⁴⁵

³³⁹ Scottish Home Department, 40-1.

³⁴⁰ Scottish Home Department, 23.

³⁴¹ Scottish Home Department, 23.

³⁴² Scottish Home Department, 32.

³⁴³ Stewart, "Most Precious Possession," 63.

³⁴⁴ Murphy, *British Social Services*, 30.

³⁴⁵ Murphy, 30.

Foster Care

Ferguson highlighted that at the turn of the century, boarding out of children continued to be the normal response for children not living in their own homes and separated under the Poor Law: 'On 15th May, 1906, the total number of children "boarded out"...by Scottish parishes was 6,617, of whom 91 per cent were boarded in the families of strangers and the remainder with relations.'³⁴⁶ Similarly, Abrams wrote that '[on] the eve of the First World War almost 90 per cent of Scotland's pauper children were placed in foster homes; in 1945 this proportion had not changed.'³⁴⁷ Abrams estimated that prior to World War I, the number of children cared for by child welfare providers in Scotland was probably more than 10,000, although accurate figures were not always kept.³⁴⁸

That the boarding out of children continued as an important element of the Scottish child care system throughout this period, was further exemplified in a parliamentary debate in 1932. The Independent Labour Party MP, John McGovern commented:

There was at first a certain amount of antagonism to the boarding out of children. Before I came into closer contact with the system I was rather sceptical and a little antagonistic, but I find that these children, large numbers of whom come from bad homes or whose parents are deceased, are treated in the most humane and considerate manner. The nation as a whole has cause to congratulate the persons who were responsible for this innovation, which was fought tenaciously by a section of the public in Glasgow. It costs considerably more to board out these children than it does to give them out-door relief, but no one will grudge anything that is paid in connection with this work.³⁴⁹

Abrams concluded that:

Despite consistent evidence from the early days of the system that some children found new homes in this way were likely to endure ill-treatment and cruelty, sometimes far worse than they might have suffered had they remained with family members or been placed in an institution, Scotland's child welfare professionals consistently rejected institutional care and

³⁴⁶ Ferguson, *Scottish Social Welfare*, 522.

³⁴⁷ Abrams, "Families of the Imagination," 42.

³⁴⁸ Abrams, *Orphan Country*, 3.

³⁴⁹ Hansard, HC Deb 22 June 1932 vol 267 cc1109-201.

advocated boarding out as the most appropriate method of caring for needy children.³⁵⁰

She highlighted the different experiences of boarded-out children, some who thrived in their new families, while for others 'the experience was more traumatic, characterised by ill-treatment, exploitation and emotional neglect.'³⁵¹ MacDonald also noted that the limited accounts of children's experiences at the start of the 20th century 'has revealed both "happy memories", and recollections of harsh treatment.'³⁵² 'Much depended on the foster parents, and some children fared better than others.'³⁵³

As in the 19th century, central to the idea of boarding out in Scotland was the separation of children from their lives in the city. 'If there is one constant theme in the official discourse on boarding out...it is the benefits of removing children from the urban slums to the rural districts where they might flourish away from the harmful influences of the city.'³⁵⁴ The dissolute and immoral life of the city was contrasted with the god-fearing, hard-working populace of the Highlands and Islands.³⁵⁵

However, the separation of children from their parents, and from knowledge of their backgrounds and identities, created long standing emotional issues for boarded-out children. 'Secrecy, deliberate obfuscation and lies by the authorities, ignorance on the part of carers and geographical separation placed many children in limbo in respect of their origins, identity and sense of belonging.'³⁵⁶

Abrams used case studies of children born in the 1930s who were boarded out to the Highlands and Islands to emphasise the long-term impacts of their ambiguous status as 'foster children' and 'incomers'. Although the children had very different experiences in foster care, they 'revealed what might be termed a 'foster-mentality' in their family stories', and 'become preoccupied with the definition of 'family' and of

³⁵⁰ Abrams, *Orphan Country*, 35-6.

³⁵¹ Abrams, 37.

³⁵² MacDonald, "Boarding-Out," 212.

³⁵³ MacDonald, 212.

³⁵⁴ Abrams, *Orphan Country*, 42.

³⁵⁵ Abrams, 42.

³⁵⁶ Lynn Abrams, "'Blood is Thicker than Water': Family, Fantasy and Identity of Scottish Foster Children," *Child Welfare and Social Action in the Nineteenth and Twentieth Centuries: International Perspectives*, ed. Jon Lawrence and Pat Starkey (Liverpool: Liverpool University Press, 2001), 200.

'belonging'.³⁵⁷ '[T]he experience of being a boarded out child could be fraught with tensions and anxieties which were, in no small part, the result of being denied information about biological parenthood and social origins.'³⁵⁸

The *Clyde Committee* discussed the variability of local authority support for boarded-out children. There was variation in the amount paid to foster parents in different authorities, in the clothing supplied for the children and in the payment of pocket money. After care was 'rarely prolonged, often sporadic, and not always satisfactory.'³⁵⁹ Education took place at the local school and a doctor would be appointed to look after the child's physical well-being.

The Committee also commented specifically on the standards of foster homes for a particular group of some 2,000 children under the age of nine years who were mostly illegitimate.³⁶⁰

The standard of the homes to which these children go is generally lower than that of the foster homes selected...under the Poor Law (Scotland) Act, 1934. The majority of these children are illegitimate, and the object of the mother is primarily to secure a guardian. There is considerable difficulty in ascertaining who are receiving these children.³⁶¹

While children should be visited by an inspector of the boarding out authority, the Committee stated that few visits were carried out during the war because of difficulties of transport. Abrams, however, highlighted that inspection was very haphazard even before the war, and points out that between 1931 and 1948, Glasgow Corporation only employed four inspectors when there were some 2,500 children boarded out across the country.³⁶² Similarly, the inspection regimes of other Departments were found wanting. 'Owing to the numbers, many of these boarded

³⁵⁷ Abrams, "Blood is Thicker than Water," 211.

³⁵⁸ Abrams, 213.

³⁵⁹ Scottish Home Department, *Clyde Report*, 7.

³⁶⁰ These children were taken for reward under *Part I of the Children and Young Persons (Scotland) Act 1937*, or taken without reward with a view to adoption under section 7 of the *Adoption of Children (Regulation) Act 1939*.

³⁶¹ Scottish Home Department, *Clyde Report*, 10.

³⁶² Abrams, *Orphan Country*, 58.

out children are never seen by the Department's inspector, and there is little if any opportunity for personal contact with the children concerned.'³⁶³

The *Clyde Committee* highlighted that '[t]here have even been isolated instances of cruelty to children, on which the fierce light of publicity has been brought to bear.'³⁶⁴ The Department of Health, for example did recommend the removal of some half dozen children each year and maintained a list of the names of unsatisfactory foster parents.

The Committee also commented critically on the practice of boarding out children on crofts:

Some witnesses have condemned such a practice as unsuitable, and we feel there is substance in their criticism...We strongly deprecate the boarding out of city children on crofts in very remote areas where they have no real contact with other children, where they have no facilities for learning a trade which is congenial to them, or where the living conditions are bad.³⁶⁵

The Committee went on to state that 'the practice of taking children seems to be regarded as an industry, and the labour obtained therefrom often enables guardians to maintain their crofts. Instances were found where children on crofts were overworked by their foster parents.'³⁶⁶

Abrams presented the memories of a man boarded out on the coast of the Moray Firth between 1938 and 1949 and who was clear that his foster mother took children for the money, both the allowance from Glasgow Corporation and the income from sending the children out to do farm work. He recalled that they were inadequately fed and deprived of any home comforts. 'There is no shortage of evidence that boarded-out children were often worked harder than guardians' natural children.'³⁶⁷ Harper also noted that boarding out was 'seen as a way to stem the tide of Highland depopulation', and described the case of a plea from a school headmistress for a boarded-out child to prevent the closure of a school in Inverness-shire.³⁶⁸ Jamieson and Toynbee gave brief details of one foster child in their account of children

³⁶³ Scottish Home Department, *Clyde Report*, 8.

³⁶⁴ Scottish Home Department, 16.

³⁶⁵ Scottish Home Department, 21.

³⁶⁶ Scottish Home Department, 21.

³⁶⁷ Abrams, *Orphan Country*, 50.

³⁶⁸ Harper, "Boarding Out at Home and Abroad," 102.

growing up in crofting and farming communities at the start of the 20th century. 'Mrs Fleming (born in 1907) was brought up in a different type of fatherless household. She was a foster child who had joined the household of a widow and her adult daughter who was sometimes away from home, working as a domestic servant.'³⁶⁹

Abrams highlighted that the 'concern with children's physical well-being and outward appearance on the part of the parish authorities was genuine and well-meant but it concealed fundamental flaws in boarding-out policy and practice.'³⁷⁰ She outlined the evidence of Lady Margaret Kerr to the *Clyde Committee* who described the situation of three boarded-out children in Aberdeenshire: 'House filthy. Bedding filthy and very inadequate. Guardian ill in bed. Girl of approximately 15 running the house...No record book of visits from inspectors. Home utterly unsuitable and should be black listed.'³⁷¹ Abrams also described how a car full of children would be taken from Glasgow and driven around villages and crofts where they were left with anyone who wished to take them.³⁷²

The *Clyde Committee*, however, stressed the value of the family in addressing the issue of homeless children and it saw the solution in the foster care system.

Undoubtedly the solution of the problem is the good foster parent. By this means the child should get the nearest approximation to family life, and receive that individual treatment whereby it secures the necessary opportunity to build up its own personality and equip itself for the transition to independence and self-reliance in later years.³⁷³

The Committee went on to recommend better selection and inspection of foster parents and more specialised training for local authority officials, along with a standard minimum rate of payment to foster parents, although '[f]inancial gain must never be the main motive for doing the work.'³⁷⁴ The Committee highlighted the need for improvements in the inspection and supervision of foster placements.³⁷⁵

³⁶⁹ Lynn Jamieson and Claire Toynbee, *Country Bairns: Growing Up 1900-1930* (Edinburgh: Edinburgh University Press, 1992), 29.

³⁷⁰ Abrams, *Orphan Country*, 56.

³⁷¹ Abrams, 56.

³⁷² Abrams, 57.

³⁷³ Scottish Home Department, *Clyde Report*, 15.

³⁷⁴ Scottish Home Department, 32.

³⁷⁵ Scottish Home Department, 32.

The Committee also stressed the need for foster carers to take an interest in the after-care of children.³⁷⁶

Despite the *Clyde Committee's* criticism of boarding out on crofts, Murphy concluded that:

It was commonly thought that Scotland possessed the panacea to the problem in a fine system of Boarding Out, and that improvements, rather than major change, was all that was required. These convictions were to overshadow the early growth of Children's Departments.³⁷⁷

Residential Care

Introduction

We have seen that although boarding out was the major form of care under Poor Law legislation, children and young people removed from their homes under other legislation were mostly placed in residential care. In the 19th century, a range of residential institutions were established on a philanthropic, voluntary, or religious basis. As noted above, Abrams stated that during the inter-war period there were at least 275 institutions for homeless children and young people across Scotland.

There was clearly apparent in 1914, as Sir Leslie Mackenzie pointed out, a tendency towards the 'institutionalising' of children, a course which offered a short and easy cut to immediate success and, on the face of things, often appeared to be the only reasonable course. When a father, or a mother, or both, were sent to prison, the children had to be provided for in some way, whether the provision took the form of a Poorhouse as a temporary residence, or a 'Home' as relatively permanent.³⁷⁸

Ferguson noted that in the early years of the 20th century, 'official agencies began to take a hand in the provision of Homes of a somewhat similar nature for some of the children for whom they were responsible.'³⁷⁹ He mentioned Auchentorlie House, leased by Paisley Parish Council, as a home for children and maternity cases who would otherwise be in the poorhouse; a Paisley Parish Council home in Largs for

³⁷⁶ Scottish Home Department, 21.

³⁷⁷ Murphy, *British Social Services*, 30.

³⁷⁸ Ferguson, *Scottish Social Welfare*, 576.

³⁷⁹ Ferguson, 575.

neglected and malnourished children 'who were boarded out when restored to health';³⁸⁰ and a house at Kirn opened in 1911 by Glasgow Parish Council for physically disabled children and young people.

Levitt, however, showed that this was not an uncontested development, and he detailed the political debates in many of the major cities at the start of the 20th Century, about the need for separate children's homes in the face of the overcrowding and poor conditions of the poorhouse.³⁸¹ In Glasgow:

By 1907...a number of councillors proposed that the Parish should establish, a special convalescent home for the less physically fit...But like Edinburgh and Dundee, the other councillors balked at the prospect of embarking on further capital projects so soon after they had improved their general hospital provision.³⁸²

As an example of charitable developments, Ross described Catholic residential care following World War I.

It was busy with charitable projects such as hostels for unemployed domestic servants, orphanages for children, hostels for working boys, the Children's Refuge in Dundee, the Night Shelter for Catholic women and girls in Edinburgh, Industrial Schools in Glasgow and elsewhere for children between the ages of five and fifteen found begging or destitute and without a proper guardian. At the outbreak of the Second World War, it was possible to list at least sixty or more such projects.³⁸³

That said, Ferguson went on to state that the '[d]evelopments in the care of children in the twentieth century were mostly in the direction of helping to keep the home together'.³⁸⁴ Triseliotis also commented on the contribution of psychological theories that helped to create attitudes to children that focused on their specific emotional needs, and the 'charismatic personalities' who led therapeutic developments in the care of 'disturbed and delinquent children'—although acknowledging that 'it would be hard to claim that these early experiments and innovations had a wider or lasting

³⁸⁰ Ferguson, 575.

³⁸¹ Levitt, "Scottish Poor Law," 158.

³⁸² Levitt, 160.

³⁸³ Anthony Ross, "The Development of the Scottish Catholic Community 1878-1978," *The Innes Review* 29, no. 1 (2010), 49.

³⁸⁴ Ferguson, *Scottish Social Welfare*, 578.

impact.’³⁸⁵ For those children and young people in residential care, however, Abrams wrote that, despite the size and turnover of the population before 1945, ‘we know very little about the lives of those who spent their childhood in the company of strangers.’³⁸⁶

The Poorhouse

In 1902, there were 66 poorhouses across Scotland.³⁸⁷ This had increased to over 70 houses in 1914 and these could accommodate over 21,000 people.³⁸⁸ Some suggest only a minority of children maintained by the Poor Law received indoor relief and had to live in a poorhouse. According to Ferguson in 1909, 3.8 per cent of children in Scotland were receiving poor relief.³⁸⁹ In the 1901 census, for example, of the 16 residents of Islay Poorhouse, four were children aged between six and 13 years.³⁹⁰

Levitt, however, gave figures which suggest a larger proportion of children were accommodated in poorhouses from 1900 through to 1945; between 11 and 14 per cent of those in care under the Poor Law. Given the total numbers, this means that a significant number of children and young people were living in the poorhouse at any one time.³⁹¹

³⁸⁵ Triseliotis, “Residential Care from Historical Perspective,” 8.

³⁸⁶ Abrams, *Orphan Country*, 80.

³⁸⁷ Scottish Archive Network, “Poorhouses in Scotland in 1902,” *Scottish Archive Network Knowledge Base* website.

³⁸⁸ Ferguson, *Scottish Social Welfare*, 294.

³⁸⁹ Ferguson, 552. (This compared to 7.2 per cent in England).

³⁹⁰ Neil Gordon-Orr, “Islay Poorhouse,” *Islay History* website, 2012.

³⁹¹ Levitt, “Scottish Poor Law,” 369.

Table 1: Number of Children under the Poor Law in Scotland in Poorhouses, 1900 – 1945 on May 15th <i>Levitt, Scottish Poor Law</i>	
1900	697
1905	889
1910	827
1914	1240
1923	995
1928	861
1933	1050
1938	1155
1945	886

MacDonald gave even higher numbers of children in poorhouses at the start of the 20th century: 1,684 in 1900, and 2,047 in 1910,³⁹² MacDonald attributed this to the increased removal of children by the SNSPCC. ‘The numbers reached a peak in 1910 when nearly 600 children were so removed, illustrative of an upsurge in activity following the 1908 Children Act.’³⁹³

MacDonald detailed the move to increased specialisation in the poorhouse at the turn of the century. In Glasgow, three new hospitals opened between 1902 and 1904,

³⁹² MacDonald, “Children under the Poor Law,” 174.

³⁹³ MacDonald, 174-5.

and the third of these, at Stobhill, catered for those suffering chronic illnesses, including children.

Accommodation was provided for children at Stobhill in ten pavilions, built in two rows and separate from the main hospital. Attempts were made to segregate the different groups of child inmate...Most of the pavilions had space for up to 40 children, and contained a play-room and dining-room as well as dormitories.³⁹⁴

The hospital also had a schoolroom at the centre of the pavilions, as well as a library and gymnasium. However, MacDonald noted that in most areas, 'children continued to be accommodated in the early twentieth century in general mixed poorhouses.'³⁹⁵

The condition of such children was the subject of heavy criticism at the time. Levitt cited the findings of Dr T.C. Parsons who carried out a survey of children in receipt of poor relief in 1910:

Poorhouses in his view had become both a transit camp for children on their way to guardians and a permanent home for those either too ill or too "vicious" in character to be fostered. Parsons found that many children had been kept in the institution for years with little or no contact with the outside world. There was little variation in diet and many facilities, including physical recreation, games, toys and books were poorly provided. Worse, to him, three-quarters of the children he saw required urgent medical attention.³⁹⁶

Levitt also made reference to proposals to convert Govan poorhouse into a general hospital following 'some incidents in 1919 involving the assault of children and other inmates by its poorhouse staff.'³⁹⁷ Although the proposal did not go ahead, it did lead to 'the replacement of the governor by the medical superintendent.'³⁹⁸

MacDonald argued that the criticisms of the 1909 Royal Commission on the Poor Laws and Relief of Distress prompted some councils to make changes, and, for example, Glasgow and Edinburgh opened children's homes, at Dunclutha and Craiglockhart respectively.³⁹⁹ This did not happen everywhere, and '[i]nadequate

³⁹⁴ MacDonald, 188-9. See also, Gaffney, "Poor Law Hospitals," 46.

³⁹⁵ MacDonald, 190.

³⁹⁶ Levitt, "Scottish Poor Law," 124.

³⁹⁷ Levitt, 262-3.

³⁹⁸ Levitt, 263.

³⁹⁹ MacDonald, "Children under the Poor Law," 194.

resources continued to prevent the development of specialised schemes in rural areas.⁴⁰⁰ In 1924, Aberdeen Council decided against building a separate children's home because it would be an 'unnecessary expense to the ratepayer.'⁴⁰¹ Abrams gave the recollections of Arthur of Aberdeen's Oldmill Poorhouse which mainly housed men and the elderly—I was terrified because they stood in the corridor and to me like they were fearsome to look at.⁴⁰²

The Clyde Report made itself quite clear on the placement in children in the poorhouse and criticised the fact that the legislation at the time allowed local authorities to place children there.

This practice must cease. The atmosphere and environment of the Poorhouse are very bad for these children, and their association with the inmates is the worst possible basis for securing their welfare. It should be illegal to place these children in any part of or adjunct to a Poorhouse.⁴⁰³

Orphanages, Children's Homes and Training Homes

Abrams contrasted the different patterns of three orphanages in the early part of the 20th century: Aberlour Orphanage, Quarrier's Homes, and Whinwell Home. Aberlour was a long-stay institution and children tended to stay there until school-leaving age and they were found employment. A large proportion of the children in Quarrier's were emigrated to Canada. Almost a quarter of the children in Whinwell were returned to members of the family. Others were adopted or moved on to other institutions.⁴⁰⁴

Quarrier's Homes opened in 1878. During the early part of the 20th Century, Quarrier's Homes catered for some 1,000 children, although at the end of World War I, some 1,550 children were resident. Magnusson wrote that over this period, life in the cottages in Quarrier's Homes followed a pattern created by William Quarrier in the early years of the Homes.⁴⁰⁵

⁴⁰⁰ MacDonald, 190.

⁴⁰¹ MacDonald, 190. Citing Aberdeen City Parish Council Minutes, 1925.

⁴⁰² Abrams, *Orphan Country*, 40.

⁴⁰³ Scottish Home Department, *Clyde Report*, 29.

⁴⁰⁴ Abrams, *Orphan Country*, 91-2.

⁴⁰⁵ Magnusson, *Quarriers Story*, 117.

Those were the decades when the Homes had settled into the rather rigid ways and methods of a huge charitable institution. At its best caring for thousands of children lovingly and positively; at its worst, guilty of inflexibility, regimentation and, sometimes, downright cruelty.⁴⁰⁶

Day-to-day life involved the children participating in 'the cleaning, scrubbing, polishing, cooking and mending regime', which started at 5.00 am for older children.⁴⁰⁷ 'This was an era of rigidly enforced rules and uniform practices. Everything was done at a set time and in a set way.'⁴⁰⁸ Children were marched to breakfast, to school, to church, and to bed.

However, those who had lived there acknowledged 'a great camaraderie and friendship among the children in every cottage, a warmth and family feeling which was strong'.⁴⁰⁹ Special occasions also stuck in the memories of children—Christmas and New Year celebrations, holidays down the Clyde at two houses near Dunoon, Halloween, and Easter— 'these were the highspots, the red-letter occasions of every child's calendar'.⁴¹⁰

Magnusson stressed that children's 'quality of life in the Homes depended on the cottage parents, particularly the cottage mother'.⁴¹¹ Some were more suited to this role than others, and some cottage mothers were cold and distant, while others 'most certainly punished the children in their care excessively, and in some cases treated them with unbelievable cruelty'.⁴¹² Children were physically abused and force fed for not eating their breakfast or for bed-wetting. Magnusson provided evidence that cases of 'extreme corporal punishment' were not acceptable by those in charge, and cited a letter written in 1937 to the cottage fathers of the boys' cottages condemning such punishment.⁴¹³ Other cottage parents, while not trained for the caring role, were 'ordinary, kindly people' and some former children 'remember their cottage parents with great affection; for them they were truly surrogate parents'.⁴¹⁴

⁴⁰⁶ Magnusson, 117.

⁴⁰⁷ Magnusson, 122. By the 1930s, children rose later at between 6.00 and 6.30 am.

⁴⁰⁸ Magnusson, 130.

⁴⁰⁹ Magnusson, 130-1.

⁴¹⁰ Magnusson, 121.

⁴¹¹ Magnusson, 131.

⁴¹² Magnusson, 132.

⁴¹³ Magnusson, 134.

⁴¹⁴ Magnusson, 131-2.

Another significant provider of residential care for children in Scotland was the Aberlour Orphanage. Opened in 1875 in Aberlour, Moray, the Orphanage had at the height of its operation in the 1930s about 500 children resident. In its 92 year history from 1875 to 1967, some 6,000 children passed through its doors.⁴¹⁵ Divine provided accounts of the experiences of children and young people placed in Aberlour in the 1930s and 1940s, based on interviews with former residents.

Sandy was placed in Aberlour Orphanage in 1932 along with his brother and sister. His mother had died in childbirth and his father was ill. Sandy stayed in the Orphanage until he was 12 when his father applied to have his two sons home (sadly his sister had died from a heart disease). Sandy cannot remember seeing his brother or sister at the Orphanage as they lived in different houses. He has memories of walks over the moors and going to the local bakers for bags of broken biscuits, of doing 'house jobs' and wearing his kilt to church, of stealing potatoes and roasting them on an open fire: 'I knew nothing else but Aberlour Orphanage. I enjoyed it...I didn't know anything different of course.'⁴¹⁶

Billy P. recalls his time in Aberlour Orphanage between 1938 when he entered aged five and leaving 12 years later when he was 17. His mother had died when he was three years old; he was in the care of his father for two years, but when his father became unemployed during the depression, he handed Billy and his elder brother over to the Orphanage. He was told he was going on a day trip to the Highlands, but never saw his father again. Billy was separated from his brother as children were placed in separate houses according to age and gender, 'so he was always one house ahead of me, throughout my whole time at the Orphanage. And then because he left school when he was 14, he was gone, he was working on a farm.'⁴¹⁷

Billy's main criticism of the Orphanage was the way in which it separated families. Billy does, however, recollect spending his time in the company of a number of friends: 'we slept in the same dormitory, we were in the same class in school, we played football and cricket, we went swimming together.'⁴¹⁸ Billy contrasts 'pleasant, even fond memories of nearly all the teachers, which I don't have of the domestic staff, the Housemistresses and Housemasters, some of whom were quite unfitting for

⁴¹⁵ Divine, *Aberlour: Narratives*, 13.

⁴¹⁶ Divine, 41. Sandy.

⁴¹⁷ Divine, 23. Billy P.

⁴¹⁸ Divine, 23. Billy P.

the responsibility of small children.’⁴¹⁹ Corporal punishment was common ‘both in the home and at school...I copped it a few times.’⁴²⁰ What Billy valued most was that he received an education: ‘I look back and I think if I hadn’t had a good education, if they hadn’t sent me to the High School, if I didn’t have a Scottish Highland Leaving Certificate, then I could not have achieved what I have in my life.’⁴²¹

Charles was placed in Aberlour in 1941 after a period in Tain Poorhouse, Easter Ross, and remembers being very ill and spending some time in the infirmary. He has pleasant memories of football, walks to Linn Falls and swimming (although he also recalls a boy drowning in the river). Meals, he says, were not terrific, but edible. He also remembers corporal punishment: ‘We all got whacked if we done things wrong in the Orphanage but that was the accepted thing.’⁴²² Charles summed up his time at Aberlour:

...if I hadn’t gone there, I don’t know where I would have gone. I could possibly have been stuck on a farm with very little education. I could not read or write on arrival at Aberlour Orphanage at the age of eight. I’m not particularly brilliant, but what I did learn at the Orphanage—to read and write—everything I know, helped me later in life, because I never sort of went anywhere else after the Orphanage and felt inferior. I felt I was equal to anyone else.⁴²³

Abrams provided an early account of children placed at Whinwell Children’s Home.⁴²⁴ She described the placing of twins Aleck and Peter McIntosh in Whinwell in 1902. She cited the Stirling parish council inspector’s report on their situation—illfed, illclad and in a filthy condition, two of five children of a single mother unable to cope. The twins remained at the Whinwell Children’s Home for three years before being boarded out in foster care. Later they were emigrated to Canada by the SNSPCC as child migrants.

Abrams highlighted that in many of the orphanages and children’s homes, religion was all pervasive.

⁴¹⁹ Divine, 25. Billy P.

⁴²⁰ Divine, 25. Billy P.

⁴²¹ Divine, 25. Billy P.

⁴²² Divine, 65. Charles.

⁴²³ Divine, 69–70. Charles.

⁴²⁴ Abrams, *Orphan Country*, 1–2.

Until the 1940s few spoke out against religious teaching in residential homes. After all religious institutions were key child welfare providers and most involved in child care would have applauded the attempts by these missionary philanthropists to inculcate children with Christian values.⁴²⁵

In fact, as it was forbidden to send a Catholic child to a Protestant home, many Catholic children were far more likely to end up in a children's home, usually Smyllum Roman Catholic Orphanage in Lanark, if they could not be found a family in one of the few pockets of Catholicism in rural Scotland.⁴²⁶ In 1905, over 50 Parish Councils sent children to Smyllum Orphanage, with most coming from Dundee.⁴²⁷

O'Brien reported on the accounts of three men who had been in institutional care of the Daughters of Charity of St Vincent de Paul in the 1920s, one of whom was in Smyllum Orphanage.⁴²⁸ 'Routine, discipline and a sense of personal responsibility were among the hallmarks of the life described by all three men.'⁴²⁹ Religious practice was 'woven into everyday routine, and was as much a part of the discipline of life as making beds and attending school.'⁴³⁰ Punishment included the cane or strap, as well as deprivations such as going to bed without supper, or other humiliations. O'Brien wrote that '[e]xpressions of tenderness were not part of the Sisters' regular care practice, but this did not mean they were entirely absent either.'⁴³¹ The men also recalled the very different temperaments of the Sisters.

The Church of Scotland was a significant provider of residential care in Scotland. Cameron identified three homes for children before World War II. The first of these was an 'Orphan Home for Girls', which had been established in about 1868, and moved from South Queensferry to Musselburgh in 1905. Following World War I, two further homes for children had been opened: a home for boys at Morham Vale near Haddington, and another home for girls in Glasgow.⁴³² Discussing the Morham Vale home, Cameron noted that '[t]he Home was sub-standard, but it served its day and the boys had plenty of adventure in exploring the woods and countryside around

⁴²⁵ Abrams, 100.

⁴²⁶ Abrams, 44.

⁴²⁷ McHugh, "Development of the Catholic Community," 224.

⁴²⁸ Susan O'Brien, *Leaving God for God: The Daughters of Charity of St Vincent de Paul in Britain, 1847-2017* (London: Darton, Longman and Todd, Ltd, 2017), 183.

⁴²⁹ O'Brien, *Leaving God for God*, 184.

⁴³⁰ O'Brien, 185-6.

⁴³¹ O'Brien, 186.

⁴³² Cameron, *Challenge of Need*, 42.

them.’⁴³³ This home moved to Musselburgh in 1938 and the ‘new house was well suited for its purpose’, and the Levenhall Home for Boys continued until its closure in 1958.⁴³⁴

The *Committee on Social Work of the Church of Scotland* acquired Florentine House in Glasgow in 1929, ‘a Victorian Institution with the avowed purpose of giving destitute girls a home and training in housework to fit them for places as domestic servants. No girl, however gifted, was given the chance of higher education.’⁴³⁵ Cameron noted that this policy continued for several years after it was taken over by the Church of Scotland. The girls and staff were evacuated during World War II to Tighnabruaich and when the Home returned to Glasgow it was to new premises in Queen Mary Avenue.

During the war, there was a proposal for a home for the under-fives, and The Lord and Lady Polwarth Home opened in 1945 under the first Matron who had come from the Edinburgh Royal Hospital for Sick Children.⁴³⁶ Cameron described the situation of a brother and sister who were placed in Polwarth Home at the ages of 18 months and six months. There was concern about the future of this brother and sister when they reached the age of five, and a private donation of a house and funds allowed the establishment of Dunforth Home for brothers and sisters. Dunforth opened in 1948. ‘Dunforth not only solved the problem of Maureen and Robert’s future, but also determined the policy all other Homes for Children were to follow.’⁴³⁷

Collins, Borowski and Granat described the development of residential care for Jewish children in Scotland. In 1913, the Gertrude Jacobson Orphanage, supported by Glasgow and Govan parish councils, opened, and ‘where kosher food would be provided, and the children could take their part in the life of the community.’⁴³⁸ Following World War I, a larger home was needed because of the arrival of refugee children from Belgium and Hungary, and the orphanage moved to the Battlefield area of Glasgow. As we saw above, more residential homes were opened to accommodate child refugees before and during World War II. A children’s hostel was

⁴³³ Cameron, 43.

⁴³⁴ Cameron, 43.

⁴³⁵ Cameron, 44.

⁴³⁶ Cameron, 45.

⁴³⁷ Cameron, 47.

⁴³⁸ Collins, Borowski and Granat, *Scotland’s Jews*, 19.

opened in Garnethill in 1938, and the following year a farm school for 160 children was opened at Whittinghame. 'In 1945, hostels were run at Cardross in Dunbartonshire, and at Polton House in Midlothian to provide rehabilitation for a group of teenage boys who had survived the horrors of Nazi concentration camps.'⁴³⁹

Over this period, until World War II, Abrams concluded that children's homes in Scotland provided 'a place of respite and refuge for orphans but more especially for children of single-parent families and child victims of neglect and cruelty.'⁴⁴⁰ 'The children's home acted as a safety net at times of family crisis, allowing parents to find a temporary home for their children while attempting to reconstitute their lives and their families, although not infrequently it became a permanent solution.'⁴⁴¹ However, Abrams contrasted the public face of such orphanages and homes with a rather grimmer reality, reflected to an extent in the experiences outlined above.⁴⁴² These institutions 'were characterised by discipline, religion, physical violence and material and emotional deprivation.'⁴⁴³

Discipline was enforced through physical punishment and withdrawal of privileges.

But what today would be regarded as random and unnecessary violence—usually strokes from the strap or the cane—was regularly inflicted for a wide variety of petty misdemeanours...to behaviour which, far from being punished, should have been dealt with sympathetically, such as bed-wetting and running away.⁴⁴⁴

Furthermore, food was monotonous and 'there were undoubtedly times when children went hungry.'⁴⁴⁵ While Abrams suggested that attitudes to discipline began to become more relaxed following World War II, 'children were still being subjected to cruel treatment and suffering in silence.'⁴⁴⁶

⁴³⁹ Collins, Borowski and Granat, 19.

⁴⁴⁰ Abrams, *Orphan Country*, 93.

⁴⁴¹ Abrams, 93.

⁴⁴² Abrams, 95.

⁴⁴³ Abrams, 96.

⁴⁴⁴ Abrams, 103.

⁴⁴⁵ Abrams, 97.

⁴⁴⁶ Abrams, 105.

Ewan described the opening of 'holiday schools' 'where children more or less normal could have a holiday period without loss of education.'⁴⁴⁷ Hillfoot Holiday School with places for 60 girls and Springboig Holiday School with places for initially 60 and then 108 boys were opened in 1926. Some children could be admitted to the holiday homes for convalescence after periods in hospital.⁴⁴⁸

The *Clyde Committee* acknowledged that voluntary homes had 'for long made an important contribution to the solution of the problem of the homeless child.'⁴⁴⁹ However, the Committee was clear in its criticism of large institutions:

...some of them have left a bad impression upon the Members of the Committee who have visited them. The uniformity, the repression, the impersonality of these cold and forbidding abodes afford no real consolation to the children who grow up in them, and constitute a sorry preparation for entry into a world where the child must ultimately fend for itself.⁴⁵⁰

The Committee also identified a number of issues and concerns in homes. Some homes were not providing children adequate meals, and 'what is mainly deficient is the relatively expensive protein, for which bread and potatoes have been substituted.'⁴⁵¹ Many homes also lacked recreational and play facilities such as toys, books and special play equipment. The Committee also discussed the isolation of children because homes were in remote areas.⁴⁵²

Stewart gave examples of evidence to the Committee which highlighted the lack of provision for the psychological needs of children in institutions, and their regimentation and impersonality; 'using emotive vocabulary, notably the word 'herd', to criticise traditional children's homes.'⁴⁵³

However, while the *Clyde Committee* prioritised foster care, it also recognised the need for residential care.⁴⁵⁴ Children who, because of their past experiences, would

⁴⁴⁷ James Twaddle Gordon Ewan, "The School Health Service" (PhD thesis, University of Glasgow, 1956), 34.

⁴⁴⁸ Ewan, "School Health Services," 48.

⁴⁴⁹ Scottish Home Department, *Clyde Report*, 6.

⁴⁵⁰ Scottish Home Department, 14-5.

⁴⁵¹ Scottish Home Department, 26.

⁴⁵² Scottish Home Department, 27.

⁴⁵³ Stewart, "Most Precious Possession," 61.

⁴⁵⁴ Scottish Home Department, *Clyde Report*, 24.

be too challenging for foster care, large sibling groups, or children who needed special medical treatment, would be more appropriately placed in residential care. While homes could provide more direct supervision than foster care, the Committee identified the danger of the 'lack of that parental affection which is so essential a background for the start of a normal emotional development'.⁴⁵⁵

The *Clyde Committee* made a number of recommendations in regard to voluntary and local authority homes. There should be the power to remove children from homes when the children's welfare was endangered. Homes should not be too large and the maximum number of children housed in a single building should not exceed 30 and dormitories should not accommodate more than 12 to 15 children. It recommended 'the Cottage Home type of Institution, but only if the numbers of children in each Cottage are limited and if the House Mothers are specially trained'.⁴⁵⁶ The Committee also considered that new homes should be built near towns or villages so that children could attend local schools as well as visit shops, cinemas, or other entertainments.⁴⁵⁷

While the *Clyde Committee* discussed local authority homes, White noted that as late as 1930 there were only five authorities with separate children's homes (Govan, Edinburgh, Glasgow, Paisley, and Dundee).⁴⁵⁸ Even by 1948, there were only 37 local authority homes compared to 127 voluntary homes, including 'the full-scale village homes at the Bridge of Weir and Aberlour, but perhaps more typically the independent homes with numbers of anything from 40 children upwards'.⁴⁵⁹

Cree described the development in 1947 of Scotland's first family group home following concerns about the shortage of suitable placements and the quality of care for illegitimate children in foster care.⁴⁶⁰

Edzell Lodge was the first family group home in Scotland. It was set up as a resource for unmarried mothers: a place where the children of unmarried mothers could live and grow up, while still maintaining contact with their

⁴⁵⁵ Scottish Home Department, 24.

⁴⁵⁶ Scottish Home Department, 25.

⁴⁵⁷ Scottish Home Department, 27.

⁴⁵⁸ White, "Residential Child Care Past and Present," 89.

⁴⁵⁹ White, 90.

⁴⁶⁰ Vivienne Cree, *From Public Streets to Private Lives* (Avebury: Ashgate Publishing, 1995), 93.

parents. A group of twelve children of all ages lived there, and others came to stay for short periods.⁴⁶¹

Cree considered it as 'revolutionary' in the context of residential care in Scotland at the time.

Hostels for Working Boys and Girls

Over this period, homes and hostels for working boys and girls were provided for young people past school-leaving age and to support them into employment. These homes were often reserved for boys of 'good character' but some also accepted boys discharged from Industrial Schools and Reformatories.⁴⁶² '[T]hey also reserved the right to expel any boy who subsequently proved unsuitable, either through indolence or refusal to maintain an acceptable standard of behaviour.'⁴⁶³

Greenlees described the role of the Church of Scotland in welfare provision and its emphasis on social and rescue work.

Recognizing that decent accommodation formed part of the solution to many of Scotland's health and social problems, in 1905 the church opened two homes for men and one for boys. This provision soon expanded to include a variety of hostels, boarding houses and homes for young women in Scotland's cities, particularly Glasgow.⁴⁶⁴

Cameron described the start of the Church of Scotland's work with young people moving to the cities for work; 'lads beyond school age, many of whom had no home of their own, and had extreme difficulty in finding suitable employment.'⁴⁶⁵ The first home—Broadford House—opened in 1908 in Aberdeen. Additional homes followed in other cities: Murrough Park House, Govan in 1910; Herbert Street, Glasgow in 1910 (this later moved to 44 Windsor Terrace); and Oakshaw House, Paisley in 1911. 'The lads were encouraged to enter trades, but since their wages as apprentices were

⁴⁶¹ Cree, *Public Streets*, 94. With the move away from residential care in the 1970s and 1980s, Edzell Lodge, despite a refocusing towards short term care, closed in 1984.

⁴⁶² McHugh, "Development of the Catholic Community," 227.

⁴⁶³ McHugh, 227.

⁴⁶⁴ Janet Greenlees, "To 'Solve the Darkest Social Problems of Our Time': The Church of Scotland's Entry into the British Matrix of Health and Welfare Provision, c.1880-1914," in *Healthcare in Ireland and Britain 1850-1970*, ed. Donnacha Sean Lucey and Virginia Crossman (London: University of London Press, 2014), 189.

⁴⁶⁵ Cameron, *Challenge of Need*, 32.

small, the Home gave them accommodation at a rate which they could afford, leaving them with sufficient pocket-money consistent with their wage and age.’⁴⁶⁶ In 1930, the Church took on a home for ‘lads’ at 2 Ellen Street, Dundee from the Dundee Industrial Schools’ Society, and purchased the property in 1938.

In 1947, the Elmbank Lads’ Club and Hostel was opened. This had been run by the Glasgow Newsboys’ League and Home from 1926, when a previous home at 84 Oswald Street was transferred to 23 Elmbank. The Directors asked the Church to take on the property and assets.

The Report to the General Assembly of 1948 stated that, “Its success was immediate, as it provided the answer to the problem of many industrial firms in Glasgow who had experienced real difficulty in obtaining suitable lodgings for lads from the more distant parts of the country who wished to train in Glasgow. Within a very short time the Hostel was filled to capacity and, of those who have been accommodated, a considerable number are from the Outer Hebrides...”⁴⁶⁷

Because of increasing demand, in 1959, the hostel moved to the former Whiteinch Orphanage at 21 Westland Drive, Glasgow.

Similarly, hostels for young women were opened, carrying out ‘the same function as the Homes for Working Lads (now known as Hostels for Young Men).’⁴⁶⁸

Early records tell of a Hostel for Young Women being opened at Binnie Place, Glasgow, in 1913, which moved to 8 Westercraigs, Dennistoun, where it did not appear to enjoy success. It functioned there from 1919 until it was closed in 1939 “on account of its situation and the small number of residents”.⁴⁶⁹

Also in 1913, a hostel opened in Edinburgh on Chalmers Street—this moved to 8 Royal Circus in 1919. A hostel was opened in Aberdeen at 76 Dee Street, another at 16 Constitution Terrace, Dundee, and one at 4 St Andrew’s Drive, Pollockshields, Glasgow, which later transferred to 91 West Princes Street in 1923. ‘The [Princes Street] Hostel has proved of benefit to business girls in junior posts, to students at

⁴⁶⁶ Cameron, 32.

⁴⁶⁷ Cameron, 36.

⁴⁶⁸ Cameron, 37.

⁴⁶⁹ Cameron, 37.

various colleges in the city and as a residence for girls who had grown up in the Church's Homes for Children, having no home of their own.'⁴⁷⁰ In 1918, a hostel was opened at 13 Royal Terrace, Edinburgh and this continued until 1961. When it closed, the proceeds 'were used in 1965 to purchase and equip the former Deaconess House at 38 Greenhill Gardens in a quiet corner of Morningside as the Edinburgh Hostel for Young Women.'⁴⁷¹ A number of these hostels closed before 1948 while others continued into the 1960s and 1970s.

At the start of the 20th Century, there were also several training farms or farming colonies that were set up with the specific intention of preparing young men and women for emigration abroad. In 1911, the Scottish Labour Colony Association took over the Girgenti training home for boys and this moved to Todhill Farm near Stevenson, as 'part of a scheme for training Glasgow's delinquents for immigration to Canada.'⁴⁷² Todhill Farm had previously been owned by Dr George Cossar 'to instruct and then place boys in farm service at home or abroad.'⁴⁷³ In 1922, it was decided that the training farm should focus on training boys for farming careers in Scotland,⁴⁷⁴ and it closed as a training farm in 1938. It was then used as a home for Jewish refugees.⁴⁷⁵

Another such training farm was set up by Dr George Cossar who already carried out rescue work for young people in Glasgow. In 1922, he purchased Craigiellinn Estate, Paisley and set up a training farm for young people between the ages of 14 and 18.⁴⁷⁶ '[T]rainees were to be mainly "city boys of the poorer classes" who would be referred by schools, labour exchanges and Presbyterian churches, as well as individuals.'⁴⁷⁷ The 13-week training included basic agriculture, the care of stock, milking and horse harnessing.⁴⁷⁸ However, there was increasing concern about the suitability of the boys from Craigiellinn, both in terms of their physical state and their

⁴⁷⁰ Cameron, 39.

⁴⁷¹ Cameron, 38.

⁴⁷² Ronald Johnston, "'Charity that Heals': The Scottish Labour Colony Association and Attitudes to the Able-Bodied Unemployed in Glasgow, 1890-1914, *The Scottish Historical Review* 77, no. 1 (1998), 94.

⁴⁷³ Marjory Harper, *Emigration from Scotland between the Wars: Opportunity or Exile?* (Manchester: Manchester University Press, 1998), 173.

⁴⁷⁴ Harper, *Emigration from Scotland*, 191.

⁴⁷⁵ Johnston, "'Charity that Heals'," 94.

⁴⁷⁶ Harper, *Emigration from Scotland*, 173-4.

⁴⁷⁷ Harper, 174.

⁴⁷⁸ Harper, 174.

background and behaviour. The economic situation in Canada also led to authorities there to discourage juvenile emigration.

In 1932...Craigielinn's increasing financial difficulties led to its free transfer to the Church of Scotland's Social Work Committee, and it was subsequently used as a training centre for youths on probation and potential delinquents until it was sold to Paisley Town Council in 1937.⁴⁷⁹

Over the period that it operated, some 800 boys were emigrated through Craigielinn to Canada and Australia.⁴⁸⁰

In 1924, the Church of Scotland began to use Cornton Vale Farm Colony to train young men with a view to their emigration. In 1927, an agreement was reached with the Parish Council of Glasgow that 'unemployed youths aged between fourteen and twenty-five were offered three months' training at Cornton Vale followed by a free passage to Canada and placement with farmers.'⁴⁸¹ However, in 1930, following ongoing concerns about the suitability of these young men, a number having been deported from Canada on physical grounds or because of criminal activity, Cornton Vale 'ceased to operate as an emigrant training and testing facility, reverting to its former status as a rehabilitation centre.'⁴⁸²

Mill, in discussing the need for more imaginative justice for juvenile delinquents, commented on various institutional responses, including training homes.⁴⁸³ He considered that, generally, training homes tended to be 'unimaginative in their routine and, sometimes, in 'the standards of conduct to which inmates are expected to conform.'⁴⁸⁴ 'Facilities for training are too limited—especially in the girls' homes—rarely extending much beyond laundry work.'⁴⁸⁵ He noted, however, that occasionally a girls' home or farming colony would have a more imaginative approach, and considered that there needed to be a wider range of such homes and facilities.

⁴⁷⁹ Harper, 184.

⁴⁸⁰ Harper, 185.

⁴⁸¹ Harper, 170.

⁴⁸² Harper, 173.

⁴⁸³ James Mill, "Delinquency: The Need for Imaginative Justice," *The Journal for Criminal Law* 10, no. 3 (1946), 226.

⁴⁸⁴ Mill, "Delinquency," 227.

⁴⁸⁵ Mill, 227.

Cameron described the development of Church of Scotland training homes for delinquent children and young people. He noted that the girls and young women who were sent there did not come through formal routes but because of 'parents being advised by their minister to send a "difficult" daughter for a course of corrective training.'⁴⁸⁶ In 1905, the Committee on Social Work opened a Training Home for Girls at Morham Vale, near Haddington. However, 'it was inadequate for the purpose and in 1911 Tynepark, Haddington, was acquired and the Home transferred to it.'⁴⁸⁷

At the new Home there was a large garden where the girls could be given the rudiments of gardening. A laundry unit was erected in the grounds, serving many of the larger houses in the district, thus making laundrywork a feature of the training. Housewifery and cookery were also taught and with the girls serving in rotation in each department they became reasonably well equipped.⁴⁸⁸

Tynepark continued as a voluntary training home until the end of World War II. Cameron, in discussing his involvement in the home, wrote: 'Important as buildings and equipment are, a much more important factor is to have staff who really care and are willing to communicate to those in their charge, love and concern for the individual.'⁴⁸⁹ Cameron briefly discussed a similar home in the West of Scotland, the Lady Lane Training Home for Girls in Paisley. It was taken over by the Church in 1918, having previously run by an independent committee. However, '[i]t had a rather chequered history and was closed in 1945.'⁴⁹⁰

Industrial Schools, Reformatories and Approved Schools

We have seen that industrial schools were first established in the mid-19th century and initially were for destitute or homeless children with the initial aim of preventing a life of crime through education and training. One of the earliest examples was in Aberdeen in 1846. Reformatory schools started to be opened in the 1850s and were used for young offenders under the age of 16 who had been convicted of crimes,

⁴⁸⁶ Cameron, *Challenge of Need*, 72. Cameron noted that it was not until much later that the Courts were given the powers to compel a girl to stay at Tynepark for a specified period.

⁴⁸⁷ Cameron, 72.

⁴⁸⁸ Cameron, 72.

⁴⁸⁹ Cameron, 73.

⁴⁹⁰ Cameron, 74. Prior to being taken over by the Church, it was known as the Paisley Women's Refuge.

with the aim of reformation of their criminal character. However, there was a good deal of overlap in terms of the population of industrial schools and reformatories. Mahood argued that by the start of the 20th century, there was 'no substantial difference between industrial school and reformatory education, training or discipline beyond that appropriate for the differences in the inmates' ages.'⁴⁹¹ Over the first part of the 20th century, the distinction between reformatories and industrial schools become 'obsolete'.⁴⁹²

By the start of the 20th century, there had been a rapid rise in the number of industrial schools. In 1908, 'Glasgow had ten Reformatory and Industrial Schools catering for 1,169 inmates of whom 29 were "mentally defective"'.⁴⁹³ In addition, we have seen that there were two training ships located on the Tay and the Clyde. They both closed in the 1920s.

In 1920, the Home Office set a new funding mechanism based on a fixed budget for each school and an 'average flat rate that local authorities from whose areas the children were admitted had to pay.'⁴⁹⁴ This removed the incentive for schools to maximise the number of children they admitted and for local authorities to take children to court, and there was a fall in the number of children placed in industrial schools.

McHugh noted that the Catholic industrial schools and reformatories transferred to public control in the 1920s. Financial circumstances appear to have forced this transfer as 'buildings utilised by St Mary's Girls, and Slatefield Industrial Schools in Glasgow had been consistently criticised by HM Inspectors.'⁴⁹⁵

In the context of World War I, Smith found that there was criticism of industrial and reformatory schools because they were 'overly punitive and repressive and certainly not appropriate places for the children of soldier fathers.'⁴⁹⁶ In the inter-war periods the aims of 'the Child Welfare movement' 'were reflected in the Young Offenders

⁴⁹¹ Mahood, *Policing Gender*, 61.

⁴⁹² Collin, "Treatment of Delinquent Children," 170.

⁴⁹³ McMillan, "Origins and Evolution of Special Education," 19.

⁴⁹⁴ Parker, "Early Economic Threads," 2-3.

⁴⁹⁵ McHugh, "Development of the Catholic Community," 240.

⁴⁹⁶ Smith, "Official Responses to Juvenile Delinquency," 80.

(Scotland) Committee that reported in 1928 on the treatment, protection and training of young offenders and young people.⁴⁹⁷

The progress of the child welfare lobby can best be gauged by the inclusion of most of the recommendations of the Morton Committee in Scotland's Children and Young Persons Act of 1932 that Juvenile Courts' main function be to promote 'the welfare of the child', and their jurisdiction was extended to young offenders and young persons 'in need of care and protection.'⁴⁹⁸

Following the *Children and Young Persons (Scotland) Act 1932*, the industrial and reformatory school system came to an end and these schools were replaced by 'approved' schools, which were open establishments for young offenders and those beyond parental control approved by the Scottish Education Department.⁴⁹⁹

For the purposes of the Act, the Scottish Education Department drew up a list of approved schools and these were divided into five categories of schools:

- senior schools for boys aged between 14 and 17 years;
- intermediate schools for boys aged between 12 and 14 years;
- junior schools for boys aged under 12;
- combined senior/intermediate schools for girls aged between 13 and 17; and
- junior schools for girls aged under 13.⁵⁰⁰

The *Children and Young Persons (Scotland) Act 1937* consolidated the legislation on the treatment of delinquent and neglected juveniles and the 'whole system became much more integrated, and the Juvenile Courts made increasing use of the alternatives to institutional treatment for the less difficult children and casual delinquents.'⁵⁰¹

The new approved schools retained many of the characteristics of the earlier schools. 'Many used the same buildings which had been designed for mass management of

⁴⁹⁷ Smith, 80.

⁴⁹⁸ Smith, 80.

⁴⁹⁹ For details of the legislation, see Norrie, *Legislative Framework*, 222-5.

⁵⁰⁰ Collin, "Treatment of Delinquent Children," 171.

⁵⁰¹ Collin, 174.

large numbers of children and for formal daily routines...the focus was on training rather than treating.’⁵⁰²

As noted above, during World War II, individuals and institutions considered that there was a general wave of lawlessness among children and teenagers in Scotland.⁵⁰³ A number of new approved schools were opened during the war to accommodate these increased numbers. Despite this increase, they were filled to capacity. Remand homes and approved schools were so full that habitual offenders could not remain longer than eighteen months, and serious delinquents had to remain in remand homes until accommodation in approved schools was available.

Remand homes acquired a bad reputation during the war for their penal atmosphere, lack of educational facilities and inability to segregate the different categories of children in their care. Little personalized attention was provided for the children who now lingered for long periods in homes with little or no diagnostic observation.⁵⁰⁴

There was concern that eight-year-old first offenders were mixed with 17-year-olds, and the ‘Scottish Office lamented the increase of boys younger than 17 being sent to prison on remand before sentencing because the remand homes were full.’⁵⁰⁵ Mill discussed approved schools in his discussion of juvenile justice and highlighted the ‘lack of sufficient, and sufficiently varied, approved schools. This could lead to “care and protection” cases and delinquents of the coarser type’ being placed in the same school.⁵⁰⁶ Mill also argued that the mixing of ‘delinquents of widely varying backgrounds’ meant that there was ‘substance in the popular impression that a boy may emerge from the approved school with a sharpened technique of lawbreaking.’⁵⁰⁷

In fairness, it should be added that, in spite of lack of facilities for satisfactory grading, much excellent work is being done in premises and with equipment far short of the ideal; but one would have greater confidence in the

⁵⁰² Lloyd, “From Ragged to Residential Schools,” 259.

⁵⁰³ Smith, “Official Responses to Juvenile Delinquency,” 86.

⁵⁰⁴ Smith, 96.

⁵⁰⁵ Smith, 96.

⁵⁰⁶ Mill, “Delinquency,” 228.

⁵⁰⁷ Mill, 228-9.

approved school were access afforded, as a matter of routine, to the child guidance expert.⁵⁰⁸

Smith noted that the 'schools' physical plant and equipment deteriorated during the war as a result of inadequate funding' and there were complaints made 'about the lack of training and poor after-care supervision.'⁵⁰⁹

During World War II, there were also issues with dealing with young people needing to be evacuated. Bridgeland described the influence of David Wills on the 'Barns Evacuation Hostel for disturbed and unbilleteable evacuees.'⁵¹⁰ David Wills was a leading exponent in the development of therapeutic child care and he took this forward in this new evacuation school, first by implementing a policy of 'no punishment'. The first four months is described as follows: 'The atmosphere in those days was one of surging unrest. The chief game seemed to consist of charging wildly through the house howling madly and slamming all the doors on the way. Any kind of organised activity was almost impossible.'⁵¹¹ Within four months, Wills described the atmosphere as totally changed and 'we who lived with them knew that something had happened. They were convinced of our sincerity, and were ready to accept us...They were no longer in opposition.'⁵¹²

Over this period, some specific issues were identified in the care of young women in industrial and approved schools. Davidson noted that of the 57 female cases of criminal assault sent to Maryhill Industrial School in Glasgow between 1910 to 1925, over a third had contracted a venereal disease. Of these, 40 per cent had been assaulted by relatives: fathers, stepfathers, and brothers.⁵¹³

McMillan also identified concerns about the lack of provision for children and young people with learning difficulties in the 1940s. The Western Regional Health Board found that 'institutional provision for delinquent and pre-delinquent mentally

⁵⁰⁸ Mill, 229.

⁵⁰⁹ Smith, "Official Responses to Juvenile Delinquency," 96.

⁵¹⁰ Maurice Bridgeland, *Pioneer Work with Maladjusted Children* (London: Staples Press, 1971), 189-90. See also Boyd, *Evacuation in Scotland*, 192-210.

⁵¹¹ W. David Wills, *The Barns Experiment* (London: George Allen and Unwin, 1945), 11.

⁵¹² Wills, *The Barns Experiment*, 12-3.

⁵¹³ Roger Davidson, "'This Pernicious Delusion': Law Medicine, and Child Sexual Abuse in Early-Twentieth-Century Scotland," *Journal of the History of Sexuality* 10, 1 (2001), 76.

defective educable females of school age is non-existent and consequently many are to be found in Approved Schools.⁵¹⁴

At the end of 1947, there were 26 Approved Schools in Scotland, classified as follows: 16 for boys (eight junior, four intermediate, and four senior) and 10 for girls (four junior, two intermediate and four senior). One of the junior schools for girls closed in 1948.⁵¹⁵

Borstals

The borstal system was established at the turn of the 20th century when an experiment was undertaken in two English prisons to address the adolescent prison population. Spencer cited the Gladstone Report of 1895, which called for the 'penal reformatory' that would have 'penal and coercive sides', but 'it should be amply provided with a staff capable of giving sound education, training the inmates in various kinds of industrial work, and qualified generally to exercise the best and healthiest kind of moral influence.'⁵¹⁶ This system was formalised in the *Prevention of Crimes Act 1908*, when committal to a borstal institution was set down for the reformation of young offenders.⁵¹⁷ Further legislation, the *Criminal Justice Administration Act of 1914* gave the sheriff courts, in exercise of their summary jurisdiction, the power to commit to a borstal a young offender convicted of an offense punishable with imprisonment.⁵¹⁸ In Scotland, the 1914 Act substituted two years for one year as the minimum period of sentence to a borstal institution, and set the upper age limit at 23 years of age rather than 21 years as set out in the *Prevention of Crimes Act 1908*.⁵¹⁹

Scotland's first borstal institution was opened at Polmont in 1908 when the Prison Commissioners bought the premises of the former Blairlodge Academy that had

⁵¹⁴ McMillan, "Origins and Evolution of Special Education," 65.

⁵¹⁵ Scottish Education Department, *Scottish Education in 1947: A Report of the Secretary of State for Scotland*, (Edinburgh: His Majesty's Stationery Office, 1948), 25.

⁵¹⁶ Alec Spencer, *Rethinking Imprisonment in Scotland: The Dilemma for Prison Reform and the Challenges Beyond* (Edinburgh: Submission to the Scottish Prison Commission, 2007), 8. Citing *The Gladstone Report*, 1895.

⁵¹⁷ John Warder and Reg Wilson, "The British Borstal Training System," *Journal of Criminal Law and Criminology* 64, no. 1 (1973), 118. See also, Norrie, *Legislative Background*.

⁵¹⁸ Warder and Wilson, *British Borstal Training System*, 121.

⁵¹⁹ Warder and Wilson, 121.

closed in 1904.⁵²⁰ Collin detailed the crimes of 101 young offenders admitted to Polmont Institution in 1912: crimes against the person, two; crimes against property with violence, 62; crimes against property without violence, 37.⁵²¹ In addition to Polmont, other young people sentenced to borstal detention were accommodated in dedicated sections of four adult prisons.

Collin cited the Governor of Polmont Institution in his report for 1921:

We seek to develop the lads along sane and healthy lines, remembering that repression is not the only nor the most desirable way of dealing with youths who have gone wrong, very largely from want of guidance. There must be strict discipline to ensure order, but nagging and harring, which usually result in irritation are not allowed here; our business is not to break their wills, a cruel and stupid operation, but to develop them by encouragement of every sign of effort on their part. Their standard of honour, in most cases is very low, and it is our business to place a higher one before them; this calls for patience and forbearance on the part of all those working with them.⁵²²

At Polmont Institution a points system operated, with young men earning 'marks' for conduct and industry. Amassing marks could lead to financial rewards, privileges, and early liberation. A similar scheme operated at Barlinnie Borstal Institution. Marks could be withheld for misconduct and 'transfer to prison...remained the ultimate disciplinary action that could be taken in cases where inmates proved to be thoroughly incorrigible under Borstal discipline and were exercising a bad influence on other inmates.'⁵²³

The daily regime of the borstal system included education, physical training, and work training. Education was normally for only one hour per day, and 'the provision of education for female Borstal inmates was on a rather minimal level'.⁵²⁴ All young men in the borstal system received gymnastic and physical education, except those

⁵²⁰ Ian Scott, "Polmont Borstal was once a Leading Private School Educating Scotland's Elite," *Falkirk Herald*, 21 March 2015.

⁵²¹ Collin, "Treatment of Delinquent Children," 101.

⁵²² Collin, 320. Citing the Governor of Polmont Institution.

⁵²³ Collin, 323.

⁵²⁴ Collin, 327.

'excused on medical grounds and the most backward of the boys.'⁵²⁵ For the young women, physical education consisted of 'Swedish drill'.

The bulk of the day consisted of work training and young men were assessed in terms of suitable trade (for example, joinery, bricklaying, blacksmithing, plumbing, and gardening). There was concern that relatively few went on to be employed in their trade, and there was criticism of the quality of training in the borstals. Economic conditions also had to be taken into account, particularly periods of economic depression. For girls, work training was limited to general domestic work such as cookery, laundry work, knitting, and sewing; it was considered that there was no shortage of situations in domestic service.

Collin detailed an investigation of the recidivism of the first 1,000 young men liberated between 1912 and 1925, and it found that 62.7 per cent had not received a further conviction, and an investigation of a further 1,000 liberated between 1925 and 1933 found that 55.7 per cent did not receive a conviction. 'Considering the previous convictions or criminal tendencies manifested by most of the inmates, the success rate of Borstal training was remarkable.'⁵²⁶

In the 1920s, borstal provision for young women was provided in Greenock Prison and Jessiefield Prison, Dumfries, although Jessiefield Borstal was closed in 1926 because of lack of numbers.⁵²⁷ 'In Greenock—as at Jessiefield—the girls had classes in Swedish drill, and walked outside the Institution, under the supervision of an officer.'⁵²⁸ The girls were employed in domestic and laundry work, and at Greenock, there was also outside work, and 'some of the girls worked in the garden, and were employed in pig and poultry-keeping,'⁵²⁹

In 1930, the Secretary of State for Scotland was asked a parliamentary question about when he proposed to establish a separate borstal institution for girls. He responded that a 'portion of Greenock prison is at present, and has for some years past, been set apart for use as a Scottish Borstal institution for girls.'⁵³⁰ In the following year, the issue of young people in borstal detention being placed in adult

⁵²⁵ Collin, 326–7.

⁵²⁶ Collin, 340–1.

⁵²⁷ Ann D. Smith, *Women in Prison: A Study in Penal Methods* (London: Steven & Sons, 1962).

⁵²⁸ Smith, *Women in Prison*, 306.

⁵²⁹ Smith, 306.

⁵³⁰ Hansard, HC Deb, 02 December 1930, vol 245, c1995W.

prisons was raised again and the Secretary of State responded that he 'should like to assure the hon. Member that the most scrupulous care is taken to keep these boys and girls away from the other inmates of the prisons', and there was reassurance that the parts of the prisons in which the young people were kept separate served their purpose 'very well'.⁵³¹

On 18 November 1931 there were 213 males and 16 females in borstal training.⁵³² Another parliamentary answer in June 1936 identified that the numbers of young people 'sentenced by sheriff courts to borstal detention during the years 1933, 1934 and 1935 were respectively 134, 118 and 119'.⁵³³

Smith wrote about Greenock Borstal in the mid-1930s. Most girls 'continued to work indoors in antiquated conditions,' until the installation of electric equipment in 1935.⁵³⁴

Until the installation of such machinery there was no question of the indoor work, in laundry or workrooms, providing 'training' for the Borstal girls. Nor could any proper instruction in cooking be provided. Since the girls were expected to 'cook' and do the kitchen work—without any special instruction—for the entire male prison at Greenock, as well as for their own department, there was no opportunity for training in the real art of cooking.⁵³⁵

Most girls went into domestic service when they were released from Greenock.

Collin acknowledged that 'the Borstals were dealing with the most difficult and most advanced group of young offenders',⁵³⁶ although, 'there was an awareness that adverse social and economic conditions were major causal factors in behavioural maladjustment.'⁵³⁷ Coyle argued that the borstal system reflected a 'comparative certainty about what was acceptable and what was necessary to achieve acceptability.'⁵³⁸

⁵³¹ Hansard, HC Deb, *Borstal Institutes*, 24 November 1931 vol 260 cc216-7.

⁵³² Hansard, HC Deb, *Borstal Institutes*, 24 November 1931 vol 260 cc216-7.

⁵³³ Hansard, HC Deb, 16 June 1936, vol 313, c797.

⁵³⁴ Smith, *Women in Prison*, 308.

⁵³⁵ Smith, 308.

⁵³⁶ Collin, "Treatment of Delinquent Children," 318.

⁵³⁷ Collin, 319.

⁵³⁸ Coyle, *Rethinking Scotland's Prisons*, 247.

The key to conforming behaviour was to be found in the discipline of education, epitomised by the public school system. If only this could be made available to the offending classes a mortal blow might be struck against recurring criminality.⁵³⁹

Mill noted the joint aims of borstal as 'both disciplinary and reformatory' but he considered that in Scotland 'the line between Borstal and prison is too thin.'⁵⁴⁰ He highlighted that most borstal institutions were in adult prisons. 'The only institution in Scotland for women is actually half of Greenock prison and the layout is that of a prison, with minor modifications.'⁵⁴¹ He considered that there was a wider range of regimes in borstals in England and while the industrial training in Scottish borstals was of good quality, the system could be improved by 'sending to the more imaginative type of institution the less recalcitrant offenders and retaining in "near-prisons" those who appear to require formal discipline and close restraint'.⁵⁴²

Toward the end of this period of review, new borstal institutions were opened. Cornton Vale Open Borstal was established in 1946, when the Scottish Home Department took it over. The young people in Cornton Vale went out to work on farms and factories after a period of work within the borstal. Cornton Vale finally closed as a borstal in 1975 when it was converted into a Women's Prison.⁵⁴³ Castle Huntly Borstal opened in Longforgan, near Dundee, in 1947.⁵⁴⁴

Homes and Institutions for Disabled Children

The Scottish Consortium for Learning Disability wrote that at the start of 20th century, there was a transformation 'to a care and control model that emphasised the need to segregate many of those with learning disabilities for their own good and for the perceived protection of society.'⁵⁴⁵ However, at this time, there were still only two

⁵³⁹ Coyle, 247.

⁵⁴⁰ Mill, "Delinquency," 229.

⁵⁴¹ Mill, 229.

⁵⁴² Mill, 229.

⁵⁴³ John Murphy et al., *A Century of Cornton Vale: Men's Colony, Borstal and Women's Prison*. (Stirling: The Stirling Smith, 2014), 20.

⁵⁴⁴ Ruth Munro, "Huntly Castle: A Review of the Health of Borstal Boys," *Electric Scotland* website, 1972.

⁵⁴⁵ Scottish Consortium for Learning Disability, *Institutional Care as Children*, 8.

institutions catering for these children, Larbert Institution and Baldovan Asylum.⁵⁴⁶ 'Larbert and Baldovan received private, charitable and rate-aided patients, who could remain there until the age of 18.'⁵⁴⁷

Hutchison noted that in the period from 1900 to 1914, the numbers of children in the two institutions continued a marked rise that had started when they opened in the mid-19th century. 'In 1915 Baldovan had 229 children resident. In 1914 the Scottish Nation Institution [Larbert] contained almost 400 children.'⁵⁴⁸ Hutchison and Hoole showed how Larbert 'pursued selection processes that favored the potential for "improvement"—and rejected those children displaying a poor prognosis for mental development, the "uneducable".'⁵⁴⁹

The extent to which "improved" juveniles genuinely benefited from several years institutional confinement is difficult to assess, but there is evidence that some discharged children and teenagers went on to have long lives and achieve varying degrees of independence, but many others were detained in adult institutions.⁵⁵⁰

Medical care at Baldovan and Larbert was reactive rather than proactive and 'the evidence supports the perception that the main focus was on keeping the children clean and exercised and, where possible, providing some schooling and skills training.'⁵⁵¹ Describing the Baldovan Institution, May wrote:

In 1927 the small farm acquired three years earlier was converted into a specialized pig and poultry farm, providing training for seven boys, and income for the Institution. Others worked in the gardens, or assisted the painters and engineers. An expanded occupational therapy department offered a range of activities, including boot-repairing, tailoring, basket-weaving, rug-making, leather work, sewing and knitting. For the girls there

⁵⁴⁶ Matt Egan, "The 'Manufacture' of Mental Defectives in Late Nineteenth and Early Twentieth Century Scotland" (PhD thesis: University of Glasgow, 2001), 59. See also, Keane, "Mental Health Policy," 36-7.

⁵⁴⁷ Egan, "'Manufacture' of Mental Defectives," 59.

⁵⁴⁸ Hutchison, "Institutionalization of Mentally-Impaired Children," 425.

⁵⁴⁹ Iain Hutchison and Dee Hoole, "Discharge, Disposal and Death: Outcomes for Child Inmates of the Scottish National Institution, Larbert, and Stanley Hall, Wakefield, to 1913," *Journal of Family History* 45, no. 2 (2020), 210.

⁵⁵⁰ Hutchison and Hoole, "Discharge, Disposal and Death," 220-1.

⁵⁵¹ Hutchison, 428.

was the laundry and kitchen and general domestic duties. Upwards of 60 children attended the Institution's school.⁵⁵²

The first years of the 20th century saw the opening of further institutions for disabled children. A new children's institution was opened at Woodilee Asylum in Glasgow, and by 1906 'it housed 32 pauper children'.⁵⁵³ 'This was a home rather than a school so there was no educational provision in the normal sense of the word and no teachers employed to work with children.'⁵⁵⁴ Egan discussed the development of a three tier system 'with mental defectives based on the three grades of ability (untrainable idiots, trainable imbeciles, and educable feeble-minded).'⁵⁵⁵ The first group to be housed in Woodilee, the second to be sent to Larbert, and the third to be taught in special classes in day schools.

Reports of inspections of Woodilee in 1916 and subsequent years were very positive about the care received by the children.

The children were clean and were neatly and comfortably dressed. There was a striking absence of the disorders due to low vitality so frequently found among this class of defective children. This result can only be attained by constant care and skilful medical and nursing supervision and it is so noteworthy as to call for commendation.⁵⁵⁶

In 1927, however, a request from a member of the Woodilee Committee for the provision of teachers to train those under 16 years of age was turned down by the education authority because 'these children were not "educable"'.⁵⁵⁷ Woodilee closed down in 1937 and residents transferred to the new Lennox Castle institution.

In 1906 the Glasgow Association for the Care of Defective and Feeble-Minded Children founded Waverley Park Home, with the aim of providing for the welfare, elementary education and training of 'higher-grade, educable, feeble-minded

⁵⁵² David May, "The Baldovan Institution Abuse Inquiry: A Forgotten Scandal," *History of Psychiatry* 30, no. 3 (2019), 268-9.

⁵⁵³ Egan, "'Manufacture' of Mental Defectives," 80.

⁵⁵⁴ McMillan, "Origins and Evolution of Special Education," 44.

⁵⁵⁵ Egan, "'Manufacture' of Mental Defectives," 78.

⁵⁵⁶ McMillan, "Origins and Evolution of Special Education," 45. Report of J. Carswell, Commissioner of the General Board of Control.

⁵⁵⁷ McMillan, 44.

girls.⁵⁵⁸ Martin provided a detailed account of the regime in Waverley Park Home over this period. In 1909, it was the first school in Scotland to receive a certificate as an Industrial School for Mentally Defective Girls,⁵⁵⁹ and from 1913, Waverley Park was certified under the Mental Deficiency Act for 'the reception of juvenile female 'defectives' of school age capable of benefiting by education'.⁵⁶⁰ Initially there were between 12 and 33 residents, and this increased to 110 residents in 1933, and 152 by 1948.⁵⁶¹

We have seen that in mixed-sex institutions, girls did domestic duties while boys worked in gardens or in trades. In Waverley Park, however, the girls learned gardening and poultry-keeping.⁵⁶² 'The inmates had recreation and housework on Saturdays. Leisure activities included a percussion band, Girl Guides, films, reading by the fire and listening to the gramophone.'⁵⁶³ On occasions, Waverley Park Home put on entertainments for the general public and 'inmates were also visible in Kirkintilloch and the city of Glasgow',⁵⁶⁴ and attended church and the cinema, concerts, and entertainments at the Town Hall.

There were, however, less positive aspects of the girls' experience. In 1938, an inquiry was carried out by two Commissioners of the Board of Control into methods of discipline and allegations of abuse. The inquiry found internal tensions between staff and punishment of children by administration of the 'sick needle'—injection with apomorphine.⁵⁶⁵

Martin also detailed the behaviour of some of the girls.

Certainly some of the acts were deliberately rebellious. Escape, consorting with men and attempted suicide constituted extreme forms of the subversion of the purposes of the institution. Tradesmen complained of

⁵⁵⁸ Mary Clare Martin, "Refuge or Prison? Girls' Experiences of a Home for the 'Mentally Defective' in Scotland, 1906, in *Residential Institutions in Britain, 1725-1970*, ed. Jane Hamlett, Lesley Hoskins and Rebecca Preston (London: Pickering & Chatto, 2013), 66.

⁵⁵⁹ McMillan, "Origins and Evolution of Special Education," 284.

⁵⁶⁰ Martin, "Refuge or Prison?," 68.

⁵⁶¹ Martin, 68.

⁵⁶² Martin, 70.

⁵⁶³ Martin, 71.

⁵⁶⁴ Martin, 73.

⁵⁶⁵ Martin, 71. The institution's doctor acknowledged that this was administered as a punishment.

being accosted or chased by girls working in the garden. One inmate tried to hit a gardener with a spade.⁵⁶⁶

In addition, violence, theft, and bullying could be aimed at other residents; Martin questioned whether this can be seen as 'resistance' to the institution, and further, 'routines could be disrupted as much through inmates' physical or mental conditions as through deliberate opposition.'⁵⁶⁷

Martin listed a range of punishments inflicted upon the girls: deprivation of privileges, spatial isolation, such as being put to bed (one girl spent six weeks in bed for running away), and being given castor oil and a bath for running away and spending the night with two men.⁵⁶⁸ However, she also highlighted the relatively small number of punishments and—while detailing a number of issues over the years—Martin noted the positive contribution of the institution.

For inmates who had no other home, or whose relatives and friends were unable or unwilling to support them, Waverley Park Home provided material care, work adapted to the capabilities of individuals, and the opportunity to develop skills in craft work which could foster employability.⁵⁶⁹

A number of children and young people with intellectual disabilities, however, continued to be confined in adult asylums into the 20th century. McMillan identified children in Glasgow asylums, and '[t]hough their numbers were never very large the fact remains that they were incarcerated in establishments with adults some of whom could be in their eighties and who suffered from various forms of mental illness.'⁵⁷⁰

The *Mental Deficiency and Lunacy (Scotland) Act 1913* allowed 'local authorities extensive powers to compel the removal of mental defectives from the family home.'⁵⁷¹ Following the passage of this legislation, Glasgow Parish Council applied for the Stoneyetts Hospital to become a Certified Institution for 'mental defectives', the first institution of its kind in Scotland. However, children were placed with adults in this institution.⁵⁷² While McMillan stated that Stoneyetts seemed to have 'a happy

⁵⁶⁶ Martin, 71.

⁵⁶⁷ Martin, 77.

⁵⁶⁸ Martin, 77.

⁵⁶⁹ Martin, 77.

⁵⁷⁰ McMillan, "Origins and Evolution of Special Education," 36.

⁵⁷¹ Egan, "Manufacture of Mental Defectives," 75. See also Norrie, *Legislative Background*, 287-92.

⁵⁷² McMillan, "Origins and Evolution of Special Education," 49.

atmosphere fostered by caring staff who stimulated inmates with occupational training',⁵⁷³ a number of children absconded, and 'there was still no education for children confined there, a fact resented by some of the parents of inmates.'⁵⁷⁴ One mother complained about the abuse her son was receiving from some of the other patients, as well as the lack of schooling.⁵⁷⁵

A parliamentary question in 1913 asked for the number of school-age children who had been sent to 'institutions for defectives' and who were maintained by School Boards, and the details of such children.⁵⁷⁶ The response by the Secretary of State Scotland gave the names of homes at the time.

...I may say that at the end of the last school year there were 186 such children in all in the following residential schools—Biggar Memorial Home School (Glasgow School Board); Kirkintilloch Waverley Park School for Defective and Epileptic Children; Humbie Special School (Edinburgh School Board); Strathblane Children's Home Hospital; and Glasgow East Park Home.⁵⁷⁷

Despite the opening of new institutions, Keane wrote that 'it was glaringly apparent that demand far outstripped supply.'⁵⁷⁸

Larbert Institution, for example, was so overwhelmed by applications from local authorities that a waiting list was compiled, and in some cases where children urgently needed to be removed from their homes, no action could be taken because no beds were available.⁵⁷⁹

St Charles' Certified Institution in Partick, Glasgow, for example, was opened in 1916. It was run by the Sisters of Charity and 'the school was established for Catholic children with intellectual disabilities within the Archdiocese of Glasgow.'⁵⁸⁰ McMillan cited the Annual Reports of the General Board of Control for 1921 and 1922, which were very positive about the care of the children:

⁵⁷³ McMillan, 49.

⁵⁷⁴ McMillan, 49.

⁵⁷⁵ McMillan, 49-50.

⁵⁷⁶ Hansard, HC Deb, 29 July 1913, vol 56, cc269-70, 270.

⁵⁷⁷ Hansard, HC Deb, 29 July 1913, vol 56, cc269-70, 270.

⁵⁷⁸ Keane, "Mental Health Policy," 72.

⁵⁷⁹ Keane, 72.

⁵⁸⁰ McMillan, "Origins and Evolution of Special Education," 201.

The kindly and efficient care given to them was reflected in their happiness, contentedness and excellent discipline. They are well and carefully taught in well furnished and comfortable schoolrooms, and their interest is excited and their intelligence stimulated by a variety of occupations.⁵⁸¹

Another way of alleviating the accommodation problems in institutions was by boarding out young people with intellectual disabilities and this led to the expression of concern at the proposal to board out a number of "mentally defective" girls in private dwellings with strangers.⁵⁸²

The Scottish Consortium for Learning Disability stated that after World War I, 'the building and development of institutions for children and adults with learning disabilities got underway in Scotland.'⁵⁸³ In 1930, there were at least 888 children with learning disabilities in institutions, and another 110 who were in some form of care.⁵⁸⁴ By 1936, they list 11 institutions that were known to have admitted children with learning disabilities (Baldovan Institute, Larbert Institute, Kirklands Asylum, Waverley Park Hospital for Children, Stoneyetts Hospital, St Charles Institution for Children, Birkwood Hospital, Gogarburn Hospital, Broadfield Hospital, Caldwell House Hospital, and Lennox Castle).⁵⁸⁵

Keane also noted the expansion of institutional provision for 'juveniles' between the wars. These included: St Joseph's Roman Catholic institution in Rosewell; Dunlop House near Kilmarnock opened in 1933; Birkwood Certified Institution in Lesmahagow; Broadfield Certified Institution in Port Glasgow. Gogarburn Institution was first opened in 1924, and by 1939 'it accommodated over 500 adult and juvenile patients.'⁵⁸⁶

Anderson and Langa discussed the opening of Gogarburn by the Edinburgh Board of Control. A small unit for females was opened at Gogarburn in 1924 and male dormitories were opened in 1926. The Board of Control considered that 'the bringing together in one institution of a large number of children who had previously been

⁵⁸¹ McMillan, 202, Annual Report of St Charles' Certified Institution, 1922, 7.

⁵⁸² McMillan, 54.

⁵⁸³ Scottish Consortium for Learning Disability, *Institutional Care as Children*, 19.

⁵⁸⁴ Scottish Consortium for Learning Disability, 22. See also, Keane, "Mental Health Policy," 131.

⁵⁸⁵ Scottish Consortium for Learning Disability, 22. Residents in Stoneyetts were transferred to Lennox Castle in 1936.

⁵⁸⁶ Keane, "Mental Health Policy," 418.

scattered throughout the city in various smaller establishments was 'a satisfactory, efficient, and economical means of solving the problems associated with mental deficiency'.⁵⁸⁷

O'Brien also noted that, in the 1920s, the Daughters of Charity opened 'a hospital and residential home in Rosewell outside Edinburgh for children with neurological damage or learning disability.'⁵⁸⁸ The issue of standards and qualifications of staff was raised following a critical report in 1935, and a training school for nurses for the 'mentally handicapped' was established in 1942.⁵⁸⁹

In 1929, Govan District Board of Control opened Caldwell House to accommodate 95 children with intellectual disabilities, 70 in the main mansion house and 25 in the boys' home in the grounds.⁵⁹⁰ 'Like most Mental Deficiency Hospital "schools", the "school" in Caldwell House was run along the lines of a Junior Occupational Centre.'⁵⁹¹ The school was run by a nurse, helped by occupational centre assistants. No teachers were employed in the school.

Lennox Castle institution opened in 1936 for 1,200 patients, including children and young people.

The "school" at Lennox Castle catered for the training of "educable" delinquent boys who were certifiable under the Mental Deficiency Act and who were accommodated in the Juvenile Section opened in 1942 to meet the need for increased provision. It seems to have functioned successfully until its closure in the late 1950s.⁵⁹²

There were no teachers at this time, and the school was staffed by nurses from the wards.⁵⁹³ Turner also noted the admission of 'male educable juvenile delinquent

⁵⁸⁷ Anderson and Langa, "Development of Institutional Care," 258. Citing the Eleventh Annual Report of the General Board of Control for Scotland.

⁵⁸⁸ O'Brien, *Leaving God for God*, 147.

⁵⁸⁹ O'Brien, 297-9.

⁵⁹⁰ McMillan, "Origins and Evolution of Special Education," 55.

⁵⁹¹ McMillan, 57.

⁵⁹² McMillan, 62.

⁵⁹³ McMillan, 62.

defectives' to Lennox Castle in 1942, and that this was a further strain in the context of reports of overcrowding, lack of accommodation, and shortage of resources.⁵⁹⁴

In 1938, Laird (a psychologist at the Royal Scottish National Institution, Larbert) considered some of the issues in 'institutionalising defectives'.⁵⁹⁵ Considering the best age at which a decision to place a child in an institution should be made, she wrote that 'under present British institutional schemes, the defective child has little or no hope of forming useful parent-figure relationships, has indeed little hope of a lasting, emotionally satisfying relationships with any adult.'⁵⁹⁶ She also highlighted that children do not see meals being prepared, or handle money, or see other daily chores and 'in short, have chances of making the hundred and one daily observations and movements that would be demanded of them in their own homes.'⁵⁹⁷ She criticised the 'largely erroneous idea that a necessary concomitant of mental deficiency is preference for monotony.'⁵⁹⁸

There is a very serious want of things in institutional environment: things to see and touch, smell and handle, things to name and talk about, things to experiment with, to break and make. So, actual sensory experience is far more limited than need be, vocabulary far more slowly acquired, little skills and muscular coordination far more delayed in achievement than need be.⁵⁹⁹

Laird criticised the lack of stability caused by the 'appalling' turnover of staff and the institutional shift system for nurses, that meant there 'is poor chance of real personal relationships in wholly uncertain settings like these', and the lack of training among the staff in 'mental deficiency nursing'.⁶⁰⁰ With regard to the parents and family, she urged that there should be 'at least one visit' to the institution after the admittance of a child.

⁵⁹⁴ Angela Turner, "From Institutions to Community Care? Learning Disability in Glasgow from c1945" (PhD thesis, University of Strathclyde, 2009), 67.

⁵⁹⁵ Isabel M. Laird, "Some Psychological Problems in 'Institutionalising' Defectives," *Mental Welfare* 109, no. 1 (1938), 1.

⁵⁹⁶ Laird, "Some Psychological Problems," 3-4.

⁵⁹⁷ Laird, 4.

⁵⁹⁸ Laird, 4.

⁵⁹⁹ Laird, 4.

⁶⁰⁰ Laird, 5.

How best, and soonest, can we induce our fellow to see that the 'stigma' they so easily read into a state of mental deficiency, is entirely a projection of their own attitude, that it exists not in the defective, nor in mental defect, but only in the mind of a civilised community still half unwilling to meet fully the problems of mental deficiency in its midst.⁶⁰¹

McMillan also noted that while there were positive comments on the care regime in the Larbert institution, a number of residents were recorded as running away, including children. Parents also raised a number of concerns about the lack of educational provision for children and young people.⁶⁰²

Families often accepted institutional care on the understanding their children, having been excluded from school, would receive a residential education. However on visiting their children and seeing the reality of the conditions they were often...deeply disappointed.⁶⁰³

A longstanding residential school has been the Camphill Rudolf Steiner School for children with special needs, which was founded in 1940 on the Camphill Estate, Aberdeen.⁶⁰⁴ It was set up by Karl König, an Austrian doctor, and a group of friends and students who were forced to flee Austria with the rise of the Nazis. They were invited to Scotland and were first located at Kirkton House in Aberdeenshire, but soon purchased Camphill Estate. However, at the start of World War II all the men were arrested and interned, leaving the women in the group to open Camphill.⁶⁰⁵ The underlying philosophy of Camphill is based on the work of Rudolf Steiner's anthroposophy and curative education.

Curative Education is a multi-disciplinary, professional approach concerned with the physical, emotional and spiritual well-being of children and adults with special/complex needs. It encompasses care,

⁶⁰¹ Laird, 7.

⁶⁰² McMillan, "Origins and Evolution of Special Education," 49.

⁶⁰³ McMillan, 52.

⁶⁰⁴ Angelika Monteux, "History and Philosophy," in *Holistic Special Education: Camphill Principles and Practice*, ed. Robin Jackson (Edinburgh: Floris Books, 2006), 18. See also, Robin Jackson, "The Birth of the Worldwide Camphill Movement in the North of Scotland: The Challenging Vision of Dr Karl König," *Northern Scotland* 10, no. 2 (2019). Zoe Brennan-Krohn, "Negotiating the Twentieth Century: A Historical Analysis of Camphill Communities," in *Discovering Camphill: New Perspectives, Research and Developments*, ed. Robin Jackson (Edinburgh: Floris Books, 2011).

⁶⁰⁵ Monteux, "History and Philosophy," 22.

education, craft and artistic activities and a medical, therapeutic element.⁶⁰⁶

Over the coming years, the School expanded, 'with the acquisition of parts of Murtle Estate in 1944 and Newton Dee Farm in 1945.'⁶⁰⁷ In 1948, St John's School in Myrtle opened, 'recognizing the right of all children to an education, irrespective of ability', and by 1955, it was catering for 257 children, mostly from England and Wales.⁶⁰⁸

To this day the unique and pioneering nature of the work undertaken by König has not received the degree of recognition it merits. He was one of the first educators in Britain to proclaim and demonstrate that all children with a disability, regardless of its severity, have a potential that can be unlocked and developed.⁶⁰⁹

Brennan-Krohn, however, while detailing positive aspects of Camphill, highlighted negative attitudes towards parents at the start.

[A] medical view of disability tended to neglect parents or even blame them. Camphill's early focus on medical work and research created a prescribed power dynamic that elevated König and his medical colleagues and diminished parents' role.⁶¹⁰

Into the 1960s, this attitude started to change and became much more positive and was seen as more of a partnership.⁶¹¹

Discussing the lack of special education provision at the end of World War II, Keane noted that there was very uneven provision across the country, particularly in rural areas.⁶¹² She highlighted the implications of this for the institutionalisation of children and young people.

It is not clear how many children were institutionalised because of the dearth of facilities for S.E.T. [Special Educational Training] in their area: the acute shortage of mental deficiency beds must certainly have limited their

⁶⁰⁶ Norma Hart and Angelika Monteux, "An Introduction to Camphill Communities and the BA in Curative Education," *Scottish Journal of Residential Child Care* 3, no. 1 (2004), 67.

⁶⁰⁷ Monteux, "History and Philosophy" 26.

⁶⁰⁸ Monteux, 27.

⁶⁰⁹ Jackson, "Birth of the Worldwide Camphill Movement," 171.

⁶¹⁰ Brennan-Krohn, "A Historical Analysis of Camphill," 29.

⁶¹¹ Brennan-Krohn, 30.

⁶¹² Keane, "Mental Health Policy," 132.

numbers. Nevertheless, the fact that it did happen in the years after 1945 was one of the most unfortunate aspects of special education in the post-war period.⁶¹³

Jimmy Laing, *50 Years in the System*

In 1938, Jimmy Laing was admitted to Baldovan Institute. He remained there until his 18th birthday, when he was moved to another institution. His father was violent and abusive towards the children and Jimmy's mother. Jimmy described his behaviour getting worse, particularly after his father left to join the army. He was sent to a 'special' school but his 'tantrums' continued and his mother could no longer cope with him. Jimmy described his excitement 'at the prospect of staying in what looked like beautiful surroundings.' However, as he became aware of the institutional nature of Baldovan his feelings sunk and 'that night I cried myself to sleep.' His 16-bed dormitory was bare, 'with highly polished floors', and 'no lockers as you had no possessions of your own.' This was one of the small dormitories at Baldovan, with the largest holding some 60 children.

The day started at 6:30 am and the children lined up at the 'sink room'. A nurse cleaned the children's teeth using a single tooth brush. The children then waited for the bell for breakfast. 'You daren't move until the bell rang.' Children who had wet their bed were 'dealt with'.

If you wet the bed you were given a hammering. For this two or three of the older boys held you over the bed while the night nurse administered the hammering with a sandshoe.

Breakfast consisted of porridge and a cup of tea, lunch was soup and 'watery' pudding, and dinner was one slice of bread and butter and two slices of bread and jam with a cup of tea.

On Thursdays we had tripe and on Sunday's we got a pie. There were never any meals with meat apart from Christmas when we had mince and tatties. Twice a week we were given a Paris bun. We were always hungry.

⁶¹³ Keane, 262.

The older children then went to work, scrubbing the corridors and the toilets, while the younger children went to school which consisted of 'sewing, knitting and painting.'

Jimmy spent nine years in Baldovan and wrote about the harsh regime, his running away and the punishment beatings, cold baths, and laxative treatment that he received when he was taken back. There was the hard work on the farms when children were hired out as cheap labour, but also the jam and cheese sandwiches for lunch and the cigarettes they received in payment. He talks of the good people he met there, the few kind nurses. To counter the loneliness, homosexual relations between the boys were common, and he tells of one member of nursing staff 'who had one boy as his plaything.' He wrote about an incident when in reaction to an imminent beating, he put his hands through a window, slashing his wrists, and, following further incidents, he was dosed with the sedative paraldehyde.

Baldovan was typical of the system. It was a refined Oliver Twist existence...You existed day by day. You were all grouped together. There were no individuals, you were a collective. Everyone was to have a Paris bun without exception. Everybody would be put to bed at seven-thirty. You weren't allowed to be an individual.

Jimmy Laing remained in institutions for 47 years and two months, until his conditional release in 1987.

Jimmy Laing and Dermot McQuarrie, *50 Years in the System* (London: Corgi Books, 1992).

East Park Home for Infirm Children was the first home for physically disabled children in Scotland and opened in 1874. At the start of the 20th century, the home had expanded and had places for over eighty children.

Of the various maladies with which the little sufferers are afflicted, spine disease, paralysis, hip-joint disease, and general struma absorb fully 50 per cent, but there are also many cases of rickets and cerebral disease. One tiny inmate lost both of her legs through a car accident. Another

sweet-faced, intelligent little girl was born armless; and we shall not soon forget the sight of a child of five years who is deaf, dumb, and blind.⁶¹⁴

East Park had a schoolroom and a teacher to provide education, and crafts were also taught.⁶¹⁵

Hutchison described the growing relationship between East Park Home and the Royal Hospital for Sick Children in the 20th century.

East Park Home found benefits in being able to refer its children to the hospital for orthopaedic appliances, while, from around 1927, RHSC increasingly valued the specialist nature of the East Park Home as a recipient of child patients with disabling conditions who needed long-term residential and educational support, and which was to increasingly include children with conditions such as chronic rheumatism and heart disease.⁶¹⁶

In 1927, East Park opened a branch in Largs 'where sixty to seventy children could receive recuperative care.'⁶¹⁷

We saw above that the criticisms of the Royal Commission on the Poor Laws, and Relief of Distress, particularly in relation to the plight of children in poorhouses, led to some councils opening children's homes. One of these, was Dunclutha Home in Kilmarnock, which was opened by Glasgow Parish Council in 1911. It catered for physically disabled and sick children, and Levitt described the regime of Dunclutha Home.

Amongst its rules, it allowed the children clean underclothing and stockings once a fortnight and a fresh bath with a separate towel once a week. Boys were taught gardening, joinery and other traditional male trades while girls concentrated on more domestic chores. Recreational activities, like flag signalling, drilling, marching, singing, dancing and learning first aid were also pursued. Morning and evening prayers, by the Matron, were complemented by weekly religious services.⁶¹⁸

⁶¹⁴ Alexander Lamont, "A Fold for Stricken Lambs." *Quiver* 908 (Jan 1902), 47.

⁶¹⁵ Lamont, "Stricken Lambs," 50.

⁶¹⁶ Hutchison, "The Disabled Child in an Industrial Metropolis," 156.

⁶¹⁷ Hutchison, 158.

⁶¹⁸ Levitt, "Scottish Poor Law," 161.

Ewan detailed the development of the Glasgow School Health Service and described the first residential school arrangements when, in 1912, the Biggart Memorial Home in Prestwick opened its first class for 20 physically disabled children.

A staff of nurses looked after the children, administering medicines and surgical dressings where required. This was an important step in the provision for the physically handicapped and was an extension of the approved principle of the open-air school system adopted elsewhere.⁶¹⁹

This provision was supplemented when 17 places at Woodburn House, Rutherglen, 'were reserved for physically handicapped girls who attended the classes at Burnside Special School during their residence.'⁶²⁰ Following this, Smyllum Special School opened for Catholic physically disabled children.

Curran detailed the opening of the Quarrier's Colony for Epileptics at Bridge of Weir. This Colony opened in 1906 with six epileptic boys; facilities for education were provided and a school commenced in 1914. Over this period, epileptic children from all local authorities in Scotland were admitted for residential care, training and education.⁶²¹

Writing about the education of 'mentally defective' children in Renfrewshire, Fern stated that the 'authority also provide for the education of about 30 children resident in the Epileptic Colony of the Orphan Homes of Scotland, Bridge-of-Weir.'⁶²² Further, in the context of describing an epilepsy treatment in 1942, Macfarlane and Baxter noted that children over the age of five were accommodated in the Colony along with men and women.

The patients are housed in dormitories and are fed in a central dining-room, and they are all capable of some form of modified employment, either domestic, horticultural or industrial (Craftwork). In addition there is a regular routine of country walks and recreation.⁶²³

⁶¹⁹ Ewan, "School Health Service," 20.

⁶²⁰ Ewan, 33.

⁶²¹ Andrew P. Curran, "The Welfare of Handicapped Children: A Glasgow Study" (MD thesis, University of Glasgow, 1959), 26.

⁶²² Mrs Fern, "The Education and Care of the Mentally Defective Child in Renfrewshire," *Mental Welfare* 8, no. 1 (1927), 9.

⁶²³ Ian W. Macfarlane and Henry Baxter, "Some Observations on Epanutin Therapy in Epilepsy," *Glasgow Medical Journal* 20, no. 16 (1942), 190.

A number of institutions for deaf children and blind children had developed in the 19th century. At the start of the 20th century, Watson noted that there were about 450 deaf children in the residential school population and that School Boards were maintaining 185 of them.⁶²⁴ Watson detailed changes in the deaf institutions until World War II. Along with changes in educational methods, there was building and expansion work because of increased numbers. By 1914, and despite recent additions, it was felt that the buildings of the Edinburgh Institution were 'inadequate for purpose.'⁶²⁵ A proposal to amalgamate the Edinburgh Institution with Donaldson's Hospital began in 1938, but was delayed because of the outbreak of the war.⁶²⁶ In Dundee, additional classrooms were built in 1911 along with a workshop and gymnasium. In Glasgow, increasing numbers led to a new boys' home being built in 1902 and in 1906 a villa was purchased to accommodate the increasing number of girls.⁶²⁷ In 1920, the Glasgow Institution passed into the control of the local education authority.

At the beginning of the 20th century, Smyllum Orphanage was judged to be too far away from the medical treatment that some of the children needed, and in 1911 a new institution was completed at Tollcross, Glasgow, with St Vincent's providing accommodation for some 200 deaf and blind children.⁶²⁸ In 1947, Glasgow Education Committee became responsible for St Vincent's Roman Catholic School at Tollcross. The St Vincent's School for the Deaf and Blind closed as a residential institution in 1986, although it continued as a day school.⁶²⁹

Over this period, Watson also described improvements in extra-curricular activities with outings, games, and magazines being provided and holidays for children whose parents could not afford them.

A much needed "humanising" influence seems to have been at work in the institutions, and, although the picture should not be painted in too vivid

⁶²⁴ Watson, "History of Deaf Education," 115.

⁶²⁵ Watson, 118.

⁶²⁶ Watson, 187.

⁶²⁷ Watson, 126.

⁶²⁸ Watson, 128-9.

⁶²⁹ Helen Dunbar, *History of the Society for the Blind in Glasgow and the West of Scotland 1859 – 1989* (Blanehead: Heatherbank Press, 1989), 75.

colours, yet there was a decided improvement on the unrelieved sombre scene of the nineteenth century.⁶³⁰

By 1914, the pattern of the education of the deaf in Scotland had taken shape.

There were a number of residential institutions which served the vast majority of deaf children up and down the country, and which were in the hands of voluntary committees. In addition, in some of the larger centres of population, particularly in the west, there were day schools or classes under the control of the local school boards.⁶³¹

Watson discussed the impact of the Education (Scotland) Act, 1945 on the education of deaf children: 'They are no longer considered as a class apart but are required, with all other children, to be provided with an "efficient" education, suited to their "age, ability, and aptitude".'⁶³² Therefore, the costs of maintenance of pupils sent to special residential schools were no longer to be recoverable from parents.

The *Clyde Committee* had relatively little to say about the residential care of disabled children. It mentioned homes for 'mentally defective' children, 'blind' children and 'physically handicapped' children, but only briefly. In the case of 'mentally defective' children, it noted the responsibility of councils, under the supervision of the General Board of Control for Scotland, to maintain such children in certified institutions or guardianship. However, as this group of children were being considered by another Departmental Committee, it made no further comment, other than to say that 'it would be inadvisable to have such children in the same Homes as normal children, and that steps should be taken to ensure that, both for their own sake and for the sake of normal children, the two groups should not be intermingled.'⁶³³

Regarding 'blind' children, the Report stated that they are 'at present adequately and efficiently brought up in Voluntary Homes...The Committee have no comments or criticisms to make on the existing system, which seems to cope adequately with this rather special problem.'⁶³⁴ Similarly, it stated that there 'is a small number of

⁶³⁰ Watson, "History of Deaf Education," 128.

⁶³¹ Watson, 137.

⁶³² Watson, "History of Deaf Education," 253.

⁶³³ Scottish Home Department, *Clyde Report*, 13.

⁶³⁴ Scottish Home Department, 13.

Voluntary Homes doing valuable work among physically handicapped children. They are catering for a real need and are well worthy of imitation.’⁶³⁵

Long Stay Hospitals, Sanatoria and Convalescent Homes

For the most part, hospitals such as the Royal Hospital for Sick Children in Glasgow provided care for children with injuries and acute and infectious illnesses. However, children, as a result of complex health needs or lack of a home that could meet their needs, could be in hospital for long periods of time. Guthrie cited a directive to nurses about behaviour and the environment in the Royal Edinburgh Hospital.

“...while impatience, ill-temper, or anger towards the patients will be followed by dismissal, the inability generally to make children happy will of itself be regarded as a sufficient cause for not retaining a nurse in the service of the Hospital.” The Directors are thus shown to have been most conscious of a responsibility for surrounding the young patients, when necessarily removed from their own homes, with the atmosphere of a home and the security of a family.⁶³⁶

Children who remained in the hospital for longer periods of time, however, faced the same issues of institutionalisation as children in other types of long-term residential establishments, including separation from parents and siblings—especially in the first half of the 20th century. Working class parents were not encouraged to be present in hospitals as they were believed to bring disease and to disrupt the child’s adjustment.⁶³⁷ Nottingham and Dougall described the role of almoners (medical social workers) in pressing for increased access for parents of children in hospital.⁶³⁸ Children could also face being alienated from their parents through being co-opted into middle class values and modes of dress while in hospital care, which could be distressing to the parents upon retrieving them.⁶³⁹

⁶³⁵ Scottish Home Department, 13.

⁶³⁶ Guthrie, *The Royal Edinburgh Hospital*, 58.

⁶³⁷ Iain Hutchison, Malcolm Nicolson, Lawrence Weaver, *Child Health in Scotland: A History of Glasgow’s Royal Hospital for Sick Children* (Ersine: Scottish History Press, 2016), 91.

⁶³⁸ Chris Nottingham and Rona Dougall, “A Close and Practical Association with the Medical Profession: Scottish Medical Social Workers and Social Medicine, 1940–1975,” *Medical History*, 51, no. 3 (2007), 322.

⁶³⁹ Hutchison, Nicolson and Weaver, *Child Health in Scotland*, 125.

Cochrane described the work of the Princess Margaret Rose Hospital in Fairmilehead, Edinburgh in the 1930s.⁶⁴⁰ The hospital had opened in 1932 as the Edinburgh Hospital for Crippled Children and was later renamed. The hospital treated a range of congenital and infectious conditions, and injuries and paralysis, and it was part of a wider network of orthopaedic clinics and after-care services.⁶⁴¹

The Princess Margaret Rose Hospital is a modern orthopaedic hospital of the open-air, bungalow type. The wards, of which there are five, face south. They are open to the south and are provided with broad verandahs on to which the beds are wheeled when weather conditions are suitable. The sun and the fresh air with all their healing properties are thus made full use of in the curative scheme.⁶⁴²

Cochrane extolled the benefits of specialisation in the development of surgical procedures, nursing expertise and medical interventions.⁶⁴³

A further group of institutions that catered for children over this period were infectious disease or fever hospitals and sanatoria for such diseases as smallpox, scarlet fever, poliomyelitis or tuberculosis. We saw that the first permanent fever hospitals had been opened in the 1860s and 1870s in Glasgow. At the end of the 19th century, William Quarrier had opened the Consumption Sanatoria for Scotland in Bridge of Weir and in 1907, a small home was 'built to accommodate twenty consumptive children.'⁶⁴⁴

Currie gave further details on the development of fever hospitals in Scotland. 'By 1922-23, practically every small burgh or district had its own or a combination isolation hospital, and cities with larger populations had established isolation hospitals with a far greater number of beds.'⁶⁴⁵ In 1921, Glasgow had 1,637 beds in four hospitals (Ruchill, Belvidere, Shieldhall and Knightswood), Edinburgh had 931

⁶⁴⁰ W.A. Cochrane, "The Care and Cure of the Crippled Child in the South-East of Scotland: An Account of the Princess Margaret Rose Hospital, Fairmilehead, Edinburgh, and Its Associated Clinics," *Edinburgh Medical Journal* 46, no. 10 (1939), 613.

⁶⁴¹ Cochrane, "Care and Cure of Crippled Child," 616.

⁶⁴² Cochrane, 619.

⁶⁴³ Cochrane, 619-620.

⁶⁴⁴ Neil Munro McFarlane, "Tuberculosis in Scotland, 1870-1960" (PhD thesis, University of Glasgow, 1990), 56.

⁶⁴⁵ Currie, *Fever Hospitals and Fever Nurses*, 21.

beds in the City Hospital and East Pilton, Aberdeen City Hospital had 214 beds, and Dundee King's Cross Fever Hospital had 196 beds.⁶⁴⁶

In Edinburgh, Southfield Hospital opened in 1922, planned as 'a sanatorium-colony where tuberculosis at all stages and at all ages from infancy to advanced life could be observed side by side.'⁶⁴⁷ In 1930, two new wards for children were opened at the hospital. Mearns Kirk Hospital, Renfrewshire, was opened specifically for children suffering from tuberculosis by Glasgow Corporation, and the first group of children were transferred from Robroyston Hospital in 1930.⁶⁴⁸ Mearns History Group also noted that during 'the 1947 polio epidemic 123 patients, mainly children were admitted to the hospital for treatment.'⁶⁴⁹ A range of other tuberculosis hospitals and sanatoria were also used for children.

McFarlane researched 30 adults who had experienced such institutions. Ten were aged between four and 17 when they were in hospital, their stay in hospital lasting between 18 months and nine years. While four had been in Mearns Kirk Hospital, others had been in Ruchill Hospital, Robroyston Hospital, Bridge of Earn Hospital and Bellefield Sanatorium.⁶⁵⁰

Treatment varied according to the type of tuberculosis and, before the advent of chemotherapy in the late 1940s, 'open-air treatment', consisting of a good diet, rest and fresh air, was the main intervention for respiratory tuberculosis.⁶⁵¹ For non-respiratory tuberculosis, treatment involved being kept immobile.

Patient X was strapped to such a contraption from the age of eight until he was sixteen. The patient was encased in plaster and strapped down by webbing. The frame was on wheels in order that the patient would not be denied the benefits of fresh-air.⁶⁵²

⁶⁴⁶ Currie, 22.

⁶⁴⁷ A. T. Wallace, "Sir Robert Philip: A Pioneer in the Campaign against Tuberculosis," *Medical History* 5, no. 1 (1961), 62.

⁶⁴⁸ Mearns History Group, "History of Mearns Kirk Hospital," *Mearns History Group* website. See also, Neil McFarlane, "Hospitals, Housing, and Tuberculosis in Glasgow, 1911-51," *Social History of Medicine* 2, no. 1 (1989), 68. McFarlane gave the official opening date as 1932.

⁶⁴⁹ Mearns History Group, "History of Mearns Kirk Hospital"

⁶⁵⁰ McFarlane, "Tuberculosis in Scotland," 310.

⁶⁵¹ McFarlane, 316.

⁶⁵² McFarlane, 319-320.

McFarlane stated that the experiences of institutional life varied markedly. Thus, for 16-year-old patient C, eighteen months in Bellefield was, 'like a holiday in the country.' Robroyston on the other hand, according to patient D, a girl of similar age and background, was, 'awful...every week some young girl died and we heard this noisy barrow coming for the body.'⁶⁵³ With the focus on 'open-air' treatment, the 'most common recollection is of being constantly cold in the winter.'⁶⁵⁴ 'Death was also common to all institutions, although greater in some than in others.'⁶⁵⁵

The hospitals and sanatoria tended to be situated out in the countryside, and physically isolated. This often made visiting difficult and one patient recalled 'his parents having to walk the four miles from Clarkston Toll to Mearns Kirk in the early days of the institution.'⁶⁵⁶ Visiting was also very limited, sometimes just an hour at weekends, and, as children could not visit, siblings may not be seen for years.

Particularly before World War II, 'the strict regimentation in the hospitals must, indeed, have made them resemble prisons.'⁶⁵⁷ One 16 year old girl organised a hunger strike in Bridge of Earn Hospital 'as a protest against the monotony of both the food and the regime.'⁶⁵⁸ In contrast, Hairmyres was seen as having a much more relaxed regime. However, there could be different views of the same hospital.

Patient H, aged fourteen, remembers the patients and staff at Mearns Kirk as being 'like one big happy family' and was homesick when she was discharged. Patient A recalled the trauma of returning to life in a slum after spending two and a half years in the country at Mearns Kirk. Patient R, on the other hand, thought the regime was very strict and remembers the highland nurses as being particularly severe. X, who was in for nine years, thought the discipline was very hard. He remembers being slapped on the face by a doctor for being cheeky.⁶⁵⁹

Similarly, while one teenage patient described Robroyston Hospital as 'routine, soul-destroying and boring', a nurse remembered that her ward, 'full of teenage girls, was

⁶⁵³ McFarlane, 324.

⁶⁵⁴ McFarlane, 325.

⁶⁵⁵ McFarlane, 326.

⁶⁵⁶ McFarlane, 327.

⁶⁵⁷ McFarlane, 328.

⁶⁵⁸ McFarlane, 329.

⁶⁵⁹ McFarlane, 331-332.

cheery, we never discussed tuberculosis.' She recalls having bean feasts after lights out with the food brought by visitors, and then playing slides on the floor.'⁶⁶⁰

John McBarron described his early years in Mearnskirk from the age of two until his return home four years later, in 1935. He recalled his time there as 'a dream like existence in a world that always seemed to be bathed in the warmth and light of summer.'⁶⁶¹ He was in a large dormitory with children of a similar age, and French windows led out onto a veranda. In line with the open air regime, the windows were more open than closed, and when possible the beds would be wheeled out on to the veranda. He also spoke fondly of the nurses.

These loving people filled my early memories. They also embodied the rules of the house; the proscribed crimes and punishments; "Do's and Don'ts"; the rewards and the penalties All of which would be strictly enforced with the highest degree of communal fun and laughter in mind.⁶⁶²

McFarlane noted that the advent of streptomycin as an effective treatment in the late 1940s also changed the character of the hospitals. 'Gone was the austere, hopeless image of the prison camp to be replaced by that of the convalescent home.'⁶⁶³

In 1903, the Royal Hospital for Sick Children opened a 'country branch' in Drumchapel (before post-war housing), which could house children for an extended period of time if they needed a longer time to recover from illness or injury. 'The Country Branch was a direct extension of the hospital and increased the number of beds at its disposal by 25 per cent.'⁶⁶⁴ In 1909, the Royal Edinburgh Hospital for Sick Children followed suit and opened the Muirfield Convalescent Home in Gullane for children over two years old. During the first year, '174 children were sent to spend two or three weeks there, with great benefit to themselves and also to the advantage of the Hospital where more cots were thus set free for new admissions.'⁶⁶⁵ In 1936, the Forteviot Home opened in Hope Terrace, Edinburgh to accommodate 16 children under the age of two years, and this was extended in 1948.⁶⁶⁶

⁶⁶⁰ McFarlane, 335-336.

⁶⁶¹ John McBarron, *Ah B'Lang tae Glasgow*, (Glasgow: Premier Print (Scotland) Limited, 2004), 14.

⁶⁶² McBarron, *Ah B'Lang tae Glasgow*, 14.

⁶⁶³ McFarlane, "Tuberculosis in Scotland," 342.

⁶⁶⁴ Hutchison, "The Disabled Child in an Industrial Metropolis," 150.

⁶⁶⁵ Guthrie, *The Royal Edinburgh Hospital*, 30.

⁶⁶⁶ Guthrie, 30.

Convalescent Homes for children operated on much the same basis as the 'country branch' of the Royal Hospital for Sick Children: a place for respite from the cramped and filthy conditions of the city in order to recover from physical illness or injury. Cronin discussed the origins and development of convalescent homes in Scotland, the first of which opened in 1860.

The provision of convalescent homes was one ameliorative response to these appalling social and environmental circumstances. Their main objective was to provide the sick poor, recovering from illness, trauma or surgery, with a short period of institutionalised convalescent care in a healthy therapeutic environment for around two to three weeks.⁶⁶⁷

Convalescent homes were also developed for children and by 1900 there were seven such homes: Eidda Convalescent Home, Gilmerton Children's Convalescent Home, Cottage Homes for Children, Helensburgh, Dundonald Convalescent Home, Ravenscraig Children's Convalescent Home, Newport Children's Convalescent Home, and Ashgrove Convalescent Home. Five of the homes were independently managed and two were managed by religious or temperance organisations.⁶⁶⁸

A further four homes opened between 1905 and 1907 (Linn Moor Country Home, the Scottish Convalescent Home for Children, Muirfield Children's Convalescent Home, and St Leonard's Convalescent Home), and six between 1928 and 1935 (Bandrum Children's Country Home, Armitstead Convalescent Home, Forteviot Convalescent Home for babies under two, Sunnybank Children's Convalescent Home, Leith Children's Convalescent Home, and Thorngrove Babies Home).⁶⁶⁹ Not only were new convalescent homes opened, existing homes expanded their accommodation and—in some homes—these included wings for mothers and children.⁶⁷⁰ Cronin described this as reflecting 'the acceleration of national interest in the welfare of children that developed during the twentieth century.'⁶⁷¹

⁶⁶⁷ Jenny Cronin, "The Origins and Development of Scottish Convalescent Homes, 1860-1939" (PhD thesis, University of Glasgow, 2003), 1. See also, Hutchison, "Disabled Child in an Industrial Metropolis," 152.

⁶⁶⁸ Cronin, "Scottish Convalescent Homes," 28.

⁶⁶⁹ Cronin, 29.

⁶⁷⁰ Cronin, 100.

⁶⁷¹ Cronin, 101.

Cronin wrote that many of the new convalescent children's homes were more flexible in their admission policies and 'often found it difficult to differentiate between children in convalescence, and those with health problems likely to benefit by a holiday at the sea or in the country.'⁶⁷² Linn Moor, for example, was established through a 'Fresh Air Fortnight Society' and 'was responsible for an even stronger association between convalescence and holidays.'⁶⁷³

Hutchison noted that 'Ravenscraig provided care for children who continued to require attentive nursing following discharge from the RHSC (Royal Hospital for Sick Children), and such convalescent homes reflected the philanthropic role played by churches, charities and sympathetically disposed individuals in supporting their existence.'⁶⁷⁴

During the 1930s, local authorities opened homes in the country 'that accepted children with a wide range of problems, not just for convalescence.'⁶⁷⁵ Three in the Glasgow area were Mount Vernon, Scotstoun and Mount Blow.

Patients sent to these country homes include children suffering from recognisable conditions such as rickets and malnutrition, together with a few long-term convalescent patients. The regime of these country homes was rest, fresh air and a healthy diet, but the children stayed for longer periods, often as long as three months.⁶⁷⁶

The therapeutic regimes of convalescent homes prioritised a 'healthy environment' such as a 'warm and sheltered location'.⁶⁷⁷ Another attribute to the healthy environment was 'fresh air', either 'country air' or 'sea air'.⁶⁷⁸ Diet was another important feature of convalescence. Physical exercise and sunshine (heliotherapy) were also regular features of the convalescent homes and, at a number of homes, children were taken on regular walks and excursions.⁶⁷⁹

⁶⁷² Cronin, 97.

⁶⁷³ Cronin, 104.

⁶⁷⁴ Hutchison, "Disabled Child in an Industrial Metropolis," 152.

⁶⁷⁵ Cronin, "Scottish Convalescent Homes," 107.

⁶⁷⁶ Cronin 107-8.

⁶⁷⁷ Cronin, 184.

⁶⁷⁸ Cronin, 187.

⁶⁷⁹ Cronin, 204.

Hutchison also described the development of the Children's Home Hospital which 'catered for children requiring intensive nursing such as pulmonary tuberculosis and rickets.'⁶⁸⁰ Opened in 1903 in Aberfoyle and relocated to Strathblane in 1913, the 'facility had a longer-term caring role than the RHSC Country Branch, and gave a more intensive level of medical care than typical 'convalescence'.⁶⁸¹ The hospital closed in 1994.

Hutchison, Nicolson and Weaver also noted that a number of convalescent homes closed at the start of World War II.⁶⁸²

Magdalene Asylums and Institutions, Rescue Homes, and Lock Hospitals

Magdalene Asylums and similar institutions continued to operate throughout this period of the review.

After 1900, Scottish magistrates and public health committees sought additional powers to detain prostitutes and other 'habitual offenders of the dissipated and dissolute class' in farm colonies, Magdalene Institutions, poorhouses and lock hospitals for an appropriate period of medical treatment and moral rehabilitation.⁶⁸³

Greenlees described how the Church of Scotland entered discussions with other religious organisations such as the Y.W.C.A., the Salvation Army, and Sisters of Charity about the issues 'in dealing with fallen women and those "not yet confirmed in immorality", but on what was seen as the slippery slope.'⁶⁸⁴

In 1906, the Committee on Social Work agreed a four-pronged strategy of hostels, boarding houses and 'preventive' and 'rescue homes' in the Scottish cities of Glasgow, Dundee and Paisley. Hostels and boarding houses provided Christian accommodation.⁶⁸⁵

Settle detailed how the routines of religious instruction, education and hard work established in the 19th century continued throughout this period. She highlighted how 'domestic labour, particularly laundry, remained the main form of work and

⁶⁸⁰ Hutchison, "Disabled Child in an Industrial Metropolis," 154.

⁶⁸¹ Hutchison, 154.

⁶⁸² Hutchison, Nicolson and Weaver, *Child Health in Scotland*, 114.

⁶⁸³ Davidson, *Dangerous Liaisons*, 26.

⁶⁸⁴ Greenlees, "To 'Solve the Darkest Social Problems of Our Time'," 191.

⁶⁸⁵ Greenlees, 191.

training during the early twentieth century.⁶⁸⁶ If the young women failed to gain employment when they left the institutions, they could return home or be placed in another institution such as the poorhouse. Some emigrated abroad and, in the 1920s, Edinburgh Magdalene Asylum worked with the Salvation Army to assist in emigration.⁶⁸⁷ Most young women in the Magdalene Asylums were between 16 and 24, and few were younger than 16 years old.⁶⁸⁸

As the twentieth century continued, the disciplinary and penal aspect of the asylum slowly decreased and conditions within the Asylums improved considerably. Although there were strict rules that had to be followed and working hours remained long, by the 1920s the institutions appear to have become less austere places.⁶⁸⁹

Nevertheless, 'the basic principles that had existed during the nineteenth century remained similar in the twentieth. The women still worked long hours for little or no pay and were expected to be obedient and hard working.'⁶⁹⁰

Davidson discussed the development of public health approaches to venereal disease and sexual morality in Scotland between the two world wars.⁶⁹¹ He distinguished between the responses to 'innocent' patients (women and children suffering from 'innocent infections') and 'guilty' patients ('infected married men' and 'problem girls').⁶⁹² The proposed response to 'problem girls' was 'a new system of hostels', aimed at addressing loss of accommodation and work because of the disgrace of infection, and to prevent 'recourse to prostitution and default from treatment.'⁶⁹³

The 'social hygiene debate' was critical of Magdalene Asylums and Church Homes for 'being too repressive, for failing to differentiate between the needs of inmates, and for focusing on forms of employment such as laundry and domestic work whose

⁶⁸⁶ Louise Settle, *Sex for Sale in Scotland: Prostitution in Edinburgh and Glasgow, 1900-1939* (Edinburgh: Edinburgh University Press, 2016), 90-1.

⁶⁸⁷ Settle, *Sex for Sale*, 92.

⁶⁸⁸ Settle, 94.

⁶⁸⁹ Settle, 98.

⁶⁹⁰ Settle, 99.

⁶⁹¹ Roger Davidson, "Venereal Disease, Sexual Morality, and Public Health in Interwar Scotland," *Journal of the History of Sexuality* 5, no. 2 (1994), 267. See also, Davidson, *Dangerous Liaisons*, 109-18.

⁶⁹² Davidson, "Venereal Disease," 273-4.

⁶⁹³ Davidson, 279-80.

tedium allegedly predisposed young women to seek sexual diversions.’⁶⁹⁴ Davidson argued, however, that the proposals for hostels reflected a very similar value system of surveillance, and sexual and vocational control. The continued attempts to control the sexual activity of “problem girls” through institutionalisation:

...displayed the same ambivalent mix of protective rhetoric and repressive aims and a similar middle-class philanthropic view of young working-class women as requiring “custodial” surveillance to ensure a material and moral environment in which norms of sexual passivity might be instilled.⁶⁹⁵

In another paper, Davidson highlighted the issue of child sexual assault and the spread of venereal disease because of the belief that a man could be cured by sexual intercourse with a virgin.⁶⁹⁶ Davidson, however, questioned the extent to which this was an actual reason for many child sexual assaults and argued that it was more an explanation promoted by professionals to mask the real reasons for sexual assault.

In fact, the judiciary, medical experts, and health policy makers deployed the myth most powerfully. It was a means by which they might comprehend the crime of sexual assault against children without challenging prevailing ideals of male sexuality and the family.⁶⁹⁷

The victims of child sexual assault who contracted venereal diseases were placed in lock hospitals for treatment and ‘public outrage at the number of young girls in the Glasgow Lock Hospital who had been infected through sexual assault had triggered the establishment of the National Vigilance Association in Scotland in 1909.’⁶⁹⁸ However, he also wrote that such victims of child sexual assault ‘were still viewed as a sexual danger once their “innocence” had been violated.’⁶⁹⁹ This meant that once they had been treated in lock hospitals, they were often sent to Magdalene institutions, industrial schools, or children’s homes.

⁶⁹⁴ Davidson, 281. See also, Settle, *Sex for Sale*, 102, on the changing attitudes of the National Vigilance Association in Scotland and its criticisms of the methods of the Magdalene Asylums.

⁶⁹⁵ Davidson, 284.

⁶⁹⁶ Roger Davidson, “This Pernicious Delusion,” 63.

⁶⁹⁷ Davidson, 75.

⁶⁹⁸ Davidson, 65. Davidson also highlighted the level of denial through failure to diagnose venereal disease and blame it on uncleanness, or to attribute venereal infection to contamination from towels, toilet seats, etc.

⁶⁹⁹ Davidson, 72.

The Glasgow Lock Hospital continued to operate throughout this period, and closed in the 1940s with the advent of the NHS. In other cities, 'lock wards' also continued to operate, and Lees described the development of the wards through the 1920s and 1930s.

In 1934 a large pavilion of five floors was built to accommodate the departments of dermatology and venereal diseases, and it is claimed that the accommodation provided is among the best in Great Britain.⁷⁰⁰

Residential Nurseries and Mother and Baby Homes

Ferguson described the opening of homes for unmarried mothers at the turn of the 20th Century. Lauriston Home was founded in 1899 in Edinburgh and the Salvation Army Hostel in Glasgow opened in 1912. The latter consisted of a boarding-house for 'respectable working girls', a lodging-house, and a rescue home which could accommodate 25 girls—some of whom were homeless, others who had been leading 'irregular lives', and others who were pregnant.⁷⁰¹

Cameron also described the opening of the Church of Scotland's Home for Unmarried Mothers in Glasgow in 1915. In 1923, the home moved to Lansdowne Crescent and it moved again in 1944 to St Andrew's Drive but it kept the name Lansdowne House. The new Lansdowne House had a maternity unit and the mothers could have their babies in the home.

Until then, the girls who came to Lansdowne House stayed for three months before confinement, went to the Maternity Hospital to have the baby, and returned to the Home with the child for a further two months, during which time they could make arrangements for their return home, or to have the baby maintained in a Home for Children, or legally adopted.⁷⁰²

Macleod studied the history of Lauriston Mother and Baby Home in Edinburgh and the Church of Scotland Lansdowne Mother and Baby Home in Glasgow.⁷⁰³ She identified the changing purpose of mother and baby homes from 'being designed to save 'fallen' women; to placing an emphasis on health to prevent infant mortality; to

⁷⁰⁰ Lees, "Lock Wards of Edinburgh," 189.

⁷⁰¹ Ferguson, *Scottish Social Welfare*, 518.

⁷⁰² Cameron, *Challenge of Need*, 64.

⁷⁰³ Siobhan Macleod, "The Changing Nature of Mother and Baby Homes in Scotland 1918-1970" (MSc dissertation, University of Edinburgh, 2013), 8.

providing a place where mothers could have their children adopted efficiently.’⁷⁰⁴ Records from the Lauriston Home, for example, showed a link with the National Vigilance Association in the 1920s and a punitive attitude towards unmarried mothers. In the 1930s, there was an increased focus on the health and well-being of unmarried mothers and, following World War II, ‘the purpose of the home changed from being a refuge for unmarried mothers to reform themselves to becoming an “adoption home”’.⁷⁰⁵

Cree also discussed the changing attitudes to mother and baby homes in her study of the voluntary social work agency, Family Care. She described Claremont Park Home for Mothers and Infants, which opened in 1924.

The Home was run on familiar rescue home lines, with a strict regime which was a mixture of laundry work, housework, prayers in the Home’s own Chapel, and of course baby care. A minimum stay of four months was rigidly enforced, because breast feeding was taken for granted.⁷⁰⁶

Following World War II, women were increasingly reluctant to go to Claremont Park, ‘with its prayers, its enforced breast feeding, and its pressure on women to keep their babies.’⁷⁰⁷ In 1958, the voluntary agency withdrew its support and the home closed down in 1960.⁷⁰⁸

During the 1930s, a new form of residential care for children developed, residential nurseries for babies and young children. White discussed this development in his study of residential child care in Edinburgh.

By 1933 it became clear in Edinburgh that there were an increasing number of babies and toddlers in care, too many in fact to be catered for by the existing residential accommodation, and a separate unit was proposed for them. In 1936 a residential nursery, Bruntsfield House, was set up, housing about 69 children under school age.⁷⁰⁹

⁷⁰⁴ Macleod, “Mother and Baby Homes,” 12.

⁷⁰⁵ Macleod, 16.

⁷⁰⁶ Cree, *Public Streets*, 48.

⁷⁰⁷ Cree, 48.

⁷⁰⁸ However, it opened again three years later with a different approach focused on adoption.

⁷⁰⁹ White, “Residential Child Care Past and Present,” 85.

In its recommendations, the *Clyde Committee* also identified the need for residential nurseries for children up to two years.⁷¹⁰

Issues in Care Services

Recruitment and Selection

Very little has been written on the recruitment and selection of staff members and foster carers before 1948. In relation to residential care, the Clyde Report acknowledged that 'the number and quality of staff are of even more importance than the size and layout of the premises.'⁷¹¹ In discussing the 'matron' or 'superintendent' of a home, the Committee stated that 'there is a tendency in some cases to accept too readily the view that someone who has a nursing training will necessarily make a good matron for children of all ages.'⁷¹² The Committee also called for adequate salaries and equitable superannuation schemes across the local authority and voluntary sectors. However, little more is said on recruitment and selection of residential staff.

In relation to boarding out, foster parents either applied for the work in response to advertisements or came to the knowledge of the authority as being willing to undertake the work. Suitability of foster parents was checked, 'almost invariably' by a visit from an official and through references from responsible persons. However, the *Clyde Committee* highlighted that there was evidence that the standard of selection of foster carers was 'extremely low, and in fact, in some cases, entirely fortuitous.'⁷¹³ 'There have been instances of children being temporarily placed in homes chosen entirely at random, and left there in the hope that the householder would ultimately become a foster parent.'⁷¹⁴ The Committee acknowledged the variation in the payments received by foster carers across the country, and felt that 'the standards of child care have risen greatly in recent years, and the minimum payment should, under present conditions, be not less than 15s. per week.'⁷¹⁵

⁷¹⁰ Scottish Home Department, *The Clyde Report*, 26.

⁷¹¹ Scottish Home Department, 27.

⁷¹² Scottish Home Department, 26.

⁷¹³ Scottish Home Department, 16.

⁷¹⁴ Scottish Home Department, 16.

⁷¹⁵ Scottish Home Department, 17.

It is in this context that the Committee highlighted the need for many more foster parents.

The Committee consider that much could be achieved to-day by an intensive propaganda in the Press, on the radio and in the cinemas. The object should be not merely to remove the existing misconceptions regarding the foster parent service, but to stress its social value and to build up an enlightened understanding of the work as something worthwhile.⁷¹⁶

Training and Supervision

As with recruitment and selection, there was little focus on the training of staff in child care services before 1948. In relation to residential care, the *Clyde Committee* acknowledged that reform of the system required 'improving and increasing the staff of the Homes', but that there was no mechanism to do this.⁷¹⁷ 'The Committee consider that it is necessary to initiate a basic training course which all future members of the staffs of these homes must take.'⁷¹⁸ The *Clyde Committee* considered that such a training certificate would enhance the status of those who had gained it, and thus 'attract more and younger assistants (and more are urgently needed), and would produce a material improvement in the staffs of the Homes in which these trainees were ultimately employed.'⁷¹⁹ The Committee recommended that a Training Committee should be set up to prepare such training and assessment of staff. Similarly, in recommending the 'Cottage Home' type of residential establishment, the *Clyde Committee* stressed that it was necessary for house mothers to be 'specially trained'.⁷²⁰

Jimmy Laing highlighted the lack of child care training of nurses at Baldovan Institute:

When you joined a hospital the way you became a staff nurse was that following selection you attended lectures upstairs in the hospital. You learned everything you needed to know from one book called the *Red Book*.

⁷¹⁶ Scottish Home Department, 15.

⁷¹⁷ Scottish Home Department, 28.

⁷¹⁸ Scottish Home Department, 28.

⁷¹⁹ Scottish Home Department, 28.

⁷²⁰ Scottish Home Department, 25.

That, on the male side, coupled with being tall and big, gave you all the qualifications necessary.⁷²¹

He lamented that nursing staff had not been trained properly and 'taught to understand the children rather than make them do what the system required of them.'⁷²²

The *Clyde Committee*, in acknowledging the inadequacies of the foster care system stated that a 'new conception of the foster parent is needed; the recognition that the work is a very real form of social service; the determination to do the work not merely for the sake of the financial or other advantages, but for its own sake.'⁷²³ However, it did not propose a formal training system but rather, wherever possible, 'foster mothers should, in cases of difficulty, be put in touch with a Child Guidance Clinic, where their experience could be widened and where facilities for advice and assistance would be available.'⁷²⁴

Systemic weakness and good practice

This period was marked by the major upheavals caused by World War I and World War II, along with the dire economic circumstances of the Great Depression. These, in themselves, had a significant systemic impact on the provision and delivery of child care services. However, they also created major shifts in thinking and policy about the status and importance of children, and this led to important policy developments. Perhaps, the most serious systemic weakness over this period was the wide variability in the quality of care, both across different care settings and within institutions and residential establishments. Children and young people could have very different experiences of care based on where they were placed, and experience both positive placements and abusive placements.

*Individuality and Development*⁷²⁵

In the period up to 1948, there was little evidence of a focus on the individuality and development of children in care. In institutions and residential care, and even in

⁷²¹ Laing and McQuarrie, *50 Years in the System*, 22.

⁷²² Laing and McQuarrie, 39.

⁷²³ Scottish Home Department, *The Clyde Report*, 15.

⁷²⁴ Scottish Home Department, 16.

⁷²⁵ This section has been structured around the eight fundamental principles developed by Angus Skinner for the *Review of Residential Child Care in Scotland*.

some foster care, there was a clear focus on strict regimes with rigid structures and timetables. We have seen personal testimony about the focus on the 'collective' and the denial of 'individuality'. The need to deal with large numbers of children and young people in institutions meant that there was little time for attention to be given to individual children and young people, even if it was considered appropriate to do so.

However, the 1930s and 1940s saw the increasing development of child guidance services, and psychological and psychiatric practice began to focus on child development and emotional well-being. Over this period, there were some advances in residential provision, and residential establishments such as New Barns adopted radical, therapeutic approaches, which were more child-centred. Throughout this period, the issue of the variability of residential and foster care also impacted on the child-focused nature of provision. Some children and young people were more fortunate in being placed in an emotionally warm placement with carers and staff who were attuned to their needs; others were less fortunate and experienced emotionally stilted, cruel, and abusive placements.

Rights and Responsibilities

Although there were some early developments in the child rights agenda before 1948, there was no real agenda on the rights and responsibilities of children.

'Good Basic Care'

We have seen that the emphasis on 'good basic care' was often focused on a clean and healthy environment. This was one of the driving forces behind children being removed from their homes in the cities to foster care and institutional placements in the countryside. However, there was a wide variability in the provision of good basic care over this period.

The nature of the accommodation, both in foster and residential care, varied markedly, and large institutions were criticised for their cold and oppressive environments. The food provided for children was also criticised for being monotonous and basic, and there was clear evidence of children going hungry. The lack of individuality for children in care was also marked out by their clothing, particularly in the uniforms of institutions and residential homes.

Given the rigidity and routine in institutions and residential care, there was limited opportunity for recreational and leisure activities. Similarly, for boarded-out children there could be an emphasis on daily chores and work. However, yet again, there appeared to be a great deal of variability in the opportunities for leisure and recreation for children in care, and some talk about their enjoyment of play and outings.

Good basic care was also impacted by the lack of attention to the recruitment and selection of staff and foster carers, and the lack of consideration of the importance of training and qualifications.

Education

While in some child care services, there was a recognition of the need for basic education and reading and writing, in many situations the focus was on training for employment. Inevitably, this reflected the class-based presumptions about the future role of children in care, and for boys this focused on the military or trades, while for girls it focused on laundry work and domestic service. There were low expectations about the potential for children in care to achieve educational qualifications, and this added to their difficulties in accessing education.

Health

The physical health of children in care was seen as important and there was an increasing focus on maternal and child health over this period. Nursing staff were often carers in institutional care, and medical examinations were a requirement. The physical health of children was also considered to be addressed by placement in clean and healthy rural areas. Children could be removed from their carers because of issues of health, even when other more serious abuse was ignored. However, this focus on physical health and cleanliness did not extend to wider issues of emotional and mental health and well-being.

Partnership with Parents

Throughout this period, the idea of partnership with parents was limited. One of the fundamental aspects of the boarding out system was the removal of children from their parents and placement at long distance from their homes. Similarly, residential establishments often limited parental contact, if they did not prohibit it altogether.

The separation of children from their parents and the discouragement of contact was seen as an appropriate response over this period.

Similarly, although there was a recognition of the benefits of keeping sibling groups together, this was often not taken forward in practice, and brothers and sisters were often separated and might not know about the existence of their siblings.

Child-Centred Collaboration

One of the principal conclusions of the *Clyde Committee* was the piecemeal way in which the regulation and supervision of homeless children had been carried out. It highlighted the differing approaches of the various bodies and agencies which had responsibility for children and young people. There was a very limited acknowledgement of the importance of collaboration and team work, particularly in the sense of it being child-centred. However, the development of child guidance services began to emphasise specialist roles for advice and training on child development and well-being.

A Feeling of Safety

Again, the wide variability in care settings meant that children and young people's feelings of safety could be very different. Clearly, there were a wide range of punishment and sanctions which included corporal punishment, deprivation of privileges, medication, and isolation. Corporal punishment could be common, routine, and random. There was also evidence of physical, verbal, and emotional abuse that could be meted out for the most minor infringement of rules. There was also clear evidence of sexual abuse, both by carers and other children and young people. Against this, some children and young people did experience safe and stable care placements that catered for their physical and emotional needs. There were also the beginnings of experimentation with 'no punishment' policies, for example, at New Barns.

Development of Children's Services between 1948 and 1968

Introduction

This chapter will discuss the development of children's services in the 20 years between the *Children Act 1948* and the *Social Work (Scotland) Act 1968*. This period saw major changes in child care policy and practice. Shaw highlighted that there was 'a strong focus on families and children following World War II as part of the process of rebuilding Britain.'⁷²⁶ He highlighted that the *Children Act 1948* emphasised the child's best interests and made the child's welfare central.

The *Children Act 1948* represented an important reform of child care legislation across the UK and led to a major integration of the organisational response to children in need.⁷²⁷ It laid a duty on local authorities to receive a child into their care where this was in the interests of the child and:

- the child had no parents or guardians;
- the child had been abandoned; or
- where his or her parents were unable to provide care because of mental or physical health issues or incapacity; or
- in any other circumstances.

Several sections of the Act set out responsibility for the care of children when they came under the provisions of earlier legislation that continued in force, for example, the *Children & Young Persons (Scotland) Act 1937*, *War Pensions (Administrative Provisions) Act 1918*, the *Mental Deficiency (Scotland) Acts, 1913 and 1940*, and, the *Lunacy (Scotland) Acts, 1857 to 1919*.

The *Children Act 1948* set up a new organisational structure for children in care. County and large burgh councils were to set up a Children's Committee to carry out their functions under relevant legislation, though there was provision for local authorities to combine in the establishment of a Children's Committee. Local authorities were also to appoint a Children's Officer, and adequate staff to assist the

⁷²⁶ Tom Shaw, *Historical Abuse Systemic Review: Residential Schools and Children's Homes in Scotland 1950 to 1995* (Edinburgh: Scottish Government, 2007), 17.

⁷²⁷ Roy Parker, "Getting Started with the 1948 Children Act: What Do We Learn?," *Adoption & Fostering* 34, no. 3 (2011), 17. See also, Norrie, *Legislative Background*.

Children's Officer in the exercise of their functions. A separate Advisory Council on Child Care for Scotland was also established to advise the Secretary of State on the discharge of their functions under relevant legislation.

Murphy reflected that the 'new reforming *Children Act 1948* was not received with great enthusiasm in Scotland' and there was 'apathy if not opposition on the part of many councillors and officials, central and local.'⁷²⁸ Parker commented on the stronger opposition in Scotland than in England to the setting up of separate Children's Departments.⁷²⁹ Shaw also identified a lack of commitment to developing a 'fully qualified workforce for residential child care' and to 'the need to listen to children and young people'.⁷³⁰

While the *Children Act 1948* introduced the concept of temporary care as a service to parents and children in need, Black and Williams considered the situation of children in care over this period and concluded that this was not carried through in practice.

The prevailing opinions at the time appeared to be that if parents had failed to provide for their children then they forfeited their rights to have another chance to parent. The alacrity with which children were committed to the care of a local authority also distanced the parents from their child and removed them from making any formal decisions about their child's future.⁷³¹

Murray and Hill, however, stated that '[o]ne effect of the development of a professional child care service was a steady reorientation away from "taking children into care" to preventive and supportive work with the child's own family'.⁷³²

Government statistics towards the end of the 1950s also showed that most children who moved out of care returned to their parents—4,311 out of 5,294.⁷³³

⁷²⁸ Murphy, *British Social Services*, 98.

⁷²⁹ Parker, "Getting Started," 19.

⁷³⁰ Shaw, *Historical Abuse Systemic Review*, 19.

⁷³¹ Anne Black and Ceri Williams, *Fife Council Independent Enquiry Established by the Chief Executive Following the Conviction of David Logan Murphy for the Sexual Abuse of Children* (Glenrothes: Fife Council, 2002), 8.

⁷³² Kathleen Murray and Malcolm Hill, "The Recent History of Scottish Child Welfare," *Children & Society* 5, no. 3 (1991), 267-8.

⁷³³ Scottish Home Department, *Children in the Care of Local Authorities in Scotland: November, 1958* (Edinburgh: Her Majesty's Stationery Office, 1959), 5.

In addition, there continued to be a twin track approach to the care of children and young people. Alongside the *Children Act 1948*, the *Children and Young Persons (Scotland) Act 1937* continued to deal with “children in trouble”: juvenile offenders, children in need of care and protection, children and young people beyond parental control, and truants. Such children and young people were placed into care through the juvenile courts. It was this group of children and young people that the *Kilbrandon Report* addressed in the 1960s, and which led to a radical change in social work approaches to children and young people in Scotland. These were taken forward in the *Social Work (Scotland) Act 1968*, and it was this piece of legislation that, to a large extent, integrated legislative routes into care.

There was also a focus on the education of disabled children at the start of this period, and the Advisory Council on Education in Scotland published eight reports on the education of disabled children between 1950 and 1952, and these addressed residential care of different groups of disabled children in Scotland.⁷³⁴ ‘Together they formed the first comprehensive study of the educational problems of handicapped children in Scotland.’⁷³⁵

Context

After World War II, there was an extended period of austerity with food rationing, the control of supplies, and major shortages of household items. ‘The extent to which little had changed was highlighted by the 1951 census, which showed that there was still a quarter of the population living in a house of two rooms or less and as much as a third of the population had to share a toilet.’⁷³⁶ Following this, however, there was a period of relative prosperity through to the end of the 1960s, and while there were continuing economic problems, there were unparalleled rises in the standard of living for most Scots. ‘The facts and figures speak for themselves and show a population becoming wealthier, better fed and housed, more educated, and better cared for.’⁷³⁷

In 1949, a parliamentary question was asked about the number of children being cared for by local authorities in Scotland under the *Children Act 1948*, the number in

⁷³⁴ Scottish Education Department, *The Administration of Education for Handicapped Pupils: A Report of the Advisory Council on Education in Scotland* (Edinburgh: Her Majesty’s Stationery Office, 1952), 4.

⁷³⁵ Keane, “Mental Health Policy,” 254.

⁷³⁶ Finlay, *Modern Scotland*, 215.

⁷³⁷ Finlay, 237.

family homes, and the number in large institutions and homes.⁷³⁸ It can be seen from Table 2, that two-thirds of children were boarded out. However, these figures do not include the children and young people placed in care by their parent(s), and this was still a significant proportion. In addition, it is not clear which children and young people placed in care through other legislation, primarily the *Children and Young Persons (Scotland) Act 1937*, are included in these figures.

Table 2: Children in Local Authority Care on 15 November 1948 Parliamentary Question				
Boarded out with foster parents	Local authority children’s homes	Voluntary homes	Other ⁷³⁹	Total
5,523 (66%)	1,112 (13%)	1,480 (18%)	281 (3%)	8,496

Following the *Children Act 1948*, more systematic information was collected on children in care and annual figures were produced. Table 3 presents information on children in the care of local authorities for selected years between 1949 and 1969. These figures included children placed in voluntary homes by their parents. It also included children placed by courts under the *Children and Young Persons (Scotland) Act 1937*, and naming the local authority as a ‘fit person’. We have specific figures for the numbers placed under a ‘fit person order’ in 1958. In total, there were 1,996 such children and young people: 264 were offenders and 1,732 were non-offenders.⁷⁴⁰

⁷³⁸ Hansard, HC Deb, 15 February 1949, vol. 461, c935.
⁷³⁹ Child guidance centres, hospitals, convalescent homes or National Assistance premises.
⁷⁴⁰ Scottish Home Department, *Children in the Care of Local Authorities*, 4.

Table 3: Children in Care in November of Each Year (Selected Years) Scottish Government Statistics							
Year	Children in Care of Local Authorities					Children Not Placed by Local Authorities	All Children in Care
	Boarded out in foster care	Local Authority Homes	Voluntary Homes	Other	Total	Voluntary Homes	Total
1949	5,519	1,322	1,663	564	9,068	3,915	12,983
1952	6,062	1,618	1,542	1,028	10,250	3,090	13,340
1955	6,190	1,687	1,275	918	10,070	2,665	12,735
1959	5,902	1,623	1,355	738	9,618	2,144	11,762
1965	6,298	1,749	1,646	764	10,457	790	11,247
1969	6,092	1,776	1,976	953	10,797	424	11,221

Over this period, then, the number of children in care rose to a peak of 13,340 in 1952 and then fell gradually through the 1950s and 1960s to 11,221 in 1969. Throughout this period, the number of children in foster care remained at a level of around 6,000 children. The most significant change was the reduction of children placed by their parents, falling from just under 4,000 to just over 400.

The major group of children not included in these figures were those placed by the courts in approved schools. These schools were administered by the Scottish Education Department and figures were available from the Minister’s annual reports. On March 31st 1955, there were 1,381 children and young people in the 24 approved schools: 1,211 boys in 16 schools and 170 girls in 8 schools.⁷⁴¹ Of these children and young people, 1,054 were offenders, 114 were truants, and 213 were in need of care or protection.⁷⁴² Table 4 gives figures for residents of approved schools for selected

⁷⁴¹ Scottish Education Department, *Education in Scotland in 1955: A Report of the Secretary of State for Scotland* (Edinburgh: Her Majesty’s Stationery Office, 1956), 124.
⁷⁴² Scottish Education Department, *Education in Scotland in 1955*, 124.

years up until 1965, the last year for which these figures were included in the Minister’s annual report.⁷⁴³

Table 4: Children in Approved Schools at March of Each Year (Selected Years) Scottish Education Department Statistics							
Year	Schools	Offenders	Truants	In Need of Care or Protection	Boys	Girls	Total
1955	24	1,054	114	213	1,211	170	1,381
1959	20	1,057	162	212	1,215	216	1,431
1965	26	1,318	69	218	1,344	261	1,605

A Study of Children in Care in Glasgow

Given the scarcity of contemporary research, Ferguson’s study of a cohort of over 200 children placed in care by Glasgow Children’s Department provides an important insight into the outcomes and experiences for children in care at this time.

All the children included in the present study were born during the years 1943-5, when disorganization was in the air, and many came into care before 1948; but their supervision has lain largely in post-1948 days and their experience inevitably reflects present-day methods as well as present-day problems and circumstances.⁷⁴⁴

Ferguson considered that ‘the machinery for looking after children in the care of Local Authorities has been improved and strengthened, thanks to the passing of the

⁷⁴³ Scottish Education Department, *Education in Scotland in 1959: A Report of the Secretary of State for Scotland* (Edinburgh: Her Majesty’s Stationery Office, 1960), 90.
Scottish Education Department, *Education in Scotland in 1965: A Report of the Secretary of State for Scotland* (Edinburgh: Her Majesty’s Stationery Office, 1966), 79.
⁷⁴⁴ Ferguson, *Children in Care*, 45.

Children Act and the establishment of Children’s Departments, with their often new and more positive approach.’⁷⁴⁵

The 205 children included in the study reached the age of 18 in the years 1961 through to 1963. Almost exactly half of the children taken into care were illegitimate, and this was considered a major factor in their being placed in care. The precipitating factors for this group of children are shown in Table 5.

Table 5: Factors for Children Being Taken into Care <i>Ferguson, Children in Care</i>	
Illness or death of parent(s)	26
Child deserted or abandoned	51
Neglect	10
‘Care and Protection’ cases, committed by the court	40
Child of widower failing to cope	16
Parent(s) in prison	6
Parents separated, neither providing a home	5
Illegitimate child of married woman, unwanted in home	4
Illegitimate child, mother mentally or physically unable to care	7
Illegitimate child, mother morally unable to care	7
Illegitimate child, mother working or seeking work	18
Illegitimate child, mother having no fixed abode	13
Illegitimate child, mother unable to cope for another reason	2
	205

⁷⁴⁵ Ferguson, 45.

Ferguson also highlighted poverty as an issue in these children being placed in care and many 'had already suffered great deprivation before coming into care.'⁷⁴⁶

One in six of the children (33) were placed with relatives, two-thirds (139) were boarded out with foster carers, and one in six were placed in residential care or other placements.⁷⁴⁷ The research detailed where the children were initially placed and this evidenced the way in which children were sent to distant, rural areas. Of the 205 children, 42 were placed in Glasgow (20 per cent), 69 in crofting counties (34 per cent); 53 in North-eastern counties (26 per cent); 29 in South-western counties (14 per cent); and 12 in other places (6 per cent).

The research also detailed the movement between initial placement and at age 18. A number of young people had returned to Glasgow so that there were 62 young people in Glasgow at the end of the study. However, there were still significant numbers in the crofting counties (32), the north-east (39) and the south-west (35). By the age of 18, 20 of the young men had joined the Merchant Navy or the Armed Forces.⁷⁴⁸

Ferguson also gave information on the placement of children on 31 May 1961 and noted the reduction in placements to the crofting communities. Forty-two per cent of boarded-out children in 1961 were in Glasgow, 15 per cent in the crofting counties, 17 per cent in the north-east, 18 per cent in the south west, and eight per cent elsewhere.⁷⁴⁹

The research looked at the educational and employment outcomes for children after they had left care. Many of the children were of 'a poor level of scholastic ability' and had lost schooling before coming into care. Ferguson concluded that:

On the whole, then, the progress of these children at school was not unsatisfactory, everything considered, and for the majority, at least, their schooldays seem to have passed happily enough, though teachers'

⁷⁴⁶ Ferguson, 54.

⁷⁴⁷ Ferguson, 51.

⁷⁴⁸ Ferguson, 57-8.

⁷⁴⁹ Ferguson, 56.

estimates of the future prospects of the children when they left school were rather guarded.⁷⁵⁰

Outcomes in terms of employment reflected the markedly different economic conditions in the 1960s, as the 'great majority of the young people were at work within four weeks of leaving school.'⁷⁵¹ Ninety per cent of the boys and 85 per cent of the girls were self-supporting at their eighteenth birthday.⁷⁵² The research followed the young people until they were 20 years old and the employment figures had increased slightly by this point.

Ferguson also compared the outcomes of children in different placements.

Considering all the circumstances, it seems reasonably clear that, despite the fact that a high proportion of them worked for at least 90 per cent of the time between leaving school and reaching their eighteenth birthday, children brought up in Homes made the least satisfactory showing, an outcome always on the cards in view of their poor level of ability and high incidence of temperamental abnormality. It is more difficult to choose between the performance of children maintained with relatives and those boarded-out, especially since those maintained with relatives were of superior ability, and had, on average, longer experience of normal home life before coming into care.⁷⁵³

Helen Tennent: *I Belonged to Glasgow*.

Helen Tennent's account of her time in care started in 1939 when she was two years old and finished when she was 18 years old.⁷⁵⁴ She experienced a wide range of child care placements, both positive and negative, and her account of her care experiences forms a bridge across these two periods, from the end of the 1930s to the end of the 1950s.

⁷⁵⁰ Ferguson, 128.

⁷⁵¹ Ferguson, 128.

⁷⁵² Ferguson, 129.

⁷⁵³ Ferguson, 133-4.

⁷⁵⁴ Helen Tennent, *I Belonged to Glasgow (A Journey Through Care)* (Edinburgh: Deantag Press, 2007).

Helen Tennent, *I Belonged to Glasgow*

Helen Tennent starts her story of her time in care with her evacuation from Glasgow in 1939 at the age of two and a half. She was placed in a home—'a large mansion standing in acres and acres of land'—for under-fives in Cove, Helensburgh. (Her sister, Meg, was evacuated to Perth).

This was no exile, no banishment from the city that had spawned me. This was an exciting adventure into the unknown and I wave my last farewells to Mum, Dad and Meg, I was bubbling over with excitement.

Helen detailed her positive memories of the home, of the food, and of the activities and play.

The days slipped past in an endless tapestry of colours and shapes. Meg and my parents disappeared into the background. There was just so much to do and see; slides to go whizzing down, monkey puzzles on which to perform feats of acrobatic daring, tricycles to ride and books and toys in abundance to be explored.

She also detailed disappointments and frustrations, the doll she was given on her train journey to the home that was taken off her when she arrived, her resistance against regimentation, and fallings-out with other children.

Helen returned home when she was four years and eight months old. However, in 1942, she was evacuated once again, this time with her sister. Initially, this was to the Suncourt Hotel in Troon although she had few memories of the stay as after a few months she moved again to a private house—'the most beautiful mansion I had ever seen'—in Monckton, Troon, along with another 20 or so girls.

My dormitory looked very cosy and warm. Each bed boasted a highly coloured crocheted woollen cover and a wooden locker. Unlike the stark dormitories of Cove and the Suncourt Hotel, personal possession littered the lockers and beds, giving the room a lived-in feel. The girls were very friendly, and within hours I struck up a friendship with one of the older girls.

Helen Tennent's description of her stay at Glenholm is largely positive: playing on the beach, enjoying school and reading, visits to the cinema and the Red Cross shop, and

amateur dramatics. Underlying this, however, was the constant threat of the war relayed through newsreels. While Helen and Meg were in Troon, their parents separated and visited rarely. Therefore, when other children returned to Glasgow in 1944 they were left behind until, after a further eight weeks, they were collected by their father.

Helen's father had nowhere for the children to live and so they lodged in a private arrangement with the family of a work colleague. However, after a few months, the colleague moved to England for work. Unable to look after them, their father took them to the Glasgow Corporation offices and Helen and her sister were taken from there to Foresthall Home and Hospital. She described her time in Foresthall, the former Barnhill Poorhouse and Hospital, as a 'nightmare journey'.

I turned hopefully towards Meg. She was looking decidedly uncomfortable. I looked from her to the grounds and back again. It took several seconds before my brain computed what was causing her concern. Despite it being a beautiful sunny afternoon, there were no children to be seen. The only moving figures were old, very old.

Helen described the strong smell of antiseptic, the hospital-like corridors, the inmates who:

...not only looked old and worn out, they looked unhappy. Some walked with eyes averted, feet shuffling; some stood still, nervously stroking their clothing, whilst others seemed to be talking to non-existent companions.

The children were shown to a dormitory, told to play until the tea bell rang and left to their own devices. Helen described being panic-stricken at the thought that she would stay there until she ended up like the older inmates—'weak, unwanted and half mad'.

How long we remained in Foresthall, I do not know. Perhaps a few days, perhaps a week or so, but when the fat lady returned to take us away, I was very glad to see her.

Helen and her sister were then taken to Auldhouse children's home on the outskirts of Glasgow.

Despite the fact that we were with other children, the staff were kind and the food plentiful and delicious, Meg and I had difficulty settling down. Although both staff and children made overtures, we were wary of them and kept ourselves apart. All approaches were met with sullen silence and deep-rooted suspicion.

The sisters stayed in Auldhouse for a week before being told that a home had been found for them in a croft in Inverness-shire.

Helen sums up her experience as follows.

This then was our new home. Not bristling with modern, uncomfortable furniture, nor filled with the recognised status symbols of the day, but a house glowing with warmth and a promise of love. Within these thick stone walls Meg and I were to be given as fine a home as one could ever hope for.

Helen described her surprise at the lack of electricity, the outhouse, the large zinc tub for washing. She talks of the work involved on the croft, carrying water and fuel, picking raspberries and gathering in and stacking the corn and the hay. However, she talks of these positively, meeting neighbours and friends through the work.

All was not work that summer. Play took up the major part of the holidays. After the chores were finished, Meg and I would separate and make for our own hallowed spots.

The children received a year's supply of clothing from Glasgow Corporation at the start of the school year.

All our needs had been catered for—coats, winter dresses, summer dresses gym slips, blouses, jerseys, cardigans, underwear, nightwear, footwear and even beautiful patterned handkerchiefs.

Helen discussed the well-rounded education she received in the local primary school and the encouragement she received.

If I had any illusions that my schooling here would be inferior, these were soon put to flight. Under the ever-alert gaze of the marvellous Miss Nicholson, I was put through my paces at a rate I have never experienced since, and it came thick and fast.

Helen stayed in the foster placement on the croft for four years until she moved to another foster placement in Inverness to attend Inverness Academy. While Helen paints an idyllic picture of her stay, she recognises that not all were as lucky, and recounts her foster father's impatience with the Corporation inspectors.

He had always resented visiting officials taking the lids off the pans on our stove to see what was inside, particularly as there were fostered children not far from Culantyre whose harsh living conditions were apparent to everyone except the visiting officials.

As Helen was leaving for Inverness, three other children were fostered with Willie and Jeannie at Culantyre.

Jeannie who had cared for me would now do the same for the three children at her table. They had nothing to fear. Here they would be safe.

She left her placement on a croft to attend Inverness Academy but her experience in Inverness was poor.

When the car finally stopped in front of a wooden gate leading to what I think was a council house, a thin lady rushed down the pathway, leaned defensively over the gate and shouted "I'm sorry, I can't take her. My cousin is coming to stay."

She felt resentful as she was ferried around Inverness trying to find another foster carer. Eventually, she was placed with three elderly sisters and their brother who were already caring for three other foster children. She found a marked contrast with her experience on the croft.

...in this household the less children were seen or heard the better. The Camerons it seemed, lived a totally separate life from the children, except on Sundays, when they joined us for a cooked breakfast in the kitchen and we were invited in the evening for tea and cake in their sitting room.

Sleeping arrangements were also difficult as Helen was expected to share a double bed with one of the foster children and one of the elderly sisters.

Although she enjoyed Inverness Academy and hoped to attend University, she was very unhappy in her foster home and the expectation that she should leave school at 15, and by the 'teasing' of a new foster child.

At Christmas, Helen ran back to Culantyre. However, she was returned to the Camerons by officials from the Education Department and Glasgow Corporation. The Camerons shunned Helen and not even the other foster children were allowed to speak to her. After several weeks of this, Helen decided that although she wanted to stay at the Academy, she could not continue in the foster placement and she was 'removed'.

Following a brief stay in Eversley children's home in Glasgow, Helen was fostered in Dalbeattie, in south west Scotland. However, because of a change in plans for their newly married daughter to move out, Helen was expected to sleep in the foster parents' bedroom.

Unable to voice my feelings about this new placement, just as I had been unable to voice my feelings about life with the Camerons, I began to nurse a strong dislike and contempt for everyone in authority. Neither age nor power seemed to be a reliable indicator for wisdom.

Desperately unhappy, Helen was also behind at school, and she stole some money from the foster carers' daughter.

After I was given a lecture about my dishonesty, everyone promised to forgive. But I couldn't forgive myself. The guilt consumed me I couldn't understand what on earth was happening to me.

Helen ran away and tried to get back to her father in Glasgow but did not make it that far. The foster carers asked that she be removed, and she was taken back to Foresthall Home and Hospital for one night before being placed again in Eversley children's home.

Never was the sight of stark dormitories and highly polished floors more welcome. After I was introduced to the Matron, I was taken along to the playroom to mingle with people in my own circumstances. I immediately felt as if an unwelcome spotlight which had been trained on me had suddenly been turned off.

Helen described throwing her energy into polishing floors, for which she received 1/6d every week, and, importantly, praise for her efforts. She also helped in the

nursery and loved washing and feeding the babies. She speaks of regular outings to the Empire Theatre and occasional visits to a city centre restaurant, and of Saturdays spent at the cinema, window shopping, or walking through the local park.

I cannot remember any display of inflexible regimentation or cruelty of any sort, either mental or physical.

However, following a difficult reunion with her mother, Helen struggled emotionally.

The staff were totally unaware of my distress. It was not common practice to discuss emotional traumas with them. All they knew was what they could see...I was aggressive and bullying. Matron quite rightly decided it would be in the interests of the other children, as well as my own, if I was removed to another home where there would be children of my own age.

Helen was sent to Castlemilk, a large house in its own grounds.

My overall impression of my new home was of vastness and noise. The home catered for about fifty children, which made it impossible for the nursing staff to keep an eye on everyone and therefore allowed for a reasonable degree of freedom and autonomy.

Helen, however, had a run in with the Matron. Although the kitchen was out of bounds, the night staff allowed her and some of the other older girls to have toast and milk in the kitchen after helping to strip and make the beds. Helen was caught by the Matron as she ran up the stairs.

...she slapped me forcefully across the face. It was the wrong move. I allowed no one to hit me. I slapped her back and told her that if she ever raised a hand to me again I would kill her.

Helen described other children being caned, slapped or smacked. She struggled in this regime.

As the months passed, deprived of intellectual stimulation either in the home or at school, I withdrew into myself, hiding from the sea of sadness that surrounded me.

Christmas highlighted the starkness of the home, children hoping for presents or visits from parents, were often disappointed. Presents, often second-hand donations,

were frequently unsuitable for the age or gender of the children who received them. Volunteers to be 'aunts' and 'uncles' were often unprepared for how children might react and 'the results were often more destructive than constructive.' However, she also highlighted her friendship with a part-time cleaner and also her friendly relationships with her school classmates.

Helen left Castlemilk following the theft of a Christmas parcel from her ex-foster carers from Culantyre, apparently by the Matron. Helen's father, with whom Helen was now in touch, complained and Helen was moved on to Clyde Cottage, a small home in Dunoon for approximately 20 girls aged 10 to 15.

Our lives were strictly regimented. We rose at seven; made our beds; swept and polished our dormitories, then washed and brushed our teeth before breakfasting at eight. Everyone, regardless of which school she attended, left the premises at eight-thirty. Tea was served at 5 p.m. and by 7.30 p.m. we were all in bed, with the exception of the two oldest girls who were allowed to remain up until half-past eight.

The last chapter of Helen Tennent's time in care was when she was returned to Glasgow and was accommodated in a hostel.

...I had merely traded in my Clyde Cottage dormitory for a smaller but equally spartan one.

Helen felt less regulated than when she was in the children's home, but more regulated than she expected. At one point, she left the hostel with a friend and rented a room, but the following morning two representatives from Glasgow Corporation arrived on their doorstep to take them back to the hostel. During this period, Helen was sent to secretarial college (although she felt that this was to keep an eye on her). However, she gained employment as a secretary in a legal firm.

When I reached eighteen, knowing the Corporation could no longer legally, or illegally, order my life, with the help of Miss Davidson, I left the Salvation Army Hostel behind and moved into a hostel in Bath street.

Helen Tennent, *I Belonged to Glasgow (A Journey Through Care)* (Edinburgh: Deantag Press, 2007)

After Care

The *After-Care Committee* of the Scottish Advisory Council on Child Care produced a report on after-care services in 1950, and highlighted that the *Children Act 1948* placed on councils and burghs a much wider range of responsibilities.⁷⁵⁵

As from 5th July, 1948, a child in the care of a local authority, whether in care under the Children Act or committed by a court to the authority as a fit person, will remain in their care until he reaches the age of eighteen years unless he has earlier passed out of care, e.g. by his being returned to the care of his parents, relatives or friends or by the revocation of the order.⁷⁵⁶

The local authority also had the power to support children up to the age of 21 years if they were in care at school-leaving age. The Committee stressed the role of the Children's Officer in ensuring that children in care receive after-care advice and support at school-leaving age. 'Responsibility for the older child's welfare must of course continue after he has been placed in employment. The period of adjustment to the adult world is bound to be for the deprived child one of more than ordinary difficulty.'⁷⁵⁷ Consideration should be given to the young person's accommodation, finance, training, and 'religious, social and recreational activities and to develop artistic, musical or other natural gifts.'⁷⁵⁸ The *Children Act 1948* gave local authorities the power to set up hostels and this is discussed further below.

The Committee detailed the financial support young people could receive after the age of 18 years: financial assistance towards accommodation and maintenance, and towards the cost of education and training.⁷⁵⁹

As we see it, the Children Act intends that the local authority and their children's officer should as far as possible give parental security and assistance to children in their care; and we think it likely that experience will show the advantage of allowing them to continue this service for young

⁷⁵⁵ Scottish Advisory Council on Child Care After-Care Committee, *Report of the After-Care Committee of the Scottish Advisory Council on Child Care* (Edinburgh: HMSO, 1950), 5.

⁷⁵⁶ After-Care Committee, *Report of the After-Care Committee*, 5.

⁷⁵⁷ After-Care Committee, 7.

⁷⁵⁸ After-Care Committee, 7.

⁷⁵⁹ After-Care Committee, 9.

persons formerly in their care who are over eighteen notwithstanding that these young persons may no longer be receiving financial aid.⁷⁶⁰

The Committee stressed the importance of the Children's Officer's responsibilities in relation to employment but also highlighted their broader role.

The children's officer will have regard to the whole needs of the child, spiritual, physical, intellectual and emotional. It will usually be found that his work during the after-care period will be the more effective when he has at an earlier period secured the child's confidence and affection.⁷⁶¹

The Kilbrandon Committee

The 1960s saw a major development in the approach to children and young people's services in Scotland.

The Kilbrandon Report is a remarkable document. It was remarkable in its time and it still reads as a clear, fresh and enlightened document more than thirty years later. Few Government reports are reprinted not once, but twice, after their original publication. This is a tribute to the historical importance, the readability and the continued relevance of Lord Kilbrandon's report.⁷⁶²

The *Kilbrandon Report* marked a watershed in policy and decision-making for young offenders and children in need. The Committee's remit was:

...to consider the provisions of the law of Scotland relating to the treatment of juvenile delinquents and juveniles in need of care or protection or beyond parental control and, in particular, the constitution, powers and procedure of the courts dealing with such juveniles.⁷⁶³

The *Kilbrandon Committee* considered those children in need of compulsory measures of care through the juvenile courts. Its focus reflected the balance across the different groups, with over 20,000 juvenile offenders compared to approximately 500 in need of care and protection, and even smaller numbers beyond parental

⁷⁶⁰ After-Care Committee, 9.

⁷⁶¹ After-Care Committee, 10.

⁷⁶² Fraser of Carmyllie, "Preface," *The Kilbrandon Report: Children and Young Persons Scotland* (Edinburgh: HMSO, 1995), vii.

⁷⁶³ Scottish Home and Health Department and Scottish Education Department, *Children and Young Persons Scotland: Report by the Committee Appointed by the Secretary of State for Scotland, (The Kilbrandon Report)* (Edinburgh: Her Majesty's Stationery Office, 1964), 5.

control and truanting.⁷⁶⁴ We have seen that this was a different, although overlapping, population to that covered by the *Children Act 1948*. The latter offered care for children, for the most part, in agreement with the child's parent(s); as the *Kilbrandon Report* put it through an 'informal process.'⁷⁶⁵

The *Kilbrandon Report* highlighted the basic similarities across the different categories of children and young people requiring compulsory measures of care, and identified the individual needs of the child as the basis for taking action. 'The Kilbrandon report echoed the views of the early reformers such as Mary Carpenter in its refusal to distinguish between the troubled and the troublesome and to acknowledge the common needs of the offender and the offended against.'⁷⁶⁶ On this basis, the Committee proposed a new mechanism to deal with all cases, 'the juvenile panel'. This became the Children's Panel, which was established in 1970.

Although there is a brief mention of foster care in the *Kilbrandon Report*, the main focus is on residential care, reflecting again the group of children and young people covered by its remit. The Committee highlighted a range of concerns about existing residential measures. These included the insufficient range of schools in the approved school system, the fact that too many children were sent to approved schools unnecessarily, and that 'too many cases unsuitable for approved school are sent there.'⁷⁶⁷ The Committee highlighted five general issues:

- an insufficient range and variety in the approved school system;
- shortage of hospital accommodation for children suffering from mental defect;
- a need for residential schools for children suffering from serious maladjustment or from educable mental handicap;
- inadequacies in local authority children's home sector leading to committal to approved school; and,
- a need for short-term residential training facilities.⁷⁶⁸

⁷⁶⁴ SHHD and SED, *Kilbrandon Report*, 7-8.

⁷⁶⁵ SHHD and SED, 54.

⁷⁶⁶ Lloyd, "From Ragged to Residential Schools," 262.

⁷⁶⁷ SHHD and SED, *Kilbrandon Report*, 53.

⁷⁶⁸ SHHD and SED, 53.

Following the *Kilbrandon Report*, the Scottish Home and Health Department published a White Paper that took forward the Kilbrandon proposals for 'children's panels'.⁷⁶⁹ However, the Kilbrandon proposals to establish 'Social Education Departments' to deal with children and young people were not taken forward. Rather, the White Paper set out proposals for generic 'Social Work Departments'. In addressing social work with children, the White Paper recognised the increasing emphasis on providing support in the child's own home. It would be the role of the Social Work department to ensure that the decision of the panel was effectively implemented. As in the case of the *Kilbrandon Committee*, the White Paper focused on interventions available to the Children's Panel and these were primarily residential placements; the paper did not mention foster care.⁷⁷⁰

Foster Care

Triseliotis suggested that prior to the *Children Act 1948* fostering was mainly a form of long-term substitute parenting or *de facto* adoption, with the children and young people not in contact with their parents and not expected to return to them. The new Act introduced the concept of temporary care as a service to parents and children in need. However, Triseliotis wrote how research found that fostering as substitute parenting continued to predominate for a number of reasons:

...confusion about the objectives of different types of foster carer; the failure of social workers to work towards rehabilitation with the natural family; the natural family being unable or unwilling to have the child back; and 'exclusive' forms of fostering practiced by a number of carers thus shutting out the family of origin from the child's life.⁷⁷¹

Murphy described the standard of boarding out in the years immediately following the *Children Act 1948* as being generally extremely low, although 'in spite of lack of trained staff and some doubtful standards, boarding out on a large scale seemed to work in Scotland without known major tragedies or protests.'⁷⁷² He suggested that a number of reasons contributed to this, including: the general conditions of

⁷⁶⁹ Social Education Department and Scottish Home and Health Department, *Social Work and the Community: Proposals for Reorganising Local Authority Services in Scotland*, (London: HMSO, 1966).

⁷⁷⁰ SED and SHHD, *Social Work and the Community*, 20.

⁷⁷¹ John Triseliotis, "Foster Care Outcomes: A Review of Key Research Findings," *Adoption & Fostering* 13, no. 3 (1989), 5.

⁷⁷² Murphy, *British Social Services*, 102.

nourishment, clothing and housing, harsh discipline, and upbringing; and the lack of understanding of child abuse in the professions, media, and general population. However, he also wrote that 'some experienced children's officers would say that the neighbourhood often exercised a silence to the point of collusion.'⁷⁷³

In 1948, the *Boarding-Out Committee of Advisory Council on Child Care for Scotland* was appointed to consider the boarding-out system and recommend improvements. It reported its findings in 1950.⁷⁷⁴ The Committee discussed the practice of boarding out children in rural areas and argued that while there may have been good reason for this because of better standards of living in the countryside, this was no longer necessarily the case. It set out the advantages of living in a town as including: more social activities, being able to visit the homes of friends, more easily accessible educational facilities, and better employment opportunities. The Committee also suggested that the transition from city to country could be unsettling and disturbing for boarded-out children. Attention was drawn to certain areas where there was excessive boarding out of children, to the extent that the number of boarded-out children exceeded the number of local children.⁷⁷⁵ In the light of past criticism of children being boarded out for their labour, the Committee reported that it was 'satisfied that boarded-out children are not in general required by their foster parents to do excessive housework or field work; if there are instances of overwork, we are sure they are isolated and not typical.'⁷⁷⁶

The shortage of foster parents had led to foster homes with six or seven children and, while the Committee acknowledged a number of concerns, it suggested that regulations on the number of children should be waived so as not to discourage local authorities from providing additional foster places. Similarly, it recognised that the development of temporary foster parents could 'ease pressure on accommodation in local authority children's homes, and...make it possible for these short-stay children to remain throughout in a family atmosphere'.⁷⁷⁷ The need for

⁷⁷³ Murphy, *British Social Services*, 102.

⁷⁷⁴ Scottish Home Department, *Report of the Boarding-Out Committee of the Scottish Advisory Council on Child Care* (Edinburgh: His Majesty's Stationery Office, 1950), 3.

⁷⁷⁵ Scottish Home Department, *Report of the Boarding-Out Committee*, 6.

⁷⁷⁶ Scottish Home Department, 15.

⁷⁷⁷ Scottish Home Department, 7-8.

additional foster parents was clear and the Committee suggested a national publicity campaign to address this.⁷⁷⁸

The Committee also highlighted the importance of selecting good foster homes and of matching the foster home with the needs and temperament of the child. The report confirmed the importance of visits by the children's officer responsible for the child, and also of visits by local authority members. The health and educational needs of children were also emphasised. The Committee picked up on an issue identified by the *Clyde Committee*, and highlighted the variation in the rates of payment of foster parents, and it again called for uniform boarding-out rates.⁷⁷⁹

The issue of contact with parents continued to be seen as problematic as it would potentially be disruptive to children and prevent them settling down with foster parents. 'We consider that visits by parents or relatives or friends to a boarded-out child should not be allowed except at the discretion of the local authority acting through their children's officer.'⁷⁸⁰ Parents should, however, continue to be responsible to contribute to the maintenance of their children while they were boarded-out by the local authority. Wherever possible brothers and sisters should be placed together or they should be boarded out in foster homes near to each other.⁷⁸¹ Based on its findings, the Committee drafted revised boarding-out regulations.⁷⁸²

The Advisory Council on Education in Scotland also considered foster care in its report on maladjusted pupils. It considered that while 'the good foster home is often the best substitute for the child's own home, it has to be acknowledged that unsatisfactory homes add grievously to the burdens of children deprived of family life.'⁷⁸³ The report highlighted the importance of companionship and the satisfaction of emotional needs, and detailed the issues arising from rural placement.⁷⁸⁴

⁷⁷⁸ Scottish Home Department, 3.

⁷⁷⁹ Scottish Home Department, 9-11.

⁷⁸⁰ Scottish Home Department, 14.

⁷⁸¹ Scottish Home Department, 15.

⁷⁸² Scottish Home Department, 20-2.

⁷⁸³ Scottish Education Department, *Pupils Who Are Maladjusted Because of Social Handicaps: A Report of the Advisory Council on Education in Scotland* (Edinburgh: Scottish Education Department, 1952), 41.

⁷⁸⁴ Scottish Education Department, *Pupils Who Are Maladjusted*, 41-2.

The report of the *Boarding Out Committee* and the suggested regulations, formed the basis of the *Boarding-Out of Children Scotland Regulations 1959*, which were made possible by the powers conferred in the *Children Act 1948*.⁷⁸⁵ Alongside the regulations, the Scottish Home Department published the *Memorandum on the Boarding Out of Children*. Its stated aim was to consider in more detail the issues raised by the 1950 report and to make suggestions that would help attain 'a uniform standard of good boarding-out in Scotland.'⁷⁸⁶ The Memorandum again stressed the importance of good foster care, and the potentially serious damage to a child's development by boarding-out that is not good enough. It went into detail on the suitability and selection of foster parents. It also highlighted the shared responsibility between the foster parents and the boarding-out officer and, during visits, the importance of the child and the foster parents being seen 'in their full family relationship', as well as the child being spoken to alone.⁷⁸⁷

Notably, and with a very different approach to the 1950 report, the Memorandum stressed the fundamental nature of the relationship between the child and their parent, and that foster parents should receive guidance on supporting regular contact where this was appropriate, particularly in short-term placements when the aim was for the child to return home. Every effort should be made to place brothers and sisters together, and if this was not possible, there should be regular contact between them.⁷⁸⁸ The Memorandum also stressed the need for minimum disruption, and the continuity of placements. For children coming into care for short periods, it suggested local placements to facilitate contact.⁷⁸⁹ The Memorandum addressed the differing needs of children coming into care and those for whom boarding out would be most suitable. It also considered children with 'mental retardation', and recommended that a 'child of school age or approaching school age who is patently in need of special education should not be boarded-out in an area where there are no facilities.'⁷⁹⁰ It set out good practice in introducing a child to the foster parents and the move into foster care, and also in the case of a placement breaking down.⁷⁹¹

⁷⁸⁵ For details of the 1959 Regulations, see Norrie, *Legislative Background*, 156.

⁷⁸⁶ Scottish Home Department, *Memorandum on the Boarding Out of Children* (Edinburgh: Her Majesty's Stationery Office, 1959), 5.

⁷⁸⁷ Scottish Home Department, *Memorandum on Boarding Out*, 13.

⁷⁸⁸ Scottish Home Department, 14.

⁷⁸⁹ Scottish Home Department, 15.

⁷⁹⁰ Scottish Home Department, 18.

⁷⁹¹ Scottish Home Department, 19-20.

The importance of the transition to employment was stressed, and the support needed should employment be at a distance from the foster home.⁷⁹²

A 'specimen statement of principles' to provide a guide for foster parents was set out and this covered: health, medical attention, education, religion, recreation, training, parents and relatives, visits, employment, and removal of foster children.⁷⁹³

Aldgate, in her overview of foster care in Scotland, gave a broad outline of the developments following the *Children Act 1948* until her research in the early 1970s.⁷⁹⁴ During this period there was a growing recognition of the role of natural parents in the life of children in care, that separation from the family should be avoided, and that children should be reunited with their family where possible.⁷⁹⁵ Policy increasingly highlighted the dangers of separation, the importance of continuity of care, and the maintenance of links with siblings, parents, relatives, and friends.

Furthermore, with the emphasis on a child's individual needs, and the growing recognition that foster care might not be the ideal answer for every child in care, there was a move towards the development of a wider range of provision which included the development of small 'family group' children's homes alongside the larger institutions.⁷⁹⁶

These developments also conflicted with the practice of placing children at a distance in the rural areas of Scotland and on crofts. Abrams noted that 'the practice of placing children in areas remote from their place of birth and remaining family ceased',⁷⁹⁷ although this did not happen quickly, and boarding out to rural areas carried on into the 1960s.

Abrams interviewed adults who had been boarded out in the Islands in the 1960s and she noted that all children, not just boarded-out children, were expected to work on the crofts and farms.⁷⁹⁸ Abrams highlighted the contrasting memories of

⁷⁹² Scottish Home Department, 22.

⁷⁹³ Scottish Home Department, 24-8.

⁷⁹⁴ Patricia Jane Aldgate, "Identification of Factors Influencing Children's Length of Stay in Care" "PhD thesis, University of Edinburgh, 1977), 68-72.

⁷⁹⁵ Aldgate, "Identification of Factors," 69.

⁷⁹⁶ Aldgate, 70.

⁷⁹⁷ Abrams, *Orphan Country*, 69.

⁷⁹⁸ Abrams, 49.

boarded-out children on their relationships with their foster families, some describing emotional coldness or clearly being treated differently to the foster parents' own children, while others saw themselves as part of the family and described their close relationships.⁷⁹⁹ However integration into the community could be difficult and boarded-out children may be seen as different, marked out by old and ill-fitting clothing, and subject to name-calling and abuse. This difference was particularly marked in close-knit communities bound by ties of kinship. 'And yet the fact that large numbers of boarded-out children stayed in their adopted communities or returned in later life is a fairer testament to their place in Scottish rural life.'⁸⁰⁰

Smith-Christmas, in her research on language and identity of migrants to Gaelic-speaking communities, interviewed four adults who had been boarded out to Tiree as children and stayed there as adults.⁸⁰¹ She commented on the high proportion of adults who had been boarded out who remained in Tiree. The oldest interviewee, whose wife had also been boarded out on Tiree said, 'We were lucky. We landed good here. That's why we're still here...There was plenty that never came back...They weren't very well done to some of them. It was only a source of making money for some of them [i.e. the foster parents].'⁸⁰² Another interviewee acknowledged that the work was hard but that they had enjoyed it: 'You done a lot of work on the crofts...You weren't *forced* to do it, but you enjoyed doing it. I enjoyed being outside doing it. It was really—it was really good.'⁸⁰³

Acknowledging that the children who remained on Tiree may have had relatively positive experiences, Smith-Christmas identified that 'aspects of the process were potentially difficult for young children, such as being separated from their siblings or simply being sent to Tiree without explanation.'⁸⁰⁴ However, the interviewees did not report 'any problems in integrating into their local peer group, despite their

⁷⁹⁹ Abrams, 60–2.

⁸⁰⁰ Abrams, 66.

⁸⁰¹ Cassie Smith-Christmas, *Experiences of Children who were 'Boarded-Out' to Tiree*, Personal Communication, 2013.

⁸⁰² Smith-Christmas, *Experiences of Children*, 1.

⁸⁰³ Smith-Christmas, 1.

⁸⁰⁴ Smith-Christmas, 1.

differences in circumstances'. '[Y]ou could tell the difference with the boarded-outs because we had donkey jackets and tackety boots.'⁸⁰⁵

Another source of evidence which highlighted the mixed experience of children in foster care in the 1950s and 1960s was provided by survivors of abuse in Fife residential care. They recalled their experiences in foster care prior to being placed in the residential home.

Some had a very warm relationship with their carers. They were distraught at having to leave because of the illness of a carer or change of circumstances. However, for many of the young people, their time in foster care was a harsh experience including deprivation of food, serious physical punishment and being left outdoors for lengthy periods while carers were out of the house.⁸⁰⁶

Ferguson, in his study of a cohort of children in the care of Glasgow Children's Department, concluded that, even in the context of the children entering care in the disrupted times of war, 'over the years the great majority of foster-parents have done a job, often trying, with conspicuous success.'⁸⁰⁷ Relations between young people and foster carers tended to be positive—in 143 cases they were recorded as 'good' and in 16 as 'fair'; only in 6 cases all contact between foster-parent and young person reported to have been lost by eighteenth birthday'.⁸⁰⁸

While a quarter of the young people had lost contact with their foster carer by the age of 20, 'some 27 per cent. of the boys and 34 per cent. of the girls still continued to live with their foster-parents and many of the young people in other parts of the country and overseas still regarded their foster-home as 'home'.⁸⁰⁹ Ferguson concluded that despite its risks:

...boarding-out with foster parents is still the best way of dealing with the child without a home of his own; clearly the foster-home must be selected with the utmost care, carefully supervised, and linked with arrangements adequate to ensure a reasonable range of employment opportunities.⁸¹⁰

⁸⁰⁵ Smith-Christmas, 1.

⁸⁰⁶ Black and Williams, *Fife Council Independent Enquiry*, 22.

⁸⁰⁷ Ferguson, *Children in Care*, 134.

⁸⁰⁸ Ferguson, 81.

⁸⁰⁹ Ferguson, 134.

⁸¹⁰ Ferguson, 139.

We saw in the previous chapter that there was concern about placing children in families of their own religion. The ongoing move away from residential care, led to efforts to increase the numbers of Catholic foster carers. McHugh commented that the fear of proselytism continued to impact on the Catholic philanthropic action for children in this period, and the 'St Margaret of Scotland Adoption Society, established as late as 1955 had, as one of its primary aims 'to ensure that no Catholic child is refused the chance of a happy home' and 'a religious upbringing'.⁸¹¹ The Society also developed a fostering service in 1963, and the St Vincent de Paul Society 'published an urgent appeal for foster parents' in 1962.⁸¹²

Josephine Duthie's autobiographical account of her experiences in foster care in the 1950s and 1960s threw a spotlight on some of the worst excesses of the boarding out system in Scotland.⁸¹³ This was not only in terms of the abuse and neglect experienced by Josephine and her siblings, but in the professional denial that such a thing could have happened when Josephine reported the abuse to social workers.

Josephine Duthie, *Say Nothing*

In *Say Nothing*, Josephine Duthie tells of the physical and mental abuse that she and her brothers and sister experienced at the hands of her foster mother on an isolated croft in the North-East of Scotland.

In 1953, following desertion by their mother, Josephine, her two brothers and her sister were taken into care. Josephine remembers little of the time in the children's home and the children returned home. However, the neglect at home began again and, in 1955, Josephine and her two brothers were returned to care.

Life had become very confusing. We did not know what was happening, and no one was there to hold our hands and explain anything to us when we needed it the most.

⁸¹¹ McHugh, "Development of the Catholic Community," 241.

⁸¹² McHugh, 256.

⁸¹³ Josephine Duthie, *Say Nothing: The Harrowing Truth about Auntie's Children* (Edinburgh: Mainstream Publishing, 2012).

The children were taken to a children's home, where Josephine's youngest brother was taken away by a nurse. Josephine and her brother spent one night in the home before being taken from Glasgow to another children's home in Dunoon. Josephine remembers this home happily and tells about 'the many good times' in the home.

It was a good home: not only were we introduced to a healthier environment but we were also encouraged to have fun and play together...The time I spent in this children's home was to be the best in my young life.

In 1956, Josephine was reunited with her youngest brother (although he had forgotten her) and her other brother. The three children were then placed with 'Auntie' on a croft in Coxton, Moray. In this strange place, their welcome was cold and scary.

Within the first few month of arriving at Coxton, we had experienced anger and violence beyond any of our imaginations.

The children were worked to exhaustion and tried to obey the stringent rules but were punished for any transgression.

In 1956, the children were joined by their youngest sister, now aged three. However, after a brief respite, the beatings, humiliation, verbal and emotional abuse continued along with punishments such as being locked in a cramped, dark cupboard, or their foster mother 'would ritually grab our hair, twisting and pulling it as she shouted and screamed into our faces.' Later, Josephine's brothers could be locked in their room for up to three days without food or water. The children often went hungry.

Each season of the year brought a different kind of abuse, especially in terms of the physical hardships of the various jobs we had to do.

Josephine described the relief of being away from the croft and 'Auntie'. Her time at school, snatched moments either by herself or with her brothers and sister, work in a food factory, or the occasions when the children were allowed to attend an activity because 'Auntie' needed something positive to put in her reports to the authorities. She tells of how 'Auntie' manipulated visitors and inspectors and 'never failed to pull the wool over their eyes.'

Josephine finally escaped the foster placement in 1966, shortly before her 18th birthday, when she took up nursing training in Aberdeen. Her attempts to rescue her brothers and sisters by reporting their abuse to the child care authorities came to nothing, as the official who spoke to her and then visited the placement put the blame on Josephine as a troublemaker. Her brothers and sister often ran away and were returned to the croft by the police, and they were also seen as troublemakers until, eventually, they too escaped. However, all bore the scars of their years of abuse, and that they never saw their parents or relatives again was an 'utmost sin'.

Josephine Duthie, *Say Nothing: The Harrowing Truth About Auntie's Children* (Edinburgh: Mainstream Publishing, 2012).

Residential Care

Introduction

Following the disruption of World War II and the findings of the *Clyde Committee*, there was a period of change for residential care in Scotland.

Shaw provided an account of former residents' experiences of residential care in Scotland, and most of them had experienced care between 1948 and 1968. Shaw acknowledged that this was not a representative sample of experiences, collected as it was in the context of hearings about historical abuse.⁸¹⁴ Former residents did not know why they had been placed in residential care and did not have contact with their families. Residents spoke of their experiences of abuse and not having anyone to speak to. Even when they did disclose abuse, they were not believed. Inspections, visits or holidays with volunteers did not provide the opportunities to talk about their experiences.⁸¹⁵ Other accounts of adults who were abused as children in residential care have been provided by Hawthorn⁸¹⁶ and Karim.⁸¹⁷

⁸¹⁴ Shaw, *Historical Abuse Systemic Review*, 133.

⁸¹⁵ Shaw, 136-141.

⁸¹⁶ Moyra Hawthorn, "Looking Back and Moving Forward: An Exploration of Survivors' Narratives of Historical Institutional Child Abuse" (PhD thesis, University of Strathclyde, 2018).

⁸¹⁷ Samina Karim, "Power and the Historic Abuse of Children in Care" (PhD thesis, University of Strathclyde, 2020).

Against this, as we have seen in the accounts of Helen Tennent and Josephine Duthie, and as we will see again below, children and young people have described positive experiences of residential care. There were a number of improvements in residential child care, and developments in policy and practice.

Orphanages, Children's Homes and Hostels

During the discussions about children's services by the *Curtis* and *Clyde Committees*, there had been some concerns among voluntary organisations that the government would 'nationalise voluntary children's homes'.⁸¹⁸ We saw above that there were relatively few local authority homes in the 1940s, and voluntary homes provided the bulk of residential care. Even though the *Curtis Committee* had recommended that the voluntary sector should continue to provide residential care, there was a continued debate about the role of charitable and state provision.

Beveridge called for greater state control of voluntary homes and for a uniform code of care: for example, the Bill did not compel voluntary organisations to 'board out' their children whereas the local authorities had a duty to do this. A further anomaly was that, although the Bill required local authorities to try to maintain links between the child in care and his parents, the voluntary societies were not so instructed; the same was true of child migration.⁸¹⁹

The *Children Act 1948* then, 'failed to prescribe the relationship between the state and the voluntary sector'.⁸²⁰ Grier argued that while there were advantages to an 'energetic and healthy voluntary sector', there were complex financial and professional pressures in the increasing move to foster care and away from large institutions.⁸²¹

In 1948, the Secretary of State for Scotland suggested that the Advisory Council on Child Care should investigate the condition in children's homes.⁸²²

⁸¹⁸ Julie Grier, *Spirit of Friendly Rivalry? Voluntary Societies and the Formation of Post-war Child Welfare Legislation* (London: Voluntary Action History Society, 2001), 1.

⁸¹⁹ Grier, *Spirit of Friendly Rivalry*, 6.

⁸²⁰ Grier, 5.

⁸²¹ Grier, 10-1.

⁸²² Scottish Home Department, *Report of the Homes Committee of the Scottish Advisory Council on Child Care* (Edinburgh: His Majesty's Stationery Office, 1950), 3.

The Committee were concerned with children's homes administered by local authorities, and those managed by voluntary organisations. The numbers of these homes in Scotland are at present 37 and 142 respectively.⁸²³

The report noted the wide definition of a voluntary home and gave further details:

- residential homes for children	58
- holiday homes	8
- short-stay homes	4
- mother and baby homes	14
- convalescent homes	8
- after-care homes	23
- crippled children's homes	6
- homes for handicapped children	4
- approved schools	17 ⁸²⁴

There was a great deal of variation in 'the standards of the buildings, equipment, and of child care generally.'⁸²⁵

While we saw nothing to cause us grave concern, conditions were in some cases worse than we expected and often could have been considerably improved at no great cost. Lack of money was not the only cause of low standards where they existed, and we formed the opinion that the right perception of child care on the part of the local authority or voluntary organisation responsible for the home, given effect to in the home by a trained staff with a love of children and an aptitude for child care work, would do more than anything else to make the home satisfactory.⁸²⁶

There was shortage of residential accommodation in Scotland, and this had led to overcrowding of homes. The Committee recommended a minimum floor space for each bed, and the need for adequate lighting and ventilation. It agreed with the Clyde Committee's recommendations on the size of homes, and the need to sub-divide dormitories to improve children's privacy. 'Bright and colourful interior

⁸²³ Scottish Home Department, *Report of the Homes Committee*, 1. The Committee did not consider homes administered by local authorities.

⁸²⁴ Scottish Home Department, 4.

⁸²⁵ Scottish Home Department, 5.

⁸²⁶ Scottish Home Department, 5.

decoration makes the home attractive for children.⁸²⁷ The Committee also commented on the need to improve standards in relation to bathrooms, toilets, cloakrooms, dining-rooms, heating and fire precautions.⁸²⁸

Food and the diet in the children's homes was considered to be generally satisfactory, as was the clothing of children, except in those homes where children were dressed alike.⁸²⁹ Where possible, children should attend mainstream schools, rather than be educated within the home. The Committee also highlighted that in some homes there was little attention given to play and recreation, and a lack of toys, play materials, books and magazines. There was some justification of the 'criticism of children's homes on the ground that children spend too much of their time on domestic duties within the home.'⁸³⁰ The Committee also criticized the practice of keeping children for domestic work after they have reached school leaving age 'as a service to be expected of the child in return for the care given during childhood.'⁸³¹

The Committee identified the lack of 'accommodation in certified institutions for mentally defective children,' and that 'some mentally defective children are living in company with ordinary children in local authority children's homes and in voluntary children's homes, a situation which is likely to be harmful in both categories of children.'⁸³² It recommended that all 'certified or certifiable mental defectives should be removed from children's homes.'⁸³³

The Committee noted that undesirable visitors could upset children but 'would strongly deprecate any general ban which would isolate the children from relatives and friends who have a genuine interest in them, but are unable for some reason to offer them a home.'⁸³⁴ Similarly, brothers and sisters should not be separated, and if this happens, regular meetings should be arranged. 'In larger homes, any segregation

⁸²⁷ Scottish Home Department, 7.

⁸²⁸ Scottish Home Department, 8.

⁸²⁹ Scottish Home Department, 10-11.

⁸³⁰ Scottish Home Department, 13.

⁸³¹ Scottish Home Department, 14.

⁸³² Scottish Home Department, 15.

⁸³³ Scottish Home Department, 15.

⁸³⁴ Scottish Home Department, 16.

of sexes and divisions into age groups should not mean, as we believe is sometimes the case, that brothers and sisters have very little opportunity of meeting.’⁸³⁵

The Homes Committee considered the admission of children into children’s homes and were ‘strongly of the opinion that the provision of reception accommodation should be regarded as a task of the highest priority.’⁸³⁶ This would provide ‘a specialised service for the assessment of the needs and aptitudes of each child received into care and for the determination of the kind of treatment which the child should have while he remains in care.’⁸³⁷ The Committee set out in some detail the size, staffing and procedures of the proposed reception homes.⁸³⁸

The Advisory Council on Education in Scotland also considered the use of residential care in the early 1950s, and wrote that ‘in recent years, criticism of institutional care in general, and care in large institutions in particular, has been steadily growing, and the pioneer efforts of the nineteenth century are now often regarded as out-moded.’⁸³⁹

Perhaps the most serious accusation is that institutional children do not develop an effective life. They often lack the personal possessions around which sentiments may be formed, and they may have no person on whom their love may be centred. Without these experiences, the child’s emotional life may be weak and immature. It would appear that every child requires for his normal development a close emotional bond with some person.⁸⁴⁰

The report recommended the move away from large institutions and that children under five should not be placed in such institutions.⁸⁴¹ It considered that institutions should not simply provide ‘places of refuge from an inhospitable environment.’⁸⁴² ‘It is not enough that they should furnish shelter for the homeless; they should help to mend the broken lives of children entrusted to their care.’⁸⁴³

⁸³⁵ Scottish Home Department, 17.

⁸³⁶ Scottish Home Department, 20.

⁸³⁷ Scottish Home Department, 20.

⁸³⁸ Scottish Home Department, 19-25.

⁸³⁹ Scottish Education Department, *Pupils Who Are Maladjusted*, 42.

⁸⁴⁰ Scottish Education Department, 43.

⁸⁴¹ Scottish Education Department, 45.

⁸⁴² Scottish Education Department, 45.

⁸⁴³ Scottish Education Department, 45.

The report commended the use of cottage homes in large institutions, but acknowledged that cottage homes which had been designed for some 40 children were no longer desirable. It considered that children in small institutions should normally attend a local school.⁸⁴⁴ It highlighted the limitations of institutional life and recommended that 'pupils deprived of family life be given in their institutional life experience of the tools and utensils, techniques and social relationships that are encountered in the ordinary family.'⁸⁴⁵

In 1959, the Scottish Home Department published the *Memorandum on Children's Homes*. 'Much that it contains will not be novel to those who are actively concerned with the administration of the homes, but it is hoped that at the present juncture the Memorandum will serve as a useful compendium of advice.'⁸⁴⁶

The Memorandum addressed the reception of children into care and the assessment of children in reception centres. It considered the medical examination of children, examination by the educational psychologist, the child's contact with parents, records for assessment, and the case conference.

The first aim will be to find a foster home suited to the child's special needs as ascertained at the Centre. If for any reason it is not practicable to board-out the child it will be necessary to place him in a home where his needs will be met.⁸⁴⁷

The Memorandum highlighted that where a child has to be placed in a children's home 'it is possible for that institution to reproduce many of the features of family life which are important for the developing child.'⁸⁴⁸ It considered a number of features needed to create a 'substitute family home': appropriate dormitories and dining areas; a housemother attached permanently to each group; encouragement for children to keep in contact with parents; groups remaining constant as far as possible; mixing with the outside world and going to school outside the home; each group being in the charge of a married couple.⁸⁴⁹

⁸⁴⁴ Scottish Education Department, 48.

⁸⁴⁵ Scottish Education Department, 50.

⁸⁴⁶ Scottish Home Department, *Memorandum on Children's Homes* (Edinburgh: Her Majesty's Stationery Office, 1959), 5.

⁸⁴⁷ Scottish Home Department, *Memorandum on Children's Homes*, 8.

⁸⁴⁸ Scottish Home Department, 9.

⁸⁴⁹ Scottish Home Department, 9-10.

'A child cannot be happy unless he feels secure.'⁸⁵⁰ Children need love and affection and the 'housemother should accept the child as he is, and no matter what he says or does should remain steadfastly prepared to succour and sustain him in times of difficulty.'⁸⁵¹ The child needs security and a well-ordered daily routine. The child also needs discipline, and the 'disciplinary plan in good homes allows the child to create for himself a measure of self-discipline.'⁸⁵² The family group should be kept small and six is ideal and 12 the maximum. The Memorandum also considered foster aunt and uncle schemes, which could provide children with 'friends who will take an intimate and personal interest in them.'⁸⁵³

The Memorandum considered the specific needs of infants and children under the age of five, as well as those for older children who continued to be in care after compulsory school age.⁸⁵⁴

It also addressed medical arrangements, the prevention of infections and personal hygiene, as well as safety precautions and fire safety.⁸⁵⁵

In 1964, the *Kilbrandon Committee* discussed some of the issues related to local authority children's homes that provided for children received into care under the *Children Act 1948*.⁸⁵⁶ We have seen that the Committee considered that reception into care was by 'informal process' and not through the courts, and the majority of such cases would be placed in foster care or adopted. However, these children were considered as likely to show some degree of 'emotional disturbance, and for this and other reasons a substantial number are cared for in children's homes.'⁸⁵⁷ While the *Kilbrandon Committee* recognised that there was some 'more specialised provision for maladjusted and seriously disturbed children in care', such provision was limited and did not always have appropriate staffing.

[This] is at least in part attributable to the present multiplicity of authorities, which may encourage each to make its own provision, resulting in a number of small "multi-purpose" establishments, from which specially difficult cases

⁸⁵⁰ Scottish Home Department, 10.

⁸⁵¹ Scottish Home Department, 11.

⁸⁵² Scottish Home Department, 11.

⁸⁵³ Scottish Home Department, 13.

⁸⁵⁴ Scottish Home Department, 18-23.

⁸⁵⁵ Scottish Home Department, 23-29.

⁸⁵⁶ SHHD and SED, *Kilbrandon Report*, 54.

⁸⁵⁷ SHHD and SED, 54.

tend to be rejected as unsuitable and refractory, and may thus proceed to approved schools.⁸⁵⁸

In his research on Edinburgh Children's Department, White provided a description of residential child care in one local authority at this time. The authority had two residential nurseries each with about 40 children, and two larger children's homes, one with places for 90 children and the other with 40 places. In addition, the Health Department ran three nurseries. These were transferred to the Children's Department in 1963.⁸⁵⁹ White noted that voluntary homes cared for a much higher proportion of children in Scotland than in England, and Edinburgh was particularly well served by voluntary homes, with just under 40 organisations used by Edinburgh Children's Department.⁸⁶⁰ He argued that this meant that there was little energy for change.

Cameron discussed the ongoing and rapid development of the Church of Scotland's children's residential services following World War II, and this reflected some of the changes in ideas about the provision of residential care. Dunforth Home had opened in 1948 for brothers and sisters, and some 18 children from six families were resident. This was 'a smaller number than at any of the other Homes.'⁸⁶¹ 'The experience at Dunforth led the Committee to review the work of the other Homes for Children and to decide to bring them into line.'⁸⁶²

Robertson Orphan Home for Girls in Musselburgh needed major renovation, and in 1949 it moved to new premises at Hawthorne Brae in Duddingston. At first there were places for 25 girls but this was reduced, and later boys from Levenhall, Musselburgh were also admitted: 'now it is a mixed Home with several children under school age, which is in conformity with up-to-date policy of the Committee.'⁸⁶³

In 1948, the Church of Scotland was approached by the Directors of the Glasgow Institution for Orphan Girls with the intent of handing over their property and assets. As with Florentine House, acquired in 1929, the Institution had begun in the early 1800s as a 'Home for orphan and destitute girls in which such would reside and receive training for domestic service, being brought up in accordance with

⁸⁵⁸ SHHD and SED, 54.

⁸⁵⁹ White, "Residential Child Care Past and Present," 156.

⁸⁶⁰ White, 159.

⁸⁶¹ Cameron, *Challenge of Need*, 47.

⁸⁶² Cameron, 47.

⁸⁶³ Cameron, 48.

Presbyterian principles.’⁸⁶⁴ The home moved addresses a number of times and it settled in Whiteinch when a ‘handsome building’ was opened in 1891 with accommodation for 60 girls. Following the war, however, agreement was reached to move the Home to another location.

The removal of the girls from Whiteinch Orphanage to Westlands, 9 Lowther Terrace, next door to Baxter House Eventide Home, took place in 1950, but it was some time before the boys were added to the “family” and a married couple took up duty as Superintendent and Matron.⁸⁶⁵

The new Home was much smaller than Whiteinch and described as ‘much less institutional’, and the ‘girls blossomed in their new schools’.⁸⁶⁶ In 1968, the Home moved to new premises in Rutherglen. ‘Westlands is now well established in the community and already has gained the esteem and affection of the people of the district.’⁸⁶⁷

The Church opened another home in 1950, Tankerha, in Kilmarnock. ‘The hopes that Tankerha would meet the needs of brothers and sisters in the West of Scotland, as Dunforth had done in the east, were amply fulfilled. Its early success has been maintained by an excellent staff and the co-operation of the community.’⁸⁶⁸

In 1954, Woodlands in Galashiels was converted into a Home for Children. Cameron described Woodlands as ‘one of the most successful Homes for Children.’⁸⁶⁹

The lovely grounds surrounding Woodlands were a constant source of pleasure and wonder to the children...A lively interest has been taken by the community throughout the existence of Woodlands as a Children’s Home and the intimate relationship of the children with youth organisations and school activities has helped this greatly. The Home has consisted of a genuine “family” group and within its homely atmosphere of security, the hurts which adverse circumstance inflicted before their admission to Woodlands, were gradually healed.⁸⁷⁰

⁸⁶⁴ Cameron, 48.

⁸⁶⁵ Cameron, 49.

⁸⁶⁶ Cameron, 49.

⁸⁶⁷ Cameron, 49.

⁸⁶⁸ Cameron, 50.

⁸⁶⁹ Cameron, 50.

⁸⁷⁰ Cameron, 51.

When it had outlived its usefulness, the Malta House Hostel for Older Men was converted to a Home for Children and opened in 1957 for both boys and girls. The era of segregation of boys and girls came to an end in 1959 when Florentine House in Glasgow became a mixed home.⁸⁷¹

The Children's Home has ceased to be a place where the individual child will live the whole of his early years, as Homes for Children are much more short-term stay with a real prospect of his being placed in a suitable foster home with all the advantages of growing up in a normal family, and the numbers in the Homes have been considerably reduced to enable the staff to give more individual attention. Wherever possible, the staff of the Children's Welfare Section of the Committee, which has been greatly augmented in recent years, make every endeavour to keep in touch with parents and to encourage them to provide a suitable environment in which the family may be re-united.⁸⁷²

Cameron discussed holidays for the children and the range of opportunities from holidays with families, holidays arranged by church congregations, and the Children's Holiday House in Kinghorn, which had previously been run by the People's Palace Mission. 'So great was the demand for this accommodation at Kinghorn Bay that the Homes have to take it in turns to go there in the summer.'⁸⁷³

In the previous chapter, we saw accounts of children's experiences at Aberlour Orphanage during the 1930s and 1940s. Divine also provided three accounts of children's experiences in the 1950s, including his own.

Billy H arrived in the Orphanage in 1949 or 1950 as a six-month baby, after being 'beaten, neglected and starved.'⁸⁷⁴ 'He was in a very poor state of health on arrival and the staff of the Orphanage had to give him extra special attention to help him regain his health, which took many years.'⁸⁷⁵ A number of Billy H's brothers and sisters were placed in the Orphanage but, because they were placed in different

⁸⁷¹ Cameron, 52.

⁸⁷² Cameron, 42.

⁸⁷³ Cameron, 53.

⁸⁷⁴ Divine, *Aberlour: Narratives*, 33, Billy H.

⁸⁷⁵ Divine, 33, Billy H.

houses, he was not aware of them until he was introduced to two of his brothers when he was 10 years old.⁸⁷⁶

Billy H's earliest memory was the opening of Princess Margaret Nursery School by Princess Margaret herself, in 1953. He moved into the new nursery and remembered the headmistress 'with affection'. He gained his love for music from the Orphanage and recalled sledging in winter. However, he also recalled a sledging accident when a boy died after a collision with a tree, and a time when he was saved from drowning in the Linn Falls. He recalled 'peaceful and loving' memories as well as 'violent' ones.⁸⁷⁷

...if you did show promise then again they have ways of bringing it forward. At the Orphanage at least we had warm clothing, we had food and you know we were looked after. It may have been institutionalized, of course it was, but we knew no other way, so in fact it was normal.⁸⁷⁸

At 15, Billy H was given an hour's notice and moved to live in a working boy's hostel, and, although this was also an institution, 'it was also a stabilising influence, eleven boys were there at the time and there were pets in the hostel which included a collie dog and five cats.'⁸⁷⁹ He wrote that he kept in touch with his housefather when he left the Orphanage.

Ron was placed in Aberlour as a baby in around 1950 along with some of his brothers and sisters. The Edinburgh Social Work Department did not consider it suitable for a family with eight children to be living in a two room tenement. Ron also recalled the official opening of the Nursery School. Again, Ron did not know his brothers and sisters while at the Orphanage.

...I thoroughly enjoyed all my time there. Yes, there would be discipline and I shared some of that as well, but none of these things seemed to be in my mind as being minus points. They were all things I dealt with at the time. I was at Aberlour for fourteen years.⁸⁸⁰

⁸⁷⁶ Divine, 33, Billy H.

⁸⁷⁷ Divine, 38, Billy H.

⁸⁷⁸ Divine, 35, Billy H.

⁸⁷⁹ Divine, 38, Billy H.

⁸⁸⁰ Divine, 45, Ron.

He remembered having time for games and play, outside during the day, or in the house in the evening. That said, he recalled the regimentation, up at six o'clock to clean and polish before breakfast. He found the teachers 'particularly harsh or at least it was noticeable that they were different in their caring for the children compared to the Housemaster or Housemistresses or the Warden and his staff.'⁸⁸¹ He also remembered occasions when there was abuse at the Orphanage, and though it did not affect him directly, 'I was certainly aware during my time in Aberlour that it happened and that people...had either left the Orphanage or had been sacked because of it.'⁸⁸²

When he was 11 years old, there was an attempt to rehabilitate him with his parents, but after a month he was returned to the Orphanage. When he returned, he built a special relationship with a housemaster through the Scouts, and he has continued to go sailing with him and to keep in touch.⁸⁸³ He has also kept in touch with several others from the Orphanage, both staff and pupils.

Like Billy H, Ron left the Orphanage at very short notice, to go and live in a working boys' hostel in Edinburgh. While critical of the minimum level of education, Ron felt that 'the Orphanage gave me a competitive (edge)...It gave me independence. But it also gave me a certain peace of mind knowing that I was alright in myself...I left the Orphanage with lots of confidence.'⁸⁸⁴

David Divine also gave his own experiences as a child at Aberlour Orphanage. The illegitimate son of a white single mother and a black man stationed with the American Air Force, he was placed into care at the age of three months. Initially placed in a residential nursery in Edinburgh, he moved to the Orphanage at the age of 18 months.⁸⁸⁵ He recounted the pain of rejection and abandonment.

But I also grew to feel a strong belonging to Aberlour Orphanage and to the carers at the Orphanage, and particularly to Aunty Phyllis, my Housemother

⁸⁸¹ Divine, 46-7, Ron.

⁸⁸² Divine, 50, Ron.

⁸⁸³ Divine, 50, Ron.

⁸⁸⁴ Divine, 58, Ron.

⁸⁸⁵ Divine, 72.

at Spey House...where I stayed from leaving the Princess Margaret Nursery School until I left Aberlour at the age of 11, in 1964.⁸⁸⁶

David increasingly viewed the Orphanage as home and as family.

I am reminded of what I owe to that institution and to the care and support staff, my only home and family as a child and young person growing up. It gave me a belief that I was loved, simply for being me; that I did belong there; that I was valued, wanted and respected. Such a sense of security and seeming permanence, helped me later in life to withstand the trials and tribulations of life, and overcome them and thrive.⁸⁸⁷

David contrasted this to his experience in a foster family from age 11 to 19. 'I tried to be part of the family but I was always seen as a paying guest as a foster child, and never felt accepted.'⁸⁸⁸

Margaret Irvine also gave a very positive account of her time in residential care in the 1950s. When she was two years old, she was taken into care with six of her brothers and sisters. They were placed in Tenterfield House in East Lothian.⁸⁸⁹ She spoke of the activities and games, both inside and outside the home: 'We would also spend time walking in the surrounding hills, being taught about the birds we saw and the rabbits and hares, racing up and down the hills and also learning about all the wild flowers.'⁸⁹⁰ She described everyday life at the home and her enjoyment of primary and secondary school. The children were punished for misbehaving but the 'punishments were never severe, unlike some children who lived in care.'⁸⁹¹ Easter, Christmas and Bonfire Night were special times and Margaret looked back on the happy times and the parties. Holidays and outings were also welcomed: 'The holidays were a great time for all the children and we talked about them for weeks after.'⁸⁹²

Margaret wrote fondly about the different members of staff at the home, particularly the Matron, Miss Martin, and she dedicated the book to all the staff who worked at Tenterfield while she was there: 'I have always been proud of the care I was given; I

⁸⁸⁶ Divine, 74.

⁸⁸⁷ Divine, 74.

⁸⁸⁸ Divine, 74.

⁸⁸⁹ Margaret Irvine, *Tenterfield: My Happy Childhood in Care* (Edinburgh: Fledgling Press, 2010), 2-3.

⁸⁹⁰ Irvine, *Tenterfield*, 12.

⁸⁹¹ Irvine, 86.

⁸⁹² Irvine, 61.

certainly was given lots of love...there were always boundaries in Tenterfield but we children had freedom too.’⁸⁹³

The Enquiry into sexual abuse in Fife residential care gathered the experiences of survivors and former staff members, and they described the care provided at St Margaret’s Home, Elie. There were very mixed views on the care of the home. For some, there were very abusive experiences, including sexual abuse, beatings and isolation. Some survivors also described positive experiences.

The setting of the home right on the beach, added to the attraction of it, and some of the survivors have spoken of it as like going on holiday. Survivors speak of good things about the times they were in St Margaret’s, particularly the range of activities to which they were introduced.⁸⁹⁴

The girls and boys, however, were strictly segregated and this ‘gave considerable power to Mr Murphy over the activities of the boys.’⁸⁹⁵ Black and Williams described the classic ‘grooming’ behaviour perpetrated by Murphy. There was limited and informal external management of the home, and visits by social workers and others were rare.

Homes and Hostels for Working Boys and Girls

The *Scottish Advisory Council on Child Care After-Care Committee* noted that the *Children Act 1948* gave local authorities the power ‘to set up hostels for the accommodation of deprived children between school leaving age and twenty-one years of age.’⁸⁹⁶ The *After-Care Committee* considered that there was ‘much to be said for a hostel to which deprived children could go on first taking up employment.’⁸⁹⁷ The Committee saw the hostel as providing a transitional stage towards greater independence, and the hostels should have as few restrictions as possible. ‘Following a period of residence in the hostel the young person should if possible be accommodated in private lodgings...The young people should of course

⁸⁹³ Irvine, ix.

⁸⁹⁴ Black and Williams, *Fife Council Independent Enquiry*, 16.

⁸⁹⁵ Black and Williams, 16.

⁸⁹⁶ Scottish Advisory Council on Child Care After-Care Committee, *Report of the After-Care Committee of the Scottish Advisory Council on Child Care* (Edinburgh: HMSO, 1950), 7.

⁸⁹⁷ After-Care Committee, *Report of the After-Care Committee*, 7.

be allowed to return to the hostel, if they wished, to join their friends for an evening's recreation.'⁸⁹⁸

With regard to employment, the *After-Care Committee* was critical of the role of the local authorities in providing support. 'It was found that in many cases it had been left to the Superintendents to find work for the boys and that some local authorities took practically no interest in the lads once they had been placed in the homes.'⁸⁹⁹

The Committee also visited a number of hostels and were highly critical: 'The Working Lads' Homes and Hostels and Girls hostels which we visited were nearly all overcrowded. In several there were staff shortages which cannot apparently be quickly remedied.'⁹⁰⁰ Amenities were poor and there was a lack of focus on individual young people.

What impressed us particularly was the lack of privacy; in the majority of the hostels there were large dormitories, dining and common rooms; in only two of the hostels did we find a room where the young people could read undisturbed. The resources of these hostels, which are managed by the Churches and other voluntary bodies, vary greatly.⁹⁰¹

A number of the Church of Scotland hostels for young men and young women continued to operate over this period. Murrough Park House in Glasgow was still operating in the 1960s, as was Oakshaw House in Paisley. Indeed, a new hostel was opened in 1961. In terms of the hostels for young women, the hostel in Aberdeen continued in the 1960s and was 'fulfilling a useful role in the North-East'.⁹⁰² The Dundee hostel also continued to operate into the 1960s. These hostels continued to provide accommodation for young people when they moved into the cities to find employment, as well as for young people who had been in the Church's children's homes.⁹⁰³

⁸⁹⁸ After-Care Committee, 8.

⁸⁹⁹ After-Care Committee, 4.

⁹⁰⁰ After-Care Committee, 10.

⁹⁰¹ After-Care Committee, 11.

⁹⁰² Cameron, *Challenge of Need*, 38.

⁹⁰³ Cameron, 32-40.

Residential Schools

Over this period of the review, little has been written on residential schools. It should be recalled that at this time, residential schools were primarily used for 'maladjusted children', and young offenders and other young people dealt with by the juvenile courts were placed in approved schools. In this section, we have drawn on descriptions of three residential schools: St Ninian's School, Falkland; Nerston School, East Kilbride; and Harmeny School, Balerno . We also refer to Bridgeland's discussion of residential schools for 'maladjusted children', and a survey of 'residential schools for maladjusted children' published in 1968.

Zwolinski described the work of the Christian Brothers in St Ninian's Orphanage and School in Falkland.⁹⁰⁴ Although the Christian Brothers had been invited to expand their work in Scotland in the 19th century, it was not until 1951—following a further invitation in the 1940s—that they opened St Ninian's.

The philosophy of the school was to cater for boys, of secondary school age, who were in need of care and protection, whether they were orphaned, or neglected, or outwith parental control. Those referred were mainly orphans whose parents were lost in the Second World War, and were placed by social workers and Local Education Authorities.⁹⁰⁵

Zwolinski noted that over this period, a wider range of young people were placed in the school, and the school 'gradually built up a favourable reputation.'⁹⁰⁶

According to Zwolinski, the education provided at St Ninian's addressed the gaps in children's education and learning difficulties, and 'special emphasis was always placed on remedial work with a therapeutic value, especially in literacy and numeracy'.⁹⁰⁷ Technical, physical and vocational education were important, and boys were also encouraged to cultivate vegetables and look after pets. Arts and crafts were given priority, and sport was also integral to the curriculum, and 'religious and moral education was catered for by the Brothers.'⁹⁰⁸

⁹⁰⁴ Frank A. Zwolinski, "The Congregation of Christian Brothers in Scotland, 1951 – 1983," *The Innes Review* 49, no. 1 (1998), 13.

⁹⁰⁵ Zwolinski, "Congregation of Christian Brothers," 15.

⁹⁰⁶ Zwolinski, 16.

⁹⁰⁷ Zwolinski, 18.

⁹⁰⁸ Zwolinski, 20.

The boys were accommodated in dormitories with four beds and 'with wardrobe and dressing table facilities screened off to give more personal privacy', and inspections of the domestic arrangements 'proved satisfactory'.⁹⁰⁹ There were many links with the local community, and home leave was increasingly the norm: 'Initially leave was not as frequent, as many of the boys were orphaned and had nowhere to go, but gradually weekend leave became more part of the norm, perhaps with overtones of the emerging social work policy of re-integration.'⁹¹⁰

Discipline was enforced by a range of punishments: 'A frequent punishment, especially latterly, was that of deprivation, for example, the cancelling of weekend leave, early bed, no tuck, and standing solitary in the front hall.'⁹¹¹ However, the tawse was also sanctioned and if more than two strokes was deemed necessary, 'then the headmaster had to be present.'⁹¹²

St Ninian's School was closed in 1983 for a variety of reasons, both in terms of organisational and staffing issues of the Congregation of Christian Brothers, and the move away from residential placements.⁹¹³ In 2016, two former teachers at St Ninian's School were convicted of the physical and sexual abuse of children and young people at the school between 1979 and 1983, and in [Chapter 5](#) we give an account of one young person's experience in St Ninian's School in the 1980s.

Nerston Residential School opened during World War II under the auspices of Glasgow City Council Child Guidance Service. Nerston was 'established as a residential clinic to implement "treatment through living".'⁹¹⁴ It had accommodation for 40 children—20 boys and 20 girls, between the ages of five and 15 years:

They may be sent to Nerston either because treatment in the day clinic has failed or because difficulties of their particular environment cannot be treated there. These difficulties are where the parent and child have been involved in an emotional "vicious circle", where there is an unknown factor in the child's personality or in the environment. In certain instances the neurotic habits pattern is too strong to break without drastic measures and

⁹⁰⁹ Zwolinski, 23.

⁹¹⁰ Zwolinski, 24.

⁹¹¹ Zwolinski, 25-6.

⁹¹² Zwolinski, 25.

⁹¹³ Zwolinski, 27-8.

⁹¹⁴ J.G. Craw, "An Experiment in Living: A Residential Child Guidance Clinic," *The Australian Quarterly* 31, no. 2 (June 1958), 67. See also Stewart and Welshman, "Evacuation of Children," 115.

the child's removal from home to Nerston is recommended. Children are also sent to Nerston because of serious traumatic experiences and with grossly unstable or pre-psychotic symptoms.⁹¹⁵

The aims of the placement were described as developing individual potential, reconditioning habits and reactions, and encouraging enjoyment of life. There were a wide range of activities, sports, and entertainment. Psychotherapeutic approaches were used as well as 'special techniques' such as group work, dramatisation, and expressive painting, and 'everything that is done or not at Nerston is deliberately planned to be therapeutically effective.'⁹¹⁶ However, life at Nerston was highly regimented.

An ordinary day at Nerston starts at 7.45 a.m. when the children rise and attend to the various jobs that have been allotted to them. Members of the staff are responsible for the tidiness and discipline of all children. The responsibility for clothing and repairs rests with the Matron and her assistant. Breakfast is at 8.15 a.m. and after a short church service at 9.30 a.m. the children go to classrooms for morning school until 12.15 p.m. Lessons in the afternoon are from 1.45 p.m. to 4.00 p.m. There is free activity until 4.55 p.m. when the children have hand washing and the tables are set for the evening meal. Evening activities take place from 6.30 to 8.30 p.m. with the juniors to bed by 7.30 p.m. and lights out for all at 9.00 p.m.⁹¹⁷

Parents and relatives visited every third Saturday afternoon, although parents could also be asked to visit as part of the treatment. Craw presents figures from a report on the Child Guidance Service which had checked the outcomes for 512 children and young people between 1947 and 1954. The results were: not traced—30, entirely satisfactory—284, improved—96, unsatisfactory—100. 'These results justify the faith which has upheld the Nerston experiment.'⁹¹⁸

Bridgeland gave a rather different perspective on Nerston. He wrote that when it was set up, discipline was a central feature of the school. 'Rules were rigid and punishment including corporal punishment, loss of privilege, a day in bed without

⁹¹⁵ Craw, "An Experiment in Living," 67-8.

⁹¹⁶ Craw, 69.

⁹¹⁷ Craw, 69.

⁹¹⁸ Craw, 70. There was no information on the nature or timescale of the follow-up.

books or toys, loss of pocket money for one week or punishment tasks while others were at play.’⁹¹⁹

Bridgeland also discussed independent schools set up for ‘maladjusted children.’⁹²⁰ He described how, in 1946, the Riverview School, Alloa, was transferred to Naemoor House in Rumbling Bridge. Riverview had been set up in 1931 by Janet Grieve, a progressive educationalist, as a coeducational boarding school for private pupils. In 1961, Naemoor was reconstituted as Lendrick Muir School specialising ‘in the treatment of highly intelligent maladjusted children with the support of the Scottish Education Department.’⁹²¹ Bridgeland noted the change in organisation, structure and atmosphere of the school. It was now much larger, with between 80 and 100 young people, and increasingly authoritarian and rule bound.

Bridgeland also noted that until Lendrick Muir was opened, there was ‘no provision for any of the children leaving those few primary special schools existing in the 1950s – such as Harmeny House, which was founded by the Save the Children Fund...or Craigerne, established in 1957 by the Dr Barnardo’s Society.’⁹²²

Harmeny House opened in 1958 and catered for children aged between five and 12, and within the first year had 20 children living there. Most of the children were referred by Child Guidance. Staff and children lived in the main house. ‘We would all eat together...Always sit around the table and...when it was ever any of the staff’s birthday, they would open their presents at the lunch table.’ (Young person 1960s).⁹²³

The first headmaster of Harmeny, Sidney Hill, described three main factors that helped shape the school experience:

- physical surroundings: ‘the school, set as it was within a small village community and its own grounds, offered opportunities for the children to feel safe and secure while also allowing them to explore and take risks’;

⁹¹⁹ Bridgeland, *Pioneer Work*, 307. See also Lloyd, “From Ragged to Residential Schools,” 260.

⁹²⁰ Bridgeland, 312.

⁹²¹ Bridgeland, 313.

⁹²² Bridgeland, 316.

⁹²³ Janice West, *Recollections of Harmeny: The First Fifty Years* (Balerno: Harmeny Education Trust, 2014), 11.

- importance of staffing: 'the most lasting and profound changes in these disturbed children derive chiefly from the extent to which they have felt able to trust adults around them';
- group living: 'in the group too, these children learn to live together and gain practical experience of the impossibility of indulging their fancies regardless of others'.⁹²⁴

Education was balanced with the children's care and 'education and care have been viewed with equal importance.'⁹²⁵ Close links were also made between school and home, particularly 'as the school operated within the normal school year so children returned home for holidays.'⁹²⁶ In the 1960s, a social worker was appointed whose role was to maintain these links. That said, some children had little contact with their parents. A child psychiatrist also provided consultation and support to staff. 'In these early years, while the professional role of the teacher was clearly understood, most of the care staff were not trained in residential childcare and the role of the professional in the pastoral care of the children was less clear.'⁹²⁷ By the late 1960s, Harmeny had places for some 30 children.

Survey of Three Residential Schools

In 1966, McNair carried out a survey of three residential schools catering for 126 'maladjusted children'.⁹²⁸ Two of the schools were for primary children and the third was for secondary age, and all were grant-aided by the Education Department. The children tended to stay for a long while in the schools and the average length of stay in one of the primary age schools was two years and 10 months. While the average length of stay for the secondary age school was three years and four months, 20 per cent of pupils stayed for over five years.⁹²⁹

In the Primary schools sample there are very few children from the professional classes whereas more than half of the children in this group come from the lower social classes. In contrast, over a quarter of the

⁹²⁴ West, *Recollections of Harmeny*, 6.

⁹²⁵ West, 11.

⁹²⁶ West, 19.

⁹²⁷ West, 19.

⁹²⁸ Henry S. McNair, *A Survey of Children in Residential Schools for the Maladjusted in Scotland* (Edinburgh: Oliver and Boyd, 1968). The schools in the study were not named.

⁹²⁹ McNair, *Survey of Residential Schools*, 5.

children in the Secondary school sample come from Social Classes IV and V.⁹³⁰

Over half the children (55 per cent) came from families with an 'atypical' structure and 'half of the children from atypical families have had their lives disrupted through divorce or separation and another quarter through the death of a parent.'⁹³¹

McNair identified a wide variety of 'symptoms' that children in these schools presented, often in combination:

- aggressive and difficult behaviour (113),
- anti-social conduct (104),
- habit disorders (73),
- poor social adjustment (30),
- anxiety and depression (29),
- educational retardation (16),
- school refusal (11),
- psychosomatic (11),
- autistic behaviour (2).⁹³²

McNair highlighted that over half of the symptoms related to anti-social behaviour and two-fifths related to neuroses.⁹³³

McNair concluded that the two principal factors influencing the decision to place a child in this type of residential provision were the nature of the child's symptoms and the degree of family disturbance.⁹³⁴ Toman, in a later study of residential schools,

⁹³⁰ McNair, 10. McNair attributed this difference to the stated aim of the Secondary school to provide for children with above average ability.

⁹³¹ McNair, 12.

⁹³² McNair, 17-8.

⁹³³ McNair, 20.

⁹³⁴ McNair, 28.

commented that this was a 'very partial study' of residential schools for maladjusted children and that the findings were therefore not representative.⁹³⁵

Secure Care

Little has been written on the secure child care facilities that were opened in Scotland in the 1960s. Smith and Milligan noted discussions about secure care in the 1950s, and that the 'move to establish secure units came as a result of difficulties faced by Approved Schools in dealing with some of the more recalcitrant youngsters in their care.'⁹³⁶

The first secure unit in the UK opened at Rossie Farm School near Montrose in 1962. Initially, it had places for 15 boys.⁹³⁷ The *Kilbrandon Report* stated that it had been used to place up to 25 boys 'who present persistent problems and are not amenable to the normal discipline of the other schools, or who are persistent absconders.'⁹³⁸

St Mary's Kenmure (a Catholic approved school in Glasgow) opened a secure unit with 18 places in 1967.

Homes and Institutions for Disabled Children

There is limited information on homes for disabled children for this period of the review. We have seen, however, that the Advisory Council on Education in Scotland addressed residential care for different groups of disabled children in Scotland.⁹³⁹ In addition, more was written on the development of mental health services for children and psychiatric units in hospitals.

⁹³⁵ Michael Toman, "Scottish Residential Special Schools for Children with Social, Emotional and Behavioural Difficulties: A Descriptive and Evaluative Study from a Curriculum Perspective" (PhD thesis, University of Aberdeen, 1991), 175. Toman's study of residential special schools was carried out in the late 1980s.

⁹³⁶ Mark Smith and Ian Milligan, "The Expansion of Secure Accommodation in Scotland: In the Best Interests of the Child?," *Youth Justice* 4, no. 3 (2004), 179.

⁹³⁷ Social Work Services Inspectorate, *A Secure Remedy: A Review of the Role, Availability and Quality of Secure Accommodation for Children in Scotland* (Edinburgh, Social Work Services Inspectorate, 1996), 2

⁹³⁸ SHHD and SED, *Kilbrandon Report*, 54.

⁹³⁹ Scottish Education Department, *Administration of Education for Handicapped Pupils*, 4.

Stalker outlined the developments for disabled children and identified three key factors that addressed their exclusion from child care policy. These were:

- the realisation of the damaging effects of institutionalisation;
- the wider movement towards community care policies for 'the mentally handicapped' as a whole; and
- the principle of normalisation.⁹⁴⁰

She concluded that it was 'recognised that children should be brought up within a normal family environment wherever possible'.⁹⁴¹

In 1950, the Homes Committee of the Scottish Advisory Council on Child Care commented briefly on 'homes for crippled children'. 'We regard it as particularly important that these homes should present a cheerful appearance and should have a liberal supply of games and toys of a type which can be enjoyed by the children despite their handicap.'⁹⁴² The Committee also highlighted the danger of the children becoming socially isolated.

Advisory Council on Education Reports on Disabled Children

In 1947, the Secretary of State for Scotland requested that the Advisory Council on Education in Scotland 'review the provision made in Scotland for the primary and secondary education of pupils who suffer from disability of mind or body or from maladjustment due to social handicaps'.⁹⁴³ Between 1950 and 1952, the Advisory Council published eight reports about the education of particular groups of disabled children, and other relevant issues.⁹⁴⁴ Consistent across the reports was the opinion that 'children should not be removed from home to residential institution unless they themselves will clearly profit from the transfer, or unless their retention in a day school would be prejudicial to other pupils.'⁹⁴⁵

⁹⁴⁰ Stalker, "Family Based Respite Care," 16.

⁹⁴¹ Stalker, "Family Based Respite Care," 17. See also, Curran, "Welfare of Handicapped Children," 11.

⁹⁴² Scottish Home Department, *Report on Homes Committee*, 18.

⁹⁴³ Scottish Education Department, *Administration of Education for Handicapped Pupils*, 4.

⁹⁴⁴ Scottish Education Department, 4.

⁹⁴⁵ Scottish Education Department, *Pupils with Physical Disabilities: A Report of the Advisory Council on Education in Scotland* (Edinburgh: His Majesty's Stationery Office, 1951), 7.

The first report was published in 1950 and addressed the needs of pupils who were 'defective in hearing'.⁹⁴⁶ This presented a scheme of classification based on three grades: Grade I – children with defective hearing who do not require special arrangements; Grade IIA – children who, with the help of special arrangements, can make satisfactory progress in ordinary schools; Grade IIB – children who cannot make satisfactory progress in ordinary schools even with the help of special arrangements; and, Grade III – children who require 'education by methods used for deaf children without naturally acquired speech or language', including the 'totally deaf'.⁹⁴⁷

With regard to children categorised as Grade IIB, the report found that some were accommodated in residential schools for the deaf. Although it found that 'schools for Grade IIB pupils need not be residential', the report recommended that residential schools should be provided for those who cannot be placed in day schools, for example, because they live in rural areas; 'three residential schools for Grade IIB children would be needed, one being for Roman Catholic children.'⁹⁴⁸ The report also suggested that the 'two residential schools for Grade IIB children might be located near Aberdeen and Dundee, in order that pupils from these cities might attend as day pupils.'⁹⁴⁹ It was also recommended that there was a need for three residential schools for children categorised as Grade III, one of which would be for Roman Catholic Children.⁹⁵⁰

The report addressed the requirements of a residential school for the deaf, and stated that it should be 'built on the principal of cottage homes related to a school building', with each cottage accommodating some 20 children.⁹⁵¹ Furnishings and decoration should be varied and there should be facilities for indoor and outdoor recreation. Teachers should supervise leisure activities to support development of speech and language, and 'the sense of friendliness and mutual interest increases when teacher and pupil meet in the games room and in the classroom.'⁹⁵²

⁹⁴⁶ Scottish Education Department, *Pupils Who Are Defective in Hearing: A Report of the Advisory Council in Education in Scotland*, (Edinburgh: His Majesty's Stationery Office, 1950), 1.

⁹⁴⁷ Scottish Education Department, *Pupils Who Are Defective in Hearing*, 15.

⁹⁴⁸ Scottish Education Department, 32-3.

⁹⁴⁹ Scottish Education Department, 38.

⁹⁵⁰ Scottish Education Department, 43.

⁹⁵¹ Scottish Education Department, 56.

⁹⁵² Scottish Education Department, 57.

The second report published in 1950 concerned pupils who were 'defective in vision', and addressed the needs of pupils who were blind or partially sighted.⁹⁵³ The report considered different options for the education of blind children and concluded that 'the evidence presented to us on the organisation of schools for the blind is unanimously in favour of residential schools', and a 'large residential school has facilities for the mental and social education of children that cannot be provided by a small school whether it be day or residential.'⁹⁵⁴ It was therefore recommended that all blind children should attend the Royal Blind School in Edinburgh, and that this should include a residential nursery school and infant school.⁹⁵⁵

While the report considered that partially sighted children should not be taught in segregated schools, it addressed the needs of children in rural areas. It recommended that where it was not possible to provide a class for ten pupils, partially sighted children should attend a single residential school, which should be located in Edinburgh.⁹⁵⁶ However, while it should be closely associated with the Royal Blind School, it should not be on the same site or under the same administration.⁹⁵⁷

The Report on pupils with physical disabilities was published in 1951 and it highlighted that 'many physically disabled children are receiving special educational treatment adapted to their needs, but some have inadequate care and some are almost entirely neglected.'⁹⁵⁸ It estimated that there were some 20,000 physically disabled children in Scotland but that there was provision for 'special educational treatment' for less than 4,000 of the children.⁹⁵⁹ The report set out three categories of children to be addressed: '*children of lowered vitality: physically handicapped children: children who are epileptic.*'⁹⁶⁰

Children of 'lowered vitality' were those who had suffered an illness or injury and were in need of recuperation. 'Some of these children might recuperate after two,

⁹⁵³ Scottish Education Department, *Pupils Who Are Defective in Vision: A Report of the Advisory Council in Education in Scotland* (Edinburgh: His Majesty's Stationery Office, 1950), 7.

⁹⁵⁴ Scottish Education Department, *Pupils Who Are Defective in Vision*, 23-5.

⁹⁵⁵ Scottish Education Department, 22.

⁹⁵⁶ Scottish Education Department, 49.

⁹⁵⁷ Scottish Education Department, 50.

⁹⁵⁸ Scottish Education Department, *Pupils with Physical Disabilities*, 6.

⁹⁵⁹ Scottish Education Department, 12.

⁹⁶⁰ Scottish Education Department, 10. Italics in the original.

three, or four weeks in a convalescent or holiday home. A considerable number require treatment in a residential school over a period that might vary from six months to two years.⁹⁶¹ The report stated that convalescent or holiday homes should generally be 'for not more than 40 children', as the 'aim should be the establishment of a friendly atmosphere and spirit, and this we believe can best be attained in small groups.'⁹⁶² Within the home, units should not exceed 20 children, and be under the charge of one 'home mother'.⁹⁶³ With regard to residential schools for these children, the report balanced the need for a 'sense of homeliness' and the 'realities of finance.'⁹⁶⁴ 'With these considerations in mind we are of opinion that a residential school for children between five and fifteen years of age should have an enrolment not exceeding 100 pupils.'⁹⁶⁵ Residential schools should be in the country and in a healthy location, but should not be too remote. The report detailed the importance of accommodation and grounds in meeting the needs of children of 'lowered vitality'. It also considered staffing and the provision of child guidance services, as well as methods and curriculum.

'Physically handicapped children' was acknowledged to be a broad group and the report recommended that in line with appropriate medical supervision, educational provision should be available in residential schools, hospitals and sanatoria, as well as in special day schools or in children's own homes.⁹⁶⁶ The report considered the education of children in hospitals and sanatoria and recommended that there should be a full-time teacher engaged where there was a group of 15 or more children needing education.⁹⁶⁷ It also considered the teacher's role and working conditions, and the need for cooperation with medical professionals. The report considered residential schools for physically handicapped children, and recommended that:

...while children who are physically handicapped attend day special schools when circumstances permit, residential schools be provided for those who are unfit for travelling long distances, or who need treatment that cannot be

⁹⁶¹ Scottish Education Department, 10.

⁹⁶² Scottish Education Department, 25.

⁹⁶³ Scottish Education Department, 26.

⁹⁶⁴ Scottish Education Department, 27.

⁹⁶⁵ Scottish Education Department, 28.

⁹⁶⁶ Scottish Education Department, 10.

⁹⁶⁷ Scottish Education Department, 35.

provided at home, or who, while normally attending day special schools, require residential treatment to recuperate after illness.⁹⁶⁸

Again, the report addressed accommodation and the need for accessibility. It stated that residential schools 'should not be drab, nor should the rooms be uniform in decoration', and while orderliness is required, 'too much orderliness costs too high a price in happiness and freedom of mind.'⁹⁶⁹

We recommend that schools for the physically handicapped be specially planned or adapted to meet the needs of the children, that attention be given to the decoration of rooms, that scope for individuality in such matters as personal possessions and dress be given, that hobbies and leisure reading be encouraged.⁹⁷⁰

The report considered that the group of 'epileptic children' should be confined to those with severe or frequent seizures. For those unable to remain in ordinary schools, education should be provided in 'schools for the physically handicapped and, in most cases, in a residential school or schools for epileptic children.'⁹⁷¹ The report noted that the main centre for epileptic children was the Quarrier's Colony for Epileptics at Bridge of Weir, and that there was no provision for Roman Catholic epileptic children, or for children under 12 years of age.⁹⁷² The report proposed that 'educable epileptic children normally attend a national centre' and that there should be consultation about 'the establishment of a national centre at Bridge of Weir', and 'if a national centre cannot be established at Bridge of Weir or elsewhere a second centre be established to meet the needs of educable epileptic children of all denominations who cannot be accommodated in the existing colony.'⁹⁷³

Also in 1951, the report on children with 'speech disorders' was published. It categorised a range of 'types of speech disability', and made links to other disability such as deafness or learning difficulty.⁹⁷⁴ Although it did not go into a great deal of detail about residential services, it did state that 'certain cases would benefit by

⁹⁶⁸ Scottish Education Department, 40.

⁹⁶⁹ Scottish Education Department, 42.

⁹⁷⁰ Scottish Education Department, 43.

⁹⁷¹ Scottish Education Department, 11.

⁹⁷² Scottish Education Department, 54.

⁹⁷³ Scottish Education Department, 56.

⁹⁷⁴ Scottish Education Department, *Pupils Handicapped by Speech Disorders: A Report of the Advisory Council on Education in Scotland* (Edinburgh: His Majesty's Stationery Office, 1951), 6-9.

attendance at residential clinics', and residential provision should be available for 'children from outlying areas' who do not have access to speech therapy or child guidance services.⁹⁷⁵

A third report published in 1951, concerned children with 'mental or educational disabilities'. It noted that they 'often require different methods, curricula and school organisation from those that are appropriate to children who can profit from attendance at ordinary classes in ordinary schools.'⁹⁷⁶ While stating that it was 'not possible to group children into a few well-defined categories in terms of their mental abilities and educational achievement', the report did discuss this group of children and young people in terms of five categories:

- (a) pupils requiring special education because of absence, frequent change of school, faulty teaching and other similar causes;
- (b) pupils with specific disabilities in reading, arithmetic, spelling and other school subjects;
- (c) pupils who are retarded, but who are able to make some progress in the school arts...;
- (d) pupils who are unable to make much progress, if any, in the school arts, but who are capable of being trained...;
- (e) pupils who have difficulties of personality to such a degree that they cannot profit from educational services or who have a harmful influence on others.⁹⁷⁷

The report identified the difficulties of estimating the numbers of children falling into these groups but, for the first three groups, made recommendations for services based on the following: 'children with interrupted education' (0.5 per cent of pupils), 'children with specific disabilities' (between 1.0 per cent and 5.0 per cent); and, 'mentally retarded children' (1.5 per cent). However, it did not make estimates for 'ineducable children' nor 'psychotic children'.⁹⁷⁸

⁹⁷⁵ Scottish Education Department, *Pupils Handicapped by Speech Disorders*, 22.

⁹⁷⁶ Scottish Education Department, *Pupils with Mental or Educational Disabilities: A Report of the Advisory Council on Education in Scotland* (Edinburgh: His Majesty's Stationery Office, 1951c), 8.

⁹⁷⁷ Scottish Education Department, *Pupils with Mental or Educational Disabilities*, 11-12.

⁹⁷⁸ Scottish Education Department, 26-29.

Educational provision for children with interrupted education was recommended to take place in ordinary schools, as the 'problem cannot be solved by residential schools.'⁹⁷⁹ Similarly, provision for 'children with specific disabilities' should be through remedial measures in schools or a child guidance centre.

With regard to 'mentally retarded children', the report highlighted 'the failure to meet in any special manner the needs of so many mentally retarded children.'⁹⁸⁰ The most common type of provision was special schools, though '[r]esidential schools are sometimes employed, and it is also possible to have an arrangement whereby children are lodged in homes and educated in neighbouring special schools.'⁹⁸¹

The report recommended the use of special schools in most circumstances, but also 'that mentally retarded pupils who live in remote country areas or pupils who are disturbed in their emotions or whose homes are broken or gravely unsatisfactory attend residential schools.'⁹⁸² The report detailed the maximum size of residential schools at 100 if pupils live in separate residential homes, and the latter should accommodate no more than 15 pupils. However, if the pupils live together in one establishment and attend their own school, there should be no more than 60 pupils.⁹⁸³ It recommended that in appropriate circumstances 'pupils be boarded out in private homes or accommodated in small hostels in order that they may attend day schools for the mentally retarded.'⁹⁸⁴

The report noted that some 'mentally retarded pupils' have been sent to 'institutions for mental defectives where special provision is made for their education', but recommended that they should be provided for in special schools or centres.⁹⁸⁵ It briefly detailed provision for 'ineducable children' in day occupational centres, although in suitable circumstances, the centres might be residential.⁹⁸⁶

In discussing 'psychotic children', the report stated that these children 'have propensities that take them beyond the scope of normal educational procedures',

⁹⁷⁹ Scottish Education Department, 33.

⁹⁸⁰ Scottish Education Department, 37.

⁹⁸¹ Scottish Education Department, 38.

⁹⁸² Scottish Education Department, 41.

⁹⁸³ Scottish Education Department, 42.

⁹⁸⁴ Scottish Education Department, 43.

⁹⁸⁵ Scottish Education Department, 43.

⁹⁸⁶ Scottish Education Department, 46.

such as being 'markedly abnormal in sexual life or violent to the point of being dangerous, or entirely careless of the interests of others.'⁹⁸⁷ Such children should be 'undergoing psychiatric treatment in the children's department of a mental hospital', and they 'may receive some instruction in school subjects by a teacher under the direction of the psychiatrist.'⁹⁸⁸

The final report published in 1952 considered the educational needs of pupils who were 'maladjusted because of social handicaps'. It highlighted the wide range of symptoms that may be caused by maladjustment, and noted that there was no suitable diagnostic service in operation.⁹⁸⁹

Many social causes are operative in maladjustment. A programme for its prevention would require to solve the problems of over-crowding and economic stress, and to provide amenities and opportunities for recreation where these are currently lacking. It would also have to develop throughout the community common standards of behaviour, and to ensure that every child had the security, affection and adventure required for the development of a healthy mental life.⁹⁹⁰

In certain circumstances, the report proposed that residential child guidance clinics were needed to diagnose maladjustment, and these would also be of value in terms of treatment. 'The residential clinic is both a home and a school. One of its main functions is to provide for the maladjusted child a steady and controlled environment for all his experiences during the period of treatment.'⁹⁹¹ The report noted that Nerston School was the only such residential clinic in Scotland, and proposed that there should be four residential clinics in Scotland, each catering for some 40 children.⁹⁹²

The needs of delinquent children were also addressed, as were the needs of children deprived of family life. With regard to the latter, the report recommended that 'normally, pupils under five years of age be placed with foster parents, that those between five and ten years be placed in private homes or institutional homes

⁹⁸⁷ Scottish Education Department, 17.

⁹⁸⁸ Scottish Education Department, 46.

⁹⁸⁹ Scottish Education Department, *Pupils Who Are Maladjusted*, 13.

⁹⁹⁰ Scottish Education Department, 15.

⁹⁹¹ Scottish Education Department, 30.

⁹⁹² Scottish Education Department, 31.

according to temperament and needs and that those who are eleven years of age or over be, in many instances, placed under institutional care.’⁹⁹³ The report went on to highlight the potential disruption of a change of school and the importance of sharing information with schools, and the involvement of child guidance services.⁹⁹⁴

The report addressed in some detail issues about the education of children and young people in foster care, residential care homes and approved schools, and these have been addressed in the relevant sections of this chapter.

Thomson described that while these reports stated that there should be separate provision for ‘handicapped children,’ this was rejected by the Scottish Education Department, which called for special education being part of the ‘ordinary educational system’.⁹⁹⁵ ‘Despite this strong lead...local authorities continued to provide for mentally handicapped children separately, believing that such children might be overwhelmed in ordinary schools.’⁹⁹⁶

Residential Respite Care

McMillan described the setting up of the Stewart Home in the 1950s. The Scottish Association of Parents of Handicapped Children was gifted Craigrownie Castle in Cove, and the Stewart Home became Scotland’s first Short Stay Home for children with intellectual disabilities, providing accommodation for periods of up to eight weeks.⁹⁹⁷ ‘Although the Stewart Home was never intended as a training establishment for the children, many cases of marked improvement were noted over the years—especially in the social habits of children’.⁹⁹⁸ Keane also noted that the ‘extent to which Stewart House was needed was shown by the fact that over five hundred children passed through its doors in the two and a half years following its opening in June 1958.’⁹⁹⁹

⁹⁹³ Scottish Education Department, 39.

⁹⁹⁴ Scottish Education Department, 40.

⁹⁹⁵ George O.B. Thomson, “Legislation and Provision for the Handicapped Child in Scotland since 1906,” *Oxford Review of Education* 9, no. 3 (1983), 237.

⁹⁹⁶ Thomson, “Provision for the Handicapped Child,” 237.

⁹⁹⁷ McMillan, “Origins and Evolution of Special Education,” 237.

⁹⁹⁸ McMillan, 237.

⁹⁹⁹ Keane, 339.

Cameron also described the setting up of Keith Lodge in Stonehaven in 1966 as a short-stay home 'for the use of Mentally Handicapped Children.'¹⁰⁰⁰ 'The demand was during the summer months and parents benefited by a break from their handicapped little ones while the children responded well to the skilled handling of staff.'¹⁰⁰¹

The Baldovan Institution Abuse Inquiry

In 1956, an Inquiry was held into abuse at the Baldovan Institution. At that time, 'the number of inmates at Baldovan had risen to over 400, ranging in age from 5 to 50 years, with a waiting list approaching 250.'¹⁰⁰² The institution was seriously overcrowded, and '[t]reatment, care and supervision...inevitably suffered.'¹⁰⁰³ In 1955, following allegations of ill-treatment of patients, three nursing sisters were taken to trial but acquitted on all charges. However, the trial raised wider concerns about the care and treatment of patients, and the Inquiry was held over three days in March 1956.

It revealed underlying administrative problems, failures of communication at all levels, poor professional practice, and some indifference to the medical needs and welfare of patients, but no evidence of outright neglect, still less ill-treatment, although, given that all three nurses had been acquitted at their trial, it could hardly have come to a different conclusion.¹⁰⁰⁴

There were staff shortages at the Institution and 'difficulties in recruiting and retaining staff.'¹⁰⁰⁵ In addition, 'two-thirds of Baldovan's nursing staff were unqualified,' and there were serious divisions among the staff.¹⁰⁰⁶ Problems in the management structure of the Institution, were exacerbated by failings of the Physician Superintendent and the Matron.¹⁰⁰⁷ Given the narrow terms of reference

¹⁰⁰⁰ Cameron, *Challenge of Need*, 53.

¹⁰⁰¹ Cameron, 53.

¹⁰⁰² May, "Baldovan Institution Abuse Inquiry," 269.

¹⁰⁰³ May, 269.

¹⁰⁰⁴ May, 271.

¹⁰⁰⁵ May, 271.

¹⁰⁰⁶ May, 271.

¹⁰⁰⁷ May, 272-4.

and the outcome of the trial, the conclusions and recommendations of the Inquiry were equally narrow in scope.¹⁰⁰⁸

May noted that while the limited recommendations were implemented, 'the government quietly consigned the Report to the archives to be embargoed for a period of 50 years.'¹⁰⁰⁹ In 1959, in a 'largely symbolic act, presumably intended to draw a line under the unfortunate events at Baldovan,...the Board agreed to change the name of the institution to Strathmartine Hospital.'¹⁰¹⁰

The Welfare of Handicapped Children in Glasgow

Writing at the end of the 1950s, Curran highlighted that '[o]ne of the striking trends in recent years has been the growing tendency to keep handicapped children in ordinary schools whenever possible.'¹⁰¹¹ However, he also gave details of the residential provision in Glasgow.

First, he discussed the 'schools for handicapped children under the management of the Corporation of Glasgow.'¹⁰¹² These included eight residential schools and seven hospital schools for 'physically handicapped, delicate and convalescent' children; one day/residential school for blind children; one day/residential school for partially deaf children; two day/residential schools for deaf children, and one residential school for maladjusted children.¹⁰¹³

There were 15 other centres which accommodated and educated children from Glasgow in need of specialised care, and these included:

Biggart Memorial Home, Prestwick - 40 physically handicapped children requiring nursing care.

East Park Homes for Infirm Children, Glasgow and Largs - 44 physically handicapped children requiring long-term nursing care.

¹⁰⁰⁸ May, 275.

¹⁰⁰⁹ May, 277.

¹⁰¹⁰ May, 277.

¹⁰¹¹ Curran, "Welfare of Handicapped Children," 10.

¹⁰¹² Curran, 30.

¹⁰¹³ Curran, 30-31.

The Colony for Epileptics, Bridge of Weir - 11 Protestant children suffering from severe epilepsy.

The Royal Blind School, Edinburgh - 37 Protestant blind children.

Lennox Castle Institution, Lennoxtown – 43 mentally handicapped boys aged 12 to 16 years.

St. Charles' Institution, Carstairs – 62 Roman Catholic mentally handicapped children.

Waverley Park Institution, Kirkintilloch – 20 Protestant mentally handicapped girls.¹⁰¹⁴

Curran studied a sample of 200 'handicapped children' aged between one to 13 years. He acknowledged that this was not a representative sample but portrayed 'a few broad groups', and these were 'blind and partially sighted; deaf; epileptic; those handicapped by orthopaedic or other physical handicaps; mentally handicapped; and those with multiple handicaps.'¹⁰¹⁵ Most of the children in the sample were cared for at home.

One of the chief impressions created by this study is of the often grossly unsatisfactory environment in which many severely handicapped children are being reared. Indeed some are so severely handicapped as to require the institutional care, which in the West of Scotland, is simply not available for them.¹⁰¹⁶

Curran also drew attention to the lack of co-ordination and integration of services for disabled children.¹⁰¹⁷ He highlighted that 'fuller use, and even development of the almoning services might have been made, so that many pressing transport, social, environmental and even financial, difficulties might have been elicited and possibly countered at the outset.'¹⁰¹⁸ He called for 'the provision of adequate facilities for short-term residential care – for emergencies, periodic relief of the parents, family holidays...'¹⁰¹⁹

¹⁰¹⁴ Curran, 31-32.

¹⁰¹⁵ Curran, 34-35.

¹⁰¹⁶ Curran, 45-46.

¹⁰¹⁷ Curran, 48.

¹⁰¹⁸ Curran, 62.

¹⁰¹⁹ Curran, 67.

Three of the seven blind children in the study were five years or older and were in residential schools for blind children. There were 15 deaf children in the study and three of these children were in residential schools, the youngest being three years old.¹⁰²⁰

Sixty-one children had a 'mental handicap' and 22 were under five years of age. Although all the latter lived at home, Curran considered that for 'nine cases residential care appeared to be urgently necessary, but in only two were the parents willing to agree to this course, even if institutional accommodation had been available.'¹⁰²¹ Thirty-nine children were aged between five and 13 years: 'three of these children were in institutional care; thirteen were at home unplaced; seventeen were attending occupational centres and six were pupils on the mentally handicapped side of mixed special schools.'¹⁰²² Eleven of the unplaced children were on the waiting list for institutional care.

Finally, Curran considered 64 'mentally handicapped children with another handicap': cerebral palsy, epilepsy or another physical disability.¹⁰²³ Five of these children were in residential care, including two children in the epileptic colony at Bridge of Weir. Institutional care had been recommended in a small number of other cases. As with the other groups, short-term residential care would have been welcomed for emergencies or relief.¹⁰²⁴

Camphill School

In the previous chapter, we described the establishment of the Camphill Rudolf Steiner School in Aberdeen. In the 1950s, there was some restructuring of the school. For example, rather than having the education of children centralised in Murtle School, 'pupils were moved to the other Estates, so that the young children (seven to eleven) had their classes (Lower School) in a new Schoolhouse on Camphill Estate, where education was arranged according to their needs.'¹⁰²⁵

¹⁰²⁰ Curran, 101.

¹⁰²¹ Curran, 180-181.

¹⁰²² Curran, 188.

¹⁰²³ Curran, 202.

¹⁰²⁴ Curran, 214.

¹⁰²⁵ Monteux, "History and Philosophy," 28.

In the 1950s, Camphill Communities were set up in a number of countries around the world, and continued to expand in subsequent years, including Communities for both children and adults in Scotland.¹⁰²⁶

Other Homes and Hospitals for Disabled Children

A number of authors made brief reference to residential services for disabled children. Cameron, as an aside to his discussion of the development of Church of Scotland children's homes and the move of the Robertson Home to Hawthorn Brae, noted that a number of local authority Education Departments 'arrange for children who are hard of hearing or partially sighted to stay there to enable them to attend special schools.'¹⁰²⁷

Ewan noted that Glasgow had been allotted six places in the Westerlea residential school for children with 'cerebral palsy'. The health service also carried out medical examinations of children going to the Humble Children's Village.¹⁰²⁸

The Scottish Consortium for Learning Disability highlighted that the *National Health Service Act 1946* 'brought all hospitals under the control of the new NHS and led to an expansion of "mental deficiency" hospitals, mainly through the redevelopment of other hospitals that were no longer needed for their original purpose.'¹⁰²⁹ In the 1960s, while there was a recognition of the need for more care in the community, there was further expansion of institutional provision with two hospitals opening in the late 1960s.¹⁰³⁰ At that time, 'there were 1533 children in these hospitals and they represented about one-fifth of all patients.'¹⁰³¹

In 1968, Primrose, a consultant psychiatrist at Lennox Castle Hospital, provided a review of children under 15 years old in the 'mental deficiency hospitals serving the City of Glasgow and the County of Argyll.'¹⁰³² There were 269 children aged from under one year to under 15 years old; 45 were aged under five years. 'The group

¹⁰²⁶ Monteux, 30. See also, Robin Jackson, ed., *Discovering Camphill: New Perspectives, Research and Development* (Edinburgh: Floris Books, 2011).

¹⁰²⁷ Cameron, *Challenge of Need*, 48.

¹⁰²⁸ Ewan, *School Health Service*, 108.

¹⁰²⁹ Scottish Consortium for Learning Disability, *Institutional Care as Children*, 23.

¹⁰³⁰ Scottish Consortium for Learning Disability, 26.

¹⁰³¹ Scottish Consortium for Learning Disability, 28.

¹⁰³² D.A.A. Primrose, "Children in the Mental Deficiency Hospitals of Glasgow and Argyll," *Developmental Medicine & Child Neurology* 10, no. 3 (1968), 366.

comprises 137 male and 114 female children of whom 154 (61 per cent) are idiots and the remainder imbeciles.’¹⁰³³ Most were admitted primarily on medical grounds but ‘58 (11 illegitimate) were admitted primarily on social grounds.’¹⁰³⁴ A further 100 children were on the waiting list for the hospitals.

Hutchison also noted that the Strathblane Children’s Home Hospital was absorbed into the Royal Hospital for Sick Children upon the creation of the NHS. It continued to provide ‘long-term care for children and adolescents with conditions ranging from rickets to spina bifida’,¹⁰³⁵ until 1994, when ‘changes in government strategy saw its closure and its young adults were moved to supported independent-living accommodation.’¹⁰³⁶

Hospitals, Convalescent Homes and Psychiatric Units

In the early 1950s, the emotional needs of children continued to be neglected. For example, a child admitted to the RHSC in 1952 recalled ‘being wakened at 5.30am so that the night nurses could administer bed baths and serve breakfast ‘a metal bowl of porridge’, before going off duty.’¹⁰³⁷ Siblings were excluded and visiting by parents was restricted; the ‘hospital view was that visiting upset the children and they were difficult to settle after parents had departed.’¹⁰³⁸ Gradually, through the 1950s and 1960s, restrictions on visiting were relaxed, influenced by Bowlby’s attachment theory, but ‘further liberalisation of various approaches to children’s emotional well-being was a gradual process.’¹⁰³⁹

Over this period of the review, infectious diseases and fever hospitals were overtaken by the increasing success of vaccination and chemotherapy. There was much less need for children to remain in hospital for long periods of time. Isabel Gillard provided a memoir of her time in Royal Victoria Hospital for Tuberculosis in the 1950s.¹⁰⁴⁰ She described her first night, freezing with cold from the October winds

¹⁰³³ Primrose, “Children in the Mental Deficiency Hospitals,” 367.

¹⁰³⁴ Primrose, 367.

¹⁰³⁵ Hutchison, “Disabled Child and the Industrial Metropolis,” 154.

¹⁰³⁶ Hutchison, 154.

¹⁰³⁷ Hutchison, Nicolson and Weaver, *Child Health in Scotland*, 154.

¹⁰³⁸ Hutchison, Nicolson and Weaver, 157.

¹⁰³⁹ Hutchison, Nicolson and Weaver, 157.

¹⁰⁴⁰ Isabel Gillard, *Circe’s Island: A Young Woman’s Memories of Tuberculosis Treatment in the 1950s* (Glasgow: Unbound Press, 2010), 7. Isabel was 20 when she entered the hospital but other patients in her ward were children and young girls.

coming in through the open window. She detailed the process of resting the lung by introducing air into the pleural cavity, this was repeated weekly. More radical surgery of the lungs could also take place.

Something has struck me only recently is the extent to which life in the sanatorium was a process of continued relinquishment. You gave up a normal daily routine for another that was more regimented and less comfortable, but hopefully restorative.¹⁰⁴¹

Despite the lack of communication about treatments, Isabel wrote that the year of her hospitalisation saw the effectiveness and 'magical effect of PAS, streptomycin and isoniazid.'¹⁰⁴²

We have not been able to identify literature on convalescent homes for children and young people in this period of the review. Cronin, however, did state that 'most of the convalescent homes established between 1860 and 1939 were still functioning after the Second World War.'¹⁰⁴³ Mention of Bandrum Children's Convalescent Home, for example, was made in the 1959 *Annual Report on the Health and Welfare of Dunfermline*: 'Children requiring a period of convalescence are admitted from the various hospitals serving the South-Eastern Scotland Region, from the child welfare and school clinics or by recommendation from their own family doctor.'¹⁰⁴⁴ The Convalescent Home catered for about 20 children, and 214 children were admitted over the year. Hutchison, Nicolson and Weaver noted that in the 1960s, 'through the hospital almoner, support was still given in the periodic use of convalescence homes although stays now tended to be in the form of family respite.'¹⁰⁴⁵ During the 1970s, as part of a general trend throughout Britain, most convalescent homes in Scotland closed down.¹⁰⁴⁶

While hospitals for the infectious diseases of children were reducing in the face of innovative drug treatments and vaccinations, new resources were developing for children and young people with psychiatric and mental health issues—the inpatient

¹⁰⁴¹ Gillard, *Circe's Island*, 43.

¹⁰⁴² Gillard, 128.

¹⁰⁴³ Cronin, *Convalescent Homes*, 45.

¹⁰⁴⁴ C. Barclay Reekie, *Annual Report on the Health of Dunfermline for the Year 1959* (Dunfermline: City and Royal Burgh of Dunfermline, 1960), 18.

¹⁰⁴⁵ Hutchison, Nicolson and Weaver, *Child Health in Scotland*, 183.

¹⁰⁴⁶ Cronin, *Convalescent Homes*, 262. It is important to note that Cronin was discussing all convalescent home rather than children's convalescent homes specifically.

psychiatric unit. Keane wrote that following the provisions of the *National Health Service (Amendment) Act 1949*, children under 16 could be placed as voluntary patients in 'mental hospitals' on the initiative of their parents. The first children's unit in the NHS was opened in 1951, at the Crichton Royal Hospital in Dumfries. More psychiatric accommodation of this type was provided during the 1950s.¹⁰⁴⁷

Barker and Jamieson also noted that '[o]ne of the striking changes in the psychiatric services in Britain since the inception of the National Health Service has been the establishment of many new psychiatric inpatient units for children.'¹⁰⁴⁸ However, the *Kilbrandon Committee* noted that there were only three psychiatric in-patient children's units in Scotland and highlighted that there was 'a serious gap in existing arrangements for children suffering from serious maladjustment, especially where the child also suffers from mental handicap.'¹⁰⁴⁹

Barker and Jamieson gave an account of the first two years of the Liff House Children's Unit in Dundee.¹⁰⁵⁰ In 1967, Liff House contained 10 beds for the treatment of children up to 12 years of age. The unit had a multi-disciplinary staff team. The main reasons for admission were 'severely disturbed behaviour' or 'very unfavourable environment circumstances making effective treatment difficult or impossible while the child remains at home.'¹⁰⁵¹ Some children were admitted primarily for diagnosis rather than treatment.

In its first two years, 55 children were admitted, 37 boys and 18 girls. Only three of the children came from outside the Eastern Regional Hospital Board. Almost half of the children (47 per cent) were admitted because of conduct disorders, 18 per cent because of neurosis, 13 per cent for habit disorders, 11 per cent for psychosis, and the remainder for a variety of problems. The average length of stay of the 52 children who had left the unit was 19.5 weeks, although this ranged from short stays to over five years. Almost one-third of the children were discharged to other residential

¹⁰⁴⁷ Keane, "Mental Health Policy," 281.

¹⁰⁴⁸ Philip Barker and Roslyn Jamieson, "Two Years' Admissions to a Regional Child Psychiatry Unit," *British Medical Journal* 2, no. 5544 (1967), 103.

¹⁰⁴⁹ SHHD and SED, *Kilbrandon Report*, 54.

¹⁰⁵⁰ Barker and Jamieson, "Two Years' Admissions," 104.

¹⁰⁵¹ Barker and Jamieson, 104.

settings (special schools, children's homes, boarding schools or adolescent units) or foster care.¹⁰⁵²

The unit aimed to provide a 'therapeutic milieu suited to the particular needs of the children in it.'¹⁰⁵³ Individual therapy took place at least once a week, and there were a range of activities which included: occupational therapy; school work; physical education and games; and periods of free play. Drug therapy was limited to anticonvulsants for children with epilepsy, night sedation in a few cases and the occasional use of tranquilisers and antidepressants.

Our experience is that inpatient care can greatly assist both in making diagnostic assessments in difficult cases and in treatment. The effectiveness of living for a period in a therapeutic environment should often be greater than that of purely outpatient psychotherapy, and in practice it seems to be so.¹⁰⁵⁴

Approved Schools and Assessment Centres

There has been a range of literature addressing approved schools over this period of the review. Historical research has looked at trends in the use of approved schools over these years, and the development of services. The *Kilbrandon Committee* also discussed the approved school system and parliamentary questions gave information on the number of approved schools. Finally, at the end of the 1960s, there was contemporary research on approved schools.

In 1952, the Advisory Council on Education in Scotland considered approved schools in its report on maladjusted pupils. It noted that the provisions of the *Children Act 1948* would mean 'extending provision in institutions, foster homes and schools for the needs of pupils who in earlier times might have found their way ultimately to approved schools.'¹⁰⁵⁵ In addition, 'the approved schools are receiving fewer pupils and those who come have usually failed to be re-adjusted by other means.'¹⁰⁵⁶

In agreeing that no change is needed in the general policy of admitting to approved schools pupils who are in need of care and protection we are

¹⁰⁵² Barker and Jamieson, 105.

¹⁰⁵³ Barker and Jamieson, 104

¹⁰⁵⁴ Barker and Jamieson, 105.

¹⁰⁵⁵ Scottish Education Department, *Pupils Who Are Maladjusted*, 55.

¹⁰⁵⁶ Scottish Education Department, 56.

fortified by the belief that as better provision is made for maladjusted children through child guidance clinics and residential schools, placement methods will improve and few if any children will be inappropriately sent to approved schools.¹⁰⁵⁷

However, special provision should be made for sexual offenders, those exhibiting psychopathic tendencies, or with 'excessive degrees of mental retardation.'¹⁰⁵⁸

The report favoured the retention of the three types of approved school, Junior, Intermediate and Senior, and that schools continued to be available for Roman Catholic pupils.¹⁰⁵⁹ It stated that it was impressed by the work of Nerston Residential Clinic and the Barns Hostel School, and considered that 'an experimental approved school for 20 to 30 boys or girls might profitably be attempted.'¹⁰⁶⁰

The report went into some detail regarding the placement of 'mentally retarded pupils' in approved schools and their education in separate classes or a separate school. In Junior schools, education should be based mainly on mental ability, and in Intermediate and Senior schools, education should focus on 'vocational training and employment and school studies.'¹⁰⁶¹ The report recommended close cooperation with child guidance, and that a national 'classifying and guidance centre' be set up.¹⁰⁶² It also addressed the staffing of approved schools, and conditions of service.

Jackson and Bartie examined the range of institutions for young offenders between 1945 and 1970 and described 'the uneven but discernible shift in rhetoric and ethos', with the increasing rejection of corporal punishment and the 'move towards psychiatric intervention, democratic forms of governance and person-oriented approaches to the management of behaviour.'¹⁰⁶³ They described the shifting ethos in approved schools in Scotland with more person-oriented approaches being implemented. Oakbank School, for example, under the leadership of Robert Macleod, 'was seen as an exemplary model by the SED'.¹⁰⁶⁴ 'By 1964, the SED inspectorate

¹⁰⁵⁷ Scottish Education Department, 56.

¹⁰⁵⁸ Scottish Education Department, 57.

¹⁰⁵⁹ Scottish Education Department, 60.

¹⁰⁶⁰ Scottish Education Department, 60.

¹⁰⁶¹ Scottish Education Department, 63.

¹⁰⁶² Scottish Education Department, 65.

¹⁰⁶³ Louise A. Jackson and Angela Bartie, *Policing Youth: Britain 1945-70* (Manchester: Manchester University Press, 2014), 200.

¹⁰⁶⁴ Jackson and Bartie, *Policing Youth*, 206.

noted with approval that his peers had begun to mount the Macleod bandwagon...he was no longer the outsider.'¹⁰⁶⁵ Psychological casework was accepted even amongst 'the more authoritarian schools'.¹⁰⁶⁶ Oakbank also experimented with 'boys' courts' and staff and pupil meetings. Smith, in his research with nine experienced residential leaders, also noted the role of Scottish Education Department officials in promoting innovation and how 'the therapeutic community model influenced several schools.'¹⁰⁶⁷

Attempts were made to improve the quality of accommodation and 'to move away from large institutional dormitories and refectories towards a more domestic model.'¹⁰⁶⁸ In the 1950s, new classrooms were built in some schools and Wellington Farm School and St Mary's School were 'effectively rebuilt'. 'Despite Scottish Office encouragement for the use of smaller "cottage style" accommodation units, there was little sign of overall diminution in size, because of the pressure of demand.'¹⁰⁶⁹ In 1969, for example, inspectors described the accommodation in Balgowan School as 'ancient and somewhat unattractive inside' and with 'huge dormitories'.¹⁰⁷⁰

In 1962, a parliamentary question asked for the numbers of children in approved schools in Scotland, and detailed the schools by geographic region. There were 1,322 boys and 244 girls in the 22 approved schools. The schools were:

- Nazareth House School and Oakbank School (Aberdeen),
- Balgay School and Balgowan School (Dundee),
- Dr. Guthrie's Boys' School and Dr. Guthrie's Girls' School (Edinburgh),
- Mossbank School, Kenmure St Mary's Boys' School, and Springboig St John's School (Glasgow),
- The Dale School and Rossie Farm School (Angus),
- Tynepark School and St Joseph's School (East Lothian),
- St John Bosco's (Fife),
- Wellington Farm School (Midlothian),

¹⁰⁶⁵ Jackson and Bartie, 206.

¹⁰⁶⁶ Jackson and Bartie, 206.

¹⁰⁶⁷ Mark Smith, "Something Lost Along the Way: Changing Patterns of Leadership in Scottish Residential Schools," *Scottish Journal of Residential Child Care* 14, no. 2 (2015), 7.

¹⁰⁶⁸ Jackson and Bartie, *Policing Youth*, 202.

¹⁰⁶⁹ Jackson and Bartie, 203.

¹⁰⁷⁰ Jackson and Bartie, 203.

- Balnacraig School and St Ninian's School (Perth and Kinross),¹⁰⁷¹
- Kibble School, Thornly Park, Balrossie, and Dalbeth Girls' School (Renfrew), and
- Snowdon Girls' School (Stirling).¹⁰⁷²

Cameron described the development of the Church of Scotland's approved schools. Langlands Park Approved School for Senior Girls was opened in Port Glasgow in 1962. The school was accommodated in the buildings of the Carnegie Park Orphanage that had been opened in 1887 and run by the Carnegie Park and Scott Trust.¹⁰⁷³ The work at Langlands Park was taken forward very much on the model of the Church's other approved school for girls at Tynepark, Haddington.¹⁰⁷⁴

In 1964, the Church of Scotland opened its third approved school, this time a school for boys at Geilsland, Beith. According to Cameron, the school made 'a significant contribution to the solution of the problem of juvenile delinquency.'¹⁰⁷⁵

Uytman and McHarg surveyed 100 consecutive admissions to two approved schools, involving 60 boys and 40 girls.¹⁰⁷⁶ The schools were a boys' junior school and a girls' intermediate school. '97 per cent. of boys were admitted because of committing an offence against person or property. Only 43 per cent. of girls were offenders: 57 per cent. were persistent truants or in need of care and protection.'¹⁰⁷⁷ Uytman and McHarg found that 30 per cent of the children were psychiatrically disturbed; 23 per cent of the boys and 40 per cent of the girls.¹⁰⁷⁸

Psychiatrically disturbed children should be patients of the National Health Service, which should provide psychiatric adolescent units for their treatment, since their ages and their behaviour problems are inappropriate to the present hospital units for children or for adults.¹⁰⁷⁹

¹⁰⁷¹ St Ninian's Approved School, Gartmore, Perth & Kinross was a different establishment to St Ninian's Residential School in Falkland, Fife.

¹⁰⁷² Hansard, HC Deb, *Approved Schools*, 07 February 1962 vol 653.

¹⁰⁷³ Cameron, *Challenge of Need*, 75. The orphanage was to be transferred to the Church to be run as a home for children but was deemed not fit for this purpose.

¹⁰⁷⁴ Cameron, 76.

¹⁰⁷⁵ Cameron, 76-7.

¹⁰⁷⁶ John D. Uytman and James F. McHarg, "A Psychiatric Survey of Admissions to Two Scottish Approved Schools," *British Journal of Criminology* 7, no. 1 (1967), 56.

¹⁰⁷⁷ Uytman and McHarg, "Psychiatric Survey," 74.

¹⁰⁷⁸ Uytman and McHarg, 62.

¹⁰⁷⁹ Uytman and McHarg, 70.

By 1968, there were 26 approved schools which accommodated 1,663 children and young people. This included the 22 schools mentioned above, the Church of Scotland's two new schools—the aforementioned Langlands Park and Geilsland, and also Loaningdale Approved School, Biggar, opened in 1963, and St Andrew's Approved School, Shandon, opened in 1965.¹⁰⁸⁰ A parliamentary question was put about accommodation and rooms in the approved schools and elicited the following answer.

Precise details are not readily available. In girls' schools, accommodation is provided mainly in single or small rooms or cubicles, there are two dormitories which can accommodate up to 12 girls each and two for up to 8 girls each. In boys' schools, where there are few single rooms, a growing number of pupils are accommodated in 3- to 6-bedded rooms or cubicles, but there are several dormitories with over 20 beds.¹⁰⁸¹

In 1969, the Church of Scotland opened a fourth school, Ballikinrain Approved School, that accommodated boys aged between eight to 12 years old.¹⁰⁸²

The *Kilbrandon Committee* described the approved school sector and at the time, there were 24 approved schools, 22 under voluntary management and two managed by Glasgow education authority. The Committee described the schools as existing 'to meet the needs of children committed to their care by juvenile courts for educational and training measures.'¹⁰⁸³

The Committee stated that it had received a range of criticisms about the approved school system.

A fair number of the witnesses who appeared before us commented on the subject of approved schools. It was, for example, said that children under 12 should never be sent to approved schools; that delinquents and "care or protection" cases should never be in the same school; that too many children are sent to approved schools unnecessarily; that approved schools should be reserved for those above general school-leaving age; and that,

¹⁰⁸⁰ Hansard, HC Deb, *Approved Schools*, 22 July 1968, vol 769, cc22-6W.

¹⁰⁸¹ Hansard, HC Deb, *Approved Schools*, 22 July 1968, vol 769, cc22-6W.

¹⁰⁸² Cameron, *Challenge of Need*, 77.

¹⁰⁸³ SHHD and SED, *Kilbrandon Report*, 56.

more generally, too many cases unsuitable for approved schools are being sent there.¹⁰⁸⁴

The Committee stressed that there were various inappropriate committals to approved schools, including 'children suffering from serious maladjustment or mental handicap', and 'partially deaf or blind children, epileptics, physically handicapped delinquents and pregnant girls.'¹⁰⁸⁵

It was represented to us that the present approved school system in Scotland, even assuming that the various problems to which we have already referred were overcome, offered an insufficient variety of regime, and that in many schools the age-spread was much too wide.¹⁰⁸⁶

In the context of the Committee's other recommendations, the approved schools would 'become simply part of the range of residential schools catering for the wide variety of children whose needs, for whatever reason, cannot be adequately met within the normal educational provision.'¹⁰⁸⁷

Lloyd detailed a number of concerns about approved schools in the 1960s and 1970s: the regimented life, young people issued with school clothes, and having their hair cut short.

They slept in dormitories with no sign of personal possessions or interests and marched in line, often by number, through their daily tasks. Punishments for the boys were severe, often by use of the belt, not by the method of the day schools on the hand, but on their buttocks, sometimes through special thin shorts.¹⁰⁸⁸

School inspectors in 1967 found 'extensive ill treatment' and there were over 250 punishments over an 18-month period at Geilsland School, and the Head was warned about his behaviour.¹⁰⁸⁹ 'Boys in the former approved schools sometimes defecated when waiting for the next whack of Lochgelly leather on their buttocks,

¹⁰⁸⁴ SHHD and SED, 53.

¹⁰⁸⁵ SHHD and SED, 56.

¹⁰⁸⁶ SHHD and SED, 57.

¹⁰⁸⁷ SHHD and SED, 58.

¹⁰⁸⁸ Lloyd, "From Ragged to Residential Schools," 263. Jimmy Boyle described receiving the leather belt 'over the bare arse', Boyle, *A Sense of Freedom*, 76.

¹⁰⁸⁹ David Henderson, "Sixties Discipline was 'Savage Business'," *Times Educational Supplement*, 9th January 1998.

Scottish Office inspectors protested in 1966. They reported almost 1,000 floggings that year.¹⁰⁹⁰ Henderson also wrote that mass revolts were narrowly avoided in a number of schools and one was 'hushed up'.¹⁰⁹¹

Informal physical punishment was common and went unrecorded. While there was less physical punishment at girls' schools, Lloyd noted the increasing use of drugs, and '[v]alium was prescribed by school doctors for use with any girl at the discretion of the staff.'¹⁰⁹²

Also of note are two research studies carried out towards the end of this period. In the late 1960s, McMichael conducted research in one Scottish List D School that was 'established in 1965 as a short-stay residential placement for 40 boys aged 13 to 16.'¹⁰⁹³ 'The school provides a democratic regime, drawing from previous residential work with delinquents the concepts of an elected school council and school court with the more modern additions of group counselling and 20-bed units.'¹⁰⁹⁴

The research focused on 117 boys who were admitted between 1963 and 1968. Following the implementation of the *Social Work (Scotland) Act 1968*, the young men were supervised for 24 months following the end of their placement, although two-thirds of the sample were supervised under previous arrangements 'by welfare officers in the more populous areas and by probation officers and other local services and agencies in other areas.'¹⁰⁹⁵ However, the young men expressed a clear preference for supervision to have been carried out by school staff, rather than starting again in building a relationship with a stranger who may visit infrequently: 'boys do not see their supervising officers very often. They are often given short shrift. They do not have much confidence in them, particularly after the relationships they have experienced within the school.'¹⁰⁹⁶

McMichael provided figures for reconviction and recommitment rates for young men released from approved schools between 1963 and 1966. The reconviction rate

¹⁰⁹⁰ Henderson, "Sixties Discipline."

¹⁰⁹¹ Henderson, "Sixties Discipline."

¹⁰⁹² Lloyd, "From Ragged to Residential Schools," 264.

¹⁰⁹³ Paquita McMichael, "After-Care, Family Relationships and Reconviction in a Scottish Approved School," *British Journal of Criminology* 14, No 3. (1974), 237.

¹⁰⁹⁴ McMichael, "After-Care, Family Relationships," 237-8.

¹⁰⁹⁵ McMichael, 238.

¹⁰⁹⁶ McMichael, 243.

varied between 60 per cent and 65 per cent across the four years, and the recommitment rate varied between 33 per cent and 42 per cent. The reconviction rate for the study school was 66 per cent and the recommitment rate was 47 per cent.¹⁰⁹⁷ McMichael concluded that 'it would not be unreasonable to account for some part of the uniform failure rate (regardless of régime) by the inadequate care which follows release and by the unresolved problems which renew their destructive impact on return home.'¹⁰⁹⁸ 'Of particular interest is the relationship that reconciliation between boys and their previously estranged parents has with success. This reconciliation took place while the boys were still at school or soon after they had left.'¹⁰⁹⁹ The research also found that if they went back to families where relationships remained poor, then there was little chance of a successful outcome.¹¹⁰⁰

Robertson discussed the treatment of 'delinquent girls' in Scotland during the implementation of the changes brought about by the *Social Work (Scotland) Act 1968* and gave figures for commitment to institutional care. In 1966, 469 girls aged 13 and under were convicted of an offence and of these, 19 were sent to an approved school (the youngest being 10 years old), and six were committed to a remand home. There were 1,408 girls aged 14 to 16 years convicted of an offence, and 41 were sent to an approved school, 11 were sent to a remand home and eight received borstal training.¹¹⁰¹ In addition, 64 girls were sent to approved school in need of 'care and protection', 13 as 'beyond parental control', and three for 'truancy'.¹¹⁰² In 1967, there were 193 girls in approved schools in Scotland and 98 girls were admitted to the remand home in Midlothian, although frequently 'the duration of stay was very short.'¹¹⁰³

Robertson, therefore, found that 'girls deemed to be promiscuous or "falling into bad associations or exposed to moral danger" ...tend to be committed to approved

¹⁰⁹⁷ McMichael, 237.

¹⁰⁹⁸ McMichael, 243.

¹⁰⁹⁹ McMichael, 244.

¹¹⁰⁰ McMichael, 246.

¹¹⁰¹ D.H.H. Robertson, "Medical and Legal Problems in the Treatment of Delinquent Girls in Scotland: I. Girls in Custodial Institutions," *British Journal of Venereal Diseases* 45, (1969), 133.

¹¹⁰² Robertson, "Girls in Custodial Institutions," 133. These figures were for the year ending March 31, 1967.

¹¹⁰³ Robertson, 134.

schools and these “care or protection cases” constituted more than 70 per cent. of those so committed.’¹¹⁰⁴

Borstals, Remand Homes, and Detention Centres

Jackson and Bartie argued that attempts to ‘convey a clear message to the public that approved schools were educational establishments were clouded by the existence of a confusing variety of other custodial institutions.’¹¹⁰⁵ In this section, we will discuss the development of borstals, remand homes, and detention centres. We will draw on historical reviews and research, as well as contemporary accounts by professionals working in the institutions.

Jackson and Bartie wrote that there were significant improvements to borstals in the 1950s, and ‘Polmont Borstal, Stirlingshire, was rebuilt, with the important addition of a classifying wing, to which all borstal boys in Scotland were initially sent for psychiatric assessment as well as referral to a set of new open and closed institutions.’¹¹⁰⁶ In 1963, a new borstal opened at Noranside, Forfar. Girls, however, continued to be accommodated in Greenock’s women’s prison, ‘where the vast majority were occupied in laundry work as well as machining, knitting and stitching clothes (including their own ‘liberation outfits’).’¹¹⁰⁷

In 1948, Molly Harrington was appointed to the Scottish Borstal Service as a psychiatric social worker and discussed her first two years in a post that ‘was quite a new one and the feeling on both sides was, I think, that this was the beginning of an interesting experiment.’¹¹⁰⁸ At that time, Polmont was the main training institution, and included a hostel for young men employed outside the borstal at the end of their training, and a classification centre. There was also an ‘open’ borstal, a smaller institution ‘for those who, for physical or emotional reasons, need the security of a smaller group’, and a borstal section in Edinburgh prison ‘for revoked licence-holders and boys sent from other institutions for disciplinary reasons.’¹¹⁰⁹ ‘The main “treatment” was the general institutional training, a re-education evolving from

¹¹⁰⁴ Robertson, 135.

¹¹⁰⁵ Jackson and Bartie, *Policing Youth*, 210.

¹¹⁰⁶ Jackson and Bartie, 211.

¹¹⁰⁷ Jackson and Bartie, 211.

¹¹⁰⁸ Molly Harrington, “Psychiatric Social Work in a Borstal Institution,” *British Journal of Psychiatric Social Work* 1, no. 4. (1950), 39.

¹¹⁰⁹ Harrington, “Psychiatric Social Work,” 39.

opportunities of identifying with men of integrity and from the disciplinary handling of day-to-day incidents'.¹¹¹⁰

Harrington considered that her most valuable contribution was 'to work with staff wherever possible, helping them towards a deeper understanding of the problems they have to deal with.'¹¹¹¹ She acknowledged that opportunities for case work with young men and families was limited:

...intensive work with families was rarely practicable, considering that the majority of our boys are 17 and 18, some over 20. Most of them will go straight into the Army for 18 months or 2 years after leaving Borstal and many, following the community pattern, will marry almost immediately after returning to civilian life, if not before.¹¹¹²

Wardrop also discussed the nature of the treatment of young offenders in borstals in the 1950s.¹¹¹³ Wardrop was the Consultant Psychiatrist to the Scottish Home Department (Borstals Division) and wrote that in about 1954, a psychiatrist was for the first time appointed to work in the Scottish Borstal Service to carry out psychiatric assessments and to explore the need for psychiatric treatments. 'The results of the initial assessment indicate that between 35 and 40 per cent. of entrants to Borstal present psychiatric problems.'¹¹¹⁴ Young people who were 'intellectually backward' were placed in a particular borstal 'where the environment and the whole regime is as simple and undemanding as possible.'¹¹¹⁵ 'Psychotic' young offenders might be moved to a mental hospital for treatment, while those with neurotic symptom could be treated by psychotherapy in the borstal. He suggests that the 'real problem is to find an adequate method of treatment for those difficult border-line cases, the antisocial characters, personality disorders or psychopaths.'¹¹¹⁶ He discussed the difficulties in treatment 'in a regime which is necessarily an authoritarian one, as opposed to the permissive and accepting therapeutic approach.'¹¹¹⁷ The limited

¹¹¹⁰ Harrington, 40.

¹¹¹¹ Harrington, 40.

¹¹¹² Harrington, 40.

¹¹¹³ K.R.H. Wardrop, "Treatment of the Adolescent Offender," *The British Journal of Delinquency* 8, No 2. (1957), 110.

¹¹¹⁴ Wardrop, "Treatment of Adolescent Offender," 111.

¹¹¹⁵ Wardrop, 111.

¹¹¹⁶ Wardrop, 111.

¹¹¹⁷ Wardrop, 113.

treatment resource was also highlighted and one development to address this was the introduction of group therapy:

The trend appears to be the gradual formation of an actual treatment unit within the Borstal system. In such a unit there is better scope for individual therapy but also, by the increasing use of group therapy and, still more important, social or community therapy based on psychiatric insight-with the staff playing an ever-increasing role in treatment-many more disturbed cases can be helped.¹¹¹⁸

In 1958, Wardrop again discussed the role of psychiatric work in borstals.¹¹¹⁹ He described the individual and group psychotherapy that was undertaken and the importance of communication with other staff members.

Members of the staff have commented on the fact that inmates attending group therapy sessions, although showing phases of disturbance, do finally become more obviously socialised and, in a number of cases, exert a more social influence on other inmates.¹¹²⁰

Wardrop highlighted the importance of psychotherapists working 'indirectly through staff, talking over individual difficulties and problems that they encounter in their day-to-day relationships with the inmates.'¹¹²¹ '[P]sychiatric work in isolation has only very limited value in the field of adolescent crime, but when applied more generally and integrated...with the rest of the work in an institution, it can make a contribution of considerable value.'¹¹²²

In 1962, the *Committee of the Scottish Advisory Council on the Treatment of Offenders* published its report on the custodial training of young offenders. This report covered borstals, detention centres and prisons for offenders aged between 17 and 21 years of age.¹¹²³ On 1st May 1962, there were 386 young people in these

¹¹¹⁸ Wardrop, 118.

¹¹¹⁹ K.R.H. Wardrop, "Adolescent Crime with Special Reference to Borstal Institutions – Part II," *Occupational Therapy* 21, No 12 (1958), 31.

¹¹²⁰ Wardrop, "Adolescent Crime," 33.

¹¹²¹ Wardrop, 33.

¹¹²² Wardrop, 33.

¹¹²³ Scottish Home and Health Department, *Custodial Training for Young Offenders: Report of the Scottish Advisory Council on the Treatment of Offenders* (Edinburgh: Her Majesty's Stationery Office, 1962), 5. The report focused on borstal institutions and made little mention of detention centres.

institutions: Polmont (215), Cornton Vale (44), Castle Huntley (50), Dumfries (48), and Greenock Institution (29).¹¹²⁴

The report detailed the classification of young offenders in the four male borstals, along with Greenock Institution that accommodated all females sentenced to borstal training. Male offenders were transferred to Douglas House in Polmont for two months for the 'purpose of classification.'¹¹²⁵ They would then be allocated to one of the other three houses in Polmont (Rothesay, Wallace, or Bruce) or to one of the other three institutions (Cornton Vale, Castle Huntly, or Dumfries).

Rothesay House catered for young offenders with 'no pronounced behaviour or personality problems who are suitable for dormitory accommodation.'¹¹²⁶ Bruce House accommodated offenders 'who are emotionally disturbed, immature or backward, and are not considered suitable for dormitory accommodation.'¹¹²⁷ Wallace House provided high levels of supervision for 'potential bullies and the more sophisticated' offender.¹¹²⁸ Cornton Vale was an open institution and catered for those who 'give promise of a good response to training and can be trusted not to abscond.'¹¹²⁹ Castle Huntly was also an open institution and accommodated those 'who are physically or mentally handicapped and those who require more individual treatment.'¹¹³⁰ Finally, Dumfries was a maximum security borstal and dealt with "second borstals", and "Wallace House types" who require maximum security.¹¹³¹

The *Advisory Committee* noted that there had been little change in the training methods over the years.

The main element in borstal training programmes is still, as it has been since these institutions were first established, the attempt to inculcate in the inmate a habit of regular work by employing him on tasks which are at present mainly of a dull and repetitive nature.¹¹³²

¹¹²⁴ SHHD, *Custodial Training*, 8.

¹¹²⁵ SHHD, 8.

¹¹²⁶ SHHD, 8.

¹¹²⁷ SHHD, 8.

¹¹²⁸ SHHD, 8.

¹¹²⁹ SHHD, 8.

¹¹³⁰ SHHD, 8.

¹¹³¹ SHHD, 8.

¹¹³² SHHD, 7.

Given the high rates of reconviction (60 per cent of offenders discharged in 1957 were reconvicted within the following three years), the Committee stated that 'there is an urgent need to re-assess programmes and methods of training in order that borstal may more effectively meet the challenge of the social and economic changes which have taken place in recent years.'¹¹³³ Rather than a focus solely on employment, the emphasis should be on 'the improvement of his self-respect, sense of social responsibility, and his moral qualities generally.'¹¹³⁴

The report highlighted the importance of 'good influences', such as the Governor, Borstal Officers, the Matron, and the Chaplain. It raised the need for the open appointment of these roles and appropriate training. The report also recommended that a 'disciplinary unit' should be set up to deal with 'recalcitrant' inmates who bullied others, refused to cooperate and were a subversive influence:

...they would undergo a more regimented training involving a good deal of physical effort together with deprivation of recreational amenities, e.g., smoking, games, attendance at film shows and concerts, which go with the normal training programme.¹¹³⁵

In outlining the changes to the training regime of borstals, the Committee considered that the reception programme should be changed to focus on physical education and recreation rather than classroom instruction; 'in the reception unit...the inmates should never be idle.'¹¹³⁶ The reception unit should also teach 'smartness, personal hygiene, table manners, and at least outward respect for the staff.'¹¹³⁷

The report proposed a new classification so that the training curriculum would be suited to the capability of the young offenders. The proposed classification was:

- the mentally and emotionally disturbed;
- inmates of very low intelligence;
- inmates who are backward owing to maladjustments resulting from educational difficulties, social conditions, truancy, ill-health or the like;

¹¹³³ SHHD, 9.

¹¹³⁴ SHHD, 10

¹¹³⁵ SHHD, 13.

¹¹³⁶ SHHD, 14.

¹¹³⁷ SHHD, 14.

- inmates who are backward because of indifference; and
- inmates of good ability which is either misdirected or undeveloped.¹¹³⁸

The programme of training should be fitted to suit the needs of these different groups of young offenders, and should be taught by qualified teachers: 'We attach great importance to the improvement and development of skills, whether manual or intellectual or recreational, since this should enhance self respect, enlarge understanding and increase the ability to lead a purposeful life.'¹¹³⁹ The Committee commended the vocational training introduced at Polmont, which incorporated a balance of theoretical and practical instruction.

The Committee also emphasised physical training as an essential part of the programme, 'not merely because it improves physical fitness and the ability to co-ordinate mind and body, but also, and more importantly, because it affords an opportunity to require each inmate to make an effort to improve his existing standard.'¹¹⁴⁰ Social education, recreational activities and the use of the library were also recommended as important parts of the training programme.

The *Advisory Committee* considered the issue of release from borstal and considered that there was 'a case for the establishment of a separate release centre', which would prepare 'the inmate for his return to life in the free community.'¹¹⁴¹

Warder and Wilson gave figures for borstal receptions and reconviction rates of those who had left borstals in Scotland in the 1960s. Between 1960 and 1967 there was an increase in the number of young people received into borstals from 328 to 647.¹¹⁴² Figures on the reconviction rate between 1965 and 1967 showed that 62 per cent had a conviction after a period of three years, and the rate for those who had previously been in an approved school was 73 per cent, and for first offenders it was 54 per cent.¹¹⁴³

¹¹³⁸ SHHD, 15.

¹¹³⁹ SHHD, 16.

¹¹⁴⁰ SHHD, 17.

¹¹⁴¹ SHHD, 19-20.

¹¹⁴² Warder and Wilson, "British Borstal Training System," 123. These figures related to young people aged 23 and under.

¹¹⁴³ Warder and Wilson, 123.

In 1972, Munro reflected on the health of inmates of Castle Huntly open borstal since it opened in 1947. She described some of the difficulties when Castle Huntly first opened. The first group of 15 boys included some 'highly skilled cat burglars and pickpockets' and 'at night they slid down drainpipes and went out housebreaking.'¹¹⁴⁴ As more young men were transferred from Polmont, they included 'some of the gangster type' and they 'were insubordinate; they defied the officers; they bullied the little boys and were guilty of some horrible acts of cruelty to animals.'¹¹⁴⁵ Munro observed, however, that the group of young men who benefited most were 'weakly little boys, the products of parental neglect—underfed, underweight and undersized' who 'thrived in the open-air life with nourishing meals.'¹¹⁴⁶ 'Consequently for many years every boy in the Castle had something amiss, malnutrition and old rickets were common, and many were still suffering the affects [sic] of inadequately treated childish illnesses.'¹¹⁴⁷

Munro commented on the changing pattern of health of the young men with the impact of the NHS and improving medicines and treatment. However, 'neglect at home still goes on' and 'malnutrition is still too common.' Finally, she discussed substance misuse and described an epidemic of illness due to the young men drinking Brasso. She concluded that 'the great problem of the future will be drug taking'.¹¹⁴⁸

If we turn now to remand homes, in 1961, there were eight remand homes in Scotland that accommodated 158 boys and 47 girls, and, for the most part, boys and girls were housed in the same homes.¹¹⁴⁹ Remand homes provided temporary custody for those awaiting court cases who had not been given bail, and also were used as a 'place of safety'. 'Young people could also be ordered to spend a period of detention in a remand home, of up to three months, as a form of disposal by the juvenile court.'¹¹⁵⁰

¹¹⁴⁴ Ruth Munro, "Huntly Castle," *Electric Scotland* website, 1972.

¹¹⁴⁵ Munro, "Huntly Castle."

¹¹⁴⁶ Munro, "Huntly Castle."

¹¹⁴⁷ Munro, "Huntly Castle."

¹¹⁴⁸ Munro, "Huntly Castle."

¹¹⁴⁹ Jackson and Bartie, *Policing Youth*, 214.

¹¹⁵⁰ Jackson and Bartie, 212-3.

Jackson and Bartie considered that the remand home 'was the 'Cinderella' of all custodial institutions.'¹¹⁵¹ They wrote that not only was provision seen as insufficient, 'concerns were also raised about the inadequacy of premises, lack of equipment, poor quality of management and also of staff.'¹¹⁵² The emphasis in Scotland at this time was very much on remand homes' custodial role. 'Embarrassed at the condition of Scotland's remand homes in 1961, the SED encouraged the building of better facilities.'¹¹⁵³ New remand home accommodation for 21 boys and four girls was opened in Dundee in 1966.¹¹⁵⁴

The *Criminal Justice (Scotland) Act 1949* gave powers to commit an offender aged between 14 and 21 to be detained in a detention centre for a maximum of three months.¹¹⁵⁵ The first detention centre in Scotland was opened in 1960 at South Inch House, Perth, the former 'Criminal Lunatic Department' of Perth Prison. This was a senior centre for offenders between 17 and 21 years' old and could accommodate up to 65 young offenders.¹¹⁵⁶ Friarton Detention Centre opened in 1963 with accommodation for 64 young offenders. South Inch closed in 1966 with the opening of Glenochil Senior Detention Centre, and Friarton closed in 1967 when Glenochil was expanded from its original 120 places to 180 places.¹¹⁵⁷

In the 1960s, Wilson carried out research on a sample of 200 young men in detention centres, aged between 16 and 21 years of age.¹¹⁵⁸ The average age of offenders in the detention centre was 17 years and 7 months. He described them as 'fairly sophisticated' criminally, 'tending towards property and violent offences' and one-quarter had previously been in a 'penal institution'.¹¹⁵⁹ Wilson found that the young offenders had a high level of emotional upset and, therefore, 'many of the boys were inappropriately sentenced to an unsuitable regime.'¹¹⁶⁰ He suggested, however, that

¹¹⁵¹ Jackson and Bartie, 211.

¹¹⁵² Jackson and Bartie, 213.

¹¹⁵³ Jackson and Bartie, 214.

¹¹⁵⁴ Jackson and Bartie, 215.

¹¹⁵⁵ For full details of the legislation, see Norrie, *Legislative Background*, 253-273.

¹¹⁵⁶ Reginald Wilson, "Scottish Detention Centre Inmates: A Criminological and Psychological Assessment" (Master of Laws dissertation, University of Edinburgh, 1970), 18.

¹¹⁵⁷ Wilson, "Scottish Detention Centre Inmates," 22-3.

¹¹⁵⁸ Wilson, 117.

¹¹⁵⁹ Wilson, 169.

¹¹⁶⁰ Wilson, 181.

there was, at that time, 'no other unit equipped to cater for such a psychologically disturbed population.'¹¹⁶¹

Wilson described the regime at Glenochil as 'in accordance with the current policy of personal treatment in an atmosphere of discipline.'¹¹⁶² Physical training took place twice a day and 'work opportunities are, of necessity, limited in a closed institution, and tend to be dull and repetitive.'¹¹⁶³ Educational and recreational activities took place in the evening. 'The inmates are uniformly dressed and the institutional hair-cut gives them a uniform appearance.'¹¹⁶⁴

Wilson gave the number of receptions into detention centres in Scotland between 1960 and 1967. These show a significant increase over this period—from 328 in 1960 to 690 in 1966, and 647 in 1967.¹¹⁶⁵

¹¹⁶¹ Wilson, 181.

¹¹⁶² Wilson, 29.

¹¹⁶³ Wilson, 30.

¹¹⁶⁴ Wilson, 32.

¹¹⁶⁵ Wilson, 58.

Table 6: Offence Categories of those Sentenced to Detention Centres, 1960-67 Wilson, "Scottish Detention Centre Inmates"						
Crimes/Offences for which Sentenced	1960	1963	1964	1965	1966	1967
Assault	13	11	14	18	15	9
Sexual Offence		8	6	10	5	4
Housebreaking	54	189	205	190	261	232
Theft	50	124	111	124	148	157
Breach of the Peace	29	68	139	138	150	179
Taking Vehicle without Owner's Consent		35	58	49	52	60
Other Road Traffic Offences		16	22	11	38	29
All Other Offences	29	26	58	35	54	65
Totals	175	477	613	575	723	735

Wilson also discussed the establishment of Young Offenders' Institutions in Scotland and he described this as 'a haphazard and unsatisfactory process, characterised by a lack of foresight all too typical of penal treatment.'¹¹⁶⁶ The first Young Offenders' Institution was opened in Saughton Prison, Edinburgh in 1965 with accommodation for 76 young offenders:

Pressure of numbers resulted in the opening of Dumfries Young Offenders and later a separate Hall in Barlinnie Prison was designated as a Young Offenders' Institution; an arrangement which can only be described as convenient but bizarre, when the main purpose behind separate institutions for young prisoners was to take them out of the 'atmosphere' of the adult prisons.¹¹⁶⁷

¹¹⁶⁶ Wilson, 80.
¹¹⁶⁷ Wilson, 80-1.

Jimmy Boyle, *A Sense of Freedom*

In *A Sense of Freedom*, Jimmy Boyle tells the story of his life in institutions and prison, a life of violence, theft, gangs, and, ultimately, rehabilitation. At the age of 13 in 1957, Jimmy Boyle entered the first of a number of residential institutions, Larchgrove Remand Home in Glasgow. He was placed on remand for stealing from chewing gum machines. He described the 'screw' shouting instructions, having to strip off all his clothes along with the other boys, being taken to a big square where they were made to rub lice ointment into their hair before being showered.

He led us to the dormitories where the beds were and the sound of crying children permeated the place, silenced only by the shout of "shut up" from the screw, but on hearing the crying we four broke into loud sobbing that couldn't be subdued because we were terrified out of our wits and I kept asking for my Ma over and over again.

The day was spent scrubbing and cleaning floors, walls and brasses, and exercise. The regime was very strict and 'discipline reigned supreme in Larchgrove.' Activities, such as marching to breakfast, were done in silence, and corporal punishment took the form of 'a thick leather strap over the buttocks.' Jimmy was in Larchgrove for four days before being placed on probation.

When he was 14, Jimmy returned to Larchgrove for 28 days' detention for breaking into shops, and this time he found it different. He was not afraid of it and he says that, 'I knew the system and how to work it and although I disliked it every bit as much it held no fear for me.'

I caught on to the fact that if I wore a mechanical smile and was subservient to the screws then I would skate through the 28 days and this was what happened.

Following two spells in Larchgrove Remand Home and Detention Centre and with a growing reputation for thieving and gang fighting, in about 1958 Jimmy Boyle was arrested for stealing a cashbox and placed in St John's Approved School. He described one of his first encounters with a staff member:

Coming in the opposite direction was an old guy in robes and as we drew near him, he reached forward and pulled me to him and struck me full on the head with something hard, watching as I fell back. Not one word was uttered between us. This was my introduction to St John's. I was then told that the old man was one of the staff and that he had hit me with a billiard ball.

Each day followed a routine: get up, make the beds, and wash along with the other 150 boys before being marched to the chapel for mass and, then, downstairs for breakfast and prayers. The morning was spent in the workshop, lunch, back to the yard for football, and then back to work until 4.30 pm. The boys were then all lined up for a shower, the evening meal, and free time.

Jimmy described a disciplinary and violent regime, and this was between the boys as well.

Bullying was commonplace and was very much a part of what the approved school was all about and the same could be said of homosexuality. The two activities were rife within the place and it was through them that one asserted one's position. It was either that or be on the receiving end. It was a very tough place and every kid had to be tough to survive in it from the official and unofficial standpoint.

Jimmy also discussed the School as part of his criminal development in that it gave him connections across Scotland and, 'there is no doubt at all that most of them gained, in a criminal sense, from their approved school experience.'

He does talk about the Head of the School, Brother Paul, as the one member of staff who made an impression on him during his time there, 'an admirable person, one who was interested and cared.'

At around the age of 16, Jimmy was arrested for shop breaking and confined in Barlinnie Prison. He was placed in a cell in the 'untried hall' with two other prisoners.

The blankets were filthy with lots of burn holes from guys smoking. The cell was filthy and there was an overwhelming stench of urine that came from the three stained chamber pots in the far corner.

Prisoners were locked up for 23 hours a day and exercised in the prison yard for half an hour in the morning and afternoon. Jimmy was sentenced to borstal training and, because of lack of places in the borstal system, he spent time in a hall for convicted prisoners in Barlinnie:

The system was the same as the untried hall, apart from the fact that we were taken to work for a few hours each day, but as there was practically nothing for us to do we would be made to sit around or clean our cells and polish them.

Eventually, Jimmy was transferred to Borstal. He described daily routine as follows: each morning bedding would be boxed in 'military fashion' and the cell would be scrubbed. After breakfast, some would go to classrooms for lessons and 'others would scrub the hall area and other parts of the Borstal.' In the afternoon, they would change places, those who had scrubbed in the morning going to school. Every day would also include physical training in the gym. Following one incident of barricading himself into his cell, Jimmy was placed into the punishment cells—the 'Digger'. Here, Jimmy was assaulted by officers for not doing his duties properly, but he spent another spell in the 'Digger' after he was involved in a fight with another inmate. He was released after 14 months and 'during that time I had made lots of new friends and consolidated many old friendships from earlier places.'

At the age of 18, Jimmy was sentenced to two years' imprisonment for serious assault following a gang fight.

Jimmy Boyle, *A Sense of Freedom* (London: Pan Books, 1977).

Magdalene Institutions and Rescue Homes

Little has been written about the later history of the Magdalene Institutions in Scotland.

Jackson and Bartie highlighted how the gendered perspective on juvenile delinquency continued to be expressed during and after World War II, and 'female 'delinquency' continued to be stereotyped in sexual terms as it had in the Victorian era.'¹¹⁶⁸ They write that the 'rescue' homes set up in the 19th century 'continued into

¹¹⁶⁸ Jackson and Bartie, *Policing Youth*, 117.

the 1950s, in some cases with little in the way of regime change.¹¹⁶⁹ For example, the Dundee and District Female Rescue Home, established in 1886, was renamed the Cobden Street Girls' Training Home in the late 1940s, and 'the focus on laundry-work as the main mechanism of reform continued into the 1950s.'¹¹⁷⁰

Mahood, in her discussion of the Glasgow Magdalene Institution at Lochburn House in the late 1950s, observed that:

By the 1950s 'wayward' girls (juvenile offenders and girls in 'moral danger') were placed in Lochburn home by their parents or probation officers. They were incarcerated for two years and received the same mix of basic education, moral training and laundry work.¹¹⁷¹

Mahood cited articles in the Glasgow Herald in September 1958 which reported on mass breakouts from the Lochburn Home as over 40 girls climbed over the walls on a number of different days. There were also allegations of ill-treatment, beatings, dousing with cold water, and cold baths. 'William Hannan M.P. assured the public that the Institution would be looked into by the Secretary of State for Scotland. The Magdalene Institution was closed down some months later.'¹¹⁷²

Although the Glasgow Lock Hospital had closed, wards for venereal diseases continued and Lees described the provision at the Edinburgh Royal Infirmary at the start of the 1960s. There were 'fourteen beds for males and fourteen beds for females and children' and 'the patients benefit from the almost limitless resources in diagnosis and treatment of a major teaching hospital.'¹¹⁷³

Residential Nurseries and Mother and Baby Homes

While very little has been written about residential nurseries in Scotland over this period, Jackson and Bartie listed a number of mother and baby homes operating in Scotland at this time. As well as the Lansdowne House run by the Church of Scotland in Glasgow, they mention two mother and baby homes in Dundee in the 1950s, the Scottish Episcopal Church home, St Ronan's, and the Salvation Army's Florence Booth

¹¹⁶⁹ Jackson and Bartie, 130.

¹¹⁷⁰ Jackson and Bartie, 130.

¹¹⁷¹ Mahood, *The Magdalenes*, 176.

¹¹⁷² Mahood, 177.

¹¹⁷³ Lees, "Lock Wards of Edinburgh," 189.

House.¹¹⁷⁴ There was also a Roman Catholic mother and baby home in Bishopton run by the Sisters of the Good Shepherd, and another non-denominational home in Aberdeen.¹¹⁷⁵ In Edinburgh, the local authority had two residential nurseries in 1948. In addition, three nurseries run by the Health Department were transferred to its Children's Department in 1963.¹¹⁷⁶ Edinburgh still had residential nursery provision at the end of this period, and at least one other residential nursery—Hazeldene Residential Nursery—was open into the 1970s.

Jackson and Bartie gave some further detail on Lansdowne House in Glasgow.

Lansdowne House, run by the Church of Scotland, was presented in 1956 as offering modern and well-equipped facilities. Instruction in handicrafts and childcare was offered, as well as help in finding employment and accommodation upon leaving...¹¹⁷⁷

In the early 1960s, about half of the mothers were aged between 15 and 17 years. Cameron suggested that towards the end of the 1960s, 'the rules governing Lansdowne House have been greatly relaxed, the length of stay with or without the baby may be arranged to suit individual circumstances.'¹¹⁷⁸

Macleod showed that the age range of mothers in the Lauriston Home in Edinburgh was relatively constant with young girls aged from 13 to older mothers in their thirties and forties. She also noted that the mothers often came from a distance 'to get out of the local area and remove themselves from their local community, as women feared being judged by others.'¹¹⁷⁹

In both Lansdowne House and the Lauriston Home, there was a strong focus on religion, and 'the continuing emphasis on religion in the homes, more marked in Glasgow than in Edinburgh, reflected the anxiety in Scotland about the liberalisation of female sexuality.'¹¹⁸⁰ Jackson and Bartie also discussed the church's role in running mother and baby homes, and the Catholic church 'expressed concern about young Catholic women who had booked themselves into mother and baby homes run by

¹¹⁷⁴ Jackson and Bartie, *Policing Youth*, 130.

¹¹⁷⁵ Jackson and Bartie, 130-1.

¹¹⁷⁶ White, "Residential Child Care Past and Present," 156.

¹¹⁷⁷ Jackson and Bartie, 135.

¹¹⁷⁸ Cameron, *Challenge of Need*, 66.

¹¹⁷⁹ Macleod, "Mother and Baby Homes," 36.

¹¹⁸⁰ Macleod, 43.

other denominations and where adoptions were arranged to non-Catholic families.’¹¹⁸¹

However, the mother and baby homes were viewed as increasingly ‘outmoded’ and the Scottish Council for the Unmarried Mother began to work to close them down.

From the 1880s until 1970 the Christian churches were key providers of ‘moral welfare’ work and, in Scotland in particular, continued to influence policy in this area. By the late 1960s, however, their inability to adapt to cultural change, the restructuring of state social service provision, and an increasing pace of secularisation signalled the end of an era.¹¹⁸²

For Macleod, the 1960s marked the beginning of the end for mother and baby homes, as public perception of unmarried mothers changed with ‘unmarried mothers refusing to behave as a stigmatised group and enter institutions known for their strict regimes.’¹¹⁸³ Macleod concluded that increasing secularisation in Scotland ‘made the punitive and religious discourse of the homes contrary to the beliefs of the young adults of the post-war generation and may provide an explanation for the decline in popularity of Scottish mother and baby homes.’¹¹⁸⁴ Sen *et al.* also commented on the impact of Bowlby’s work on attachment and how ‘this resulted in the closure of a large number of residential nurseries.’¹¹⁸⁵

Cameron noted that, in 1965, the Church of Scotland opened a ‘new type of accommodation’.

It was the building formerly occupied by the Levenhall Home for Boys, Musselburgh, in which eight girls are cared for, living semi-independently, each with her own bed-sitting room and responsible for her own shopping and cooking. Some even go out to work for a time.¹¹⁸⁶

The baby was then looked after in foster care ‘to allow the girl to make arrangements for the baby’s future and her own.’¹¹⁸⁷ Cameron stated that several other houses

¹¹⁸¹ Jackson and Bartie, *Policing Youth*, 135.

¹¹⁸² Jackson and Bartie, 139.

¹¹⁸³ Macleod, “Mother and Baby Homes,” 27.

¹¹⁸⁴ Macleod, 52.

¹¹⁸⁵ Sen *et al.*, “Historical Abuse in Residential Child Care,” 185.

¹¹⁸⁶ Cameron, *Challenge of Need*, 66.

¹¹⁸⁷ Cameron, 66.

were used this way and 'much personal help is given by the child care staff to the mothers for many months before and after the births.'¹¹⁸⁸

Jackson and Bartie also discussed the alternative models being developed such as 'schemes involving "flatlets" for independent living', or boarding out 'with sympathetic families on an "au pair" basis.'¹¹⁸⁹

Issues in Care Services

Recruitment and Selection

Shaw stated that over this period, the 'regulatory framework was, at best, vague on the need to select staff suitable for working with children in residential establishments in terms of both character and temperament.'¹¹⁹⁰ Little has been written on issues of recruitment and selection of residential child care staff over this period.

However, Black and Williams discussed employment practices in the 1950s in the context of an independent inquiry into sexual abuse carried out in two Fife residential establishments.¹¹⁹¹ They could not find any documentation related to recruitment practice at the time, but a member of staff recalled an interview that involved some 10 people including the Children's Officer. Applicants were requested to provide three references from 'people of some standing in the community.'¹¹⁹² Black and Williams also noted that individuals with previous experience in other children's home and suitable qualifications would have been seen as suitable candidates.¹¹⁹³ Jackson and Bartie commented that the 'impossibility of attracting qualified staff to remand homes in Scotland was to a large degree due to appalling salaries, terms and conditions.'¹¹⁹⁴

Shaw and Kendrick interviewed 23 individuals who worked in, or in connection with, residential child care services in Scotland in the 1960s and early 1970s. 'Participants

¹¹⁸⁸ Cameron, 66.

¹¹⁸⁹ Jackson and Bartie, *Policing Youth*, 136.

¹¹⁹⁰ Shaw, *Historical Abuse Systemic Review*, 101.

¹¹⁹¹ Black and Williams, *Fife Council Independent Enquiry*, 15.

¹¹⁹² Black and Williams, 15.

¹¹⁹³ Black and Williams, 15.

¹¹⁹⁴ Jackson and Bartie, *Policing Youth*, 213.

who worked in residential care reported working very long hours, undertaking all manner of childcare and related domestic work, for relatively low wages and having little time off, perhaps one day a fortnight.¹¹⁹⁵ While for some this did not detract from their enjoyment of their job, for others it led them to leave residential care.

Smith found from his research with nine experienced residential child care leaders that there were diverse routes into residential child care, and that 'a strong value base and sense of vocation was apparent in bringing all of the interviewees into this line of work.'¹¹⁹⁶ However, it was rare for basic grade posts to have a qualification or background in residential care.

One document that addressed recruitment and selection of foster carers was the *Memorandum on the Boarding Out of Children*.¹¹⁹⁷ The *Memorandum* gave advice on the need for full information in advertisements for foster parents, and the usefulness of information leaflets, press articles, talks to local societies and groups, and making personal enquiries of successful foster parents. In the selection process, it was important to see all members of the family, and such an interview would help assure the officer 'that the applicant can safely be entrusted with the care of a boarded-out child.'¹¹⁹⁸

The *Memorandum* discussed a number of issues that affected the suitability of particular foster homes: placement with a married couple or a woman living by herself, the temperamental suitability of the foster parents, the affluence of the home, the age of the child, the likelihood of the child returning home, disability, the age of the foster parents, religion of the child, and opportunities for finding appropriate employment of the child. It also indicated that '[t]he boarding-out of a child with relatives is often to be preferred to boarding him out with strangers, but the mere fact of relationship does not by itself make the relatives good foster parents.'¹¹⁹⁹

¹¹⁹⁵ Julie Shaw and Andrew Kendrick, "Reflecting on the Past: Children's Services Workers' Experiences of Residential Care in Scotland from 1960 to 1975," *British Journal of Social Work* 47, no. 2 (2017), 382.

¹¹⁹⁶ Mark Smith, "Something Lost Along the Way," 5.

¹¹⁹⁷ Scottish Home Department, *Memorandum on the Boarding-Out of Children* (Edinburgh: HMSO, 1959).

¹¹⁹⁸ Scottish Home Department, *Boarding-Out of Children*, 9.

¹¹⁹⁹ Scottish Home Department, 12.

Training and Supervision

Shaw highlighted that there was little focus on the training and qualifications of residential staff in the regulatory framework of residential child care between 1950 and 1987. 'The absence of a requirement for all care staff to have recognised qualifications and appropriate continuing professional development, allowed unqualified care staff to be employed in residential schools and children's homes throughout the period.'¹²⁰⁰

In 1950, the Homes Committee of the Scottish Advisory Council on Child Care endorsed 'the views of the Clyde Committee on the need for the training of staffs of children's homes.'¹²⁰¹

An early example of training was the Camphill Seminar in Curative Education which was a training course started by Karl König in 1949 for co-workers at the Camphill School. Over the coming years this was further developed.¹²⁰²

Other training courses for residential workers had been set up following World War II, and the Scottish Advisory Council in Child Care awarded a Certificate in Residential Care of Children (CRCC), taught over a year at Glasgow and Aberdeen Universities. The initial content of these courses was domestic and practical and covered the normal growth, health, and development of children.¹²⁰³ Black and Williams note that, at that time, 'possessing a qualification in residential child care would be quite rare.'¹²⁰⁴

Shaw and Kendrick, in their study of children's services workers' experiences of residential child care in the 1960s and early 1970s, highlighted participants' accounts of their lack of experience and training.

Participants reported that they were employed because they had either raised or were raising a family of their own and had thus demonstrated an

¹²⁰⁰ Shaw, *Historical Abuse Systemic Review*, 101.

¹²⁰¹ Scottish Home Department, *Report of the Homes Committee*, 9.

¹²⁰² Monteux, "History and Philosophy," 27.

¹²⁰³ Shaw and Kendrick, "Reflecting on the Past," 380.

¹²⁰⁴ Black and Williams, *Fife Council Independent Enquiry*, 15.

ability to manage a household, or had simply expressed an enthusiasm for working with children even if they had no prior child-care experience.¹²⁰⁵

Participants acknowledged that they had 'little knowledge of child abuse or child protection.'¹²⁰⁶ Lack of training and experience also meant that many participants 'felt unable to raise concerns, as staff were expected to toe the line and not question existing orthodoxy.'¹²⁰⁷

Similarly, there was very little consideration of the training of foster carers over this period.

Systemic weakness and good practice

This period saw the implementation of the *Children Act 1948* and the setting up of the National Health Service. The experiences of World War II had created a context for the development of the welfare state in the UK. Despite continued austerity following World War II, Scotland was moving into a period of relative prosperity in the 1960s. There were also major shifts in attitudes to issues such as illegitimacy. There were significant developments in the understanding of child development and attachment, and the impact of institutionalisation on children and young people. These changes impacted on children's services in a variety of ways, such as the move away from large institutions to smaller homes and family group homes, and the closure of residential nurseries. The residential care of disabled children also came under question with the development of care in the community policies in the 1960s, although these took many years to progress.

However, there continued to be marked variation in the quality of care, both across different care settings and within institutions and residential establishments. Some residential establishments continued to provide rigid and disciplinary regimes, while others were developing more child-centred and therapeutic approaches.

In foster care, there continued to be wide differences in the experience of children and young people with some experiencing warm and loving foster carers, while others were placed in emotionally sterile and abusive placements.

¹²⁰⁵ Shaw and Kendrick, "Reflecting on the Past," 383.

¹²⁰⁶ Shaw and Kendrick, 383.

¹²⁰⁷ Shaw and Kendrick, 385.

Individuality and Development

Following World War II, with a greater understanding of child development and attachment, there was an increased consideration of the individuality and development of children in care. However, there continued to be strict and authoritarian regimes in some residential settings, particularly those for young offenders. In other care settings, the focus continued to be on physical health and cleanliness, rather than on the emotional and mental well-being of the child.

The better understanding of child development led to changes in services, and a move away from large institutions. There was increasing involvement of child psychologists and child psychiatrists in working with children in care, and some residential establishments developed therapeutic approaches to care.

Rights and Responsibilities

Although there were further international developments in work on the rights and responsibilities of children, these had little impact on policy and practice for children in care in Scotland, or for wider society.

Good Basic Care

The emphasis on a clean and healthy environment as the basis for good care was perhaps diminishing over this period, as other aspects of care were also considered important. The wide differences in the quality of care still existed across the care sector.

The nature of the accommodation, both in foster care and residential care, continued to vary a great deal. Generally, however, there were improvements in the standards of accommodation. Little has been written about the food and diet of children in care over this period, although there would have been the issue of rationing following the war. There was also a move away from uniforms in residential care over this time, although they persisted in establishments for young offenders. Some boarded-out children continued to be marked out by their clothing.

The structure and routine in some institutions and residential care, particularly those for young offenders, continued to limit opportunities for recreational and leisure activities. In other settings, there was more of an emphasis on providing opportunities for children and young people to take part in physical activities and outings. Indeed, residential workers have commented on their freedom at that time

to do things that are now much more restricted because of health and safety considerations. Similarly, for some boarded-out children there continued to be an emphasis on daily chores and work. The inconsistency in opportunities for leisure and recreation for children in care persisted.

Education

While there was clearly an increasing focus on the education of children in care over this period, and significant developments in relation to the education of disabled children and children with special needs, there was still a focus on vocational education and training. Employment outcomes for children and young people continued to reflect class-based assumptions about the status of children in care. There continued to be barriers to education because of the low expectations of children in care.

Health

The physical health of children in care continued to be seen as important, and this should be seen in the context of the development of the National Health Service. This said, there was not a great deal of attention paid to the systemic barriers to promoting the health of children in care. Over this period there was also an increasing focus on the emotional and mental health and well-being of children in care, and the development of psychiatric services.

Partnership with Parents

The idea of partnership with parents continued to be limited over this period. Although there was increasing recognition of the importance of maintaining relationships between children and their parents, the practice of boarding out children to rural areas continued into the 1960s. Care in the community policies also developed in the 1960s but were slow in being implemented.

Child-Centred Collaboration

Although the *Children Act 1948* addressed one sector of children's services, there were still clear differences in the approach of children's services, education, criminal justice services, and health services. While there was more evidence of inter-disciplinary teams working in care settings, for example, child psychiatric units, there was no real call for inter-agency collaboration.

A Feeling of Safety

Children and young people's feeling of safety continued to be very varied over this period. The range of punishment and sanctions continued to involve corporal punishment, deprivation of privileges, medication, and isolation. In some care settings, particularly those dealing with young offenders, corporal punishment could be common and routine. There continued to be clear evidence of physical, verbal, and emotional abuse of children and young people in care, as well as sexual abuse. This was perpetrated by staff and carers, and other young people in care. There also continued to be a general lack of attention to issues of child protection and safeguarding of children in care.

Again, however, there is clear evidence of children and young people experiencing safe and stable care placements.

1968-1995: Social Work (Scotland) Act 1968 to Children (Scotland) Act 1995

Introduction

The period following the introduction of the *Social Work (Scotland) Act 1968* and local government reorganisation in the mid-1970s was one of significant change for children's care services. There was a marked move away from the use of residential child care and the introduction of community-based alternatives. This period also saw important developments in foster care services.

In the 1980s and 1990s, the children's rights agenda influenced the social work professional approach to children and young people in care, although it did not influence education services in the same way. The increasing recognition of child abuse and neglect led to significantly more referrals of children on child protection grounds to the new Children's Hearings system. The abuse of children in care was also highlighted in a number of inquiries in the UK, including the *Review of Residential Child Care in Scotland*. These led to important developments for services for children in care.

The *Social Work (Scotland) Act 1968* established the responsibilities of local authorities in promoting social welfare in Scotland and their duty to appoint a Director of Social Work and set up a *Social Work Committee*, and thus 'provided the legislative foundation for social work departments.'¹²⁰⁸ Section 12 of the Act set out the general social welfare services of local authorities to make available advice, guidance, and assistance in cash or in kind. In relation to children under the age of 18 years, such assistance should reduce the need for a child to be received into care or referred to a Children's Hearing. Tisdall commented that to 'many early observers, this positive promotion of welfare in the 1968 Act was revolutionary.'¹²⁰⁹

Section 15 of the Act placed a duty on the local authority to receive into their care orphaned or abandoned children, or children whose parent or guardian was

¹²⁰⁸ Kay Tisdall, "From the Social Work (Scotland) Act 1968 to Children (Scotland) Act 1995: Pressures for Change," in *Child Welfare Services: Developments in Law, Policy, Practice and Research*, ed. Malcolm Hill and Jane Aldgate (London: Jessica Kingsley Publishers, 1996), 26.

¹²⁰⁹ Tisdall, "From the Social Work (Scotland) Act 1968," 26.

temporarily or permanently unable to provide for them because of ill health or another incapacity. The Act also set out the circumstances for the local authority to assume parental rights. When a child was received into local authority care, Section 20 set out the duty 'to further his best interests, and to afford him opportunity for the proper development of his character and abilities.' The local authority should provide accommodation and maintenance of the child through boarding out or placement in a residential establishment. Duties in relation to the aftercare of children were also specified.

Children and young people were considered to be in need of compulsory measures of care in the following situations:

- they were beyond the control of their parent;
- they were falling into bad associations or exposed to moral danger through lack of parental care;
- they were experiencing unnecessary suffering or seriously impaired health or development because of such lack of care;
- they were subject to abuse as set out in Schedule 1 to the Children and Young Persons (Scotland) Act 1937;
- they were a girl who was subject to the crime of incest;
- they were failing to attend school regularly without reasonable excuse;
- they had committed an offence.

The Act set out the establishment and process of the Children's Hearings system, and 'the Children's Hearings system has three key actors: the Reporter to the Children's Panel, the social work department, and the Children's Panel.'¹²¹⁰ Where children were in need of compulsory measures of care, they could be made subject to a supervision requirement which could specify certain conditions such as placement in foster care, or have a supervision requirement to reside in a named residential establishment. Part IV of the Act set out the duties of local authorities to provide and maintain residential and other establishments, or arrange for such provision.

Over this period of the review, there was an increasing amount of research into child care services in Scotland and this provided more detailed information about the nature of care services, and the experiences and outcomes of children and young

¹²¹⁰ Tisdall, 26.

people in care. The amount of information provided by these studies means that the structure of this chapter is more complex than those of previous chapters. In the following 'Context' section, we have presented information from the research that applies to all children in care, and we have integrated research about specific types of care into the relevant sections of the chapter.

Context

Finlay wrote that although the performance of the Scottish economy improved up until 1975 (explained by government intervention), the rate of decline of manufacturing remained particularly concerning.¹²¹¹ In the 1980s, there was a fundamental restructuring of the Scottish economy with the collapse of traditional industries and this 'was not, however, achieved without a significant social cost.'¹²¹² 'Two recurrent themes dominated Scottish society throughout the best part of the eighties: unemployment and low pay.'¹²¹³ Tisdall described major changes in families over this period with an increase in the rates of divorce and single parenthood, and the impact of increases in homelessness, unemployment, and inequality.¹²¹⁴

Following the *Social Work (Scotland) Act 1968*, there was a significant change to the categorisation of children in care, in particular with the introduction of the new category of children on supervision at home. In 1968, there were 11,221 children placed in care, 10,642 of whom were in local authority care, the remaining 579 having been placed in care by their parents. In 1973—by which time the *Social Work (Scotland) Act 1968* had come into force—there were 20,703 children in care. However, 8,230 of these were at home on home supervision requirements. The number of children placed away from home increased somewhat to 12,473. These children were placed as follows:

- foster care:	5,500
- local authority home or hostel	2,592
- voluntary home or hostel	1,865
- 'List D' school	1,617
- Private lodgings	130

¹²¹¹ Finlay, *Modern Scotland*, 323.
¹²¹² Finlay, 343.
¹²¹³ Finlay, 344.
¹²¹⁴ Tisdall, "From the Social Work (Scotland) Act," 26-7.

- residential employment 81
- other accommodation/not known 527¹²¹⁵

By 1976, the number of children in residential and foster care was 11,435 and the numbers reduced steadily over the coming years. In 1981, it had dropped to below 11,000 and by 1985, it was just above 7,500. The numbers of children in care continued to fall steadily until the end of the 1980s, when they stood at 5,775. Over the next three years, they rose to reach over 6,200 in 1992, and then decreased again to 5,667 in 1995. Over this period, the numbers in residential care dropped by over two-thirds, from 6,304 in 1971 to 2,042 in 1995. Similarly, the numbers in foster and community care placements fell by about half, from over 7,000 in 1971 to 3,626 in 1995.

The reasons why children and young people were being referred to the care system also changed markedly over this period. Schaffer gave the figures for referrals for 1972; the first full year of operation. Out of the 24,656 referrals, the great majority (21,594) were for alleged offences committed by children and young people. Compared to this, only 506 were for alleged lack of parental care, and 95 for alleged victims of Schedule 1 offences. By 2007, this pattern had changed completely. There were 102,759 referrals but the number of alleged offences by children and young people had dropped to 16,490, while those for alleged lack of parental care had increased to 19,086 and alleged offences against children to 19,485.¹²¹⁶ Although these latter figures are some 12 years after the end of this period of the review, the trend is clear.

Miller provided a longitudinal perspective on children in care in the 1970s.¹²¹⁷ By the end of the 1970s, there were 'about 17 thousand children in care in Scotland, with an annual 'turnover' rate of about 40 per cent of this total.'¹²¹⁸ The main conclusions of this analysis were that the majority of children in care at any one time had not been in care before. However, of those children discharged in the year ending March 1977, one-fifth were readmitted within two years.

¹²¹⁵ Social Work Services Group, *Scottish Social Work Statistics 1973* (Edinburgh: HMSO, 1974).

¹²¹⁶ Malcolm Schaffer, "Kilbrandon – Then, Now and in the Future," *Scottish Journal of Residential Child Care* 13, no. 3 (2014), 6. Children could be referred on other grounds.

¹²¹⁷ Pat Miller, *A Longitudinal Study of Children in Care* (Edinburgh: Social Work Services Group, 1980), 5. This figure included children on home supervision.

¹²¹⁸ Miller, *Longitudinal Study*, 6.

Just under a third of the children in care were admitted into 'voluntary care' under Section 15 of the Act. Just over half of these children were in care for less than three months.¹²¹⁹ Miller found that repeated admissions to care seem to mainly involve children admitted under Section 15, 'suggesting a pattern of local authority intervention at family crises with the child returning home when the situation stabilises. These [children] also tended to be in family groups with siblings also in care.'¹²²⁰

In March 1979, over 3,000 children had spent more than five years continuously in care—about one quarter of children in care. Four-fifths of these admissions were in 'voluntary care'. Just over two-fifths of these children were in foster care, and about one-third in residential accommodation, mostly in local authority and voluntary children's homes.¹²²¹

Developments in Child Care Policy

The 1970s were marked by administrative and organisational upheavals following the *Social Work (Scotland) Act 1968* and local government reorganisation following the *Local Government (Scotland) Act 1975*. In 1969, a Working Party addressing the possible impact of the *Social Work (Scotland) Act* had highlighted the growth of preventive services and the decrease in reliance on residential child care services.¹²²² The 1980s saw an even more marked policy shift in local authorities 'to the redirection of resources towards the maintenance of children and young people in their local schools and communities (rather than in special or residential schools) and to the development of inter-professional and inter-departmental structures.'¹²²³ An early example of these policies was Strathclyde Regional Council's *Room to Grow*.¹²²⁴ Highlighting the importance of alternatives to substitute care, the Report stated that a 'prime assumption of the Regional Council must be that it is in a child's best

¹²¹⁹ Miller, 16.

¹²²⁰ Miller, 33.

¹²²¹ Miller, 36.

¹²²² Working Party on the Social Work (Scotland) Act 1968, *Social Work in Scotland: Report of a Working Party on the Social Work (Scotland) Act 1968* (Edinburgh: Department of Administration, University of Edinburgh, 1969), 37.

¹²²³ Gwynedd Lloyd and Pauline Padfield, "Reintegration into Mainstream? 'Gi'e Us Peace!'," *British Journal of Special Education* 23, no. 4 (1996), 180.

¹²²⁴ Strathclyde Regional Council, *Room to Grow: Report of a Special Officer/Member Group of the Council's Social Work Committee on Child Care in Strathclyde – Complete Report and Discussion* (Glasgow: Strathclyde Regional Council, 1979), 1.

interests to remain in the community.’¹²²⁵ Foster family care should be developed ‘so that it becomes available to any child who requires it’, allowances and support for foster carers should be improved, and home finding services should be developed ‘with imagination and commitment.’¹²²⁶

Residential care was recognised as ‘not providing children with sense of security, permanence or predictability’ because of frequent moves and feelings of isolation and stigmatisation.¹²²⁷ However, ‘[w]e firmly believe that there is a place for residential care in the future and that it should be seen to be positively beneficial for some children.’¹²²⁸ The Report set out a framework for residential care to provide for the ‘needs and requirements of children, which are necessary to facilitate normal growth and development.’¹²²⁹ It also emphasised the importance of individual care planning that ‘should be based on the notion of positive planning, where the placement is fully examined and the development of the child monitored.’¹²³⁰

Turnbull described a similar policy document in Tayside Regional Council produced in 1987, *Children in Crisis*. This set out several recommendations that included: the need for an integrated strategy, the need to reduce the proportion of children in care or under supervision, greater emphasis on community assessment and support, promotion and development of alternative family care, residential care used only to meet assessed needs, and effective joint working.¹²³¹

Kendrick and Fraser highlighted the impact of such policies on the use of residential and foster care, and the focus on finding alternative family placements was one of the major reasons for the reduction in the use of residential placements, particularly for young children.¹²³² In 1977, 33 per cent of children aged below four years were in residential care, but by 1989 this had reduced to four per cent. Similarly, the proportion of children aged between five to 11 years in residential care fell from

¹²²⁵ Strathclyde Regional Council, *Room to Grow*, 13.

¹²²⁶ Strathclyde Regional Council, 23.

¹²²⁷ Strathclyde Regional Council, 30.

¹²²⁸ Strathclyde Regional Council, 30.

¹²²⁹ Strathclyde Regional Council, 31.

¹²³⁰ Strathclyde Regional Council, 35.

¹²³¹ Andrew Turnbull, “Meeting Children’s Needs Through Integrated Practice in Perth and Kinross.” In *Residential Child Care: International Perspectives on Links with Families and Peers*, ed. Mono Chakrabarti and Malcolm Hill (London: Jessica Kingsley, 2000), 69.

¹²³² Kendrick and Fraser, *Review of Residential Child Care*, 17.

about 45 per cent to just eight per cent in 1989. Residential care became primarily a service for young people aged 12 years and over.

The *Warnock Report on Special Educational Needs* was 'associated with the beginning of a sea change in thinking about the education of children with special educational needs.'¹²³³ It highlighted integration of children with special educational needs as a central issue.

The principle of educating handicapped and non-handicapped children together, which is described as "integration" in this country and "mainstreaming" in the United States of America, and is recognised as part of a much wider movement of "normalisation" in Scandinavia and Canada, is the particular expression of a widely held and still growing conviction that, so far as is humanly possible, handicapped people should share the opportunities for self-fulfilment enjoyed by other people.¹²³⁴

Warnock, however, continued to see the need for residential special schools and 'other, more flexible types of boarding school which would cater for children with varying needs for residential accommodation and education on or off the premises.'¹²³⁵ Warnock stressed the importance of positive working relations between professionals and the co-ordination of services of children with special educational needs. It also highlighted the importance of parents as partners, although Riddell and colleagues questioned the impact of this over coming years.¹²³⁶

The Scottish Consortium for Learning Difficulty highlighted that although there had been an emphasis on care in the community since the 1960s, at the end of the 1970s 'mental deficiency' hospitals remained under pressure to admit children and adults with learning disabilities who, 'under contemporary legislation and discourse, should have been supported to live in the community.'¹²³⁷ It was only in the 1990s that the policies for the community care of disabled children came to fruition.

It is well documented that the last decade of 20th century in Scotland witnessed the final push towards the closure of the long-stay learning

¹²³³ Sheila Riddell et al., "Special Educational Needs and Competing Policy Frameworks in England and Scotland," *Journal of Educational Policy* 15, no. 6 (2000), 621.

¹²³⁴ Warnock, *Special Educational Needs*, 99.

¹²³⁵ Warnock, 126.

¹²³⁶ Riddell et al. "Special Educational Needs and Competing Policy Frameworks," 632.

¹²³⁷ Scottish Consortium for Learning Disability, *Institutional Care as Children*, 30.

disability hospitals. It was increasingly accepted that children should not be placed in these hospitals but given enough support to stay at home and go to the local school or to attend a residential school where necessary.¹²³⁸

The policies involving children in care were implemented in the context of wider policies for children and families. The Strathclyde *Room to Grow* document, for example, discussed these in terms of a broader 'Social Policy for Children'. This covered a range of wider issues for children and families including: family income, play, education, health, housing, social work, and juvenile justice.¹²³⁹ These initiatives were often described as 'Youth Strategies' and had a range of aims such as maximising effective use of resources, supporting and developing staff in inter-agency working, and enabling all young people, whenever possible, to be educated in their local school.¹²⁴⁰ However, the barriers to reintegration of children in mainstream schooling were highlighted in Lloyd and Padfield's research, and included: the resistance of mainstream schools, lack of resources for support to children during transition to mainstream schools, and difficulties children experienced in returning to their families.¹²⁴¹

In the late 1980s, the child care policy of Fife Council came under scrutiny because of concerns about the direction of changes in child care, including from Fife Children's Panel.¹²⁴² The 1980s had seen the closure of a number of children's homes by Fife social work department, in line with the national move from residential care to community-based services.¹²⁴³

Central to the Inquiry was the 1985 social work department policy document on services to children and families, and its implementation. The policy itself was similar to those mentioned above. It stated that resources should be used to keep families together in the community, children should be taken into care only after all alternatives had been considered or they could only be protected by admission to

¹²³⁸ Scottish Consortium for Learning Disability, 35.

¹²³⁹ Strathclyde Regional Council, *Room to Grow*, 44.

¹²⁴⁰ Andrew Kendrick, "Supporting Families Through Inter-Agency Work: Youth Strategies in Scotland," in *Supporting Families*, ed. Malcolm Hill, Rosalind Hawthorne Kirk and Diana Part (Edinburgh: HMSO, 1995), 139-40.

¹²⁴¹ Lloyd and Padfield, "Reintegration into Mainstream?," 181. This alternative provision included day units, day special and residential schools.

¹²⁴² Brian Kearney and Elisabeth Mapstone, *The Report of the Inquiry into Child Care Policies in Fife* (London: House of Commons Parliamentary Papers, 1992), 3.

¹²⁴³ Kearney and Mapstone, *Fife Child Care Inquiry*, 12.

care, and children would remain in the physical care of the authority for the shortest possible time. The priorities for accommodating children would be: foster care, community carers, residential establishments in Fife, and residential establishments outside Fife. Admission to care would not be recommended for educational or offending reasons alone.¹²⁴⁴ The Inquiry acknowledged that 'the 1985 document represented a reasonable effort at embodying in brief form the principles of good child care practice as then recognised.'¹²⁴⁵

The Inquiry concluded, however, that the implementation of the policy was not uniform, and that there was an 'orthodoxy' or 'impetus' 'to over-simplify what constituted the best interests of children.'¹²⁴⁶

The heart of the belief appeared to be that the interest of a child who was not being physically abused at home was to be looked after within his or her own home without social work involvement or, at the very most, with 'voluntary work' of an *ad hoc* nature.¹²⁴⁷

If a child was received into care, a foster placement should be made and this was linked to 'an attitude towards the use of care within residential establishments which we found to be almost universally negative.'¹²⁴⁸ The Inquiry considered that the 'most serious and dangerous effect of the impetus towards simplicity was the erosion of the professional discretion of the social worker.'¹²⁴⁹ It also created confrontation with the Reporter and the Children's Panel.¹²⁵⁰

Children's Rights

The 1980s also saw a discourse of children's rights coming increasingly to the fore, particularly as the United Nations Convention on the Rights of the Child (UNCRC) was being drafted.¹²⁵¹ Brewis draws from the 'Charter of Rights for Young People in

¹²⁴⁴ Kearney and Mapstone, 166-7.

¹²⁴⁵ Kearney and Mapstone, 179.

¹²⁴⁶ Kearney and Mapstone, 588.

¹²⁴⁷ Kearney and Mapstone, 588.

¹²⁴⁸ Kearney and Mapstone, 589.

¹²⁴⁹ Kearney and Mapstone, 613.

¹²⁵⁰ Kearney and Mapstone, 615.

¹²⁵¹ Kathleen Murray and J. Eric Wilkinson, eds., *Children's Rights in a Scottish Context* (London: National Children's Bureau (Scottish Group), 1987).

Care' developed in the 1970s by the Who Cares? Young Peoples' Working Group.¹²⁵² She highlighted the following important rights for children and young people in care:

- the right to an identity;
- the right to know how and why I am in care;
- the right to be involved in decisions and to decide who shall represent me and who I wish to confide in;
- the right of access to any information written about me;
- the right to privacy;
- the right to be treated humanely;
- the right to complain; and
- the right to be prepared properly for the future.¹²⁵³

Brewis also discussed the development of the 'Who Cares?' movement that originated from a meeting in 1975 set up by the National Children's Bureau: 'In 1978 the idea spread to Scotland and there are now a number of flourishing groups throughout the country which come together once a year for a national conference.'¹²⁵⁴

Tisdall wrote that in the 1990s, the European Convention on Human Rights and the UNCRC 'were gaining increasing attention in Scottish child care policy and practice.'¹²⁵⁵ The Secretary of State for Scotland stated that the Children (Scotland) Bill was 'founded on principles derived from the United Nations Convention on the Rights of the Child.'¹²⁵⁶ 'Rights for children are scattered through the Act, with the right of children to have their views considered located in at least eight sections.'¹²⁵⁷ While welcoming this promotion of children's rights, Tisdall also highlighted the new power of local authorities, courts and Children's Hearings to abrogate the rights of children 'for the purpose of protecting members of the public from serious harm'.¹²⁵⁸

¹²⁵² Rosemary Brewis, "The Rights of Children in Care." in *Children's Rights in a Scottish Context*, ed. Kathleen Murray and J. Eric Wilkinson (London: National Children's Bureau (Scottish Group), 1987), 56. See also, Elsley, *Societal Attitudes to Children*.

¹²⁵³ Brewis, "The Rights of Children," 56.

¹²⁵⁴ Brewis, 63.

¹²⁵⁵ Tisdall, "From the Social Work (Scotland) Act," 28. See also, Andrew Kendrick, *The Views of the Child: Article 12 and the Development of Children's Rights in Scotland*, Poster Presentation to the 13th International Congress on Child Abuse and Neglect, ISPCAN, Durban, 2000.

¹²⁵⁶ Tisdall, 32. Citing Ian Lang, Secretary of State for Scotland.

¹²⁵⁷ Tisdall, 32.

¹²⁵⁸ Tisdall, 35.

Despite extensive criticism at the time, this was seen by the government as a necessary balance to the increased obligation 'to place the welfare of a child in care as the paramount concern (rather than the primary concern).'¹²⁵⁹

The UNCRC also specifically addressed the issue of children in care, and Article 20 stated that a child 'temporarily or permanently deprived of his or her family environment, or in whose best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State'¹²⁶⁰

Research Study on Residential and Foster Care

Kendrick carried out research on the use and outcomes of foster and residential care in the early 1990s, and this gives an overview of care services at the end of this period. It also exemplified a range of issues in children's care at this time.

Over a 12-month period, Kendrick tracked 201 children in residential and foster care in three local authority social work departments.¹²⁶¹ Most of the children and young people in the study entered care for reasons of child protection (44 per cent), offending and behavioural problems (38 per cent) or family support (14 per cent). A small number entered care for adoption or because of disability.¹²⁶² Almost three-quarters of the receptions into care were described as 'emergencies', 82 per cent of residential placements and 65 per cent of foster care placements, and this impacted on the amount of care planning that was able to take place.¹²⁶³

Three-fifths of the children were placed in foster care and these tended to be younger children; all those placed in residential care were aged 12 years or over. Similarly, children placed in care for 'family support' and 'child protection' tended to be placed in foster placements, while those admitted for 'offending' tended to be

¹²⁵⁹ Tisdall, 35.

¹²⁶⁰ UN Commission on Human Rights, *Convention on the Rights of the Child* (Geneva: UN Commission on Human Rights, 1990), 6.

¹²⁶¹ Andrew Kendrick, *Residential Care in the Integration of Child Care Services* (Edinburgh: The Scottish Office Central Research Unit, 1995), 13.

¹²⁶² Kendrick, *Residential Care in Integration of Services*, 37.

¹²⁶³ Kendrick, 41.

placed in residential care.¹²⁶⁴ There was wide variation in the use of residential and foster placements across the three local authorities.

Just over half of the children (51 per cent) were still in care at the end of the study period. The pattern of children leaving care in this study followed a similar 'leaving care curve' identified by other researchers. Almost a third of children admitted to care (29 per cent) left care within six weeks. Another quarter (26 per cent) left between six weeks and six months, and only 13 per cent left care in the second half of the year.¹²⁶⁵ Sen noted that:

...it is not the time in care in and of itself which is likely to be the decisive factor in a child successfully returning home; rather, those children who leave care quickly tend to have less complex difficulties and/or home circumstances compared to those children who stay in care for longer.¹²⁶⁶

One concern revealed in Kendrick's research was the number of children who left care and then were readmitted, some went home for a second time and were readmitted again. This highlighted the importance of a balance in decision-making about reunification while ensuring that families were ready for this.

The impact of changes in placement on children and young people has been consistently highlighted in research. Kendrick found that the 201 children in the study experienced a total of 412 placements over the year. While 44 per cent of the children had only one placement, a quarter (26 per cent) experienced two placements, and almost a third (29 per cent) had three or more placements in the 12 months.¹²⁶⁷ Two children changed placement seven times in the study year.¹²⁶⁸ Because of these placement changes, over half of the children and young people (104) experienced residential care. Almost a quarter of children aged under 12 years experienced residential care, and this was often linked to keeping brothers and sisters together in placement.

¹²⁶⁴ Kendrick, 44.

¹²⁶⁵ Kendrick, 46. See also, Andy Bilson and David Thorpe, *Child Care Careers and Their Management: A Systems Perspective* (Glenrothes: Fife Regional Council Social Work Department, 1987).

¹²⁶⁶ Robin Sen, *Effective Practice with Looked After Children* (London: Palgrave, 2018), 83.

¹²⁶⁷ Kendrick, *Residential Care in Integration of Services*, 48.

¹²⁶⁸ Kendrick, 51.

In the context of limited choices of placements, particularly of foster care placements, and policies that stressed the priority of foster care, social workers were asked whether placements were their preferred choice. Where children were placed in foster care, social workers would have preferred another placement in just over a third of placements, and this was almost inevitably for another foster placement. Reasons given for preferring another placement were: a more local placement, a different type of placement, or a placement to keep a sibling group together. Social workers would have preferred a different placement for just over a half of the residential placements. A foster placement would have been preferred in a third of cases, while a different residential placement would have been preferred in two-thirds of cases; again social workers would have preferred a more local placement or a different type of residential placement.¹²⁶⁹

Depending on why the children and young people were in care, the placements had a range of aims and objectives:

- short-term care (e.g. respite, child protection, 'emergency or holding');
- assessment of child or family;
- treatment;
- education;
- preparation for independence;
- preparation for a long term placement;
- care or upbringing.¹²⁷⁰

The aims of placement depended, to a large degree, on the reasons children were admitted to care.

Just under two-thirds of placements were considered to have achieved their aims, a further quarter were thought to have partly achieved their aims, while one in 10 were not considered to have achieved their aims at all.¹²⁷¹ When the specific aims of the placements were taken into account, residential and foster care 'were equally successful in achieving their specific aims.'¹²⁷²

¹²⁶⁹ Kendrick, 54-5.

¹²⁷⁰ Kendrick, 57-8.

¹²⁷¹ Kendrick, 60.

¹²⁷² Kendrick, 61.

The long-term outcome for the 201 children and young people in the study was as follows:

- return home (63 per cent),
- independence (14 per cent),
- long-term placement (9 per cent),
- adoption (5 per cent), and
- 'don't know' (8 per cent).¹²⁷³

Overall, 71 per cent of placements achieved their intended outcome and, again, there was little difference between the residential and foster placements. The breakdown rate of foster and residential placements was also very similar (19 per cent and 20 per cent, respectively).

At the end of a placement, social workers were asked to rate placements. Overall, placements were rated as: 'good' (64 per cent), 'average' (26 per cent) and 'poor' (10 per cent).¹²⁷⁴ Three-quarters of foster care placements were rated as 'good' compared to half of residential placements. 'Placements were rated higher if they were the social worker's preferred placement; if they had achieved their intended outcome; and if they had achieved their aims.'¹²⁷⁵

Foster Care

Introduction

Clapton and Hoggan highlighted that in the 1970s, there was an ongoing move away from the 'practice of placing children in rural areas, with the benign intention of them being in fresh air with good food, away from the pollution in the heavily industrialised cities.'¹²⁷⁶ There was a focus on local, community-based foster care.

O'Hara described a continuing development in foster care policy and practice. He viewed these developments as a 'product of the task-centred, goal-directed social

¹²⁷³ Kendrick, Table 5.6.1.

¹²⁷⁴ Kendrick, Table 5.8.1.

¹²⁷⁵ Kendrick, 70.

¹²⁷⁶ Gary Clapton and Pauline Hoggan, *Adoption and Fostering in Scotland* (Edinburgh: Dunedin Academic Press, 2012), 24.

services departments of the 1970's and 1980's.'¹²⁷⁷ Research that had highlighted drift in care led to 'the development of permanency planning policies which are rooted in a desire to achieve permanency and security for children either with their own families or in alternative families.'¹²⁷⁸

This approach to provision of child care services and the formulation of clear plans stresses:

- an emphasis on preventing children being received into care;
- if reception into care happens, restoration to the natural family should be a major focus of intervention; and
- if within timescales relevant to the needs of the child restoration to the natural family proves impossible, then a permanent substitute family for children, either by means of adoption or fostering, should be found.¹²⁷⁹

In the early 1990s, the Directors of Social Work in Scotland published an overview of policy and practice which stated that, across local authorities, there was a 'high degree of commonality in core statements of values and principles.'¹²⁸⁰ Four statements encapsulated policies relating to reception into care and placements:

- services should be directed towards supporting and helping the family as a unit to prevent the need for children to be received into care;
- if a child is to be received into care a family setting is preferable unless a comprehensive assessment indicates that this is contrary to the child's best interests;
- reception into care should be planned and should be part of a longer term plan to return the child home;
- if a return home does not prove to be a viable option, the child should be provided with permanent substitute family care.¹²⁸¹

¹²⁷⁷ Gerry O'Hara, "Community Care for Children Who Come into Care – Possibilities and Limitations," in *Our Children: Residential and Community Care*, ed. J. Eric Wilkinson and Gerry O'Hara (London: National Children's Bureau (Scottish Group), 1988), 22.

¹²⁷⁸ O'Hara, "Community Care for Children," 22.

¹²⁷⁹ O'Hara, 23.

¹²⁸⁰ Directors of Social Work in Scotland, *Child Protection: Policy, Practice and Procedure – An Overview of Child Abuse Issues and Practice in Social Work Departments in Scotland* (Edinburgh: HMSO, 1992), 7.

¹²⁸¹ Directors of Social Work in Scotland, *Child Protection*, 7.

Foster care offered temporary, family-based care to young children while their long-term needs were identified—and it might mean that these placements lasted much longer. Where permanence was required and the child was unable to return to their own family, adoption would be the preferred option for younger children, or long-term, permanent foster care.

In the late 1980s, O'Hara and Hoggan described the development of 'permanent substitute family care' in Lothian Regional Council.¹²⁸² In line with the council's permanency planning policy, if children were unable to be returned home to their parents, they should be adopted, except in certain circumstances where a permanent foster placement was preferred. O'Hara and Hoggan provided information on 335 children who were placed for adoption or permanent fostering between 1982 and 1987. Just over one in 10 of these placements (11 per cent) broke down or were disrupted during this period. O'Hara and Hoggan highlighted a number of key areas for successful permanent places, including the need for specialist services and leadership, clarity of approach and preparation, focussed support services, and feedback and evaluation.¹²⁸³

O'Hara also discussed the development of specialised, professional foster schemes. Foster care for teenagers was set up as an alternative to residential care. Respite care services for disabled children were also established. This meant that 'the care schemes for children grouped under a wide fostering umbrella are many and varied. There is emergency fostering, contract fostering, assessment, and teenage fostering. In addition to long-term fostering and adoption, respite care and day care.'¹²⁸⁴ Clapton and Hoggan suggested that these developments modernised foster care, particularly in 'recruiting carers to focus on the specific fostering task that was right for them.'¹²⁸⁵ "Teenage" care services led the way in paying carers a fee as well as an allowance for the young person, in recognition of the provision of care as an alternative to other employment that carers might have undertaken.'¹²⁸⁶

¹²⁸² Gerry O'Hara and Pauline Hoggan, "Permanent Substitute Family Care in Lothian – Placement Outcome," *Adoption & Fostering* 12, no. 3 (1988), 35.

¹²⁸³ O'Hara and Hoggan, "Permanent Substitute Family Care," 38.

¹²⁸⁴ O'Hara, "Community Care for Children," 24. See also, Kirstie Maclean and Barbara Hudson, "Fostering and Adoption in Scotland 1980-2010," *Adoption & Fostering* 34, no. 3 (2010).

¹²⁸⁵ Clapton and Hoggan, *Adoption and Fostering*, 28.

¹²⁸⁶ Clapton and Hoggan, 28-9.

An important issue linked to the policy of reunification of children with families was ongoing contact with parents when children were in foster care. Clapton and Hoggan pointed out that:

During the 1980s and 1990s, the importance of contact between children in care and their birth parents emerged, stressing the value to the child of maintaining the connection with the birth family. Contact could promote continuity and might possibly assist in reunification.¹²⁸⁷

However, research carried out in the early 1990s, found that foster carers were less in favour of unrestricted access by the non-abusing parent than social workers and other carers. Corser and Furnell highlighted the need for training and support for foster parents.¹²⁸⁸

Finally, a constant issue over this period was the recruitment and retention of foster carers. Kendrick's research found that although the policy priority was to place children in foster care, there was a shortage of foster carers and, in particular, foster carers for adolescents.¹²⁸⁹

The shortage of foster carers was linked to several factors; the lack of support in the form of respite for the carers and subsequent burn-out; over-burdening foster carers by asking them to take on more children or children for whom they were not best suited; inadequate remuneration; and a shortage of home-finding staff to recruit and assess new foster carers.¹²⁹⁰

Research on Foster Care in the 1970s and 1980s

In this section, we will discuss three studies that highlighted particular issues in the provision of services and professional practice. The first of the studies was Aldgate's research in the early 1970s on the factors that influenced the length of children's stay in care.¹²⁹¹ In the 1980s, Strathclyde Regional Council undertook a study of temporary foster care placements that aimed to examine the reasons for placement

¹²⁸⁷ Clapton and Hoggan, 4.

¹²⁸⁸ Alison S. Corser and James R. G. Furnell, "What Do Foster Parents Think of the Natural Parents? A Comparative Study," *Child: Care, Health and Development* 18, no. 2 (1992), 78.

¹²⁸⁹ Kendrick, *Residential Care in Integration of Services*, 85.

¹²⁹⁰ Kendrick, 84.

¹²⁹¹ Aldgate, "Identification of Factors," 115.

endings, and disruption rates.¹²⁹² Finally, Borland, O'Hara, and Triseliotis's research focused on 194 'special needs' children placed for adoption or long-term fostering by one Scottish local authority from 1982 to the end of 1985.¹²⁹³

Children's Length of Stay in Foster Care

Aldgate's study of foster care in two social work departments in Scotland gave a picture of the reasons for children being in care in the 1970s, and the reasons why they returned home. It also highlighted the importance of contact between birth parents and children, and the barriers to contact. The study involved 208 families with 445 children who had been in care for at least 12 weeks.

The children were in care for a range of reasons, and these were categorised as:

- family were homeless (20 per cent);
- broken family: single mother and children (9 per cent);
- broken family: single father and children (23 per cent);
- both parents absent (6 per cent);
- child illegitimate – mother unable to provide (13 per cent);
- medical illness of person caring for child (4 per cent);
- psychiatric illness of person caring for child (11 per cent);
- unsatisfactory home conditions/child abuse (9 per cent);
- other family problems (6 per cent).¹²⁹⁴

Aldgate highlighted that many of the families were living in poverty, and while poverty itself did not influence whether a child returned home or not, a number of other factors were significant, one of which was the reason for a child's admission to care. Children were most likely to return if the reasons for admission 'were homelessness, temporary separation from mothers following marital breakdown and unsatisfactory home conditions.'¹²⁹⁵ 'By contrast, children were most likely to remain in care where their mothers were in desertion, where they were illegitimate children

¹²⁹² James Russell, Helen Brownlie and Isobel Freeman, *Fostering & Adoption Disruption Research Project: The Temporary Placements* (Edinburgh: Scottish Office, 1988), 1.

¹²⁹³ Moira Borland, Gerry O'Hara and John Triseliotis, "Placement Outcomes for Children with Special Needs," *Adoption & Fostering* 15, no. 2 (1991), 18.

¹²⁹⁴ Aldgate, "Identification of Factors," 154.

¹²⁹⁵ Aldgate, 257.

of single mothers, or where their parents were suffering from long term psychiatric illness.’¹²⁹⁶

Aldgate found that a significant number of the carers did not have any experience of pre-placement visits by the child or parents, and ‘foster parents showed a marked inclination towards the exclusion of parents from placements even at this early stage.’¹²⁹⁷ Foster parents also seemed to have little awareness of the needs of young children separated from their parents and their need for continuity. They often felt that birth parents should not be involved at the point of reception into care.

Aldgate highlighted the reasons why contact between parents and children in care were an important part of the rehabilitation process, and ‘for both mothers and fathers, contact with children was a significant factor in influencing return.’¹²⁹⁸ Parents’ motivation for contact was important in how often they saw their children, and ‘the maintenance of frequent contact was far more successful for all concerned than contact that was spasmodic or infrequent.’¹²⁹⁹ Parents found it harder to visit foster homes than children’s homes because the foster parents presented ‘a more direct threat to parents.’¹³⁰⁰

The distance of placements impacted on parental contact, particularly when they were reliant on public transport. ‘Maintaining contact with children over the long distances was both arduous and expensive, particularly where children from the same family were placed in several different homes.’¹³⁰¹

Temporary Foster Care Endings

In the 1980s, Strathclyde Regional Council undertook a study of temporary foster care placements which monitored the beginning and end of temporary placements.¹³⁰² The study identified four types of temporary placements where there was a definite plan to either return the child home or to move the child on to an alternative placement. These were:

¹²⁹⁶ Aldgate, 257.

¹²⁹⁷ Aldgate, 300-1.

¹²⁹⁸ Aldgate, 361.

¹²⁹⁹ Aldgate, 466.

¹³⁰⁰ Aldgate, 469.

¹³⁰¹ Aldgate, 468.

¹³⁰² Russell, Brownlie and Freeman, *Fostering & Adoption Disruption*, i.

- emergency placements,
- pre-adoption placements,
- respite/holiday placements, and
- task-centred placements (e.g. bridge to a permanent placement, assessment, or alternative to residential care).¹³⁰³

The research studied a sample of 99 children starting a temporary placement between August 1983 and August 1984. Most of the children were under five years of age, and half were two or under. Half of the children were in 'voluntary care'¹³⁰⁴ and just under half entered care on a 'place of safety order', and mostly for care or protection.¹³⁰⁵

The research found that the type and quality of support provided to foster families varied.¹³⁰⁶ The issue of contact with parents was also raised, and while some foster parents were very supportive of the child's parents, problems regarding access were common.¹³⁰⁷

Just under one-third of placements ended through agreement between the social worker and the family for the child to return home. Just under one-third ended because of a Children's Hearing decision for the child to return home. Finally, just over one-third of placements ended because a more appropriate placement was found. However, half of these were precipitated by a placement breakdown.¹³⁰⁸

The research found that the best predictors for disruption were:

- the number of children the foster parents had fostered;
- where the foster parents reported not being able to cope with the child's behaviour;
- where the foster parents had been assessed as adoptive parents;
- cases in which the social worker rated problems in the placement as severe.¹³⁰⁹

¹³⁰³ Russell, Brownlie and Freeman, 5-6.

¹³⁰⁴ In care under Section 15 of the *Social Work (Scotland) Act*.

¹³⁰⁵ Russell, Brownlie and Freeman, 15-8.

¹³⁰⁶ Russell, Brownlie and Freeman, 21-2.

¹³⁰⁷ Russell, Brownlie and Freeman, 25-6.

¹³⁰⁸ Russell, Brownlie and Freeman, 29-30.

¹³⁰⁹ Russell, Brownlie and Freeman, iv.

Notwithstanding the focus of the research on disruptions, it concluded that 'over two thirds of the placements were relatively successful in meeting the needs of the child and family.'¹³¹⁰ These included respite care placements in cases of family illness or family problems, care and protection placements where family crises were investigated and dealt with, and placements where rehabilitation was not possible and a plan for permanence was achieved.

The research identified a number of areas for improvement in practice, including:

- support for contact with parents and parental access;
- development of training and preparation for placement;
- social work support and involvement of foster parents in planning; and,
- recruitment and assessment of foster carers.¹³¹¹

Foster Care for 'Special Needs' Children

Finally, in this section, we will discuss an outcome study of 194 'special needs' children placed for adoption or long-term fostering by one Scottish local authority between 1982 and the end of 1985.¹³¹² Fourteen of the children had 'severe learning disabilities' and they 'had experienced a variety of placements and long-stay hospital care was common for them.'¹³¹³ Almost all of the younger children were adopted, while fostering was associated with older children and where there was ongoing contact with the family.¹³¹⁴

One-fifth of the placements had disrupted by the time of the follow-up.

Overall the children whose placements disrupted displayed more behaviour problems and were assessed by social workers as being *generally* more difficult than those whose placements continued...The most common types of behaviour which precipitated disruption were aggression, running away, stealing and lying.¹³¹⁵

¹³¹⁰ Russell, Brownlie and Freeman, 38.

¹³¹¹ Russell, Brownlie and Freeman, 39-41.

¹³¹² Borland, O'Hara and Triseliotis, "Children with Special Needs," 18.

¹³¹³ Borland, O'Hara and Triseliotis, 23.

¹³¹⁴ Borland, O'Hara and Triseliotis, 22.

¹³¹⁵ Borland, O'Hara and Triseliotis, 23.

The research also confirmed the findings of other research that age was a significant factor contributing to disruption, and found that '[c]hildless couples were more successful in parenting young children, but experienced parents were more successful in parenting older children who were disturbed.'¹³¹⁶

These three research studies, then, identified a number of important issues in foster care practice that impacted on the success of placements and on the return of children to their parents, or successful transition to permanence.

Residential Care

Introduction

This period of the review saw a drastic reduction in the number of children and young people who were placed in residential child care, from 6,304 in 1971 to 2,042 in 1995. The number of residential homes and residential schools almost halved.¹³¹⁷ This, as we have seen, reflected the changing placement policy in social work departments, with the increasing emphasis on supporting children in their own homes, and placing children in foster care and community placements rather than in residential homes or schools.

This shift was particularly noticeable in the care of very young children. In the 1970s, a third of children aged under five were in residential placements, but by the end of the 1980s, this had reduced to four per cent. There had been a move away from residential nurseries in the 1960s, and they disappeared in the 1970s.

Residential care, then, became primarily a service for young people in their teens. By the 1990s, over four-fifths of children in residential care were aged 12 to 17 years. There were explicit policies not to place children under the age of 12 in residential care. It would only be done in emergency situations or to keep sibling groups together.¹³¹⁸

Cree noted the impact of this change in policy in the 1970s and 1980s on voluntary child care agencies, stating that 'within a few years, voluntary children's homes throughout Scotland were faced with closure, as the tide turned away from residential

¹³¹⁶ Borland, O'Hara and Triseliotis, 26.

¹³¹⁷ Kendrick, *Residential Care in Integration of Services*, 50.

¹³¹⁸ Kendrick, 134.

care for children...and as the Social Work Departments found it cheaper and preferable to use their own accommodation.’¹³¹⁹

There were also developments in the nature of residential homes, themselves. From the late 1970s, ‘the standard local authority twenty-three-bed home was gradually phased out and replaced with eighteen-bed units; subsequently unit size was reduced to ten beds or fewer.’¹³²⁰ This meant that the homes were less institutional and more ‘homely’.

In the first part of this section, we will describe the findings of three surveys of residential care in the 1970s that provide an overview of residential services and issues. We will then discuss the report of a working group on mental health services for children as it related to the provision of residential child care, and the Skinner review of residential child care which took place in the early 1990s.

In the final part of this section, we will consider developments in the different types of residential care between 1968 and 1995.

Three Surveys of Residential Child Care in Scotland

In the early and mid-seventies, three surveys of residential provision were carried out in Scotland and these covered the North-East, South-East, and North of the country.¹³²¹ The three surveys were carried out independently of each other and had slightly different remits; for example, the survey of provision in the North of Scotland included foster and day care in its census and the North-East survey included children who had been in hospital for over three weeks. The surveys also collected different information on the children and young people, and the residential establishments.

We will first consider the general findings of these surveys and provide further details from the surveys in relation to specific types of care in the relevant sub-sections.

¹³¹⁹ Cree, *Public Streets*, 147.

¹³²⁰ Graham Connelly and Ian Milligan, *Residential Child Care: Between Home and Family* (Edinburgh: Dunedin, 2012), 20.

¹³²¹ North East of Scotland Joint Consultative Committee of Residential Child Care Services, *The Distribution and Use of Residential Child Care Facilities in North East Scotland* (Aberdeen: Aberdeen People’s Press, 1973); Nancy Newman and Harriet Mackintosh, *A Roof Over their Heads? Residential Provision for Children in South East Scotland* (Edinburgh: University of Edinburgh Department of Social Administration, 1975); Philip Seed and Margaret Thomson, *All Kinds of Care: An Investigation into the Use of Residential and Day Care Facilities for Children in the Highlands and Western Isles of Scotland* (Aberdeen: University of Aberdeen Social Work Department, 1977).

The first survey was conducted in 1973 in North-East Scotland in the area to be covered by the new Grampian Region. The survey identified 777 children under the age of 16 who were placed in 44 separate residential establishments.¹³²² These included 18 small children's homes, eight large children's homes, three residential special schools and one residential List 'D' school, and four hospitals. Other establishments in the survey included a reception and assessment centre that 'had, through circumstances, come also to fulfil the mixed functions of a large children's home.'¹³²³ Included in the group of other establishments was a local authority children's home 'offering secure accommodation and facilities for schooling' which closed shortly following the survey, and a new purpose built home also offering these facilities had not yet opened at the time of the survey.¹³²⁴

There were a number of hostels in Aberdeen city, and two of these were included as they were accommodating children under the age of 16 years. These were St Clair's Home for Girls and King Street Home for Girls. It was suggested that there was a need for such accommodation as a type of 'half-way house' and 'for adolescents, young adults, both boys and girls, who might have nowhere else to live.'¹³²⁵

Finally, the survey described a mother and baby home, a residential nursery, emergency accommodation for mothers and children, and a respite home for 'mentally-handicapped' children.¹³²⁶

Thirteen of the small children's homes were run by local authority social work departments and five by voluntary organisations. The homes had places for between six and 10 children and, at the time of the survey, they had 144 children in placement.¹³²⁷ They were 'modelled on the idea of the family unit.'¹³²⁸ Six of the larger children's homes were local authority homes, and two were run by voluntary organisations. Most homes ranged in size from between 14 to 22 places, but there was one large children's institution—Nazareth House—with almost 90 places. These homes catered for 176

¹³²² NES, *Residential Child Care in North East Scotland*, para 13.

¹³²³ NES, para 118.

¹³²⁴ NES, paras 121-2.

¹³²⁵ NES, paras 124-5.

¹³²⁶ NES, paras 126-37.

¹³²⁷ NES, para 40.

¹³²⁸ NES, para 41.

children. These larger children's homes did not form a homogeneous group. With a larger staff group and a wider range of children, 'some measure of specialization of function is combined with an attempt to mix children presenting different kinds of needs.'¹³²⁹

In general, the small children's homes cared for children long-term where there was no likelihood of the children returning home.¹³³⁰ The survey found that there was a range of views about the purpose and nature of the homes and about their routine management and discipline. While it was considered that small homes fulfilled a need for long-term placement when foster care was not available or suitable, there was concern about reconciling the needs for training of the children's homes' staff members with expectations of consistent commitment to the children.¹³³¹

In the large children's homes, there was a major issue in how the different needs of a wide range of children and young people, with their diverse demands on staff members, could be met within a single establishment. Thus, the mix at one home included 'handicapped children, babies awaiting adoption, and older children with behaviour problems.'¹³³² Another large home was designated as a reception and assessment centre at the time of the survey and 'it was more than full, with 27 children under 16.'¹³³³ However, because of issues with moving children on to appropriate placements, it had 'come also to fulfil the mixed functions of a larger children's home.'¹³³⁴ Subsequently, it was officially re-designated as a children's home.

The majority of the children in residential establishments were aged 11 and over, however, 13 per cent were under school age.¹³³⁵ Forty per cent of the sample had previously been in a different residential placement (including hospitals) and 15 per cent had previously been in foster care.¹³³⁶ It was considered that 67 of the 777

¹³²⁹ NES, para 73.

¹³³⁰ NES, para 42.

¹³³¹ NES, para 53.

¹³³² NES, para 77.

¹³³³ NES, para. 118.

¹³³⁴ NES, para. 118.

¹³³⁵ NES, para 17.

¹³³⁶ NES, paras 28-9.

children would have been more appropriately placed elsewhere, but it was not reported what these other placements might have been.¹³³⁷

The report touched on 'alternatives' to residential care such as day-care, Intermediate Treatment and fostering, which 'illustrate the potentialities for the imaginative use of local community resources.'¹³³⁸ The report recommended that regional provision should be based on each establishment having a designated purpose in relation to the regional provision, but this should not necessarily be regarded as its exclusive purpose. There should be a regional pool of coordinated consultancy and support services (medical, psychiatric, psychological, and social work) since the survey showed an uneven use of consultancy. Finally, the report recommended that there should be a reasonable number of vacancies within the system to allow the individualised placing of children in accordance to their needs.¹³³⁹

Residential Care in South-East Scotland

The second survey took place in 1974, and involved residential establishments in South-East Scotland, covering the proposed new regions of Fife, Lothian, and the Borders.¹³⁴⁰ The survey identified 1,050 children placed in 65 residential establishments.¹³⁴¹

Sixteen per cent of the children were under the age of five years, 44 per cent were aged between five and 11 years, and 40 per cent were 12 years or above.¹³⁴² Almost one-fifth of the children (18 per cent) were said to show at least one symptom of maladjustment, and 13 per cent had been assessed by a psychiatrist as emotionally disturbed.¹³⁴³ Further, one in 10 of the children were 'handicapped', and 39 of the residential establishments were caring for at least one handicapped child.¹³⁴⁴

Information on the legislation under which children were placed in residential establishments was obtained on 778 of the children who were in the care of the social work departments in the three Regions. Fifty-seven per cent were in voluntary care

¹³³⁷ NES, para 39.

¹³³⁸ NES, para 141.

¹³³⁹ NES, para 168.

¹³⁴⁰ Newman and Mackintosh, *Roof Over Their Heads*, 1.

¹³⁴¹ Three establishments did not take part in the survey.

¹³⁴² Newman and Mackintosh, 2.

¹³⁴³ Newman and Mackintosh, 15.

¹³⁴⁴ Newman and Mackintosh, 16-7.

under Section 15 of the *Social Work (Scotland) Act 1968*, 14 per cent were subject to parental rights under Section 16, and 27 per cent were subject to Children's Hearings supervision requirements.¹³⁴⁵

Newman and Mackintosh categorised residential provision for children into seven groupings.

- general purpose homes with 12 or fewer places;
- general purpose homes with 13 or more places;
- homes specially intended for pre-school children;
- homes specially intended for younger emotionally disturbed children;
- hostels specially intended for children aged 12 or more;
- reception and assessment centres; and
- other specialised units.¹³⁴⁶

They noted that smaller general purpose homes had fallen out of favour because of difficulties in staffing and economies of scale. Caring for 16 to 20 children in one place was thought to be more economical than caring for six to 12 children.¹³⁴⁷ Larger general purpose homes, then, were considered to be the backbone of residential services to children. However, staff members were concerned about the conflict between the needs of teenagers and younger children in these homes and the tension between the needs of long-stay children and the turnover of short-stay children.

Recognition (in financial and other terms) should be given to the fact that the job of workers in Homes which provide for children both short and long term over a wide age range and with a wide variety of capacities, interests and problems requires many skills and is very demanding.¹³⁴⁸

Newman and Mackintosh highlighted that residential provision for preschool children was still common. While acknowledging that residential care can be right for some young children, 'all members of the Working Party feel strongly that residential placements should be very exceptional indeed for babies and rare for children under 5' and called for the development of alternative provision for preschool children (day

¹³⁴⁵ Newman and Mackintosh, 3.

¹³⁴⁶ Newman and Mackintosh, 26.

¹³⁴⁷ Newman and Mackintosh, 27.

¹³⁴⁸ Newman and Mackintosh, 29.

nurseries, home-making schemes, etc.).¹³⁴⁹ Alternative non-residential educational facilities for younger, emotionally disturbed children were noted to be few and far between, and 'it is essential that *day provision* for emotionally disturbed children is made more widely available.'¹³⁵⁰

Staff in two-thirds of the local authority homes with children under 12 reported inadequate activity and storage space. Suggestions for improvements reflected 'a concern that children living in children's homes should not be "institutionalised", that they should have opportunities for privacy, and for escape, and that children of different ages and with varied interests should be able to do different things.'¹³⁵¹

Newman and Mackintosh considered that there was no need for specialist residential care for most young people over 12 years and they will 'rightly be placed with children of a wider age range.'

Nonetheless there are some children who do need special provision and make demands on staff which it is difficult, or impossible, to meet in an all age Home. These children may resent the younger children in a Home and in some cases actually be a threat to them.¹³⁵²

Newman and Mackintosh recommended small homes for children failing to attend school, for children having committed a series of minor offences, or for children needing temporary refuge during a family crisis. These homes should, if possible, be sited near schools where the staff could work closely together. Homes with a therapeutic aim were required for the needs of very disturbed children. Provision was also required for preparation for independence for those children who have grown up in care, and such children 'might be provided with bedsitter accommodation in small units, perhaps attached to larger Homes, as they grow up.'¹³⁵³ Finally, 'a comprehensive service should not stop at 16 or 18, but should seek to provide some sheltered or "half way" accommodation for those not ready to manage on their own.'¹³⁵⁴

¹³⁴⁹ Newman and Mackintosh, 31.

¹³⁵⁰ Newman and Mackintosh, 37. Emphasis in the original.

¹³⁵¹ Newman and Mackintosh, 89.

¹³⁵² Newman and Mackintosh, 40.

¹³⁵³ Newman and Mackintosh, 42.

¹³⁵⁴ Newman and Mackintosh, 42.

The research found that assessment of young people in residential care was only needed exceptionally, and recommended that assessment for as many children as possible should be on a non-residential basis. It was considered that reception units were needed to provide for short-term admissions to lessen the disruption for children living long-term in children's homes.¹³⁵⁵

The research found that less than one in five of the children (17 per cent) in the sample were thought to need a different placement, and for half of these, this would have been a foster placement.¹³⁵⁶ However, Newman and Mackintosh commented that there would be little choice of placement as 89 per cent of places were filled.¹³⁵⁷ They recommended that 'within each region a social worker in a senior position should be given the responsibility of working with homes and social workers in the allocation of places' to allow collation of information about different residential placements, and consideration of other services for children and alternatives to residential care.¹³⁵⁸

The research also identified the need for support services for residential staff members, and recommended that psychiatrists and psychologists should be available on a regular basis. Similarly, attached social workers were rarely available in local authority homes in marked contrast to voluntary organisations.¹³⁵⁹ Newman and Mackintosh stressed the importance of residential staff and field social workers working more closely together, which may involve residential staff working with the family, as well as the child or young person.¹³⁶⁰

Newman and Mackintosh emphasised that 'collaboration between different disciplines, departments and organisations concerned with children is essential', and recommended that residential care should 'be seen as part of a comprehensive range of services—social, educational and medical, voluntary and statutory—for children and families.'¹³⁶¹

¹³⁵⁵ Newman and Mackintosh, 45.

¹³⁵⁶ Newman and Mackintosh, 17.

¹³⁵⁷ Newman and Mackintosh, 24.

¹³⁵⁸ Newman and Mackintosh, 25.

¹³⁵⁹ Newman and Mackintosh, 92.

¹³⁶⁰ Newman and Mackintosh, 96.

¹³⁶¹ Newman and Mackintosh, 46.

The third survey was carried out in 1976 and covered the Highland Region and the Western Isles. It was more wide-ranging than the other two surveys, as it also studied foster care, education hostels, special education units, hospitals, and playgroups.¹³⁶²

The survey identified 134 children in foster care, 89 children in 10 children's homes (nine local authority homes and one voluntary organisation home), 26 children in a residential special school, and 97 children who had been in hospitals for more than three weeks.¹³⁶³ There were 645 children in 19 school hostels, and the survey identified 22 children in 'educational lodgings'.¹³⁶⁴

The main feature of the children's homes in this region was their small size. Only one could be considered to be a large children's home, and Seed and Thomson suggested that a more useful classification would be "'small children's homes"; "very small children's homes" (sometimes called group foster homes) and "family group homes".¹³⁶⁵ The small children's home accommodated about 10 children. They were considered to lack the 'back-up facilities which would appear necessary if the establishments were effectively to carry out the varied purposes they served.'¹³⁶⁶ 'Very small' children's homes were often in council house accommodation with places for up to five children. Unlike the small children's home, the 'very small home' was more flexible, and, 'for example, it may be used for day care or for accommodating a parent and child together.'¹³⁶⁷ The single 'family group home' had places for four children and the 'house mother', now a local authority employee, who had previously been a foster carer.¹³⁶⁸ The 'family group home' had been used for a range of purposes including 'accommodating a child whose mother was in hospital, day-care for a child attending nursery school, and an emergency admission of two children who had been temporarily abandoned by their mother.'¹³⁶⁹

¹³⁶² Seed and Thomson, *All Kinds of Care*, 9.

¹³⁶³ Seed and Thomson, 18-9.

¹³⁶⁴ Seed and Thomson, 20. The number of children in 'educational lodgings' was known to be greater than this.

¹³⁶⁵ Seed and Thomson, 26.

¹³⁶⁶ Seed and Thomson, 27.

¹³⁶⁷ Seed and Thomson, 28.

¹³⁶⁸ Seed and Thomson, 29.

¹³⁶⁹ Seed and Thomson, 31.

There was one residential special school, Drummond School, which opened in 1963, that catered for 'the mentally handicapped and retarded child' who would not be able to keep pace in mainstream school. The school took children from across the North and about a third were from Grampian and other local authorities.

Children were placed outside the region when they had 'special needs', including: 'special schooling for the deaf and...for the blind; special facilities to educate and/or care for other groups of physically handicapped children and for children with multiple handicaps; a therapeutic environment for maladjusted children, "assessment" and "training" establishments for "children in trouble".'¹³⁷⁰

Seed and Thomson considered that local services should be developed to prevent the need for children to be placed outside the region, such as day units and peripatetic support staff.¹³⁷¹ They recommended an approach of 'augmentation' of services to respond to the particular geographic conditions of the North of Scotland and essential components would be:

- special and remedial facilities, including smaller classes;
- specialist peripatetic personnel;
- Intermediate Treatment facilities;
- collaboration between education and social work authorities in the use of hostels, education lodgings, foster placements, or a small children's home;
- inter-disciplinary assessment in relation to the use of these options; and
- inter-departmental planning.¹³⁷²

Crossing the Boundaries

In 1982, a Mental Health Working Group considered the relationship of residential child care to other forms of provision as part of its wider remit to consider the mental health needs of children and young people in Scotland.¹³⁷³ This was discussed in the context of the 'disjointed and uneven development' of services and it was considered

¹³⁷⁰ Seed and Thomson, 92.

¹³⁷¹ Seed and Thomson, 93.

¹³⁷² Seed and Thomson, 94.

¹³⁷³ Elisabeth Mapstone, *Crossing the Boundaries: New Directions in the Mental Health Services for Children and Young People in Scotland*, Report of a Working Group set up by the Mental Disorder Programme Planning Group (Edinburgh: HMSO, 1983), 75.

that this 'lack of cohesion is harmful to children and their families.'¹³⁷⁴ With the increased trend for children to remain with their families or to be placed in foster care, the working group noted that 'staff working in a residential setting require complex skills in providing care, assessment, control, treatment and social education for a group of children with special needs.'¹³⁷⁵ However, the lack of training, the number of untrained staff, and high staff turnover was a cause for serious concern.

The working group noted that there was a lack of clarity about the function of children's homes. They argued that it was important to recognise that while children's homes may have to provide affection, stability, and preparation for independent living for those in long-term placements, they must also prepare some children for a return home or long-term foster care.¹³⁷⁶

Looking at the role of residential schools, the working group acknowledged that, wherever possible, children with special education needs should attend specialist day schools. Residential placements should only be made in three situations:

- where highly specialist educational needs can only be provided on a residential basis;
- where, 'because of a child's behavioural problems, or severe handicap, it is essential to provide integrated educational and care regimes'; or,
- where there is a need for 'containment and control', which can only be met in a residential placement.¹³⁷⁷

However, the working group questioned the distance and isolation of residential schools and argued for more local provision, so that children could remain in their locality and work with families could take place.¹³⁷⁸ The working group also cited evidence that there was little difference in the nature of the problems of the children admitted to List D schools as compared to other residential establishments, and recommended that List D schools should also be included in 'a local pattern of residential services'.¹³⁷⁹

¹³⁷⁴ Mapstone, *Crossing the Boundaries*, 20.

¹³⁷⁵ Mapstone, 75.

¹³⁷⁶ Mapstone, 77.

¹³⁷⁷ Mapstone, 79.

¹³⁷⁸ Mapstone, 80.

¹³⁷⁹ Mapstone, 82.

The working called for the extension of respite services, and the intermittent use of residential services to provide ongoing support to children. Similarly, the establishment of neighbourhood short-term units would provide 'counselling, day care and group activities for families at times of crisis, together with temporary accommodation for children.'¹³⁸⁰

Considering the needs of 'severely disturbed adolescents', the working group supported the calls 'for the establishment of a unit which would provide intensive support for between 10 and 20 severely disturbed young people who are a danger to themselves and others.'¹³⁸¹ Physical security was seen as essential but 'security...must be a servant, not a master; and given that other controls may often be more effective, its use by staff should be flexible.'¹³⁸²

In relation to custodial provision, the working group noted that there was no accurate information on whether young people in young offenders' institutions, borstals, and detention centres had periods of alternative care. They recommended that continued effort should be made to ensure that alternatives were available to penal provision so that its use for children would become unnecessary.¹³⁸³

Finally, the working group drew particular attention to the need for aftercare when young people leave long-term care, and recommended that:

...no young person should be obliged to leave long-term residential care merely because he has reached a certain age; and greater attention should be paid, while children are still in residential establishments, to preparing them for life outside after their discharge.¹³⁸⁴

Review of Residential Child Care in Scotland

In the early 1990s, Angus Skinner, the Chief Social Work Officer, carried out a review of residential child care in Scotland—that is 'the 154 homes and schools in Scotland which are either run by, or registered with, a local authority social work department

¹³⁸⁰ Mapstone, 83.

¹³⁸¹ Mapstone, 83.

¹³⁸² Mapstone, 87.

¹³⁸³ Mapstone, 88.

¹³⁸⁴ Mapstone, 91.

and provide care for the purposes of the Social Work (Scotland) Act 1968.’¹³⁸⁵ The remit of the review was to examine the provision of care and the quality of service provided, paying particular attention to questions of training, control and sanctions, children’s rights, and inspection; and to make recommendations for maintaining a high quality service. The Skinner Review was detailed and gave a clear steer about the need for future improvement of residential child care in Scotland. In what follows, we consider a wide range of issues identified by the review, including staffing and training.

Skinner set out a clear purpose for residential child care and its relationship with other services.

Residential homes fill several roles, including specialist care, longer term care for older children and emergency care. Residential schools have their own unique roles within the education system. Whatever their special role, residential children’s homes and schools should always provide good quality care, support, education and opportunities for development to young people and children. That is the purpose of residential child care.¹³⁸⁶

Skinner highlighted the value of residential child care and identified three ‘special advantages in providing care and education.’ These were:

...bringing together *special skills* to help young people, children and parents; offering *flexibility and creativity*, for instance, in meeting the social and educational needs of older children through independent living schemes; and, developing *shared care* with families, and providing them with a wide range of supports.¹³⁸⁷

Skinner recommended that local authorities’ policies should identify residential child care ‘as part of a fully integrated child care strategy.’¹³⁸⁸ He also recommended that local authorities should recognise residential care as a positive option and not as a ‘last resort’: ‘It is not a question of either residential or family care being better; both are essential, and their development should proceed concurrently.’¹³⁸⁹

¹³⁸⁵ Angus Skinner, *Another Kind of Home: A Review of Residential Child Care* (Edinburgh: Scottish Office, 1992), 8.

¹³⁸⁶ Skinner, *Another Kind of Home*, 13.

¹³⁸⁷ Skinner, 13.

¹³⁸⁸ Skinner, 14.

¹³⁸⁹ Skinner, 15.

Skinner put forward five situations where a residential home or school might offer the best placement: These were:

- A. When a young person needs care in an emergency, either because of a crisis in their family's ability to provide care, or because they are found to be at risk in their own home.
- B. When a young person needs longer-term care and a family placement is inappropriate. This may arise after a young person has had several family placements which have broken down, or when her or his need for longer-term care is not identified until she or he is well into their teenage years.
- C. When a young person needs care with additional specialist, therapeutic or educational services, provided on the same site. The need for these placements can only be identified after thorough assessment.
- D. When a young person has complex special care and educational needs, and her or his family requires short-term support in sharing the care tasks.
- E. When young people and children require care which keeps them together and placement with available substitute families would require them to be separated from each other.¹³⁹⁰

Nonetheless, Skinner considered that for children under 12, family placement should be the preferred option, with residential care only considered in exceptional circumstances. Placement of children and young people with additional special therapeutic or educational needs should only be placed in residential care 'on the basis of a thorough assessment and clearly outlined placement objectives.'¹³⁹¹ He recommended that the views of children and young people about the type of placement they preferred should be sought, and 'their views should be respected and considered.'¹³⁹²

The importance of the involvement of children and young people in decisions was highlighted by Skinner: 'A great many young people and children, however, do not feel involved in decisions, either about their own lives, or about the home in which

¹³⁹⁰ Skinner, 14.

¹³⁹¹ Skinner, 16.

¹³⁹² Skinner, 15. See also, Andrew Kendrick and Elisabeth Mapstone, "Who Decides? Child Care Reviews in Two Scottish Social Work Departments," *Children & Society* 5, no. 2 (1991), 169-70.

they live.’¹³⁹³ He recommended, therefore, that children and young people should have the right to be involved in decisions about their own residential home and make suggestions and recommendations. He also recommended that children and young people should be involved in, and have choices about, their own personal care and clothing. Children and young people, and their parents, should have a clear statement of their rights and responsibilities. They should also be consulted about the timing of child care reviews.¹³⁹⁴ He stressed the importance of advocacy in supporting children and young people in care, and the value of posts such as the ‘Children’s Rights Officer’. Similarly, Skinner valued the work of Who Cares? Scotland and recommended that all local authorities should consider supporting it, and that the Scottish Office should continue funding.¹³⁹⁵

Skinner highlighted the central importance of relationships and that children and young people should have their rights respected, and be treated with respect and dignity. He identified a set of eight fundamental principles which underpin residential child care. These were:

- individuality and development,
- rights and responsibilities,
- good basic care,
- education,
- health,
- partnership with parents,
- child-centred collaboration, and
- a feeling of safety.¹³⁹⁶

Skinner recommended that standards and guidance for evaluating residential child care should be developed within this framework.

Skinner considered that each child and young person should be treated as an individual and this ‘is central to all good child care.’¹³⁹⁷ He identified a number of key points and issues in relation to ‘individuality and development’. These were:

¹³⁹³ Skinner, 42.

¹³⁹⁴ Skinner, 43.

¹³⁹⁵ Skinner, 44-5.

¹³⁹⁶ Skinner, 21.

¹³⁹⁷ Skinner, 31.

- admissions and the need for planning, preparation and introduction to a home;
- maintaining personal identity through good quality accommodation, privacy and a sense of control over their own space;
- appropriate care for young people who have been sexually abused;
- assessment of risk of young people who abuse others, along with protection plans and work addressing their behaviour;
- addressing the individual needs of children and young people from ethnic minorities and ensuring anti-discriminatory practice;
- providing appropriate short-stay and long-term care for disabled children and young people, and ending the care of disabled children in long-stay hospitals;
- preparing children and young people for adulthood;
- preparation for leaving care and providing appropriate support and resources; and,
- assessing outcomes for children and young people in care.¹³⁹⁸

Skinner drew attention to the 1991 guidance on complaints procedures, and recommended that 'all young people and children in residential care should be able to make a confidential complaint without the knowledge of the staff of the home', as should parents.¹³⁹⁹ He also recommended that any 'complaints, allegations, or suspicions of physical or sexual abuse of young people or children in residential care' should be referred to managers outwith the home, the police should be informed where appropriate, and a record kept of any allegation.¹⁴⁰⁰

Skinner was critical of the quality of 'basic care'. Buildings were 'not suited to the job', and many were 'too big to provide the necessary sense of individual care and belonging.'¹⁴⁰¹ The fabric of some homes 'have been badly neglected', and repairs were not always 'completed promptly.'¹⁴⁰² Skinner recommended that more priority should be given to the replacement of homes and schools, and the setting and monitoring of standards for repair and refurbishment of homes.¹⁴⁰³ There should

¹³⁹⁸ Skinner, 31-9.

¹³⁹⁹ Skinner, 42.

¹⁴⁰⁰ Skinner, 42.

¹⁴⁰¹ Skinner, 46.

¹⁴⁰² Skinner, 46-7.

¹⁴⁰³ Skinner, 47.

also be suitable accommodation for equipment and wheelchairs used by disabled young people.

While children and young people in residential care appeared to be 'well fed', Skinner urged that they should 'always have access to simple food such as fruit, tea, juice, biscuits, bread, milk and cereal'.¹⁴⁰⁴ Food should not be locked away. Similarly, the purchase of food should be linked to young people's development of skills, and 'formal purchasing arrangements involving the bulk buying of food and other domestic materials should be avoided.'¹⁴⁰⁵

Children and young people should be supported in accessing recreational and sporting activities, and 'recreational budgets should always be sufficient to provide structured weekend and holiday activities.'¹⁴⁰⁶ Children and young people felt strongly about the home's transport having logos that mark them out as being in care, and Skinner recommended that this should not happen.

Skinner highlighted the importance of meeting the educational needs of children and young people and the need for social work and education departments to work together to address these needs.

In some homes school work is taken seriously and there are plenty of examples of young people being encouraged to work for examinations. Too often, however, where it is considered that young people are unlikely to achieve well, that view is self-fulfilling and school work tends then not to be given high enough priority.¹⁴⁰⁷

Skinner also discussed the added complications when children with learning difficulties and special educational needs were excluded from school. He recommended that education and social work departments should 'review their arrangements for overseeing the educational needs of children in care, including those excluded from school', and that 'arrangements are made for rapid exchange of documents and advice'.¹⁴⁰⁸ In relation to residential schools, he also recommended 'that establishment should always be registered under Section 61(1) Social Work

¹⁴⁰⁴ Skinner, 48.

¹⁴⁰⁵ Skinner, 48.

¹⁴⁰⁶ Skinner, 49.

¹⁴⁰⁷ Skinner, 51.

¹⁴⁰⁸ Skinner, 53.

(Scotland) Act 1968' where local authorities had a responsibility or interest in the placement of a child.¹⁴⁰⁹

Serious issues in the health of children in care were identified, and they 'have frequently not received adequate continuous or consistent health care advice or developmental attention'.¹⁴¹⁰ The health needs of disabled children demanded particular consideration, and frequent moves and changes of school meant that health needs could be overlooked. Skinner therefore recommended that health boards and local authorities 'should review whether they have adequate liaison arrangements in place'.¹⁴¹¹

Smoking by children in care should be discouraged and agencies should have clear policies on smoking. Staff should be prohibited from smoking in front of young people and offering them cigarettes.¹⁴¹² In terms of drugs, alcohol, and solvent abuse, staff had a 'clear responsibility to promote positive and healthy lifestyles for the young people in their care', and should have training to ensure that they feel confident and competent in working with these issues.¹⁴¹³

Young people's sexuality and other issues relating to sexual health and sexuality should be addressed by staff. There was a need for all residential staff to have some sexual health and sexuality training, and 'some key staff in adolescent units should be trained to take a lead role in ensuring that staff in the unit are confident in dealing with the complexities of the issues involved'.¹⁴¹⁴

Partnership with parents and maintaining links with the child and young person's family was considered essential by Skinner. Good practice in facilitating visits was identified, such as providing overnight accommodation and a meal. There should be good communication with parents and they should be 'told immediately of any significant happening in their child's life by the unit staff'.¹⁴¹⁵ Service providers should 'draw up statements of rights and responsibilities for parents of young people in care'

¹⁴⁰⁹ Skinner, 54.

¹⁴¹⁰ Skinner, 55.

¹⁴¹¹ Skinner, 56.

¹⁴¹² Skinner, 57.

¹⁴¹³ Skinner, 58.

¹⁴¹⁴ Skinner, 57-8.

¹⁴¹⁵ Skinner, 59.

and these should be provided to parents.¹⁴¹⁶ Skinner also proposed that local and national groups for parents should be encouraged.¹⁴¹⁷

The importance of child-centred collaboration and 'high quality inter-disciplinary teamwork' was emphasised but this was found to be 'patchy'. Skinner, therefore, recommended consideration of 'local joint training initiatives for education, social work, and other disciplines on collaboration in providing good quality residential child care.'¹⁴¹⁸

The safety of children and young people was considered to be fundamental, and 'the establishment of an environment in which young people feel safe and secure is the first priority.'¹⁴¹⁹

In most homes it is clear that young people and staff do feel safe and comfortable with each other and well engaged with tasks of emotional and developmental growth. In others they seem rather frightened of each other and only tentatively able to approach each other on emotional and developmental issues.¹⁴²⁰

While Skinner stated that the review did not find evidence of young people being abused by staff, he acknowledged that the review was not comprehensive and 'it is clear that within residential child care abuse may occur and go undetected'.

There is no one answer to this problem. Better staffing, new inspection arrangements, more openness to involving outside adults, such as parents, volunteers and other professionals, in the business of the home—all these matters will help. It is essential that the momentum towards greater openness is maintained.¹⁴²¹

He also recommended that any allegations or suspicions of abuse of children and young people in residential care should be passed on to the police 'without hesitation'.

¹⁴¹⁶ Skinner, 59.

¹⁴¹⁷ Skinner, 60.

¹⁴¹⁸ Skinner, 61.

¹⁴¹⁹ Skinner, 62.

¹⁴²⁰ Skinner, 62.

¹⁴²¹ Skinner, 62.

A survey carried out for the review identified that in a one-month period there had been incidents of violence against staff in almost two-fifths of residential establishments.

Possible contributory factors that have been identified include the young person's reaction to admission into care, peer group pressure, testing out staff, inconsistent response by staff and under-manning of units at critical periods of the day.¹⁴²²

The survey considered the use of measures to control children and young people and identified a range of sanctions:

- restricted leisure activities (82 per cent),
- early to bed (74 per cent),
- physical restraint (67 per cent),
- control of pocket money (62 per cent),
- extra tasks (46 per cent),
- isolation (20 per cent),
- withholding of normal clothing (11 per cent),
- reduction in family contact (5 per cent),
- loss of home visits (4 per cent), and
- reparation for damage (4 per cent).¹⁴²³

Given the wide variations in practice, Skinner recommended that the Social Work Services Inspectorate should 'draw up guidance on sanctions and control in residential child care, and statements of functions and objectives should clearly differentiate between 'care provided', 'sanctions and control permitted', and 'therapy'.¹⁴²⁴

The Skinner review consulted on draft guidance on sanctions and constraints. The guidance acknowledged the need for sanctions and controls to provide security for individuals and the group and to aid personal development, to protect the health

¹⁴²² Skinner, 63. See also, Juliet Harvey, "A Postal Survey of Heads of Residential Child Care Units in Scotland," in *The Review of Residential Child Care in Scotland: The Three Supporting Studies* (Edinburgh: Scottish Office, 1992).

¹⁴²³ Skinner, 64.

¹⁴²⁴ Skinner, 66. See also, Moira Borland, "Evaluation of Statements of Functions and Objectives of Scottish Children's Homes," in *The Review of Residential Child Care in Scotland: The Three Supporting Research Studies* (Edinburgh: Scottish Office, 1992).

and safety of others, to maintain a positive homely environment, and to maintain an emotionally positive and supportive atmosphere in the unit.¹⁴²⁵ The draft guidance listed those sanctions and controls which could be permitted when appropriately used. These were:

- restriction or withdrawal of privileges;
- imposition of extra tasks;
- separation from the group to a room on their own (but not a locked room)¹⁴²⁶ where necessary;
- physical removal with the use of minimum force;
- fining of sums from pocket-money;
- contribution from pocket money for cost of damages;
- confiscation of potentially dangerous items;
- removal of outdoor clothing to reduce likelihood of absconding (but not of normal indoor clothing); and
- staff disapproval of unacceptable behaviour.¹⁴²⁷

Controls that were not permitted were listed as:

- no form of physical punishment or threat of physical punishment;
- deprivation of any meal;
- deprivation of contact with any professional;
- deprivation of contact with parents or adults with whom they have a significant relationship;
- withdrawal of communication or positive engagement;
- being sent to bed early;
- withholding or use of medication, or medical or dental treatment; and
- humiliation in any form.¹⁴²⁸

The draft guidance noted that physical restraint 'may be necessary in dangerous situations where there is serious risk to the child or young person's safety, or the safety of others.'¹⁴²⁹ It highlighted the importance of dialogue throughout the

¹⁴²⁵ Skinner, 96-7.

¹⁴²⁶ The review acknowledged the specific use of locked doors in secure care.

¹⁴²⁷ Skinner, 97-8.

¹⁴²⁸ Skinner, 98.

¹⁴²⁹ Skinner, 98.

process. 'The purpose of physical restraint is to allow the young person, and others around him or her, to feel safe and secure and to demonstrate that bullying and violent behaviour are not tolerated.'¹⁴³⁰ The draft guidance stated that a senior officer should be informed following a physical restraint, and the 'incident should be recorded fully and parents and field social worker informed.'¹⁴³¹

Absconding from residential care was another important safety issue considered by the review, and Skinner noted that young people 'tend to abscond from certain homes and not others.'¹⁴³² He therefore recommended that information on absconding should be collected routinely, and that causes and solutions should be investigated.

Skinner gave specific consideration to secure accommodation. There were seven secure units with 84 places in Scotland at the time and he noted the increase in the use of secure care for short-term placements with an increased 'throughput' of young people. The review also identified an increased need for placements for girls. Skinner called for a review of secure accommodation which should include the use of 'unruly certificates' and the imprisonment of young people at 16 years or younger.¹⁴³³

In conclusion, Skinner noted the changes in residential care and the continued concerns about the quality of care experienced by children and young people.

The reduction in the use of residential child care, though partly demographic, is a success story of Scottish social work. The increased use and support of family placements, and the effectiveness of measures to prevent reception into residential care are matters to take pride in. But residential child care is not just a residual service, the last resort when all else fails. It has positive roles to play and it must be enabled to play them well.¹⁴³⁴

¹⁴³⁰ Skinner, 99.

¹⁴³¹ Skinner, 99.

¹⁴³² Skinner, 66.

¹⁴³³ Skinner, 67. 'Unruly certificates' allowed children aged 14 and 15 years to be remanded in prison custody. They were eventually abolished in 2008.

¹⁴³⁴ Skinner, 87.

In this sub-section, we will present information from a number of research studies, including the surveys of residential child care outlined above. We will also draw on information from inquiries into the abuse of children in care.

At the start of the 1970s, White carried out research on local authority and voluntary children's homes in Edinburgh and Hull, as part of a wider study of residential child care. He found that buildings were satisfactory in physical terms and contact with outside organisations such as schools, churches, and clubs was generally good. Increasingly, parents were welcomed into the homes.¹⁴³⁵ However, integration of the children's homes within the local community was sometimes less easy, and this contributed to isolation of the staff—not just in terms of physical isolation, but also 'isolation from decision-making and from an overall view of what is happening'.¹⁴³⁶ There was a lack of communication between staff, and often roles had not been clearly defined. This lack of teamwork extended to relations with social workers. Few staff members understood the role of social workers because they did not often meet, and—with a few exceptions—there was little idea of casework going on in children's own homes.¹⁴³⁷

His research highlighted a lack of fit between practice in the children's homes and theories of child care and child development. There was a lack of care planning, which impacted on the selection of children for a particular home, the children's welcome into the home, and the recorded assessments of the children. There was a lack of focus on the emotional development of children and on the need for staff members to work at developing individual relationships with children and young people. 'Some staff seemed almost completely unaware of what relationships with the children meant and could only see things in concrete terms.'¹⁴³⁸

Magnusson entitled the chapter on Quarriers Homes in the 1970s 'Crisis'.¹⁴³⁹ The Homes were more and more reliant on the children placed by local authorities and the village model was increasingly considered to be old-fashioned. 'Local authorities did

¹⁴³⁵ White, "Residential Child Care Past and Present," 441-2.

¹⁴³⁶ White, 442.

¹⁴³⁷ White, 441.

¹⁴³⁸ White, 442.

¹⁴³⁹ Magnusson, *Quarriers Story*, 159.

not approve of an isolated complex of cottages where the children led lives usually far removed from the kind of life they came from and to which they would return.’¹⁴⁴⁰ As we have seen, Strathclyde Regional Council developed policies which favoured keeping children in the community and promoting foster care. In terms of residential care, it increasingly looked to use its own children’s homes and more specialist residential units. ‘Local authorities developed or refurbished their own children’s homes, and this reduced their reliance on voluntary-sector homes, such as Quarrier’s, Barnardo’s and Aberlour.’¹⁴⁴¹

The number of children in the homes at Bridge of Weir fell steadily throughout the 1980s. In 1974, the homes accommodated nearly 500 children. By 1978, this had dropped to about 400, and by 1980 to just over 300. ‘[B]y December 1980, only three months into the new financial year, they had fifty fewer children than were needed to cover the organisation’s costs.’¹⁴⁴²

In reaction to this financial crisis, Quarriers diversified the Bridge of Weir site and used some of the cottages for older people and the disabled. Others were let out for rent or sold off for housing development.¹⁴⁴³ Through the 1980s, the number of children continued to fall, and by the beginning of the 1990s, Quarriers only cared for children in two cottages.¹⁴⁴⁴

One of the children in Quarriers at this time was David Whelan. He was placed with his sister in 1969 and remained in the home until he was 16. His account of his time there provided evidence of the worst excesses of residential care.¹⁴⁴⁵

¹⁴⁴⁰ Magnusson, 160.

¹⁴⁴¹ Graham Connelly and Ian Milligan, *Residential Child Care*, 23.

¹⁴⁴² Magnusson, *Quarriers Story*, 161.

¹⁴⁴³ Magnusson, 162.

¹⁴⁴⁴ Magnusson, 172.

¹⁴⁴⁵ David Whelan, Marion Scott and Jim McBeth, *No More Silence* (London: HarperElement, 2010).

David Whelan, *No More Silence*

David Whelan, in *No More Silence*, recounts his time in care from 1959 as an infant until he left Quarriers Village at the age of 16. This includes his experiences of abuse throughout his time at Quarriers, and sexual abuse by John Porteous, a house father at Quarriers.

David was taken into care by the Royal Scottish Society for the Prevention of Cruelty to Children along with his four brothers and sisters, after they had been deserted by their mother. This followed years of domestic abuse and child abuse by their father, and his imprisonment [REDACTED]. The five children were initially placed in a children's home in Glasgow, although David has little memory of the home. Following five months in the home, his four brothers and sisters were placed in foster care in North Uist, and David remained in the children's home until he was fostered by two doctors who 'treated me as their son for nearly two years.' The foster carers wished to adopt David, but his mother refused to sign the adoption papers and—unable to live with the uncertainty of whether David would be able to remain with them—they decided they could not continue.

And so, in 1964, David was reunited with his brothers and sisters in their placement on North Uist and foster carers 'Morag and Willie MacDonald took [him] into the warmth of their home, warmth that was as emotional as it was physical.' David spoke fondly of his time with the MacDonalds. Acknowledging that it was not an easy life with no modern amenities, and strict discipline, it was nevertheless also a time of treats and 'laughter was a constant companion.' David's time there was short-lived as his mother asked for the return of her children and they were taken back to Glasgow. However, David's mother was not able to cope and after she overdosed,

subsequently abandoning the children, David and his youngest sister were again placed in foster care until a decision could be made on their future. They remained there for four weeks until they were placed at Quarriers Village, Bridge of Weir, in March 1969.

David and his sister were separated and placed in [REDACTED] cottages, which 'were in fact large Victorian villas.' David described the Village itself as a beautiful place that 'was in every sense a self-contained community.' Dominated by the church, it had its

own dairy herd, village store, workshop and garage, primary and secondary school, and 'the tuck shop was the favourite haunt of all the children.'

The ethos of Quarriers was to prepare children for the world, rather than produce academic high achievers. There was great emphasis on the practical. In many respects, it was a progressive and enlightened system.

David acknowledged that 'the majority of children passed through Quarriers happily enough', but this was not to be his experience. In his first cottage, he was met by his stern houseparents and shown his dormitory.

There were no toys or any paraphernalia that hinted that the occupants of this room were children. My heart sank. It wasn't just austere; it was sterile.

David described being beaten with his house-father's walking stick and being punished by having to spend the night in an outhouse of the cottage: 'care and compassion played little part in the repressive regime that was life in Cottage ■'.

After a time, David was reunited with his sister in Cottage ■ under the charge of two sisters, the Misses QDR ■. He wrote that corporal punishment and the use of the outhouse remained a way of life, but they 'ran riot in Cottage ■ playing pranks and sending the QDH/QDI into ranting rages.' However, following an aggrieved incident, David was moved back to his previous houseparents.

He wrote that his behaviour got worse following his return and he began to abscond. Therefore, in March 1971, he was returned to be with his sister in Cottage ■ which was now supervised by John ■ Porteous. There was increasing confrontation between ■ Porteous and David's sister and, following a violent incident in which John Porteous hit her, she was moved from Quarriers to a hostel in Glasgow. Her attempt to complain about this was rebuffed by the Superintendent with the threat of making her leave Quarriers. This happened anyway.

Over the next years, until he left for a job at the age of 16, David was regularly sexually abused by John Porteous, as well as suffering violent beatings. He described the shame and guilt, along with the torment and fear he felt, which prevented him from speaking about his abuse for many years. David only reported his abuse after he was approached by QKR ■ following allegations of abuse by other children. He and his sister then contacted Strathclyde police to report

their experiences of abuse. In 2002, John Porteous was sentenced to eight years' imprisonment for this and other offences.

David Whelan, Marion Scott and Jim McBeth, *No More Silence* (London: HarperElement, 2010).

A different account of a children's home in the early 1970s was provided by Captain Alexander Shannon. At the age of five, Alexander and his brothers and sisters were taken into care when their mother was hospitalised following a nervous breakdown. Alexander and two of his brothers were placed in Dunclutha Children's Unit, and they were later joined by his younger brother and older sister. Alexander described enjoying his time there, being warm and well fed, making friends and discovering 'there was no bullying or fighting.'¹⁴⁴⁶ Alexander and his brothers and sister were at Dunclutha for two years until they went back to live with their mother and her new partner. He contrasted the poverty and hunger back at home with 'three meals a day, a warm bed and people around us who showed their feelings.'¹⁴⁴⁷

Research on Children's Homes

In the 1980s, Fraser carried out research on children's homes in the Grampian Region, with a specific focus on Fraserburgh Children's Home, which opened in 1982. This children's home accommodated 12 children and young people and provided 'short-term care' for up to nine months:¹⁴⁴⁸ Fraserburgh Children's Home 'was a purpose-built home, set in a newly-built residential area of Fraserburgh. It was physically close to other buildings. It was bigger than surrounding houses, but built in the same general architectural style.'¹⁴⁴⁹ It had single and double bedrooms, communal areas included a lounge, kitchen/dining room, and 'quiet' room, staff bedrooms, and an office.

Grampian Region policy at the time reflected other local authority policies and considered that residential care for children should provide short-term care to prepare

¹⁴⁴⁶ Alexander Shannon with David Leslie, *The Underworld Captain: From Glasgow Goodfella to Army Officer* (Edinburgh: Mainstream Publishing, 2011), chap. 1, Kindle.

¹⁴⁴⁷ Shannon, *The Underworld Captain*, chap. 1.

¹⁴⁴⁸ Alexander Fraser, "The Evaluation of Fraserburgh Children's Home with New Child Care Policies: An Illuminative Evaluation" (PhD thesis, University of Aberdeen, 1989), 173. Later extended to 12 months.

¹⁴⁴⁹ Fraser, "Fraserburgh Children's Home," 181.

'the child either to return to his own family or to be placed with a substitute family.'¹⁴⁵⁰
Residential care should provide:

- a 'skilled intervention in a child's life';
- a 'temporary base where he or she cannot be placed immediately in a family';
- a 'long term placement only for those children unable to sustain family relationships, or whose demands on adults are greater than can be met within a family.'¹⁴⁵¹

Fraser identified wide variation in staffing levels across the eight homes in Grampian Region, and they operated different shift systems. One issue with the shift system operating at Fraserburgh Children's Home was that it made external work, such as work with families, more difficult.¹⁴⁵²

Fraser set out a difficult period following the opening of Fraserburgh Children's Home, with tensions between staff made worse 'by lack of staff and lack of time for an adequate discussion of priorities and methods.'¹⁴⁵³ Following the departure of the home manager, there was an attempt at stabilisation but there were 'anxieties about individual staff performance, a perceived lack of professionalism, lack of adequately qualified staff and self doubt.'¹⁴⁵⁴ The shift system added to this, in that each shift tended to act independently from the other shifts, leading to a lack of consistency.¹⁴⁵⁵

Although Fraserburgh Children's Home aimed for a 'family supplement' model with stays of nine months or less, this was undermined by the extent of emergency placements.¹⁴⁵⁶ 'Staff at [Fraserburgh Children's Home], when confronted with emergency admission could not offer a proactive service, only a reactive service. Instead of working with parent participation, they worked to overcome parental rejection.'¹⁴⁵⁷ For a variety of reasons, therefore, the policy aims of Fraserburgh Children's Home were thwarted by a range of operational factors which impacted on

¹⁴⁵⁰ Fraser, 172. Extract from a 1978 Grampian Social Work Committee minutes.

¹⁴⁵¹ Fraser, 173. Extracts from a 1982 Grampian Social Work policy document.

¹⁴⁵² Fraser, 205.

¹⁴⁵³ Fraser, 252.

¹⁴⁵⁴ Fraser, 311.

¹⁴⁵⁵ Fraser, 317.

¹⁴⁵⁶ Fraser, 354.

¹⁴⁵⁷ Fraser, 355.

the staff of the home, their relationships with field social workers, and their day-to-day practice with children and young people.

Turnbull also discussed the development of residential child care in one local authority—Perth and Kinross—between 1987 and 1996. He described the development of integrated practice in the local authority and its implications for its residential care units. In 1989, 'a divisional, decentralised model took away the functional splits between residential, fieldwork and community services and placed them together under one manager.'¹⁴⁵⁸ Turnbull noted that there was slower progress in involving residential services because of 'traditional rota difficulties and crises in units which did not easily allow staff to come together for team building.'¹⁴⁵⁹

In 1991 there was a much-needed residential restructuring which breathed fresh life into a residential scene that was coping with the transition from younger, longer-term residents, to short stay, more 'troublesome' residents. The units were in crisis...The appointment in 1991 of a qualified Senior Residential Resource Worker and eight qualified residential workers enabled the residential teams (20 staff, 3 units and 14 beds) to become equal partners in the development of the service.¹⁴⁶⁰

Effective networking across field social work, community services and residential services led to the substantial reduction of young people in residential units and residential schools. Turnbull judged that the benefits for young people included:

- the reduction of institutional stigma;
- their views being more easily taken into account;
- improvements in managing family contact;
- less chance of breakdown in placement; and,
- more chances to plan next steps with young people.¹⁴⁶¹

Turnbull concluded that it was 'encouraging that the residential sector, whose role is now clearer, can join in the planning process as a constructive part of the continuum of services which aim to meet the needs of children and families in Perth and Kinross.'¹⁴⁶²

¹⁴⁵⁸ Andrew Turnbull, "Meeting Children's Needs," 72.

¹⁴⁵⁹ Andrew Turnbull, 73.

¹⁴⁶⁰ Andrew Turnbull, 74.

¹⁴⁶¹ Andrew Turnbull, 77.

¹⁴⁶² Andrew Turnbull, 78.

Kendrick, in his study of residential and foster care in the 1990s, described the positive role of children's homes in returning children and young people to their families and in preparing young people for independence.¹⁴⁶³ Children's homes were also used successfully to keep sibling groups together. However, there was concern about the impact of having a mix of age ranges in residential homes.¹⁴⁶⁴

Approved Schools, List 'D' Schools and Residential Special Schools

In this section we describe the development of residential schools over this period. The major changes instigated by the *Kilbrandon Committee* generated a great deal of interest in residential schools, with several research projects carried out in the 1970s and 1980s.

We have seen that residential schools have a long history, and in 1992 McCracken pointed out that 'many of the issues still being discussed both about management and ethos, have their origins in the mid-19th century: welfare or justice, care or control, sinner or sinned against, treatment or punishment, integration or segregation.'¹⁴⁶⁵ He noted that following the *Social Work (Scotland) Act 1968*, approved schools were intended to be integrated with social work department provision of comprehensive services. However, they 'should continue to be registered with the Secretary of State until decisions on their future could be made', and, hence, they became List 'D' schools, the fourth of a number of lists kept by the Scottish Education Department.¹⁴⁶⁶ It was in 1971 that the Social Work Services Group (SWSG) issued circular *SW11/71 Social Work (Scotland) Act 1968: Future Description of Approved Schools*, which stated that former approved schools were to be known as 'List D schools'.¹⁴⁶⁷

Hunter provided information on approved schools at the start of this period, just before the *Social Work (Scotland) Act 1968* came into force, including a breakdown of the different categories of approved schools (Table 7). There were 1,681 children and young people (1,444 boys and 174 girls) in the 26 approved schools in January 1969. Three-

¹⁴⁶³ Kendrick, *Residential Care in Integration of Services*, 74.

¹⁴⁶⁴ Kendrick, 77.

¹⁴⁶⁵ Andrew McCracken, "Residential Schools After List 'D'," in *Chosen with Care? Responses to Disturbing & Disruptive Behaviour*, ed. Gwynedd Lloyd (Edinburgh: Moray House Publications, 1992), 110.

¹⁴⁶⁶ McCracken, ""Residential Schools After List 'D'," 111.

¹⁴⁶⁷ M.A. Gale Macleod, "The Place of Separate Provision in a Policy Climate of Inclusion," *Journal of Research in Special Educational Needs* 6, no. 4 (2006), 125.

quarters of children and young people committed to approved schools by the courts were young offenders, and the remainder were children in need of care and protection, truants or 'refractory children' beyond the control of their parents.¹⁴⁶⁸ 'The allocation of a child to a school rests with the court, the most suitable school being indicated by the Scottish Education Department on the basis of relevant reports on the child, and information about vacancies in appropriate schools.'¹⁴⁶⁹

Table 7: Classification of Approved Schools, 1969: Hunter, Scottish Educational System													
	Junior		Junior/ Intermediate		Intermediate		Intermediate/ Senior		Senior		Total		All Schools
	Prot	RC	Prot	RC	Prot	RC	Prot	RC	Prot	RC	Prot	RC	
Boys	5	1		2	3	1	1		4	2	13	6	19
Girls	2				1		1	1	2		6		7
Total	7	1		2	4	1	2	1	6	2	19	7	26

According to Hunter:

Approved schools are not juvenile prisons; their aims are not punitive or repressive. The intention is to assist the children committed to them to become normally adjusted citizens. To this end the schools provide general education, social training, occupational preparation, an introduction to a variety of leisure-time pursuits.¹⁴⁷⁰

Hunter wrote that there was a focus on the physical and mental health of children. There were five psychologists focused on approved school work and 'most schools have three or four residential social workers who have a personal interest in each pupil.'¹⁴⁷¹

¹⁴⁶⁸ S. Leslie Hunter, *The Scottish Educational System*, 2nd edition (Oxford: Pergamon Press, 1972), 152.
¹⁴⁶⁹ Hunter, *Scottish Educational System*, 153.
¹⁴⁷⁰ Hunter, 155.
¹⁴⁷¹ Hunter, 156.

In the junior schools, either all the children attended local day schools or selected pupils did so. In the other schools, education and training was provided on site. Practical work was provided for older pupils, such as: farm-work, carpentering, metal work, painting and decorating for the boys; and cooking, laundry work, 'housewifery' and commercial subjects for the girls.¹⁴⁷²

Hunter cited outcome figures for children who left approved schools in the year ended March 1966. Just under two-thirds of girls (64 per cent) were in regular employment or married; and two-fifths of boys (42 per cent) were in regular employment. By 1969, '80 per cent of the girls and 37 per cent of the boys had not been found guilty of offences by the courts during the intervening years.'¹⁴⁷³ However, eight per cent of girls and 38 per cent of boys had been recommitted to approved school or sentenced to detention centre, borstal, young offenders' institution, or prison.¹⁴⁷⁴

Lloyd picked up on the issue of reoffending. In addition to concerns about the regimes and quality of care in the approved schools, by the 1970s 'there was another cause for concern in the high rates of reoffending by boys after leaving approved schools.'¹⁴⁷⁵ She argued that this led to increasing efforts to find community-based alternatives to residential care. Some of these issues are evidenced in studies of List D schools, which are detailed below.

The designation of approved schools as List D schools in 1971 was only supposed to be a temporary measure. In 1976, the Scottish Education Department published a consultation paper, *Future Administrative and Financial Arrangements for List D Schools*. Warnock noted the paper's proposals, and that, in 1978, there were '26 List D schools, with some 1,700 places.'¹⁴⁷⁶ The issue was picked up again in 1983, when the Secretary of State for Scotland, having withdrawn the certificates from four List D Schools, proposed an examination of the remaining schools.

¹⁴⁷² Hunter, 155-6.

¹⁴⁷³ Hunter, 161.

¹⁴⁷⁴ Hunter, 161.

¹⁴⁷⁵ Lloyd, "From Ragged to Residential Schools," 264-5.

¹⁴⁷⁶ Warnock, *Special Educational Needs*, 145.

The review was published in the form of a consultation report—*The Fiddes Report*.¹⁴⁷⁷ The consultation report highlighted how List D schools had responded ‘in widely different ways and to a widely different extent’ to professional developments moving them away from authoritarian regimes and punishment.¹⁴⁷⁸ ‘The differences are profound, and extend to practically every aspect of the schools – premises, facilities and care and educational regimes.’¹⁴⁷⁹ The review identified ‘shortcomings’, including paternalistic attitudes, stigma, isolation from society, isolation from the opposite sex, and over-authoritarian regimes.¹⁴⁸⁰ In addition, ‘the standards of education in most of the List D schools are dismayingly low.’¹⁴⁸¹

The report identified a significant decline in the demand for places: from 1,437 in 1977-78 to 954 in 1982-83, because of changes in policy in keeping young people in the community and cost.¹⁴⁸² The report concluded that ‘[t]here would be no doubt in my mind that the prerequisite for the best use to be made of the schools is for them to come under the control of local authorities.’¹⁴⁸³ The review recommended that the government end grants to the schools subject to transitional arrangements.¹⁴⁸⁴

Toman detailed the ‘intense reactions’ to the Fiddes Report from those involved in residential special education, many of whom saw it ‘as a convenient “whitewash” which had much to do with political and economic policy but little to do with serious and well researched educational debate.’¹⁴⁸⁵ Eventually, after failing to reach agreement on their future direction, central government funding was withdrawn in 1986, and the designation of List D was removed from these schools.

When List D was closed, the former List D residential schools were placed on List G, which had included ‘special and residential schools for pupils with a range of special educational needs.’¹⁴⁸⁶ The result was that there was ‘no recognised official difference

¹⁴⁷⁷ Scottish Education Department Social Work Services Group, *Review of Future of List D Schools by Mr Brian Fiddes: Summary of Findings and Conclusions* (Edinburgh: Social Work Services Group, 1983), paras. 1.1-1.2.

¹⁴⁷⁸ SED SWSG, *Review of List D Schools*, para. 2.3.

¹⁴⁷⁹ SED SWSG, para. 2.3.

¹⁴⁸⁰ SED SWSG, paras. 5.5-5.10.

¹⁴⁸¹ SED SWSG, para. 6.1.

¹⁴⁸² SED SWSG, paras. 3.1-3.4.

¹⁴⁸³ SED SWSG, para. 8.2.

¹⁴⁸⁴ SED SWSG, para. 8.5.

¹⁴⁸⁵ Michael Toman, “Scottish Residential Special Schools,” 25-6.

¹⁴⁸⁶ Lloyd, “From Ragged to Residential Schools,” 266.

between those schools which were formerly List D schools and those which were residential schools for maladjusted children.’¹⁴⁸⁷ Toman noted that:

In spite of the evidence that the children in List D schools had similar backgrounds and difficulties to those experienced by children in the List G schools, it was still popular folklore in many quarters that ‘bad’, delinquent children went to List D schools, whilst ‘mad’ or ‘sad’ maladjusted ones went to the List G schools. In reality the placement depended largely on which network picked up the child and his problems and the nature and amount of offending involved.¹⁴⁸⁸

Toman concluded that decisions about placements in residential special schools were often pragmatic in ‘the light of available places and cost factors’, and, at best, ‘the system still largely remains a “lottery” and at worst a complete “muddle”’.¹⁴⁸⁹

McCracken pointed out that the withdrawal of central government funding ‘put to an end any lingering notion of a national system of residential schooling and propelled the schools and the local authority users into dialogue about the role of the schools within their local network of child care and educational resources.’¹⁴⁹⁰

The present mixed economy in terms of ownership, management and registration is mirrored by considerable geographic variations in both types and numbers of schools. Some regions have excess provision, others are unable to meet the demand for places and have to send children long distances to receive residential education.¹⁴⁹¹

McCracken also identified a trend towards the diversification of services.

...the development of a range of services based round a central core of residence allows the schools which are working with a local population to be more flexible and imaginative in developing programmes of care and education which are matched to the individual’s needs and circumstances and which offer each the least restrictive intervention consistent with continued social, emotional and educational development.¹⁴⁹²

¹⁴⁸⁷ Lloyd, 266.

¹⁴⁸⁸ Toman, “Scottish Residential Special Schools,” 119.

¹⁴⁸⁹ Toman, 151.

¹⁴⁹⁰ McCracken, “Residential Schools After List ‘D’,” 112.

¹⁴⁹¹ McCracken, 112.

¹⁴⁹² McCracken, 116.

Dalmore was a local authority-managed residential school, accommodating roughly 100 young men.¹⁴⁹³ Walter's research focused on how the perceptions of the young men placed in Dalmore fitted with the treatment-based philosophy of the school.¹⁴⁹⁴

The young people's problems were thought to be of two closely related kinds: 'situational problems' that the young person has had to deal with, and 'personality problems' arising from experiences in 'unsatisfactory homes.'

Dalmore sees its task as helping with each boy's problems. This may mean changing his situation outside (although this is rarely possible), or it may mean enabling him to cope with the situation outside, or it may mean changing his internalised personality problem.¹⁴⁹⁵

The treatment model was based on 'individual treatment' and 'shared responsibility'. While the philosophy of the school was expressed by senior staff, there was a less coherent set of views on the model across the wider school staff. There was also criticism of the school's disciplinary system.¹⁴⁹⁶

The young people's main concern was about 'getting out', and linked to this was the view that 'although Dalmore is a 'cushy' place its main effect is that of punishment and deterrence.' 'The feeling of imprisonment over-rides any other idea as to what Dalmore is all about.'¹⁴⁹⁷

While staff engaged with the young men in terms of 'personal problems' rather than 'bad behaviour', the young people's explanation was that it was fun, and the 'boys do not see a need for an explanation or account of such activity.'¹⁴⁹⁸ Walter also found that most of the young men did not feel it appropriate to talk in public about things that were wrong in their family and this 'inhibits the production of the kind of information

¹⁴⁹³ Dalmore is a pseudonym.

¹⁴⁹⁴ Julian Anthony Walter, *Sent Away: A Study of Young Offenders in Care* (Farnborough: Saxon House, 1978), ix. See also, J.A. Walter, "Talking About Trouble: Accounting for Untoward Behaviour in a List D School," *British Journal of Criminology* 18, no. 4 (1978), 366.

¹⁴⁹⁵ Walter, *Sent Away*, 29.

¹⁴⁹⁶ Walter, 33.

¹⁴⁹⁷ Walter, 39.

¹⁴⁹⁸ Walter, 59.

staff need to diagnose their “problems”.¹⁴⁹⁹ Staff members admitted that group counselling did not work as it should.¹⁵⁰⁰

Release from the school was based on two main criteria: having been in the school for at least six months (a throwback to the approved school system), and achieving a ‘grade 5’ in the school assessment system. However, ‘going up a grade each month routinely depends on the boys behaving well, not on whether their personal problems are being solved.’¹⁵⁰¹

There was limited contact with field social workers or with the young men’s families while they were at the school, and in ‘the absence of adequate information from outside, staff have only the boys’ behaviour in Dalmore to go on.’¹⁵⁰² Walter concluded that Dalmore staff were limited in the degree to which they could make the official philosophy of treatment of individual ‘problems’ anything more than rhetoric.

List D Schools for Girls

At the same time as Walter’s research, Anstey carried out a study of five girls’ List D schools to evaluate their treatment approaches.¹⁵⁰³ At the time, there were seven List D schools for girls in Scotland, ‘two junior schools (up to 13 years), three intermediate schools (13 to 15) and two senior schools (15 to 17).’¹⁵⁰⁴ She noted, however, that there was a lot of flexibility in the age range accepted at different schools.¹⁵⁰⁵ The two junior schools were not included in the study as their focus was on preparing children to return to school and home.

Two of the schools were Church of Scotland schools and two were run by local boards of governors. One of the schools was not an ‘official List D’ school but its intake was very similar to the others with most girls being referred through the Children’s Hearings. This school was run by a Catholic religious order.¹⁵⁰⁶

¹⁴⁹⁹ Walter, 73.

¹⁵⁰⁰ Walter, 75.

¹⁵⁰¹ Walter, 123.

¹⁵⁰² Walter, 149.

¹⁵⁰³ S.C. Faith Anstey, “A Comparative-Evaluative Study of List D Schools for Girls: Modes of Treatment and Some Effects on Girls” (PhD thesis, University of Edinburgh, 1978).

¹⁵⁰⁴ Anstey, “List D Schools for Girls,” A3:1.

¹⁵⁰⁵ Anstey, A3:1.

¹⁵⁰⁶ Anstey, A3:2.

The largest school, the Catholic school, had places for 70 girls and the smallest school catered for 20 girls. The remaining schools accommodated between 25 and 40 girls.¹⁵⁰⁷ The research sample involved girls admitted to the schools from April 1974 to March 1975.¹⁵⁰⁸

Girls were placed in the schools because of: truancy (44 per cent), being beyond parental control (29 per cent), or offences (28 per cent). Smaller numbers of girls were placed because of moral danger (four per cent) or care and protection (four per cent).¹⁵⁰⁹ Anstey considered the 'social adjustment' of the girls and found that they had a lower level of social adjustment on four scales (well-being, responsibility, socialisation, and communality) than the control group of day school pupils.¹⁵¹⁰

Anstey wrote that the schools ran similar programmes with normal school hours for 'classroom and other educational work.'¹⁵¹¹ The girls were also involved in some sort of domestic work before classes, and there was a daily morning meeting attended by staff and girls. Most schools had 'some sort of extra-mural programme involving educational visits, leisure outings, voluntary work by selected girls and so on, though some are much more restricted than others.'¹⁵¹²

Anstey found that staff in all the schools tended to view the girls as needing 'social adjustment' when compared with the need for 'practical training', although there were varying degrees of consensus across the schools.¹⁵¹³ However, this seemed 'to represent for most staff an ideal, rather than a working model':

...although all schools professed a firm commitment to social adjustment goals, in practice some were more concerned with training at a more superficial level. They tended to stress improvement in outward forms of behaviour and practical skills more than the solution of deep-seated personal and social difficulties.¹⁵¹⁴

¹⁵⁰⁷ Anstey, A3:3.

¹⁵⁰⁸ Anstey, 3:15.

¹⁵⁰⁹ Anstey, 8:2. Girls may have had more than one reason for placement.

¹⁵¹⁰ Anstey, 10:2.

¹⁵¹¹ Anstey, A3:7.

¹⁵¹² Anstey, A3:7.

¹⁵¹³ Anstey, 4:2.

¹⁵¹⁴ Anstey, 4:39-40.

The schools varied markedly in their methods and approach. Some provided evidence of a focus on developing 'genuine adult-child relationships' with a minimum of rules and sanctions, while at the other end of the spectrum, others 'abounded with rules and regulations, sanctions, standards and inflexible routines.'¹⁵¹⁵ '[O]ne of the main distinctions seems to be between the use of discipline and conditioning to bring about change, and the use of freedom and closer girl-staff relationships.'¹⁵¹⁶

Anstey measured social adjustment after six months. In most schools, there was some improvement and 'the apparently most stable school had the highest scores and the least stable the lowest.'¹⁵¹⁷ '[T]he evidence suggests that the integration of the various aspects of belief and practice in a school is an important factor in its success (probably its success at anything at all, besides its success in achieving specific goals).'¹⁵¹⁸

Committal to Residential Care

Another study of List D schools in the 1970s aimed to see if there were differences in the backgrounds of those placed by the Children's Hearings and those placed by the courts, and whether they responded to placements differently.¹⁵¹⁹ Rushforth studied 214 young people (117 court cases and 97 Children's Hearings cases) from six senior or senior-intermediate List D schools.¹⁵²⁰ The young people committed by the court were found to be considerably older than those placed by the Children's Hearing.¹⁵²¹ The family background of the two groups was similar and there was 'a very gross level of deprivation and disadvantage among delinquent boys placed in residential accommodation in Scotland.'¹⁵²² There was no difference in the history of offending prior to the committal offences.¹⁵²³

The research found that those young people committed through the court had 'a higher chance of remaining in custody prior to the disposal hearing, during

¹⁵¹⁵ Anstey, 4:56.

¹⁵¹⁶ Anstey, 4:59.

¹⁵¹⁷ Anstey, 10:5.

¹⁵¹⁸ Anstey, 10:9.

¹⁵¹⁹ Monica Rushforth, *Committal to Residential Care: A Case Study in Juvenile Justice* (Edinburgh: Her Majesty's Stationery Office, 1978), 4.

¹⁵²⁰ Rushforth, *Committal to Residential Care*, 32.

¹⁵²¹ Rushforth, 12. This was under the relevant sections of the Children and Young Persons Act (Scotland) 1937, which was in force at the time of the research.

¹⁵²² Rushforth, 15-6.

¹⁵²³ Rushforth, 18-9.

continuation and prior to placement.¹⁵²⁴ Furthermore, they waited 'longer for a place and are disfavoured in terms of waiting for a place in a penal establishment, rather than at home.'¹⁵²⁵

She found there was little difference in 'responses to training' between the two groups in terms of re-offending, corporal punishment, length of stay in the school, and destination on departure from the school. The only difference between the two groups of young men was that a higher proportion of the young people committed by the Children's Hearings had absconded three times or more.¹⁵²⁶

Most of the staff members in the List D schools thought there was no difference in the backgrounds of the two groups and most 'saw no difference in the boys' attitudes towards authority in general or towards authority figures in particular.'¹⁵²⁷ While all staff saw the courts as punitive, a number also considered that Children's Panels adopted a custodial approach rather than a welfare or treatment approach.¹⁵²⁸

Staff members' views of the approach of the school they worked in were also mixed. In two schools, most staff felt that the school was welfare or treatment oriented, in one school most staff members felt that the school was control-oriented, and in the fourth school, the staff were split fifty-fifty.¹⁵²⁹ Reflecting Walter's findings, Rushforth found that there was a 'general lack of consensus among staff on the nature of the relevant criteria to be used when considering release.'¹⁵³⁰ Staff were equally divided in their views about treatment issues (such as change in attitude) or control issues (such as conformism, keeping out of trouble). The young men saw themselves as 'doing time' and this frustrated staff members' efforts, and 'treatment within the community rather than in residential establishments might more likely be seen as help rather than punishment.'¹⁵³¹

Rushforth highlighted the contradictions and ambiguities that were apparent in perceptions about the welfare/treatment and punishment/control models, which partly

¹⁵²⁴ Rushforth, 30

¹⁵²⁵ Rushforth, 30.

¹⁵²⁶ Rushforth, 35.

¹⁵²⁷ Rushforth, 46.

¹⁵²⁸ Rushforth, 55.

¹⁵²⁹ Rushforth, 57.

¹⁵³⁰ Rushforth, 61.

¹⁵³¹ Rushforth, 71.

resulted from the dual track system. She questioned whether there was justification for the operation of the separate court and Children's Hearings routes, particularly given 'the fact that there are different consequences.'¹⁵³²

Comparison Study of Open and Closed Residential Care

Another comparative study in the 1970s looked at two groups of 100 young men who were placed in Forester List 'D' school and the attached Carpenter secure unit.¹⁵³³ As the research spanned both, we will not try to separate the findings out, but present them together.

Petrie found that the offence histories of the young men in the two groups were similar, and 'the main difference between the two groups lies in the fact that the Wing boys have persistently absconded from previous placements to which the authorities have allocated them and have significantly more previous placements.'¹⁵³⁴ In terms of violent offences, there were a larger number of young men in the open school as opposed to the secure unit.¹⁵³⁵ The family circumstance of the two groups were also very similar.¹⁵³⁶

Petrie commented that the 'boys who have passed through several establishments as well as prison or Longriggend become "institutionalised", and some 'boys have known scarcely any other life than that inside an institution'.¹⁵³⁷

So when he arrives at the Wing he may already know half the boys there, and at least their brothers or cousins...By the time he has funnelled through the Wing and arrived at Borstal he will have a nodding knowledge of many of the inmates already there.¹⁵³⁸

Petrie followed up the cohort of boys by questionnaire to their social worker. Most of the young men ended up in custody following release; 70 young men from the secure unit, and 53 from the open school.

¹⁵³² Rushforth, 69–70.

¹⁵³³ Cairine Petrie, *The Nowhere Boys: Comparative Study of Open and Closed Residential Placement* (Farnborough: Saxon House, 1989). The names of the school and secure unit are pseudonyms.

¹⁵³⁴ Petrie, 11.

¹⁵³⁵ Petrie, 25.

¹⁵³⁶ Petrie, 69.

¹⁵³⁷ Petrie, 89.

¹⁵³⁸ Petrie, 89.

Both levels of reoffending in the Wing and Open school present a gloomy picture and deepen the impression that both sets of boys have passed through a 'criminogenic experience'...and certainly not a reformative one...Moreover the level of reconviction for both groups of boys is not significantly different.¹⁵³⁹

One difference between the two groups was in the time-scale of the reoffending, with 44 of those from the secure unit having re-offended within two months of release, whereas those from the open school reached a peak of offending within six months. Petrie stressed the importance of support in the period following release.¹⁵⁴⁰

Petrie did not study the regimes of the open school or the secure unit in detail and in drawing her conclusions, her observations were on the basis of her experience as a psychologist to the school. She did, however, provide comment on the regime. She wrote that the original organisation of the Wing was 'highly regimented.'

Boys wore short trousers and shirts with rolled up sleeves. Staff were ordered not to be over-friendly, believing that friendliness would be damaging to good order. Boys marched briskly to sharp commands. They were locked in their quarters much of the day.¹⁵⁴¹

Following a serious disturbance, 15 years previously, in which two staff members were seriously injured, major changes were put in place, and 'skills have accrued in working with the boys by good personal relationships, mutual respect and esteem.'¹⁵⁴²

In the close contiguity of staff and boys, personalities are important and in some measure change as they acclimatise to the cultural pattern of the Wing. Good humour and friendliness have high status value. Fighting between the boys or any other violence rarely occurs. There is no swearing save in occasional incidents as a safety valve. Loud or angry voices are not heard. Control is through good personal relationships and the security of calm.¹⁵⁴³

However, Petrie's disappointment on the effectiveness of the interventions is clear.

¹⁵³⁹ Petrie, 135.

¹⁵⁴⁰ Petrie, 140.

¹⁵⁴¹ Petrie, 115.

¹⁵⁴² Petrie, 115.

¹⁵⁴³ Petrie, 114.

The melancholy deriving from the knowledge that so many boys go into further custody cannot be suppressed. Criticism does not centre around the care and concern given to the boys in the large open school and in the small locked Wing. All is done that can be done. Once released the boys are subject to the pressures and disasters that befell them before entry, and which in some cases find the boys more vulnerable.¹⁵⁴⁴

Petrie concluded that the reason why boys were placed in secure accommodation was not because they were more dangerous but because they had 'persistently refused to stay in open institutions.'¹⁵⁴⁵

Linnwood Hall Residential School

A less than positive picture emerged from the description of survivors of abuse at Linnwood Hall Residential School in Fife in the 1970s and 1980s. Linnwood Hall was run by Fife Education Department, and senior managers 'felt that many of the pupils who had presented considerable problems in other schools were being successfully handled by Linnwood Hall.'¹⁵⁴⁶ Survivors, however, decried the lack of attention paid to their education.

The picture that emerges from the survivors is one of a harsh regime. There was a high emphasis on fitness and physical activity, there seemed to be regular use of strong language and reactive and sometimes random physical attacks on young people.¹⁵⁴⁷

An Overview of Scottish Special Residential Schools

In the 1980s, Toman provided a descriptive and evaluative overview of residential special schools for children with social, emotional, and behavioural difficulties.¹⁵⁴⁸ At the time there were 39 residential special schools, along with three secure units. The smallest school accommodated eight children and the largest had 175 young people

¹⁵⁴⁴ Petrie, 155.

¹⁵⁴⁵ Petrie, 155.

¹⁵⁴⁶ Black and Williams, *Fife Council Independent Enquiry*, 20.

¹⁵⁴⁷ Black and Williams, 20.

¹⁵⁴⁸ Toman, "Scottish Residential Special Schools," 7. Toman distinguishes such schools from 'residential special schools for children with physical, sensory or intellectual disabilities' and 'independent residential schools providing education on a fee-paying basis for children voluntarily placed there by their parents'.

in a 'village' setting.'¹⁵⁴⁹ Most of the schools, 29 out of the 39, worked with children aged between 12 and 16 years or over.

Reflecting what we have seen above, Toman wrote that in the decade prior to his study, there had been a decline in the number of residential special schools from 71 schools providing almost 3,500 places in 1981, down to 60 schools providing 2,700 places in 1988.¹⁵⁵⁰ In a reflection of changing policies, Craigerne, a residential special school for younger children, closed in 1989, and Barnardo's developed a new special school in Edinburgh that would be primarily a day school with 'limited residential accommodation for short-term stay and crisis respite.'¹⁵⁵¹

Toman highlighted that staff in residential special schools were dealing with 'some of the most difficult and disturbed children in Scotland.'¹⁵⁵² He detailed that in the course of his study, two children committed suicide, four were killed during delinquent episodes, and one was murdered (all these incidents happened when the young people were away from the school). There were also a small number of serious crimes, including murder and unlawful killing. However, he described the schools as 'generally orderly, pleasant institutions.' 'Physical violence is relatively rare but upsets, tantrums, depression, verbal aggression, absconding, vandalism, minor offending and low educational attainment are literally the "stock in trade".'¹⁵⁵³

Toman identified five residential special schools for younger children (Craigerne, Harmeny, Kirkmichael House, Nerston and Ovenstone), although 'more of the younger children are educated in mixed-age residential special schools than are educated in the five designated schools.'¹⁵⁵⁴ Only one in six placements were for younger children of primary school age and there was 'quite serious disagreement about the relevance or need for such residential schools for children of this age.'¹⁵⁵⁵

¹⁵⁴⁹ Toman, 18.

¹⁵⁵⁰ Toman, 118. About one-third of these schools were for 'children with physical and mental impairment'.

¹⁵⁵¹ Toman, 229.

¹⁵⁵² Toman, 184.

¹⁵⁵³ Toman, 185.

¹⁵⁵⁴ Toman, 204-5.

¹⁵⁵⁵ Toman, 206.

Each school had developed and operated in 'its own particular local context', and Toman found that 'it seemed hard to generalise in any way.'¹⁵⁵⁶

Separate provision for girls was provided by four single-sex, residential special schools following a number of closures in the previous years. These were Balnacraig School in Perth, Snowdon School in Stirling, the Good Shepherd Centre at Bishopton, and the newly established Red Gorton just outside Perth.¹⁵⁵⁷ Toman described the differences in approach, with two schools emphasising 'a more disciplined, structured approach with a full curriculum' and two offering 'more relaxed regimes' and emphasising 'the development of social skills through communal living.'¹⁵⁵⁸

In May 1988, there were 205 girls in residential schools.¹⁵⁵⁹ Toman cited Petrie's PhD study of 80 girls in Balnacraig School in the late 1970s that found that 'most of the girls were regarded by the Hearings as being 'in need of care and protection' and 'out of control'. 'The evidence suggests that the overriding reason for the placement of girls in compulsory residential placement was the inadequacy of their families and the consequent anxiety of the hearings concerning their sexual vulnerability.'¹⁵⁶⁰

Petrie also found that the single most debated issue regarding the education of girls with emotional, social, and behavioural difficulties was whether schools should be co-educational or not, as List G schools were co-educational while the former List D schools were single-sex schools.¹⁵⁶¹

Toman discussed the 'integrated campus' of Kerelaw School on its own and as 'unique in Scotland.'

It sets out to provide a whole spectrum of services for children aged between 13½ years and 16 plus years. This encompasses an 'open' co-educational school with residential and day places, a semi-independent hostel for those beyond school age and secure provision for children, some of whom might otherwise only be held within the penal system.¹⁵⁶²

¹⁵⁵⁶ Toman, 208.

¹⁵⁵⁷ Toman, 231.

¹⁵⁵⁸ Toman, 230.

¹⁵⁵⁹ Toman, 230. This compared to 1,125 boys.

¹⁵⁶⁰ Toman, 241. Citing C. Petrie, "Girls in a Scottish List D School: An Analysis" (PhD thesis, University of Aberdeen, 1984).

¹⁵⁶¹ Toman, 231.

¹⁵⁶² Toman, 257.

Kerelaw was purpose built and opened in 1971. The school aimed to provide a wide-ranging service that included 'long and short-term treatment, day and residential attendance, maximum (the secure unit) and minimum (the hostel) control and supervision', with the 'ultimate goal being to reintegrate children in the shortest possible time.'¹⁵⁶³

...the school attempts a systems approach. The model is a 'through put' one which starts with the initial referral and finishes when the child has a supported return to his own local community and school, or moves to an alternative facility or returns to Kerelaw for a further period. At each step certain identified staff have specific inputs.¹⁵⁶⁴

Toman cited research by Richmond that followed up 50 young people from Kerelaw and 50 from Balrossie to see whether they managed to reintegrate into their school and remain for one year. Most of the young people succeeded in achieving this, 37 from Balrossie, and 38 from Kerelaw.¹⁵⁶⁵

Most of the residential special schools catered for young males aged between 14 and 16 years, and 'they emphasise control, conformity and conventional educational goals and practice.'¹⁵⁶⁶

It needs to be emphasised that even amongst the orthodox residential special schools, there are significant variations as regards management, size, facilities, organisation and methods...In terms of a spectrum of approaches, schools move from the middle ground towards the right—taking this to mean highly controlling and regimented approaches. One school still had 'kit inspection' every morning with children standing to attention by their beds.¹⁵⁶⁷

Certain schools have gained a reputation for working with children with particular issues, and '[a]pplications to these schools are made by referring agencies in the light of these loose criteria.'¹⁵⁶⁸ Toman gave details of seven schools, three former List G

¹⁵⁶³ Toman, 259.

¹⁵⁶⁴ Toman, 260.

¹⁵⁶⁵ Toman, 267–8. Citing results from J. Richmond, "The Way Back — A Helping Hand: The Use of the Education Liaison Officer to Support the Reintegration of List D Pupils into Mainstream Education" (MEd dissertation, St. Andrew's College of Education, 1982).

¹⁵⁶⁶ Toman, 285.

¹⁵⁶⁷ Toman, 285.

¹⁵⁶⁸ Toman, 287.

schools, and four former List D schools, though he reiterates that there was now no relevant distinction to be made. These schools were: Cordyce, Aberdeen; Linnwood Hall, Fife; Woodlands, Newton Stewart; Ballikinrain, Balfon; Melville House, Fife; St. Philip's, Airdrie; and Wellington, Midlothian.

The final group of schools that Toman discussed are those that can be described as 'alternative communities', which offer significantly different curricula and approaches to the education of difficult and disturbed children. The schools included in this category were: Merton Hall, Newton Stewart; Thorntoun School, Kilmarnock; and Loaningdale, Biggar.

On balance, the alternative schools/communities promoted a philosophy which emphasised the therapeutic aspects of shared group living...Much less emphasis is put on classroom-based learning. Much more emphasis is put on social skills and the practical aspects of daily community living.¹⁵⁶⁹

Toman concluded with some of the achievements and problems that he identified in his research.

There have been a number of important achievements over recent years...'Aunties' and 'Uncles' have disappeared along with corporal punishment, compulsory church attendance and regimented 'crocodiles' a hundred long, showering, eating and going to the cinema under the watchful eye of trustees and one or two authoritarian staff.¹⁵⁷⁰

The evidence suggested that 'children in the contemporary residential special schools experience what may be termed positive educational climates', in contrast with their previous educational experience.¹⁵⁷¹

Some years later, in his study of residential care, Kendrick stated something similar:

...the schools provide an important service because they provide continuity of education for children who, almost without exception, have histories of interrupted schooling and poor achievement. In summary, the experience of

¹⁵⁶⁹ Toman, 330.

¹⁵⁷⁰ Toman, 410.

¹⁵⁷¹ Toman, 411.

the residential school is often a very positive one for children with problems.¹⁵⁷²

Harmeny School

We saw that Harmeny School opened in 1958 with children mostly referred by Child Guidance. By 1973, there were 32 children living in 'dormitory accommodation' and 'divided into small class groups.'¹⁵⁷³ Under a new headmaster, 'the regime in the school was much more relaxed, with children being encouraged to express their own views on how they should behave.'¹⁵⁷⁴ While links with children's families were stressed, 'fewer children were returning to their own home.'¹⁵⁷⁵

The new headmaster focussed on the link between the school and the children's home, as well as the care and education of the children.¹⁵⁷⁶ Faced with financial issues, changes were made, such as the remodelling of accommodation, and the employment of a child psychotherapist.¹⁵⁷⁷ However, there were continuing issues with finances as local authorities questioned residential placements. This led to an important review of Harmeny, a staff and management restructuring, and a major investment in the buildings and accommodation.¹⁵⁷⁸

Raddery School

Raddery School was a therapeutic community in the North of Scotland, and belonged to the 'Charterhouse Group' of residential establishments for children, loosely linked with establishments such as Peper Harow, New Barns, and the Cotswold Community. In the early 1990s, Philip Seed examined the history and ethos of Raddery School.¹⁵⁷⁹

¹⁵⁷² Toman, *Residential Special Schools*, 411.

¹⁵⁷³ West, *Recollections of Harmeny*, 23.

¹⁵⁷⁴ West, 21.

¹⁵⁷⁵ West, 23.

¹⁵⁷⁶ West, 27-8.

¹⁵⁷⁷ West, 30.

¹⁵⁷⁸ West 35-7.

¹⁵⁷⁹ Philip Seed, *Developing Holistic Education: Case Study of Raddery School for Emotionally Damaged Children* (London: Falmer Press, 1992). Raddery School closed in 2001.

Raddery catered for 40 children and young people. There were five to six children in each class and 'for children needing very individualised and personal attention in an informal setting there is a "foundation unit"'.¹⁵⁸⁰

Education throughout the day and evening, seven days a week, encompasses an enormous range of activities, appealing to every aspect of a child's potential. A therapeutic approach underpins education and is in turn promoted through education.¹⁵⁸¹

There were five living units: three in the main house, one in a nearby cottage, and one—for some older children—in a separate house a few miles away.

Seed acknowledged the need for contact between children, their parents and other carers in the community, and argued that Raddery maintained these links. However, these were controlled by the school year and by the particular ethos of the school.

According to Seed, children who have been 'emotionally damaged' needed special care and education that acknowledged their damage, and this required a 'holistic approach' that married care and education.¹⁵⁸²

Holistic education has breadth in so far as it embraces every kind of endeavour to engage every facet of the child's life and potential in the educational process. In terms of broad activities this incorporates at Raddery everything from summer camps, hobbies like cycling and canoeing, to visits abroad. It tries to take account of the full range of moods, colours, sounds, movements, shapes, textures. It offers physical and emotional care, as well as intellectual stimulation and development.¹⁵⁸³

In 1992, David Dean, the Principal of Raddery School, also discussed some of the key features of the work with children and young people.¹⁵⁸⁴ He argued that staff members needed to have the skills and understanding 'to connect [with children] not just at an intellectual level but at a social and psychological level too.'¹⁵⁸⁵ All staff

¹⁵⁸⁰ Seed, *Developing Holistic Education*, 1.

¹⁵⁸¹ Seed, 1.

¹⁵⁸² Seed, 100.

¹⁵⁸³ Seed, 30.

¹⁵⁸⁴ David Dean, "Moving Towards Change: The Place of People, Place and Programme in Creating a Residential Therapeutic Environment for Children," in *Chosen with Care? Responses to Disturbing & Disruptive Behaviour*, ed. Gwynedd Lloyd (Edinburgh: Moray House Publications, 1992), 118.

¹⁵⁸⁵ Dean, "Moving Towards Change," 121.

members needed to be involved in the therapeutic process and there was a constant process of staff support and development. Dean described the importance of colour, lighting, and design in creating a therapeutic environment. He also highlighted the importance of animals in contributing 'significantly to some children's frail attempts to make relationships.'¹⁵⁸⁶

The programme at Raddery School was based around three kinds of time: structured time, semi-structured time and unstructured time. 'Before we can assume a child will manage beyond Raddery with any real success, they must be able to cope with each category of time.'¹⁵⁸⁷ The programme had to be 'flexible enough to accommodate both the unintegrated child who is struggling to make even the first relationship in his life and whose capacity to respond adequately in groups is minimal, to the integrated young person whose eyes are now looking beyond the intensity and special nature of this community.'¹⁵⁸⁸

Narratives of Residential Schools

Finally, in this sub-section, we will outline two narratives of personal experience of residential schools in the 1970s. The first is Allan Weaver's experience of residential schools described in his autobiography, *So You Think You Know Me?*. The second is Alexander Shannon's account of his time at St Ninian's Residential School in Falkland, Fife.

Allan was first placed in residential care after appearing before the Children's Panel for theft of alcohol. He was placed for four weeks in Kirkland Park Assessment Centre, Darvel.¹⁵⁸⁹

Allan described his arrival at the centre and the 'standard issue, dull grey, Darvel garb with matching plastic sandals', and the 'delousing' shower.¹⁵⁹⁰ He was initially placed in a secure room which was 'totally bare with the exception of a single mattress in the middle of the floor and had barred windows.'¹⁵⁹¹ Allan described the loneliness and isolation he felt, and '[h]oping for anonymity, I sought to make myself as

¹⁵⁸⁶ Dean, 124.

¹⁵⁸⁷ Dean, 126

¹⁵⁸⁸ Dean, 127.

¹⁵⁸⁹ Allan Weaver, *So You Think You Know Me?*. (Hook: Waterside Press, 2008), 55-6.

¹⁵⁹⁰ Weaver, *So You Think You Know Me?*, 57.

¹⁵⁹¹ Weaver, 58.

inconspicuous as possible, which meant that I increasingly sat alone at the big bay window, particularly during the last couple of weeks, waiting on Sammy starting his shift.¹⁵⁹² Sammy was a member of staff, an ex-footballer, and, while he had a job to do, 'there always appeared to be a genuine interest and sincerity in his questions and, real or not, a mutual attachment.'¹⁵⁹³ Following his spell in the Assessment Centre, Allan was returned home on a supervision requirement from the Children's Hearings.

Following serious vandalism of his school, at the age of 15, Allan was placed in St Andrew's residential school in Shandon. 'St Andrew's was one of maybe five catholic residential schools for boys in or around Scotland's central belt in the mid-1970s; a number of other schools were run by the Church of Scotland.'¹⁵⁹⁴ Allan described a 'large sandstone house with castellated turrets' along with 'two separate modern two-storey buildings' and 'a large gym hall, a number of workshops, classrooms and around 20 residential houses for the staff who chose to live on site.'¹⁵⁹⁵ The school accommodated about 60 young people aged 14 to 17 years in three separate units. 'The sleeping quarters were on the upper level of the building and consisted of six rooms, each of which held four beds. Downstairs were the recreational room, eating area, staff room and shower room.'¹⁵⁹⁶ Allan was kitted out with the school uniform of navy blue jeans, denim shirt, and navy sweatshirt with black plimsolls.

He described the pecking order among the young men in the unit, and the bullying that went on every day. One day he was attacked and beaten and, in retaliation, he beat up his attacker: 'Nothing was ever said of this incident to me directly and from this time onwards, my stay at the school was hassle free.'¹⁵⁹⁷

The staff in the school were normally 'unqualified, untrained and ill-equipped to meet the complex needs and demands of those in their care.'¹⁵⁹⁸ While some were 'kind and well-intended', others were 'oblivious, or at least indifferent, to the needs of the boys.'¹⁵⁹⁹ They used the hierarchy of the young men to impose a measure of

¹⁵⁹² Weaver, 59.

¹⁵⁹³ Weaver, 60.

¹⁵⁹⁴ Weaver, 130. Weaver noted that the term 'approved school' continued to be used at this time.

¹⁵⁹⁵ Weaver, 131.

¹⁵⁹⁶ Weaver, 131.

¹⁵⁹⁷ Weaver, 134.

¹⁵⁹⁸ Weaver, 135.

¹⁵⁹⁹ Weaver, 135.

control. 'As a result, the school proved a terribly brutal environment for some boys who were subjected to relentless bullying and systematic emotional, psychological and physical abuse.'¹⁶⁰⁰

Allan described the routine of four days of working in a work party and one day of school, although 'the classrooms descended into bedlam.'¹⁶⁰¹ In addition, to vocational skills he also outlined learning how to steal cars and to pick pockets. Allan's period at St Andrew's ended when he was sentenced to two years of borstal training for the outstanding offence of school vandalism.

Alexander Shannon's family was involved in the Glasgow crime scene and he had been involved in a range of criminal activity resulting in a home supervision requirement from the Children's Hearings.¹⁶⁰² In 1980, however, his mother disappeared and her partner left Alex and his younger brother at the social work office. They were sent to St Ninian's School in Falkland. Alex's experiences of his year at St Ninian's highlight the range of positives and negatives. He described it as the best move of his life, providing stability and 'instilling in me values such as honesty, respect for others and loyalty.'¹⁶⁰³ He described excelling in sport, education and singing, making a lot of friends and being made team captain for his House.¹⁶⁰⁴ However, he also discussed the darker side of St Ninian's. He described being taken to a brother's room under the pretext of treating a rash on his behind. He experienced sexual advances from the brother, but despite his fear of disobeying, demanded to be allowed to go back to bed. Alex had resisted but it 'was commonly known that there were boys who were going into the Brothers' rooms and staying. They tended to be weak individuals, those who were generally picked on.'¹⁶⁰⁵

Secure Care

We saw in the previous chapter that Rossie and St Mary's Kenmure secure units opened in the 1960s. A third secure unit opened in 1983 attached to Kerelaw List D school, managed by Strathclyde Regional Council. While the open school provided 72 residential places for boys, the secure unit had mixed-sex accommodation for 18 young

¹⁶⁰⁰ Weaver, 135.

¹⁶⁰¹ Weaver, 136.

¹⁶⁰² Shannon, *The Underworld Captain*, chap. 3.

¹⁶⁰³ Shannon, chap. 5.

¹⁶⁰⁴ Shannon, chap. 5.

¹⁶⁰⁵ Shannon, chap. 5.

people, and this was extended in 1988 to accommodate 24 young people, 16 boys, and eight girls.¹⁶⁰⁶

Between 1975 and 1988, four local authorities also opened smaller secure units in the Observation and Assessment Centres which they had as part of their residential child care provision. Howdenhall in Lothian (Edinburgh) had five beds. The other three units (in Central, Dumfries and Galloway, and Fife) each had two beds.¹⁶⁰⁷

Stewart and Tutt noted the dramatic increase in secure accommodation in relation to open provision in Scotland. In the 1960s, there were '25 secure beds and 1,700 open beds, a ratio of 1:68' and 'by 1984 there were 69 secure places to an overall population of 700 (1:10)'.¹⁶⁰⁸ As well as the secure units, a number of List D schools had 'custody' rooms and cells, and assessment centres also had secure facilities within the establishment.¹⁶⁰⁹ In addition, some five to six Scottish children were being accommodated in English secure units. A survey of children in custody in September 1984, found that 149 children were held in either the penal system (97 children, 65 per cent), or the secure sector (52 children, 35 per cent).¹⁶¹⁰

In the 1980s, there was discussion of the national administration and organisation of the secure units. Toman noted that in 1988, 'there were indications that the Social Work Services Group of the S.E.D. intended finally to withdraw direct funding of the secure units and pass responsibility to Strathclyde Region in respect of Kenmure and Kerelaw and to Tayside Region in respect of Rossie'.¹⁶¹¹ However, this was not taken forward.

By 1992, there were 83 secure placements and these were in the three large secure units, each with 24 places (Rossie, Kerelaw and St Mary's Kenmure), and four smaller

¹⁶⁰⁶ Eddie Frizzell, *Independent Inquiry into Abuse at Kerelaw Residential School and Secure Unit* (Edinburgh: Scottish Government, 2009), 19. There will be further discussion of Kerelaw and the Inquiry in Chapter 6.

¹⁶⁰⁷ Social Work Services Inspectorate, *Secure Remedy*, 2. See also Smith and Milligan, "Expansion of Secure Accommodation," 180.

¹⁶⁰⁸ Gillian Stewart and Norman Tutt, *Children in Custody* (Aldershot: Avebury, 1987), 66.

¹⁶⁰⁹ Stewart and Tutt, *Children in Custody*, 38.

¹⁶¹⁰ Stewart and Tutt, 109.

¹⁶¹¹ Toman, *Scottish Residential Special Schools*, 272.

units: Howdenhall, Edinburgh (5 places), Brodie Youth Care Centre in Polmont (2), Rimbleton House in Fife (2), and Closeburn in Dumfries (2).¹⁶¹²

At its simplest the three large secure units are intended for young people, of both sexes, who may need to be detained for some weeks, months, or in some instances years, as part of a programme of care and protection. The smaller units are designed to function more often on an emergency basis, for young people who may require to be detained for only a small [number] of hours or at the most, days.¹⁶¹³

The Central Regional Council unit—the Brodie Youth Care Centre in Polmont—closed in 1994.

Research on Secure Care

A major study of secure care in Scotland was undertaken in the 1980s. Littlewood and Kelly researched the referral procedure and the process of intervention in a secure unit in Scotland, and carried out a follow-up study of young people.¹⁶¹⁴ Ogilvie Wing was the second secure unit to be opened in Scotland, attached to St Mary's Kenmure List D school. Littlewood and Kelly stated that when it was opened there was a lack of clarity about its role in terms of treatment and containment, and, in effect, 'it was there for purposes of control, but unacceptable as such to many of those involved.'¹⁶¹⁵ While there was an attempt 'to promote a therapeutic regime in the unit...the concern for security, close supervision and restriction of inmates was nevertheless basic and

¹⁶¹² Bill Duffy, "Secure Provision," in *Chosen with Care? Responses to Disturbing & Disruptive Behaviour*, ed. Gwynedd Lloyd, (Edinburgh: Moray House Publications, 1992), 140.

¹⁶¹³ Duffy, "Secure Provision," 140-1.

¹⁶¹⁴ Barbara Kelly and Paul Littlewood, *Factors Underlying the Referrals and Committals Processes Relating to a Secure Unit for Young People (I)* (Glasgow: University of Glasgow Sociology Department, 1983); Barbara Kelly and Paul Littlewood, *Factors Underlying the Referrals and Committals Processes Relating to a Secure Unit for Young People (II)* (Glasgow: University of Glasgow Sociology Department, 1985); Barbara Kelly and Paul Littlewood, *A Sociological Study of Life in a Secure Unit for Children and Young People* (Glasgow: University of Glasgow Sociology Department, 1985); Paul Littlewood and Barbara Kelly, *After Release: A Report on The Processes Surrounding the Release of Young People from the Ogilvie Wing Secure Unit, and their Perception of these Processes* (Glasgow: University of Glasgow Sociology Department, 1986); Paul Littlewood, *Care Appropriate to their Needs? Summary of a Sociological Study of a Secure Unit for Children in Scotland (1982-1986)* (Edinburgh: Scottish Office Central Research Unit Papers, 1987).

¹⁶¹⁵ Kelly and Littlewood, *Secure Unit for Young People (I)*, 14.

paramount.¹⁶¹⁶ They concluded that '[t]he unit emerged with a multiplicity of functions and a diversity of confused expectations concerning its role.'¹⁶¹⁷

The fact that the secure unit was attached to a List D school affected the process of committal to the unit, and the wing was 'heavily, if not excessively, used by the Main School.'¹⁶¹⁸ Transfer from the main school to the wing was often done very informally and these children were not presented to the referral group of the unit. Weekend stays in the secure unit were not uncommon for boys from the main school, and to avoid mixing with the long-stay young people they were 'held in secure "bedrooms" for the duration of their stay.'¹⁶¹⁹ This did not occur for the young people from other List D schools.

Referrals to the unit were most frequently for reasons of absconding, offending, and glue sniffing.¹⁶²⁰ Few young people constituted a serious risk to others in terms of their offending, and although the levels of absconding and offending in the young people referred to the secure unit was high, the fact that the general rate of absconding and offending in List D schools was also high suggests that other factors were being taken into account by referring agents.¹⁶²¹ '[C]hildren are all but arbitrarily assigned to secure accommodation and...their placements are more likely to be due to factors extraneous to the case itself than to any extreme and intolerable aspects of the child's behaviour.'¹⁶²²

Kelly and Littlewood went on to research life in the unit. Staff in the unit were composed of discrete groups: senior management, teaching staff, and care staff, and Kelly and Littlewood identified tensions across all staff groups and management. While staff maintained a commitment to concepts of treatment and rejected concepts of custody in an idealistic sense, they gave them equal weight in terms of the situation on the ground in Ogilvie Wing.¹⁶²³ The majority of staff interviewed considered that there was no formal programme of treatment being undertaken.¹⁶²⁴ There was a high level of

¹⁶¹⁶ Kelly and Littlewood, *Sociological Study of Secure*, 33.

¹⁶¹⁷ Kelly and Littlewood, 48.

¹⁶¹⁸ Kelly and Littlewood, *Secure Unit for Young People (I)*, 20.

¹⁶¹⁹ Kelly and Littlewood, 20.

¹⁶²⁰ Kelly and Littlewood, 40.

¹⁶²¹ Kelly and Littlewood, 45.

¹⁶²² Kelly and Littlewood, *Secure Unit for Young People (II)*, 52.

¹⁶²³ Kelly and Littlewood, *Sociological Study of Secure*, 65.

¹⁶²⁴ Kelly and Littlewood, 68.

control exercised over young people's activities and staff justified restrictive practices such as supervision of visiting, reading of mail, and monitoring of phone calls in terms of a treatment rationale. 'Generally it can be said that the unit's regime is more typical of a custodial and traditional approach typified in literature than of child centred, welfare-oriented attitudes.'¹⁶²⁵

Kelly and Littlewood considered that there was ambiguity and conflict around the whole issue of control in Ogilvie Wing. Group penalties such as confinement of all the young people, or all the young people in one unit, in response to the misbehaviour of one or more young people, were occasionally used. The unit used no formal incentives other than leave or release, and the staff 'felt at a loss to deal with behaviour problems if they were not to use leave as an incentive to good behaviour or the loss of it as a deterrent.'¹⁶²⁶ There was little physical violence in the unit, however, and staff considered there to be little difference between the young people in the unit and those in the open schools.¹⁶²⁷

Each young person in the unit was appointed a key worker, but there was limited use of this relationship in terms of individual treatment due to lack of staff expertise and lack of management commitment to individual treatment objectives. Although regular reviews were held, these rarely entered into clear discussion of treatment objectives. The assessment of the progress of children was, to a large degree, based on intuition and common sense, and 'overall, the institution makes a valiant effort to deny its penal, custodial and traditional components.'¹⁶²⁸

The young people interviewed in the study generally did not consider punishment as the unit's aim and staff were for the most part viewed positively. They stressed conformity both in terms of staff expectations of them and as a means to their release. Littlewood and Kelly considered that this was 'more in line with the responses of children in a purely custodial institution.'¹⁶²⁹ They stated that 'violence and absconding

¹⁶²⁵ Kelly and Littlewood, 90.

¹⁶²⁶ Kelly and Littlewood, 98.

¹⁶²⁷ Kelly and Littlewood, 117.

¹⁶²⁸ Kelly and Littlewood, 112.

¹⁶²⁹ Kelly and Littlewood, 150.

rates are remarkably low.’¹⁶³⁰ More than a third of the group interviewed would opt to remain in the unit if given the choice to go to an open placement.¹⁶³¹

Clearly the institution has much face validity as far as the inmates are concerned, in that it somehow tackles the problems inherent in the absconding and violence – possibly the child’s dislike of the type of authority and constraints imposed by other residential institutions, and particularly his or her profound rejection of the traditional educational system.¹⁶³²

The final stage of this research was a follow-up study of 26 young people who had been placed in Ogilvie Wing, although Littlewood and Kelly emphasised that the sample was not representative. The majority of the young people interviewed seemed to have enjoyed their placements. Only four considered it a bad experience. Most considered that they had benefited from staff involvement in the areas of emotional problems and interpersonal relationships, but only four thought that it helped keep them out of trouble.¹⁶³³

Release from the unit was difficult and most of the young people felt ambivalent, sad, frightened, or angry on the day of release and only 11 young people experienced relief alone.¹⁶³⁴ ‘It does seem likely...given the general attitude of the secure unit inmates and the high degree of dependency which a locked unit brings about, that for many a significant loss was involved at the point of departure.’¹⁶³⁵ Littlewood and Kelly stressed the need ‘for Wing staff to follow-up the post-release youngsters.’¹⁶³⁶

Littlewood and Kelly highlight the lack of priority placed on education in the unit and the importance of at least attempting ‘to provide youngsters with work-relevant credentials, either scholastic or vocational.’¹⁶³⁷ They found that nearly all the young people had become criminally involved again, and few had been able to find work on their own.

¹⁶³⁰ Kelly and Littlewood, 170.

¹⁶³¹ Kelly and Littlewood, 158.

¹⁶³² Kelly and Littlewood, 170.

¹⁶³³ Littlewood and Kelly, *After Release*, 71-2.

¹⁶³⁴ Littlewood and Kelly, 82.

¹⁶³⁵ Littlewood and Kelly, 85.

¹⁶³⁶ Littlewood and Kelly, 122

¹⁶³⁷ Littlewood and Kelly, 122.

As we saw above, Toman studied the Kerelaw campus in his research on residential special schools. At the time of his study, Kerelaw Secure Unit had 18 places and a further unit for an additional six places was being built.

In contrast to many other aspects of residential school provision and functioning, because of its controversial role, the work of the secure unit is well documented and articulated. Clear policy statements and practice guidance are in evidence. Admissions criteria exist and statistics of outcomes are available.¹⁶³⁸

Toman provided a list of the immediate outcomes of 43 young people who left in the first two-and-a-half years of operation: four boys went home under supervision, four left to employment found by the school; 12 moved to Kerelaw open school, 15 went to other List D schools; three went directly to prison, and five to the Young Offenders Institution.¹⁶³⁹ He found that it was 'also the case that the majority, even with further support on leaving, went on to re-offend.'¹⁶⁴⁰

Finally, in a book addressing special educational needs, Duffy discussed the practical barriers to providing 'a suitably broad-based curriculum' besides 'control and containment' in the secure unit that he managed. He highlighted the 'chronic shortage of classroom space'.¹⁶⁴¹ He also noted the vast range in educational ability of the young people from 'non-readers, with almost non-existent skills in numeracy, to young people being presented for Higher English and Maths'.¹⁶⁴² Despite these challenges, he concluded that:

Within my own institution, education is seen as a challenging, life-long process, the collective responsibility of all staff, not only in the classroom setting, but in every situation and opportunity which arises.¹⁶⁴³

Homes and Schools for Disabled Children, Long Stay Hospitals, and Psychiatric Units

With developments in legislation and policy, there was an increasing overlap between residential care for disabled children and young people, and residential

¹⁶³⁸ Toman, "Scottish Special Residential Special Schools," 274.

¹⁶³⁹ Toman, 275.

¹⁶⁴⁰ Toman, 276.

¹⁶⁴¹ Duffy, "Secure Provision," 142-3.

¹⁶⁴² Duffy, 144.

¹⁶⁴³ Duffy, 144.

special schools. In her overview of the Scottish educational system, Hunter cited the *Education (Scotland) Act 1969* and its definition of special education: 'education by special methods appropriate to the requirement of pupils whose physical, intellectual, emotional or social development cannot, in the opinion of the education authority, be adequately promoted by ordinary methods of education.'¹⁶⁴⁴ However, McMillan noted that prior to the *Education (Scotland) (Mentally Handicapped Children) Act 1974*, children with the most severe intellectual disabilities were excluded from education and training, and special care was provided by the Health Authority, 'likely in a Mental Deficiency Hospital'.¹⁶⁴⁵ Stalker also noted that in the 1980s, Scotland had a higher rate of hospitalisation than England and Wales, and far fewer respite care schemes for children with mental handicap.¹⁶⁴⁶

Homes and Schools for Disabled Children

Hunter provided figures for the number of children in residential special schools and the types of schools at the start of the 1970s. There were 1,005 disabled children in residential schools and these were categorised as follows:

- 'deaf' – 197,
- 'partially hearing' – 53,
- 'blind' – 167,
- 'mentally handicapped' – 86,
- 'maladjusted' – 204, and
- 'physically handicapped' – 298.

There were 26 residential special schools, 12 of which also took day pupils. These were:

- two schools for 'deaf' children;
- three schools for 'deaf and partially hearing' children;
- one school for 'blind' children;
- four schools for 'mentally handicapped' children;
- five schools for 'physically handicapped' children;
- two schools for 'mentally and physically handicapped' children;

¹⁶⁴⁴ Hunter, *Scottish Educational System*, 123.

¹⁶⁴⁵ McMillan, "Origins and Evolution of Special Education," 230.

¹⁶⁴⁶ Stalker, "Family-Based Respite Care," 16,

- three schools for 'spastic' children; and
- six schools for 'maladjusted' children.¹⁶⁴⁷

Hunter stated that 'it is generally accepted that the most satisfactory method of organizing education for the blind in Scotland is to gather all blind children together in one residential school, the Royal Blind School, Edinburgh.'¹⁶⁴⁸ Discussing 'maladjusted' children, Hunter highlighted that provision in Scotland was 'grossly inadequate' and noted the reopening of Nerston residential school by Glasgow local authority.¹⁶⁴⁹

Although 'epileptic' children did not appear in the figures for children in residential special schools, a number were catered for in institutions. The 'centre for Scotland is the Colony for Epileptics at Bridge of Weir, Renfrewshire,' and this 'caters for between thirty and forty children aged 15-16.'¹⁶⁵⁰

The survey of residential child care in North East Scotland identified three special schools that provided for disabled children. Linn Moor Residential School accommodated 'mentally handicapped children, usually with an I.Q. below 50', and had places for 50 children.¹⁶⁵¹ Camphill Rudolf Steiner Schools 'was a larger complex of establishments within a community of children and adults', and the schools 'accept children "in need of special care" including those with multiple disabilities and emotional disturbances.'¹⁶⁵² At the time of the survey, there were 141 children resident, 103 boys and 28 girls. Aberdeen School for the Deaf was a day and residential school, and had residential places for up to 25 children.¹⁶⁵³

The survey also identified a 'short-stay home for mentally handicapped children' in Stonehaven. At the time of the survey, this facility was under-used and its future was under consideration.

¹⁶⁴⁷ Hunter, *Scottish Educational System*, 126-8.

¹⁶⁴⁸ Hunter, 133.

¹⁶⁴⁹ Hunter, 144.

¹⁶⁵⁰ Hunter, 141.

¹⁶⁵¹ NES, *Residential Child Care in North East Scotland*, para 101.

¹⁶⁵² NES, para 102.

¹⁶⁵³ NES, para 103.

In the survey of residential care in North East Scotland, 130 children had been in hospital for more than three weeks, and they were there for a wide range of circumstances, including 'infectious diseases, accidents, deformities, physical and mental handicaps, emotional disturbances.'¹⁶⁵⁴ Ladysbridge accommodated two groups of children: 10 children aged between 11 and 16 who were 'described as "educable children who are special school rejects",' and six 'long-term mentally handicapped children requiring maximum care.'¹⁶⁵⁵ Woodlands Hospital accommodated a 'wide range of mentally handicapped children and some young adults.' At the time of the survey there were 54 children in three wards in Woodlands, and another 17 children in the attached Wellwood unit. 'Many of the children in Woodlands are severely handicapped, including non-ambulant children and who may need constant attention. Others are less severely handicapped and attend a school on the premises.'¹⁶⁵⁶

While a number of children had been in hospital for more than three weeks at Aberdeen Maternity Hospital (29 children) and Royal Aberdeen Children's Hospital (14 children), most were in hospital for medical reasons.

The Warnock Report detailed the number of children in hospital education in 1976.

In Scotland in September 1976 there were 867 children in 15 mental deficiency hospital schools, of which 845 were, in present terminology, mentally handicapped or severely mentally handicapped. In addition, 508 children were receiving education in 45 hospitals under arrangements made under Section 14 of the Education (Scotland) Act 1962.¹⁶⁵⁷

The Scottish Consortium for Learning Disability found that, in December 1980, 'there were still 551 children with learning disabilities under the age of 16 resident in 'mental handicap' hospitals.'¹⁶⁵⁸ This included 14 children aged under four, 95 aged between five and nine, and 442 aged 10 to 15 years.

¹⁶⁵⁴ NES, paras 105-6.

¹⁶⁵⁵ NES, para 113.

¹⁶⁵⁶ NES, para 114.

¹⁶⁵⁷ Warnock, *Special Educational Needs*, 146.

¹⁶⁵⁸ Scottish Consortium for Learning Disability, *Institutional Care as Children*, 31-2.

In 1984, the Scottish Education Department carried out a survey on progress in providing education for school-age children in 13 'mental handicap hospitals', following the statutory obligation for this to be provided by local authority education departments.¹⁶⁵⁹ There were 632 children and young people resident in hospital (six under five years, 432 between five and 16 years, and 124 over 16 years). Seventeen of the children went out of the hospital to school, 566 went to school in the hospital, and 49 were not at school.¹⁶⁶⁰ The report noted the 'continuing fall in the numbers of children in mental handicap hospitals and their associated schools,' down from approximately 1,200 in 1972.¹⁶⁶¹

The report acknowledged the questions about the appropriateness of such education in a hospital setting, and found 'a liveliness, commitment and morale which sustains the search for advance, however tentative or piecemeal or uncoordinated the progress may often be.'¹⁶⁶² It described improving quality in terms of accommodation, staffing, improved training and closer co-operation. It found evidence of improvement in observation and assessment of individual pupils, planning of objectives and programmes, and broadening of the curriculum. However, it also highlighted some notable exceptions and weaknesses, and variability between schools and hospitals. Most hospital schools were in a separate building, although in four hospitals a total of 90 children were taught on the wards. 'Finally, there is the susceptibility of hospital schools to the dangers of isolation. They are part of regional provision for special educational needs, but rarely a fully integrated part.'¹⁶⁶³

The survey also described the life of the children on the ward and found that 'the large nursing charges which are still evident in many wards, coupled with frequent changes of staff, make the central requirement of continuing adult/child relationships difficult to attain.'¹⁶⁶⁴ While there were examples of the use of daily living activities to encourage learning, in many more instances, such opportunities were not taken.

¹⁶⁵⁹ Scottish Education Department, *Education in Mental Handicap Hospitals: A Progress Report by HM Inspectors of Schools* (Edinburgh: Scottish Education Department, 1984), 1.

¹⁶⁶⁰ Scottish Education Department, *Education in Mental Handicap Hospitals*, 35. Some of the young people were aged between 18 and 20 though the number is not specified.

¹⁶⁶¹ Scottish Education Department, 3.

¹⁶⁶² Scottish Education Department, 3.

¹⁶⁶³ Scottish Education Department, 4.

¹⁶⁶⁴ Scottish Education Department, 20.

Nurses were often under great pressure to get the children washed, dressed, fed and ready for school according to a fixed time-table. As a result important activities had become matters of routine in which time dictated that it was more efficient to do things for children rather than allow them to do these things for themselves.¹⁶⁶⁵

The survey also found wide variation in social work provision in the hospitals, which—with the local government reorganisation in 1975—had passed from health boards to regional social work departments.¹⁶⁶⁶ While there was some evidence of a ‘high degree of commitment by those social workers operating in hospitals’, over half the hospitals did not have a social worker.¹⁶⁶⁷ There was an important role for social work ‘in rehabilitation programmes for children in hospital by helping to ensure that close links are maintained with families and with the community’, but the report concluded that ‘many social work departments are not achieving this level of commitment.’¹⁶⁶⁸

Possibly the most striking discovery from our survey was that for many children school was the highlight of their day. It meant a complete change of environment, different faces, new experiences...It also means a good deal of fun and good humour.¹⁶⁶⁹

In 1992, Skinner wrote that it was estimated that ‘around 70 children with multiple special needs are living in long-stay hospital care.’¹⁶⁷⁰ He recommended that local authorities and health boards ‘should develop their plans for the discharge of children in long-stay hospitals’, and the Scottish Office ‘should consider an appropriate target date for the discharge of all children in long-stay hospitals who do not require to be there.’¹⁶⁷¹

Hospital Psychiatric Units

The survey of residential care in North East Scotland identified the in-patient psychiatric unit in the Royal Aberdeen Children’s Hospital. It accommodated up to 10 children, and

¹⁶⁶⁵ Scottish Education Department, 20.

¹⁶⁶⁶ Scottish Education Department, 24.

¹⁶⁶⁷ Scottish Education Department, 26.

¹⁶⁶⁸ Scottish Education Department, 26.

¹⁶⁶⁹ Scottish Education Department, 30.

¹⁶⁷⁰ Skinner, *Another Kind of Home*, 36.

¹⁶⁷¹ Skinner, 36.

a 'school is available within the hospital premises for children from this ward as part of the treatment programme.'¹⁶⁷²

In 1975, Framrose described the first 70 admissions to the Adolescent Psychiatric Unit in Edinburgh. The Young People's Unit opened in 1968 and provided 15 places for young people aged between 14 and 20. 'The Unit aims to provide a setting in which family psychopathology can be examined, worked through and modified; while simultaneously the adolescent can learn to use more adaptive, constructive responses to his difficulties.'¹⁶⁷³ Young people attended daily small group psychotherapy sessions, community meetings, weekly psychodrama sessions, and once a week joined with parents in multiple-family groups. They either attended a local school or were in part-time employment.¹⁶⁷⁴ 'Over three-quarters of the patients complained of anxiety and depression. Over a third gave a history of self-injury ('attempted suicide') and a similar proportion had been involved in one or more episodes of delinquency.'¹⁶⁷⁵ Young people generally stayed in the Unit for six to nine months, and 'the majority of patients were rated as improved at discharge, 75 per cent in symptomatic disturbance and 71 per cent in their general level of functioning.'¹⁶⁷⁶ Framrose concluded that 'while most patients responded well to the permissive, democratic regime in an adolescent unit, the more disturbed, impulsive, antisocial adolescents had a relatively poor outcome.'¹⁶⁷⁷ He suggested a need for more specialised units 'offering containment and intensive care to very disturbed adolescents.'¹⁶⁷⁸

Fiddes, in research on adolescent murderers in the 1970s, noted that two young people, one aged 15 and one aged 17, had been placed in Carstairs State Hospital. One young person had been found 'insane in bar of trial' and the other 'tried but certified as suffering from mental illness.'¹⁶⁷⁹ Fiddes concluded her study by arguing that there was a need for an additional resource such as a 'youth treatment centre' or

¹⁶⁷² NES, *Residential Child Care in North East Scotland*, para 115.

¹⁶⁷³ R. Framrose, "The First Seventy Admissions to an Adolescent Unit in Edinburgh: General Characteristics and Treatment Outcome," *British Journal of Psychiatry* 126, no. 4 (1975), 381.

¹⁶⁷⁴ Framrose, "The First Seventy Admissions," 381.

¹⁶⁷⁵ Framrose, 382.

¹⁶⁷⁶ Framrose, 386.

¹⁶⁷⁷ Framrose, 388.

¹⁶⁷⁸ Framrose, 388.

¹⁶⁷⁹ Dorothy O. Fiddes, "Scotland in the Seventies – Adolescents in Care and Custody. A Survey of Adolescent Murder in Scotland," *Journal of Adolescence* 4, no. 1 (1981), 58.

a 'Secure Psychiatric Unit', 'which could offer control and external authority but would also be flexible enough to admit a range of staff and inmates and of treatment modalities that would make personal rehabilitation a positive and constructive objective, rather than a pious platitude or another rigidly delimited administrative "system".'¹⁶⁸⁰

In the early 1990s, Leach described the education of children in the Lothian in-patient unit.¹⁶⁸¹ Forteviot had 18 places for 'children ranging from late infancy to early adolescence',¹⁶⁸² and about 35 children were admitted each year with an average length of stay of four months. 'The unit has a multi-disciplinary staff team. Treatment draws on behavioural, cognitive and psychodynamic approaches and family therapy is a significant input.'¹⁶⁸³

The unit school was seen as an integral part of the treatment approach and there were three classes, two primary and one secondary. Unlike the other psychiatric units where education was part-time, Forteviot provided a full school week. Parents could visit during the week and 'weekends at home are seen as an important part of the assessment and treatment.'¹⁶⁸⁴

Leach highlighted the range of educational ability in the classroom, and where possible, continuity of curriculum was provided. Priority was given to the school timetable in relation to therapy and 'disruption of classes kept to a minimum.'¹⁶⁸⁵ Leach discussed how therapeutic approaches—individual, play, behaviour, family, cognitive, and group—could be adapted and integrated into the classroom to enhance teaching.¹⁶⁸⁶ 'Residential treatment can provide a very powerful tool in that the therapeutic potential of groups can be made use of.'¹⁶⁸⁷

Borstals, Remand Homes, Detention Centres, and Young Offenders Institutes

¹⁶⁸⁰ Fiddes, "Adolescent Murder in Scotland," 65.

¹⁶⁸¹ Deirdre Leach, "Education in a Psychiatric Setting," in *Chosen with Care? Responses to Disturbing & Disruptive Behaviour*, ed. Gwynedd Lloyd, (Edinburgh: Moray House Publications, 1992), 129.

¹⁶⁸² Leach, "Education in a Psychiatric Setting," 131.

¹⁶⁸³ Leach, 132.

¹⁶⁸⁴ Leach, 134.

¹⁶⁸⁵ Leach, 133.

¹⁶⁸⁶ Leach, 135.

¹⁶⁸⁷ Leach, 131.

At the start of this period, with the opening of the first Young Offender Institution in 1965, there were three types of alternative prison settings for juvenile offenders: borstals, detention centres, and young offender institutions.¹⁶⁸⁸ Remand homes also operated throughout this period.

Borstals

Wilson identified the four male borstals as Polmont, Castle Huntly, Cornton Vale, and Noranside. Polmont was 'the main borstal institution to which all youths sentenced to borstal training are committed for allocation.'¹⁶⁸⁹ The latter three were 'open institutions with a variety of regimes.'¹⁶⁹⁰ He described the pattern of borstal training in Scotland as similar to that in England with 'an emphasis on hard work, in an effort to inculcate the value of a full day's work into the inmates.'¹⁶⁹¹

Manufacturing and agricultural work is practised as are vocational training classes. Educational classes are a central part of the programme, particularly for illiterate and backward offenders...recreational and physical education are regarded as an "essential part of the daily routine".¹⁶⁹²

Another borstal for boys was Cornton Vale.

For the Borstal boys, Cornton Vale was a freer milieu than Polmont and one more likely to promote growth and reform. Its achievements were two-fold. Firstly, it gave the boys experience of useful work in the community—in agricultural, factory and most valuable of all, in building trade settings...Secondly, the successful Cornton Vale Open Borstal paved the way for similar developments in Scotland.¹⁶⁹³

Cornton Vale Open Borstal closed in 1975 to accommodate a new women's prison.

The new women's prison at Cornton Vale included a borstal for girls. Murphy and colleagues observed that '[f]or those under 21 years of age a full time education course was provided for the first six weeks. Thereafter part-time class attendance might follow alongside an institution work placement in factory machining, kitchen,

¹⁶⁸⁸ Coyle, *Rethinking Scotland's Prisons*, 110.

¹⁶⁸⁹ Wilson, "Scottish Detention Centre Inmates," 58. Wilson did not discuss Greenock Borstal for Girls

¹⁶⁹⁰ Wilson, 58.

¹⁶⁹¹ Wilson, 58.

¹⁶⁹² Wilson, 57. See also, Warder and Wilson, "British Borstal Training System," 122.

¹⁶⁹³ Murphy, et al., *Century of Cornton Vale*, 29.

gardens, etc.’¹⁶⁹⁴ They also commented on the increasing drug problem in Cornton Vale in the 1990s, ‘resulting in bouts of self-harming and a series of suicides.’¹⁶⁹⁵ Several new programmes and reforms were put in place to address this problem.

In a parliamentary answer, the number of inmates in Scottish borstals on 16 December 1980 was as follows: Polmont Borstal, 272; Castle Huntly Borstal, 105; Noranside Borstal, 63; and Cornton Vale (girls), 26.¹⁶⁹⁶

Detention Centres

Wilson also gave a description of the regime in the Glenochil Detention Centre, which ‘is in accordance with the current policy of personal treatment in an atmosphere of discipline.’¹⁶⁹⁷ On admission, information was compiled, which included criminal record, home background, work record, religion, and hobbies. On the second day a medical examination was carried out. The offender was interviewed by the Welfare Officer as soon as possible, by a minister of their own denomination, and by the Warden.

There was a ‘fairly strenuous’ physical training programme, and progress and effort were regularly assessed. While work opportunities were limited, young offenders were placed in various work parties, following a period of observation in a work-shed, and ‘educational and recreational activities are held each evening, Monday to Friday.’¹⁶⁹⁸ The detention centre operated a grading system based on effort, attitude to work, ability, and relationships with other young offenders; the higher grades carried privileges.

A competitive spirit is fostered in the Detention Centre by the “House” system, of public school heritage. Each inmate is given a badge identifying him with a particular house. Inter-house competitions, for which privilege awards are given are part of the detention centre programme. The competition is in three parts—Athletics, Marching and Room and Personal Tidiness.¹⁶⁹⁹

¹⁶⁹⁴ Murphy, et al., 22.

¹⁶⁹⁵ Murphy, et al., 27.

¹⁶⁹⁶ Hansard, HC Deb, 18 December 1980, vol 996, c318W.

¹⁶⁹⁷ Wilson, “Scottish Detention Centre Inmates,” 29.

¹⁶⁹⁸ Wilson, 30.

¹⁶⁹⁹ Wilson, 31.

Wilson concluded that while it was unfair to judge effectiveness solely by reconviction rates, 'the rates for detention centres in Scotland given by the Scottish Home and Health Department apparently justify the existence of Detention Centres as a part of the penal framework.'¹⁷⁰⁰

Fiddes identified four Young Offenders' Institutions (YOI) in 1970: Barlinnie, Dumfries, Edinburgh, and Friarton. The latter opened in April 1970 and catered primarily for young offenders from the North of Scotland.¹⁷⁰¹ However, by 1977, Barlinnie and Friarton had closed and 'a custom-built Young Offender Institution was opened in the Central Region at Glenochil'.¹⁷⁰² Edinburgh YOI closed in 1978.

Young Offenders Institutions were established to meet some of the liberalizing reform movement which saw it as undesirable to have young people mixing at random with the most hardened and recidivist criminal population. Since most offenders will be released eventually it was also considered to be important that the young ones particularly should have some training for work and these institutions are therefore geared specifically to what are called vocational programme.¹⁷⁰³

Fiddes wrote that Dumfries YOI was known as the 'hard man' institution dealing with offenders with serious offences and sentenced for two or more years, while Edinburgh dealt with less serious offenders sentenced for theft, absconding, or non-payment of fines.¹⁷⁰⁴ She raised the issue of 14- and 15-year-olds placed in YOIs and noted that two 14-year-olds had recently been placed in a borstal or a secure unit.

In 1983, the provisions of the *Criminal Justice (Scotland) Act 1980* in respect of young offenders were implemented and 'Polmont, Castle Huntly and Noranside Borstal Institutions were re-designated as young offenders' institutions.'¹⁷⁰⁵

In 1994, research was undertaken on bullying in the four young offenders' institutions (Polmont, Glenochil, Dumfries and Castle Huntly) and Longriggend

¹⁷⁰⁰ Wilson, 25.

¹⁷⁰¹ Wilson, 82.

¹⁷⁰² Fiddes, "Adolescent Murder in Scotland," 60.

¹⁷⁰³ Fiddes, 60.

¹⁷⁰⁴ Fiddes, 61.

¹⁷⁰⁵ Coyle, *Rethinking Scotland's Prisons*, 111.

Remand Unit.¹⁷⁰⁶ Over a three month period, there was a high rate of bullying; 719 recorded incidents of all types of the five measures of bullying (a rate of 81.9 per 100 average daily population), and 122 incidents of the more severe and overt forms of bullying (a rate of 13.9 per 100 average daily population).¹⁷⁰⁷ There was a wide variation across the five institutions, but Dyson and colleagues stressed the possible inadequacies of using official records such as misconduct reports.

In 1995, Dyson carried out a survey of young offenders in all the Scottish Young Offender Institutions to find out about their experiences of bullying, and over 700 young offenders responded.¹⁷⁰⁸ Three-quarters had seen bullying going on during their present sentence and in their current establishment, 29 per cent stated they had been bullied, and 16 per cent reported that they had bullied other young offenders.¹⁷⁰⁹ One-third of respondents stated that they had been bullied by members of staff.¹⁷¹⁰ Dyson also carried out a survey of staff in the Young Offenders Institutions, and a larger proportion of staff (88 per cent) stated they had seen bullying.¹⁷¹¹

Over a third of victims reported that they had been bullied 'most days' or 'every day', and two-thirds of those who had seen bullying stated they had seen it 'most days' or 'every day'.¹⁷¹² The types of bullying reported were: taxing (threatening individuals for material gain), threats, untrue rumours, name calling, and physical attack.¹⁷¹³

Dyson studied the factors involved in being a 'victim' or a 'bully', and identified two significant factors that could predict group membership: social esteem and family

¹⁷⁰⁶ Graham P. Dyson, Kevin G. Power and Edward Wozniak, "Problems with Using Official Records from Young Offender Institutions as Indices of Bullying," *International Journal of Offender Therapy and Comparative Criminology* 41, no. 2 (1997), 126.

¹⁷⁰⁷ Dyson, Power and Wozniak, "Indices of Bullying," 128. The average daily population over the three months was 878.

¹⁷⁰⁸ Graham Paul Dyson, "Nature, Extent and Correlates of Bullying and Assault in Penal Populations" (PhD thesis, University of Stirling, 1999), 119.

¹⁷⁰⁹ Dyson, "Nature, Extent and Correlates of Bullying," 120.

¹⁷¹⁰ Dyson, 123.

¹⁷¹¹ Dyson, 139.

¹⁷¹² Dyson, 124-5.

¹⁷¹³ Dyson, 126.

background. Criminal history was also a factor. Victims had lower self-esteem and more family background problems. Bullies had more extensive criminal histories.¹⁷¹⁴

Dyson noted that 'all five young offender institutions in the present study were developing anti-bullying initiatives to varying degrees.'¹⁷¹⁵

To conclude this sub-section, we draw on Allan Weaver's account of his experience of Longriggend Remand Centre and Barlinnie Prison. Allan had continued to offend while on a home supervision requirement and this culminated in his arrest for vandalising his school along with a number of others. Following his court appearance, he was remanded for seven days.

We sat in a cell quietly troubled by our own thoughts knowing we were finally bound for Longriggend, the Young Offenders Remand centre on the Lanarkshire moors. We had heard so much about Longriggend and its brutal regime over the years and the horrible, unavoidable reality of going to this place was now beginning to sink in.¹⁷¹⁶

However, before being taken to Longriggend, Allan and the others spent a night in Barlinnie Prison, in 'the schoolboys section.' Allan described the humiliating and degrading arrivals procedure that was repeated when they went to Longriggend the next day.

Following the battery of degrading bodily inspections, those people entering the institution were forced to line up naked while an officer moved down the line with a big electric flashlight checking pubic and head hair for lice. Anyone found to have lice was taken immediately into a separate room to have their heads shaved bald. This public symbol of uncleanness was the ultimate in human degradation.¹⁷¹⁷

Allan described the regime as 'brutal' and the routine as 'soul destroying', as they had to spend some 23 hours a day in their cell. '[W]e were briefly let out of our cells three times a day for meals and, weather permitting, allowed into the exercise yard for a 30-minute walk.'¹⁷¹⁸

¹⁷¹⁴ Dyson, 207-8.

¹⁷¹⁵ Dyson, 128.

¹⁷¹⁶ Weaver, *So You Think You Know Me?*, 105.

¹⁷¹⁷ Weaver, 112.

¹⁷¹⁸ Weaver, 115.

Following a bail hearing and a delay due to an appeal from the Procurator Fiscal, which necessitated a further night in Barlinnie and a night in Longriggend, Allan and the others were released on bail.

Allan spent time in residential school before he was sentenced to two years' borstal training. He was placed in Polmont Borstal and described his initial meeting with the Governor. When asked for his name he replied without saying 'sir'. 'Without warning, the officer on my left punched me hard in the ear, throwing me across the room and crashing me against a filing cabinet.'¹⁷¹⁹

Violence against the young men, 'appeared to be the fundamental, if not a publicised, philosophy underpinning the disciplinary ethos.'¹⁷²⁰ 'The disciplinary regime of borstal was militaristic in orientation with endless drills, marches and parades.'¹⁷²¹

Allan spent a year in Polmont before his release. His family had moved to England and he spent further time in a borstal in Manchester. As an adult, he returned to school and qualified as a social worker in the 1990s.

Residential Nurseries and Mother and Baby Homes

We have seen that there had been a move away from the use of residential nurseries over previous years, and this continued in this period of the review.

White discussed the development of residential nurseries in Edinburgh in the context of Bowlby's theories of attachment, maternal deprivation, and institutionalisation. In the early 1970s, he wrote that '[i]n Edinburgh there has been a partial implementation of this theory in that the nurseries are gradually being turned into homes with a wider age range.'¹⁷²² However, his research found that the care in the nurseries tended to be health oriented with a lack of individuality, and there was little opportunity for children to develop relationships with a single adult carer.¹⁷²³ He identified elements of institutionalisation in residential care, and particularly in the nurseries. 'All the staff were aware of some of the dangers, and attempts had been

¹⁷¹⁹ Weaver, 146.

¹⁷²⁰ Weaver, 147.

¹⁷²¹ Weaver, 147.

¹⁷²² White, *Residential Child Care Past and Present*, 200.

¹⁷²³ White, 450.

made to get greater flexibility. In nurseries more than elsewhere, there was a feeling of batch-living and existence.’¹⁷²⁴

In the survey of residential care in North-East Scotland, there was one residential nursery, Arnha, that at the time was looking after both babies and young children—13 in total. The oldest child was six years and the youngest was three weeks old. Two of the children were ‘handicapped’. ‘It seems that Arnha is in a transitional stage of development, in the light of changing circumstances relating to the need for residential nurseries, and that its future role is not yet clear.’¹⁷²⁵

The survey in North-East Scotland also identified Richmondhill House, which provided accommodation for up to 18 mothers and babies.

The prime purpose of the establishment is to provide accommodation when expectant unmarried mothers feel they have nowhere else to go. After the baby is born, however, some mothers may continue to stay for a variety of reasons. In general, in such cases, the home offers a protected environment.¹⁷²⁶

Finally, the survey identified a small emergency accommodation service for homeless mothers with children. This was attached to a ‘home for the elderly’ and, at the time of the survey, there were no children resident.

The final information we have identified about residential nurseries in this period, was a parliamentary question from 1979. It raised concerns about the closure of Hazeldene Residential Nursery in Ayrshire. The nursery was purpose-built and opened in 1967 with places for 35 children. It was planned ‘to provide residential accommodation for babies and very young children, particularly those waiting for adoption.’¹⁷²⁷ The question detailed the reduced use of the nursery over the years, and annual admissions had fallen from 174 in 1967 to 76 in 1978.¹⁷²⁸ This reduction had led to disabled children being placed in Hazeldene, although this was not its original purpose. Hazeldene was the last residential nursery in Strathclyde Region. The Under-Secretary of State for Scotland, responded that: ‘it has become

¹⁷²⁴ White, 455.

¹⁷²⁵ NES, *Residential Child Care in North East Scotland*, para. 131.

¹⁷²⁶ NES, para. 126.

¹⁷²⁷ Hansard, “Hazeldene Residential Nursery, Ayrshire,” HC Deb, 27 June 1979, vol 969, cc611-22, 618.

¹⁷²⁸ Hansard, “Hazeldene Residential Nursery,” 611.

increasingly accepted that the best interests of babies and young children in such circumstances are met by their being placed as foster children with a short spell with a family.¹⁷²⁹ Because of these changes, there was no longer a need for such a home.

Issues in Care Services

Recruitment and Selection

While the recruitment and selection of residential workers and foster carers had been a key issue across the years, it had been given relatively little attention. Increasingly, however, it was identified as a concern, particularly in relation to residential child care.

In 1950, the Homes Committee of the Scottish Advisory Council on Child Care 'saw ample evidence of staff shortages, which appeared to be due partly to the difficulty in recruiting suitable staff, and partly to the failure of the managers of some homes to realise the ratio of staff required for the proper care of the children.'¹⁷³⁰ White found that '[a]lthough most members of staff were dedicated to their profession, there were indications that the scarcity of appropriately qualified staff had resulted in quite lenient standards being applied in the selection of new staff.'¹⁷³¹ Kendrick also noted that in the early 1970s, Church of Scotland residential services had no formal requirement for qualifications in the selection of staff.¹⁷³²

In the mid-1970s, Newman and Mackintosh found that shortage of staff was a chronic problem for residential establishments, and half the homes were understaffed to some extent. Overall, there was a shortfall of 10 per cent of the approved numbers.¹⁷³³ There was a rapid turnover of staff and difficulty in recruiting staff. Low pay and the disparities between the pay and conditions of fieldwork and residential staff were identified as factors.¹⁷³⁴ However, the nature of the job itself was also considered to be an important issue. 'The problem of caring for difficult children was one of the main factors which heads of Homes thought affected both recruitment and

¹⁷²⁹ Hansard, 618.

¹⁷³⁰ Scottish Home Department, *Report of the Homes Committee*, 9.

¹⁷³¹ White, "Residential Child Care Past and Present," 446.

¹⁷³² Kendrick, *Independent Review of Polwarth*, 28.

¹⁷³³ Newman and Mackintosh, *Roof Over Their Heads*, 70.

¹⁷³⁴ Newman and Mackintosh, 83-4.

retention of staff...This is an area which should receive more attention and with which staff need more help.'¹⁷³⁵ White found that a factor in the higher staff turnover in small group homes was the greater degree of staff isolation.¹⁷³⁶

In the 1990s, the Skinner Review of Residential Child Care highlighted the importance of staff members to the delivery of care.

If ever there was a labour intensive industry it must be residential child care. Staff are the really important ingredient in the care package offered to children and families; much depends on their personal and professional skills and knowledge, and the confidence which comes from them.¹⁷³⁷

Although he stated that specific proposals on pay and conditions of service did not fall within the remit of his review, Skinner did state that 'current salaries and conditions of service are generally insufficient to attract and retain staff able to undertake the complex tasks often involved in residential child care'.¹⁷³⁸ He identified shift systems and long hours as an issue that had to be balanced with providing stability for children and enabling them to develop satisfactory relationships with staff members. Skinner suggested that managers use the handbook *Staffing in Residential Care Homes* to assist in determining the range and volume of staffing skills in particular homes.¹⁷³⁹ He also noted the different demands in the various residential care settings: 'employers should recognise the range of skills required in different homes, and ensure that there is flexibility to determine salaries and conditions of service differentially.'¹⁷⁴⁰

Skinner stressed the importance of the selection of staff and in some organisations 'the staff selection processes are detailed and thorough, but this is by no means true of all appointments.'¹⁷⁴¹ He noted the work of the Warner inquiry into selection and

¹⁷³⁵ Newman and Mackintosh, 16.

¹⁷³⁶ White, *Residential Child Care Past and Present*, 448.

¹⁷³⁷ Skinner, *Another Kind of Home*, 68.

¹⁷³⁸ Skinner, 68.

¹⁷³⁹ Skinner, 68. Wagner Development Group, *Staffing in Residential Care Homes: A Handbook of Guidance on the Calculation of Staffing Establishments and the Deployment of Staff for Managers, Proprietors, Employers and Trade Union Officers* (London: National Institute for Social Work, 1990).

¹⁷⁴⁰ Skinner, 69.

¹⁷⁴¹ Skinner, 69

recruitment of staff and recommended that the Scottish Office should consider the applicability of the outcomes of that inquiry for Scotland.¹⁷⁴²

In its consideration of education in 'mental handicap hospitals' in 1984, the Scottish Education Department highlighted a number of issues related to the staffing of schools. These included the fact that the physical isolation of some hospitals and lack of integration with education in the community affected recruitment, particularly of male staff. Variation in pay scales, conditions of service, and lack of up-to-date and appropriate training created issues in getting the balance of the education team right.¹⁷⁴³

In relation to foster care, we have seen that there were moves toward the professionalisation of foster carers over this period. Ramsay described developments in the recruitment and retention of foster carers in Fife during the 1980s and 1990s. During the 1980s, with the demand for more specialist foster care, in addition to 'traditional' foster carers who received maintenance allowances, Fife introduced 'community carers' who 'were paid a professional fee plus maintenance allowances; they were contracted to take teenagers for up to two years.'¹⁷⁴⁴ These placements were considered to provide an alternative to residential care.

However, it was decided that all foster carers were expected to carry out 'professional' tasks, and from 1990 'all carers were paid one professional fee per household as well as age-related allowances for each child.'¹⁷⁴⁵ In a survey of foster carers, almost two-thirds of foster carers considered that 'the professional fee had become an integral part of the household budget' and 'over half said they would not be able to continue fostering if only maintenance rates were paid'.¹⁷⁴⁶ Carers clearly considered themselves satisfied with the support from their link worker: 69 per cent said they were satisfied 'all of the time' and 29 per cent said 'most of the time'.¹⁷⁴⁷

¹⁷⁴² Skinner, 69. The Warner Report was published in December 1992. Department of Health, *Choosing with Care: The Report of the Committee of Inquiry into the Selection, Development and Management of Staff in Children's Homes* (London: HMSO, 1992).

¹⁷⁴³ Scottish Education Department, *Education in Mental Handicap Hospitals*, 9.

¹⁷⁴⁴ Donald Ramsay, "Recruiting and Retaining Foster Carers: Implications of a Professional Service in Fife," *Adoption & Fostering* 20, no. 1 (1996), 43.

¹⁷⁴⁵ Ramsay, "Recruiting and Retaining Foster Carers," 43.

¹⁷⁴⁶ Ramsay, 44.

¹⁷⁴⁷ Ramsay, 44.

Over two-thirds of carers were also satisfied ‘all’ or ‘most of the time’ with their foster child’s social worker.

The evidence from the Fife survey clearly indicates that an element of financial reward, and the support infrastructure which link social workers and foster carer groups provide, play an important part in attracting and retaining a stable number of foster carers.¹⁷⁴⁸

Training and Supervision

As with recruitment and selection, there was an increasing focus on the training and qualifications of child care workers.

In the early 1970s, White gave figures for the qualifications of residential staff in the sample of homes (nurseries, small group homes, large group homes and hostels) in his study. Staff had a range of qualifications and White grouped them into four levels to take account of the relevance of the training for residential care (see Table 8). He found that a total of 34 staff had a qualification (38 per cent) compared to 56 staff members who did not (52 per cent).¹⁷⁴⁹ Most of those with a qualification had a qualification in nursing.

Table 8: Qualifications of Residential Staff in Edinburgh in early 1970s White, “Residential Child Care Past and Present”		
Type of Qualification	Number	per cent
Residential Certificate/Diploma in Social Work	12	13
Letter of Recognition, Nursing and NNEB + In Service, Teacher	9	10
Nursing, NNEB, In Service	26	29
None	43	48
Total	90	100

¹⁷⁴⁸ Ramsay, 46.

¹⁷⁴⁹ White, “Residential Child Care Past and Present,” 208. The discrepancy between the overall figure and the figures in the table may be due to how ‘in service’ was counted.

Newman and Mackintosh, also writing in the 1970s, identified the need for the training of residential staff. 'Unless there is a comparable level of professional skill among all child care workers it will not be possible to develop an effective comprehensive service'.¹⁷⁵⁰

Kendrick looked at training and supervision in Church of Scotland residential services in the 1970s and early 1980s.¹⁷⁵¹ He found that although there did not appear to be a formal training section in the 1970s, there was a range of training for residential staff. Individuals providing training included tutors from Langside College, Glasgow, and Moray House, Edinburgh.¹⁷⁵² In the early 1970s, there were training meetings and residential conferences that used films, discussion, and other training input. These addressed issues such as:

- 'growth towards independence',
- 'child health',
- 'from sociable 6 to noisy 9',
- 'behaviour problems',
- 'adolescence',
- 'Children's Hearings and the role of residential establishments', and
- 'the social work department and the voluntary organisation'.¹⁷⁵³

However, a former care assistant working in the late 1970s indicated that 'she had no involvement in training, staff development or supervision'.¹⁷⁵⁴

Warnock noted that in the 1970s, the percentage of trained staff in residential special schools was low and recommended that a specialist training qualification should be available.¹⁷⁵⁵ The report stressed the importance of close personal relationships with children.

Trained and experienced staff can create patterns of living which reduce the institutional effects of boarding schools and encourage individual

¹⁷⁵⁰ Newman and Mackintosh, *Roof Over Their Heads*, 82.

¹⁷⁵¹ Kendrick, *Independent Review of Polwarth*, 10.

¹⁷⁵² Kendrick, 23.

¹⁷⁵³ Kendrick, 23-4.

¹⁷⁵⁴ Kendrick, 24.

¹⁷⁵⁵ Warnock, *Special Educational Needs*, 275

development, and their independent contribution to children's development needs to be more fully recognised.¹⁷⁵⁶

In the 1990s, Glasgow University set up an Advanced Certificate in Residential Child Care. The course was part funded by the Scottish Office and was aimed at residential care managers and experienced practitioners. The course ran until the Scottish Institute for Residential Child Care was established, with part of its remit to take forward education and training.

The most comprehensive consideration of education and training for residential staff members was undertaken by Skinner in the *Review of Residential Child Care*. The Review emphasised throughout the importance of training for residential child care staff.

In 1990, 28 per cent of officers-in-charge, 52 per cent of assistant officers-in-charge, 88 per cent of 'houseparents', and 83 per cent of other staff did not have a relevant qualification.¹⁷⁵⁷

At present, in most authorities and agencies, residential child care is being provided by a workforce which is largely unqualified. It is clearly a priority to build up and better equip staff to run Scotland's homes and residential schools for children and young people in the future.¹⁷⁵⁸

Skinner noted the criticisms of previous social work qualifications, the Certificate of Qualification in Social Work and the Certificate in Social Service, in providing for the specialist needs of residential workers. The new Diploma in Social Work replaced these and Scottish Vocational Qualifications were also developed.¹⁷⁵⁹ Skinner recommended national training targets, and residential care providers 'should aim to achieve a position in which 30 per cent of all residential child care staff, and 90 per cent of all senior residential child care staff hold a Diploma in Social Work or equivalent.'¹⁷⁶⁰ He also recommended that they should aim to have 60 per cent of residential child care staff assessed as competent at 'HNC/SVQ Level 3.' In order to address the deficiencies in social work training with regard to knowledge and skills

¹⁷⁵⁶ Warnock, 275.

¹⁷⁵⁷ Skinner, *Another Kind of Home*, 70.

¹⁷⁵⁸ Skinner, 70.

¹⁷⁵⁹ Skinner, 71.

¹⁷⁶⁰ Skinner, 73.

for residential child care, he recommended that 'all students undertaking the Diploma in Social Work course should have at least one assessed group care placement.'¹⁷⁶¹

Highlighting the wide variation in the provision of induction training, Skinner recommended that all residential child care staff should have two weeks' induction training and saw this as a priority. In addition, new staff members with no previous residential child care experience should be appointed on a probationary basis and their appointment should only be confirmed when assessed as competent at SVQ Level 2.¹⁷⁶²

In order to achieve these training targets, Skinner recognised that additional support would be needed, and he recommended additional funding for voluntary organisations to second staff members to qualifying training. Additional funding should also be available for additional practice placements. He also recommended that the Scottish Office should 'fund additional social work lecturing resources to be distributed across Scotland to promote the required expansion of social work training.'¹⁷⁶³ Finally, in order to assist in the development of induction and in-service training, and to disseminate knowledge and good practice, Skinner recommended the funding of 'a centre for consultancy and development in residential child care.'¹⁷⁶⁴

Skinner also addressed the supervision and support of residential child care staff and considered that 'many residential staff continue to feel insufficiently supported for the tasks they undertake.'¹⁷⁶⁵ He therefore recommended that all staff should receive regular supervision and that systems to monitor the provision of supervision should be put in place.

Finally, the *Skinner Review* addressed issues of management, planning, and inspection. He highlighted the importance of strategic planning across children's services and residential child care's integral role in this. He recommended that local authorities should 'produce and publish plans for social work services for children

¹⁷⁶¹ Skinner, 73.

¹⁷⁶² Skinner, 74.

¹⁷⁶³ Skinner, 75.

¹⁷⁶⁴ Skinner, 75.

¹⁷⁶⁵ Skinner, 76.

and families' and these should address collaboration between education and social work. They should also include a 'review of planned and emergency admissions to care, placement use and identified shortfalls' and 'the use and provision of residential schools for young people and children with special needs.'¹⁷⁶⁶ 'The statement of functions and objectives for each home should be clearly set within the framework of the authority's strategic plan.'¹⁷⁶⁷ Skinner considered that it was important to improve the knowledge base of residential child care and social work services more generally, as this would inform the development of children's services plans. He therefore recommended that statistical information systems should be reviewed.¹⁷⁶⁸

Recognising the 'pivotal role' of the officer-in-charge, Skinner recommended that they should have 'delegated authority for budgets concerned with day to day running of the home including food, general supplies, decoration and minor repairs.' They also required 'enhanced management training, time for the management task, and better administrative support.'¹⁷⁶⁹ Skinner called for further work on developing quality management and quality assurance for residential child care and suggested that the Social Work Service Inspectorate 'monitor the development of quality assurance in residential child care' and undertake a national inspection of residential child care in 1996.¹⁷⁷⁰

Skinner noted that from April 1992, local authority social work inspection units were required to include residential child care, and this meant that 'for the first time since 1968 the care provided in children's homes and schools will be regularly inspected.'¹⁷⁷¹ He recommended that inspection procedures 'should always include some interviews with young people and children and their parents.'¹⁷⁷²

The Skinner *Review of Residential Child Care*, then, marked a serious shift in the attention given to the recruitment, selection, education, and training of residential child care staff, and their role in providing high quality care.

¹⁷⁶⁶ Skinner, 81.

¹⁷⁶⁷ Skinner, 82.

¹⁷⁶⁸ Skinner, 86.

¹⁷⁶⁹ Skinner, 82.

¹⁷⁷⁰ Skinner, 83.

¹⁷⁷¹ Skinner, 85

¹⁷⁷² Skinner, 86.

Systemic weakness and good practice

We have seen, then, that the period from 1968 to 1995 saw significant changes in care services for children in Scotland. The radical approach set out in the *Kilbrandon Report* was, for the most part, put into place by the *Social Work (Scotland) Act 1968* with the establishment of the Scottish Children's Hearings system. There was a major shift to the use of foster care, a marked reduction in the use of residential child care, and residential nurseries disappeared. There was also more focus on collaborative working—for example, the development of youth strategies by Social Work and Education Departments.

There were significant developments in children's rights with the ratification of the *UN Convention on the Rights of the Child* in 1989, and these were increasingly incorporated into policy, practice, and legislation.

However, as in the previous period of the review, there continued to be marked variation in the quality of care, both across different care settings and within institutions and residential establishments. There was evidence, again, of rigid and authoritarian regimes, and of abuse experienced by children and young people. On the other hand, children and young people could experience positive and stable placements with a focus on child-centred relationships and practice.

Individuality and Development

The attention to the individuality and development of children in care continued to develop over this period. There was also a growing understanding of child abuse and neglect and the impact this had on children and young people. There was increasing criticism of authoritarian regimes in residential settings. There was also a clear policy shift towards the use of foster care and community settings, and a marked reduction in the numbers of children and young people in residential care. The *Skinner Review* considered that treating each child and young person as an individual was central to good child care, and highlighted a range of issues that needed to be addressed to promote the individuality and development of children and young people. Children and young people were increasingly involved in decision-making through Children's Hearings and Social Work Child Care Reviews. However, in both residential and foster care, there continued to be major differences in the experiences of children and young people.

Rights and Responsibilities

With the ratification of the *UN Convention of the Rights of the Child* in 1989, there was a growing awareness of the child rights agenda and incorporation of children's rights into policy, practice, and legislation. The establishment of Who Cares? Scotland also brought the issue of the rights of children in care to the fore and marked a significant step in promoting their voice.

Good Basic Care

Wide differences in the quality of care continued to exist across residential and foster care. While there were general improvements in the standards of accommodation, some was not fit for purpose. While young people in residential care were well fed, there were broader issues around food such as its importance in developing life skills. There was increasing understanding of the importance of play, leisure, and recreational activities.

The inquiries of the 1980s into abuse in care had underlined the importance of the recruitment and selection of staff and carers, and the need for training and qualifications. These were major themes in the *Skinner Review* that considered deficiencies in care and good practice.

Education

Over this period, there was a growing awareness of the educational barriers for children in care. However, teachers, social workers and residential staff had low expectations of children's educational achievements. While there were examples of good practice in supporting and encouraging schoolwork of children, this was by no means the norm. The impact of exclusion from school was also an issue.

Health

There was also a growing awareness of the barriers for children and young people in care in accessing health advice and services. The *Skinner Review* was concerned by the lack of attention to children's health needs and the impact of issues such as frequent placement moves, which meant that health issues could be overlooked. The impact of smoking, alcohol, and drug use on the health of looked after children was emphasised, as was the need for staff and carers to promote positive and healthy lifestyles. The Review also highlighted the importance of addressing the sexual health of young people in care.

Partnership with Parents

The *Social Work (Scotland) Act 1968* and the Children's Hearings system established a marked change in terms of partnership with parents. Parents were now required to be involved in Children's Hearings and the decision-making for their children. The provisions of the *Social Work (Scotland) Act 1968* for home supervision of children also promoted the principle of partnership with parents.

By the time of the *Skinner Review*, partnership with parents was considered essential. The review identified good practice in enabling parents to be involved in the care of their child. However, it also found that parents could feel excluded by foster carers, residential workers and social workers, and that they were not involved in decision-making and the day-to-day life of their child.

Child-Centred Collaboration

Leading on from the *Kilbrandon Committee* and the idea of 'social education' for children in care, there was increasing attention on collaboration between social work and education services. Similarly, there was a focus on joint-working in relation to child protection. By the early 1990s, the integration of services and the need for collaboration was being clearly articulated in policy. However, Skinner found that child-centred collaboration was patchy.

A Feeling of Safety

Towards the end of this period, there was an increasing awareness of the issues of abuse of children in care. In the 1980s, major inquiries on the abuse of children in care took place in England and Northern Ireland. The *Review of Residential Child Care* brought issues of safeguarding and protecting children in care to the fore.

However, there continued to be very varied experiences of feeling safe in care. Corporal punishment continued until it was banned in the 1980s. Deprivation of privileges, medication, and isolation also continued. While there was guidance on appropriate and inappropriate sanctions, physical, verbal, emotional, and sexual abuse of children continued to occur. Again, however, there was clear evidence of children and young people experiencing safe and stable care placements.

1995 – 2014: Children (Scotland) Act 1995 to Children and Young People's (Scotland) Act 2014

Introduction

The period between 1995 and 2014 saw unprecedented developments in child care services in Scotland. Initially, this was driven by the recognition of children's rights in Scottish child care policy and legislation, particularly, the *Children (Scotland) Act 1995*. However, inquiries and reviews into safeguarding and protection of children in care led to wider developments in the regulation and inspection of care services in Scotland, and an increasing focus on the training and registration of care workers. In the 2000s, there was a growing recognition of—and attention to—the historic abuse of children in care and this led to important developments, both in terms of addressing the needs of victims/survivors of abuse and for child care services in general.

Over this period of the review, there has been a further increase in research on child care services in Scotland, and, more and more, this has included the perspectives of children and young people. In addition, the process of inspection of services has provided a range of overview reports on various aspects of care services. There have also been several inquiries and reviews of residential and foster care over. This has meant that the amount of information available has increased dramatically, providing detailed evidence about the nature of care services and the experiences and outcomes of children and young people in care.

It has, therefore, become ever more complex to present this information. In the following 'Context' section, we have presented information from the research that applies to all children in care, and have used a larger number of sub-headings to organise this material. In the remainder of this chapter, we have integrated research about specific types of care into the relevant sections.

Context

One particular impact of the *Children (Scotland) Act 1995* was the change in terminology for children in care. They were now to be referred to as looked after children. 'Those not living at home under home supervision requirements were to be

referred to as looked after and accommodated. This has led to the unfortunate abbreviations of LAC and LAAC children.¹⁷⁷³

Between 1995 and 2005, the number of looked after children remained fairly constant, ranging from 11,891 in 1995 to 12,185 in 2005. The number of children in residential care continued to fall over this period, from 2,042 to 1,539. However, the number in foster care increased significantly from 2,605 to 3,660, as did the number in other community placements, from 1,021 to 1,807.¹⁷⁷⁴

Over the second half of this period, there was a significant increase in the number of children in care, rising from 12,185 in 2005 to 15,600 in 2014, peaking at 16,248 in 2012.¹⁷⁷⁵ Over this period, the number of children cared for at home initially rose to 6,193 in 2010 and then fell again to 4,142 in 2014. The number of children in residential child care also rose slightly, initially to over 1,600 before falling to 1,467 in 2014. The number of children in foster care continued to rise, from 3,660 in 2005 to 5,522 in 2014. The number of children in other community placements (now specified to include those in kinship care), increased even more markedly from 1,807 in 2005 to 4,268 in 2014. More recently, the statistics have distinguished kinship care (placed with relatives or friends) from other community placements; in 2014, there were 4,217 children in kinship care and only 51 in other community placements.¹⁷⁷⁶

McGhee and colleagues provided a comparative analysis of rates of children in public care across the UK.¹⁷⁷⁷ Between 2005 and 2014, Scotland had substantially higher rates of children in out-of-home care than the other UK nations, particularly England and Northern Ireland.¹⁷⁷⁸ There was also a substantial increase in the proportion of

¹⁷⁷³ Kendrick and Hawthorn, *Scoping Project on Children in Care*, 63.

¹⁷⁷⁴ Kendrick and Hawthorn, 64.

¹⁷⁷⁵ Scottish Executive, *Children's Social Work Statistics, 2004-2005* (Edinburgh: Scottish Executive, 2006), 1; Scottish Government, *Children's Social Work Statistics, 2014-15* (Edinburgh: Scottish Government, 2016), 5. The figures published in 2016 correct some mistakes in the figures published in 2015.

¹⁷⁷⁶ For a discussion of the development of kinship care in Scotland, see, Louise Hill, Robbie Gilligan and Graham Connelly, "How Did Kinship Care Emerge as a Significant Form of Placement for Children in Care? A Comparative Study of the Experience in Ireland and Scotland," *Children and Youth Services Review* 117, (2019).

¹⁷⁷⁷ Janice McGhee et al., "Looking After Children in the UK—Convergence or Divergence?," *British Journal of Social Work* 48, no. 5 (2018), 1176.

¹⁷⁷⁸ McGhee et al., "Looking After Children in the UK," 1182-3.

children under five years old entering public care in Scotland, Wales, and Northern Ireland.¹⁷⁷⁹

...national variation appears, in the case of the UK countries, less a reflection of differential levels of need for public care and more a reflection of differing legal and operational practice. This is especially true within the Scottish context, where integration of youth justice and child protection within the Children's Hearings System and the use of Compulsory Supervision Orders clearly contributes to substantially higher rates.¹⁷⁸⁰

Developments in Collaborative and Joined-Up Working

From 1995 to 2014, there were important developments in child care policy that built on previous progress leading up to the *Children (Scotland) Act 1995*. '[T]he Act emphasised local authorities' *corporate* responsibility for children, intended to encourage inter-departmental collaboration and joint 'ownership' of children's issues.'¹⁷⁸¹ Local authorities were required to produce children's services plans in consultation with a range of other organisations.¹⁷⁸²

For Scotland's Children

In 2001, the Scottish Executive published *For Scotland's Children*, a review of the children's services system in Scotland with the aim of ensuring that agencies work together effectively to provide services for children.¹⁷⁸³ Although this was focused on all children in Scotland, it set the framework for the development of services targeted at more vulnerable children. The action plan called for a national approach, which put children and families at the centre by 'treating all services as part of a Children's Services System and by all staff perceiving themselves as operating within that single system.'¹⁷⁸⁴

Children's services plans should be a joint production by NHS Boards and local authorities, involving voluntary services and other stakeholders. There should be

¹⁷⁷⁹ McGhee et al., 1186–7.

¹⁷⁸⁰ McGhee et al., 1191.

¹⁷⁸¹ Gary Craig et al., "Picking up the Pieces: Local Government Reorganisation and Voluntary Sector Children's Services," *Children & Society* 14, no. 2 (2000), 87. Emphasis in original.

¹⁷⁸² Craig et al., "Picking up the Pieces," 87.

¹⁷⁸³ Scottish Executive, *For Scotland's Children: Better Integrated Children's Services – Report* (Edinburgh: Scottish Executive, 2001).

¹⁷⁸⁴ Scottish Executive, *For Scotland's Children*, 75.

inclusive access to universal services and a co-ordination of needs assessment. Intervention should be co-ordinated and additional services should be targeted to meet need and reduce inequalities.¹⁷⁸⁵

The report and action plan set out a series of recommendations to sustain and monitor change. These involved:

- reaffirming the Scottish Executive's commitment to consider the impact of all legislation, policy and initiatives on children (and their families);
- the consolidation of essential children's services funded through short-term measures;
- issuing guidance to local authorities and NHS Boards that encourages shared financial approaches;
- the establishment of a workforce planning group to take forward plans for children's services workforce in Scotland;
- the consideration of options to resolve boundary issues between local authorities and NHS Boards at the macro planning level;
- ensuring that voluntary organisations are key partners in children's services planning;
- requiring that educational authorities ensure that education services are provided to those excluded from school, and that NHS Boards ensure that health services should be continuously available to all;
- commissioning the development of an information and assessment format for use by all agencies working with children;
- establishing a change support agency to facilitate progress toward better integrated children's services;
- establishing arrangements to identify good practice and ensure the dissemination of such information;
- using the Changing Children's Services Fund to implement the action plan through children's services planning;
- establishing robust and universal arrangements for the collection, analysis and reporting of information in relation to children's services.¹⁷⁸⁶

¹⁷⁸⁵ Scottish Executive, 95.

¹⁷⁸⁶ Scottish Executive, 107-112.

Over the following years, the development of the *Getting It Right for Every Child* (GIRFEC) policy became a central plank in the Scottish Government's approach to services for children. It first appeared in the context of a review of the Children's Hearings System in April 2004. The Scottish Government published a consultation pack with this title as part of the first phase of the review.¹⁷⁸⁷ The report of the consultation focused on issues relating to the fundamental principles, objectives and outcomes of the system, and there was a broad consensus among stakeholders. 'In particular, there is strong support for maintaining a generalised system that is child-centred and able to look at individual children's overall needs and concerns.'¹⁷⁸⁸

In June 2006, following a consultation on the reform of children's services, the Scottish Executive published the *GIRFEC Implementation Plan*.¹⁷⁸⁹ The Scottish Executive proposed to implement GIRFEC through a 'three-pronged approach: 'practice change, legislation, and removing barriers.'¹⁷⁹⁰

Practice change would involve a range of measures, including:

- development of national practice tools, training materials and guidance;
- development of an IT solution to facilitate information sharing;
- development of a single assessment, record and plan;
- a pilot project in Highland Region to develop the GIRFEC approach; and
- restructuring the mechanisms for engaging with stakeholders across all children's services, including community groups, families and children.¹⁷⁹¹

Legislation would be taken forward to make it a duty to share information to protect children at risk. The proposed bill would:

- place a duty on agencies to be alert to the needs of children and to act to improve a child's situation;

¹⁷⁸⁷ Scottish Executive, *Getting It Right for Every Child: A Report on the Responses to the Consultation on the Review of the Children's Hearings System* (Edinburgh: Scottish Executive, 2004).

¹⁷⁸⁸ Scottish Executive *Review of Children's Hearings System*, Chapter Six.

¹⁷⁸⁹ Scottish Executive, *Getting It Right for Every Child: Implementation Plan* (Edinburgh: Scottish Executive, 2006), 1.

¹⁷⁹⁰ Scottish Executive, *GIRFEC Implementation Plan*, 1.

¹⁷⁹¹ Scottish Executive, 2-3.

- place a duty on agencies to co-operate with each other in meeting the needs of children and to establish local co-ordination and monitoring mechanisms;
- require agencies involved to agree an action plan and keep it under review when a child's needs are complex or serious, and multi-agency input or compulsory measures are likely to be needed; and
- require referral to the Children's Hearings system to meet two tests: significant needs and need for compulsion.¹⁷⁹²

Through these changes and the learning involved in implementing the changes and the pathfinder projects, '[the Scottish Executive] will find out what gets in the way of joined-up working and what prevents more timely and appropriate responses.'¹⁷⁹³

The proposals require everyone working with or involved with children to place the child at the centre of activity, to break down barriers and processes and to deliver help to the child. Action must be appropriate, proportionate and timely and must improve the outcomes for the child.¹⁷⁹⁴

Safeguarding Children in Care and Responses to Abuse of Children and Young People in Care

Over this period of the review, there was an increasing recognition of the need to protect and safeguard children in care, and also of the historic abuse of children and young people in care. Initially, much of this focus was on abuse in residential care and institutions. However, there was also an increasing recognition that children and young people were abused in a range of care settings, including foster care.

Along with a number of reviews and inquiries, there was a growing call for justice from survivors of abuse in care. A pivotal moment came in 2002, when survivor Chris Daly lodged Petition 535 with the *Public Petitions Committee*, calling for the Scottish Parliament to launch an inquiry into past institutional care. This led to an apology by Scotland's First Minister for the physical, emotional, and sexual abuse that some children had experienced in residential child care.¹⁷⁹⁵ In this section, we will highlight initiatives that addressed abuse in all care settings, including both residential and foster care settings.

¹⁷⁹² Scottish Executive, 3-4.

¹⁷⁹³ Scottish Executive, 1.

¹⁷⁹⁴ Scottish Executive, 8.

¹⁷⁹⁵ Kendrick et al., "Scotland: Historic Abuse," 125-6.

In 1996, the Minister of State at the Scottish Office asked Roger Kent to report on the arrangements for safeguarding and protecting children who were cared for away from home in Scotland.¹⁷⁹⁶ Kent wrote that the 'background to this report is an appalling catalogue of offences against children that has resulted in a large number of inquiries, a great deal of publicity and a lot of harm.'¹⁷⁹⁷ He outlined some of the recent cases of abuse in Scotland; in a special boarding school, a children's hospital, residential care, and foster care. The *Children's Safeguards Review*, therefore, addressed the protection of children in a number of settings: foster homes, residential care homes, secure accommodation, penal establishments, supported accommodation, residential (boarding) schools, hospitals, school hostels, and the Armed Forces.

The review outlined a broad range of issues that posed dangers for children living away from home, not just direct abuse involving physical injury, sexual abuse, bullying, emotional abuse, racial abuse, exploitation, or prostitution. These wider issues involved:

- self-inflicted harm (drugs and alcohol, running away, self-harm);
- poor practice (in care establishments, by fieldwork staff, misuse of foster carers, physical restraint, thinking Scottish Criminal Records Office checks are enough, internet, not enough to do, very sterile care climate, wrong placements, not healing the damage, recruiting inadequate staff, compounding disadvantage, insurance companies, outdoor pursuits, domestic accidents, trips abroad); and
- system issues (exclusion from school, multiple placements, being lost by the system).¹⁷⁹⁸

Kent made a number of recommendations about improving practice, and many of these concerned training, staffing, and supervision. These are addressed below in the relevant section on *Training and Supervision*. He acknowledged that there was a lack of knowledge about the abuse of children living away from home, and he called for national statistics to be gathered in a common format. He also identified that there

¹⁷⁹⁶ Roger Kent, *Children's Safeguards Review* (Edinburgh: Social Work Services Inspectorate, 1997).

¹⁷⁹⁷ Kent, *Children's Safeguards Review*, 23.

¹⁷⁹⁸ Kent, 8-22. The grouping of the issues is ours.

should be an annual report about child protection activity that involves children living away from home. Research should be carried out on the aetiology of abuse of children living away from home; he specifically mentioned foster care as an area about which little was known.¹⁷⁹⁹

Regarding better support for children, he recommended that complaint procedures should be more child and parent friendly, and that the Scottish Council of Independent Schools should draw up a model complaints procedure for its member schools. There should be complaints logs in all establishments and these should be reviewed by an external manager. Statistical information on complaints should be monitored, and records of complaints should be made available to inspectors.¹⁸⁰⁰

He addressed other ways of listening to children and proposed that ChildLine should be made more available through increased Scottish Office funding, and that Who Cares? Scotland should continue to be supported. He also recommended that Children's Rights Officers should be available to all children living away from home, not just those in care, and that a nationwide network of children's advocates should be considered.¹⁸⁰¹ Finally, in relation to support for children, he recommended that the risk and danger components of the school personal development curriculum should be further promoted. More attention needed to be taken of the impact of the loss of education, and there should be an obligatory case conference when a looked after child is excluded from school.¹⁸⁰²

With regard to independent boarding schools, Kent considered that there needed to be greater understanding between boarding schools and local authority social work departments. He recommended that care needed to be taken when boarding schools place children with local families and in the appointment of governors and guardians. There should also be a new statutory ground for deregistration of a school, namely, failure to provide adequately for the welfare of the child.¹⁸⁰³

Commenting on the way in which isolation and closed ways of operating had contributed to abuse, he made a number of recommendations in relation to 'external

¹⁷⁹⁹ Kent, 100-1.

¹⁸⁰⁰ Kent, 101-2.

¹⁸⁰¹ Kent, 103.

¹⁸⁰² Kent, 104.

¹⁸⁰³ Kent, 120-1.

eyes.’ He recommended that the role of an ‘appointed person’ should be created to visit establishments, and there should be an independent visitor for children in boarding schools. There should be a willingness to have children’s complaints reviewed by an independent person.

Where children do not have immediate access to a parent, they should have a befriender or independent guardian. The role of adjudicator should be created in cases where children had exhausted the complaints procedure but still considered it had not been satisfactorily resolved. In local authorities, there should be a dedicated line manager who specialises in child care or residential child care, and senior figures such as councillors should visit establishments. The funding of the Safeguarders Association should be increased, and there should be support to create parents’ associations for looked after children.¹⁸⁰⁴

Kent also called for the reduction of the number of young people in penal establishments, and that no child under 16 should be placed there. There should be support for programmes to help young abusers. There should be a pilot scheme for a refuge in the case of children and young people running away from care placements. Kent also recommended that the profile of the Centre for Residential Child Care should be raised and a Chair in residential child care studies should be funded. He also proposed that the Centre’s database of child care resources should be used to ensure choice of placements.¹⁸⁰⁵

In relation to foster care, Kent recommended that it should be brought within the inspection process.¹⁸⁰⁶

Response to the Children’s Safeguards Review

In 1998, the Scottish Office published its response to the Children’s Safeguards Review, and accepted most of Kent’s recommendations.¹⁸⁰⁷ In regard to child protection, the recommendation for the need to gather statistics in a common format was agreed, and this was to be addressed through a review of management information collected and published by the Social Work Services Group. Annual

¹⁸⁰⁴ Kent, 122-4.

¹⁸⁰⁵ Kent, 127-8.

¹⁸⁰⁶ Kent, 118.

¹⁸⁰⁷ Scottish Office, *The Government’s Response to Kent Report on Children’s Safeguards Review* (Edinburgh: The Scottish Office, 1998), 1.

reports of *Child Protection Committees* must contain specific information and be submitted to the Secretary of State, and the need for research on the abuse of children living away from home was referred to the Scottish Office Central Research Unit.

Kent recommended the improvement of complaints procedures and improved staff training, and a Scottish Office Complaints Procedure Working Group was addressing guidance on complaints procedures for children looked after away from home.¹⁸⁰⁸ The Scottish Office had also increased the core grant for ChildLine and it 'recommended that local authorities consider appointing Children's Rights Officers and supporting Young Persons Workers from Who Cares? Scotland.'¹⁸⁰⁹

Recommendations related to selection, recruitment, and staffing were accepted. In particular, it was 'under active consideration' that the Scottish Criminal Record Office should maintain a list of people who have been vetted, which would mean information on those who have committed an offence would be available.¹⁸¹⁰ Similarly, the recommendation for a residential child care register would be addressed by the Scottish Office's intention to set up a regulatory body for staff linked to education and training, and also, a consultancy index would list those deemed to be unsuitable for work with children. The Scottish Office funded the Scottish Recruitment and Selection Consortium for three years, to take forward procedures and processes for recruiting staff.¹⁸¹¹

Recommendations involving registration and inspection were also accepted. It was 'agreed that there should be more standardised inspection and registration arrangements',¹⁸¹² and local authority residential establishments should be registered. The increased frequency for the inspection of secure units had already been implemented, and the inspection of foster care services at a local level should be undertaken. The Scottish Office intended to set up a *National Consultative Committee* 'to define national care standards beginning with those applicable to residential settings.'¹⁸¹³

¹⁸⁰⁸ Scottish Office, *Government's Response to Kent Report*, 3.

¹⁸⁰⁹ Scottish Office, 3.

¹⁸¹⁰ Scottish Office, 5.

¹⁸¹¹ Scottish Office, 6.

¹⁸¹² Scottish Office, 10.

¹⁸¹³ Scottish Office, 10.

The *Kent Review* also made a number of recommendations regarding independent visitors to establishments in order to provide 'external eyes' to ensure children's safety. However, there was concern about the impact of this on the experience of children and young people, and the Scottish Office considered that there needed to be 'a balance struck between ensuring the welfare and safety of children on the one hand and limiting the number of people and agencies coming into establishments and the lives of children.'¹⁸¹⁴ Existing systems for looked after children should be improved, and existing schemes to link those children who are particularly isolated to adult befrienders should be considered. The Scottish Office did agree, however, that further consideration should be given to independent visitors for children in boarding schools, and the establishment of Parents Associations for looked after children.¹⁸¹⁵

The Scottish Office accepted recommendations concerning the investigation and monitoring of abuse by carers, and committed to a review of Child Protection Committees. It also agreed that all establishments should have a procedure to enable whistle-blowing, and that all young people should undergo an exit interview when they leave a service.¹⁸¹⁶

Feeling Safe?

In the same year as the publication of the *Children's Safeguards Review, Who Cares?* Scotland published a report on young people's views about safety in care, and this highlighted a number of the issues discussed by Kent. 'Inevitably, the report highlights problems and bad practice. That is not to say there is no good practice in the Scottish care system. It is simply to acknowledge that, to make young people safer, it is the bad practice that needs to be addressed.'¹⁸¹⁷

Bullying was raised as a very real concern for young people. Young people raised issues of age and gender, which contributed to bullying. Young people had experienced physical and emotional abuse from other young people and from adults. "Abuse" in this context would include improper use of physical restraint and

¹⁸¹⁴ Scottish Office, 13.

¹⁸¹⁵ Scottish Office, 14.

¹⁸¹⁶ Scottish Office, 15.

¹⁸¹⁷ Who Cares? Scotland, *Feeling Safe? Report: The Views of Young People* (Glasgow: Who Cares? Scotland, 1997), 3.

emotional abuse.¹⁸¹⁸ Abuse by staff was a serious concern, and a number of issues that might lead to this were commented upon. The importance of recruitment procedures was discussed, and young people's involvement in the interview and selection process. Young people also highlighted the need for training of staff and commented on the employment of staff members with no previous experience of working with children and young people. Staffing levels needed to be adequate to create a safe environment, along with a balance in relation to gender on staff teams, and the need to avoid an over-reliance on temporary staff. Young people were clear about the qualities they felt that staff members should have to ensure a safe environment. They should be:

- genuinely interested in young people;
- prepared to make an emotional commitment to them;
- able to 'stick up' for the young people they look after when needed;
- able to do something to stop residents assaulting each other, and able to effectively tackle bullying and harassment;
- prepared to spend time talking to young people;
- willing to believe young people, and open to the possibility that adults do not always tell the truth;
- even-tempered in dealing with situations, without taking their own 'bad moods' out on others; and,
- unwilling to automatically 'cover' for other staff.¹⁸¹⁹

Young people and staff members faced difficulties when dealing with complaints or investigations of abuse. Some staff took bullying seriously and believed young people when they reported it, others seemed to encourage bullying or said just to hit back. Young people needed feedback on what was happening about complaints.

The issue of managing challenging behaviour was discussed and it 'would appear that children's homes that have serious control problems are likely to be associated with poor management, lack of clarity of purpose and inadequate training.'¹⁸²⁰ The need for staff members to talk to young people and understand why they might be

¹⁸¹⁸ Who Cares? Scotland, *Feeling Safe*, 9.

¹⁸¹⁹ Who Cares? Scotland, 8.

¹⁸²⁰ Who Cares? Scotland, 18.

displaying challenging behaviour was highlighted. Young people were especially concerned about restraint.

They say it is used too often, and too soon. Young people often end up with bruises, sore (sometimes broken) limbs and carpet burns. Restraint should be a last resort, and done safely. Some young people say they have experienced restraint that was little more than physical abuse.¹⁸²¹

There was a need for ongoing training in relation to programmes for managing difficult behaviour and in understanding and anticipating young people's behaviour at an early stage. 'By communicating in this way, the young people can "own" the control measures. Control can be expressed through relationships based on mutual respect – good relationships between workers and young people are crucial.'¹⁸²²

The issue of physical contact was an area that presented difficulties for workers, carers, and young people. 'There are obvious inconsistencies and disparities in how physical interaction between workers and young people is managed both within and between units.'¹⁸²³ Most young people said that they want physical contact as appropriate and positive contact could help address issues of self-esteem, confidence, and identity. However, young people were 'clear that they should be able to say whether or not they receive physical contact.'¹⁸²⁴ It was considered important that there were clear guidelines available and appropriate training and information.

The issue of discrimination was raised by young people. There was evidence of sexist and racist patterns of care, involving gender and ethnic stereotypes. It also involved the stigma and social stereotyping of children and young people in care, and the attitudes of the local community, police, and schools.¹⁸²⁵ In particular, young people 'complain about the attitude of the police towards those in care' and considered that the police treated young people in care in an aggressive way and labelled them as 'villains'.¹⁸²⁶ The report also highlighted that there were particular issues for younger

¹⁸²¹ Who Cares? Scotland, 18.

¹⁸²² Who Cares? Scotland, 19.

¹⁸²³ Who Cares? Scotland, 20.

¹⁸²⁴ Who Cares? Scotland, 20.

¹⁸²⁵ Who Cares? Scotland, 13-14.

¹⁸²⁶ Who Cares? Scotland, 24.

children in residential care.¹⁸²⁷ Children in foster care reported feeling particularly isolated.¹⁸²⁸

A range of other safety issues were raised by young people that were, at least partly, about taking some form of control, even though this was through risk-taking behaviour. These included: self-harm, misuse of alcohol and drugs, and running away. The report highlighted that there needed to be clearer policy and practice to respond to these issues, and more effort made to understand the reasons for such behaviour for each child or young person.

Children and young people highlighted the importance of needing to be able to talk to people about their safety and well-being. 'Yet talking about their difficulties, including about things that are unsafe, is not easy. Young people need to build up trust with someone who is willing to be patient, and who appreciates that effective listening is not a straightforward or easy task.'¹⁸²⁹ Residential staff members and social workers needed to take the time to talk to young people, and the role of family and friends should not be underestimated. Others, such as teachers, should also better understand the needs of children and young people in care. Children's Rights Officers, Who Cares? Scotland, and ChildLine were also seen as helpful.¹⁸³⁰ In order to uncover abuse, there needed to be rigorous procedures for ensuring the safety of children and young people. Complaints procedures should be more user-friendly and supportive. Staff members and carers needed to be clear about the responsibility to address bad practice and whistle-blow, and there should be more effective inspection and registration.¹⁸³¹

Edinburgh Inquiry into Abuse and Protection of Children in Care

In 1997, Gordon Knott and Brian McLennan were convicted of serious sexual abuse against children resident in children's homes in Edinburgh Corporation and Lothian Regional Council from 1973 to 1987. Knott was sentenced to 16 years for abuse committed at Clerwood Children's Home from 1973 to 1977, and at Glenallan Children's Home and various holiday locations from 1978 to 1983. McLennan was

¹⁸²⁷ Who Cares? Scotland, 31-2.

¹⁸²⁸ Who Cares? Scotland, 33-4.

¹⁸²⁹ Who Cares? Scotland, 16. See also, Sarah Madigan et al., "Feeling the Same or Feeling Different: An Analysis of the Experiences of Young People in Foster Care," *Adoption & Fostering* 37, no. 4 (2013). ¹⁸³⁰

Who Cares? Scotland, 17.

¹⁸³¹ Who Cares? Scotland, 35-6.

sentenced to 11 years for abuse committed at Clerwood Children's Homes from 1977 to 1978 and at Dean House Children's Home from 1978 to 1986.¹⁸³²

The Edinburgh Inquiry was a formal, independent inquiry established by Edinburgh City Council. The Inquiry team had a remit to:

- investigate whether there were any allegations made before the police investigation began;
- determine the appropriateness of action taken at the time;
- identify any lessons that may be learned;
- investigate the adequacy of the procedures currently in place to protect children against abuse; and
- determine what further safeguards might be needed.¹⁸³³

The Inquiry identified a number of themes about practice in the past that allowed abuse to take place and continue. The children's homes were experienced as 'self-contained' and children and young people were isolated because of the lack of external supervision or involvement. However, to 'the outside world, both Glenallan and Dean House appeared to be happy places.'¹⁸³⁴ Children did not tell about the abuse because of their age, stigma, fear that no one would believe them, threats from the abuser, and fear of the consequences.

Adults did not pick up the children's signs: group name-calling, self-harm and running away. Where staff had concerns, about bad management...they were unable to communicate these effectively to external managers or Governors. External managers did not pick up the staff's signs.¹⁸³⁵

There was a lack of awareness of the possibility of sexual abuse, and responsibility and accountability within the organisations was not clear. Contemporary reports about the abuse by the children, and later reports when they were adults, were handled poorly. 'The investigation which led to the trial was characterised by prompt action by the

¹⁸³² Kathleen Marshall, Cathy Jamieson and Alan Finlayson, *Edinburgh's Children: The Report of the Edinburgh Inquiry into Abuse and Protection of Children in Care* (Edinburgh: Edinburgh City Council, 1999), 18.

¹⁸³³ Marshall, Jamieson and Finlayson, *Edinburgh's Children*, 10.

¹⁸³⁴ Marshall, Jamieson and Finlayson, 91.

¹⁸³⁵ Marshall, Jamieson and Finlayson, 91-2.

worker receiving the report and a police investigation which, the victims repeatedly told us, proceeded at their pace.¹⁸³⁶

In relation to the present, the Inquiry set out the principles underpinning the Council's approach to looked after children. These highlighted the commitment to the protection of vulnerable children, listening to children, and keeping children in their own families wherever that was safe and appropriate. Residential units should be small and manageable, and residential care should be a positive choice for children. Children under 12 years should only be in residential care in exceptional circumstances, and in a particular unit for under-12s. Staff in residential units should be encouraged to become involved in outreach work, respite care, and aftercare. There should be effective management of resources and a corporate responsibility for children.¹⁸³⁷

However, the Inquiry recommended that the Council as a whole should explicitly acknowledge its corporate responsibility for looked after children, and support its professional staff in implementing decisions arising from risk assessments.

The Council through the Chief Executive, should devise a comprehensive care strategy which recognises residential care as part of a continuum. It should draw on the expertise of all departments of the Council...Residential care must be used and available where it is a positive choice for young people.¹⁸³⁸

The Director of Social Work should review policy and practice guidance—ensuring it was issued in a readily understandable format to residential staff, social workers, and other staff members—and also review the information given to children in residential care and their parents.¹⁸³⁹

The Inquiry found 'considerable variation in standards amongst residential units; both in the material quality of the units and indeed the ethos.'¹⁸⁴⁰ 'Some of them were frankly unacceptable in terms of material standards or ethos and could not be regarded as providing a setting conducive to stability and safety.'¹⁸⁴¹

¹⁸³⁶ Marshall, Jamieson and Finlayson, 93.

¹⁸³⁷ Marshall, Jamieson and Finlayson, 114.

¹⁸³⁸ Marshall, Jamieson and Finlayson, 118.

¹⁸³⁹ Marshall, Jamieson and Finlayson, 122-3.

¹⁸⁴⁰ Marshall, Jamieson and Finlayson, 125.

¹⁸⁴¹ Marshall, Jamieson and Finlayson, 125.

The Inquiry also addressed the recruitment of residential staff and members 'were very impressed with the proposals for introduction of the Recruitment and Development Centre for Residential Child Care.'¹⁸⁴² Recommendations emphasised the need for the development of recruitment policies and procedures that addressed attitudes to sexuality, the gender balance in residential units, and the involvement of young people in the recruitment process.¹⁸⁴³

The Inquiry also considered other recruitment issues such as Scottish Criminal Records Office (SCRO) checks and references. It made a number of recommendations about the clarification of expectations in sharing such information, and prioritisation of checks for prospective residential staff. It also looked at the issue of SCRO checks of overnight stays.¹⁸⁴⁴ It highlighted the importance of references and recommended development of good practice in recruitment processes.¹⁸⁴⁵

Training, support, and supervision of residential workers were also highlighted as issues of importance. While it was clear that 'the Department has shown a commitment to training to get to the position where it has a well qualified staff',¹⁸⁴⁶ the Inquiry recommended that the Council should 'aim to have a fully qualified professional staff in residential child care.'¹⁸⁴⁷ Supervision of residential staff should be given much higher priority, and take place at least every four weeks.¹⁸⁴⁸

In the case of allegations relating to the safety of looked after children, the Inquiry recommended that there should be appropriate support for the child, provision of feedback on the outcome of allegations, and that children's satisfaction with the feedback was monitored.¹⁸⁴⁹ A number of issues were identified regarding the position of staff members when allegations were made.¹⁸⁵⁰

The Inquiry considered inspection and visits by external managers and elected members. It recommended that work should be done to introduce the perspectives of

¹⁸⁴² Marshall, Jamieson and Finlayson, 128.

¹⁸⁴³ Marshall, Jamieson and Finlayson, 129-32.

¹⁸⁴⁴ Marshall, Jamieson and Finlayson, 134-5.

¹⁸⁴⁵ Marshall, Jamieson and Finlayson, 138.

¹⁸⁴⁶ Marshall, Jamieson and Finlayson, 144.

¹⁸⁴⁷ Marshall, Jamieson and Finlayson, 145.

¹⁸⁴⁸ Marshall, Jamieson and Finlayson, 148.

¹⁸⁴⁹ Marshall, Jamieson and Finlayson, 164.

¹⁸⁵⁰ Marshall, Jamieson and Finlayson, 165-6.

those with experience of the care system into the inspection process. Local authority units should be inspected with the same rigour and process as independent establishments.¹⁸⁵¹ External managers should have 'sufficient time clearly allocated for visiting units to carry out their monitoring and supportive role.'¹⁸⁵² Visits by social workers to children and young people in residential care were highlighted as a key safeguard and it was recommended that the frequency of visits by social workers should be monitored.¹⁸⁵³ The Inquiry recommended that 'the "Whistle-blowing" policy be amended to encourage staff also to raise concerns about bad management or other practices which could jeopardise the welfare of residents.'¹⁸⁵⁴

The Inquiry commended the importance of the role of Children's Rights Officer as 'the most effective safeguard the Council currently has', and considered that it should be expanded and developed.¹⁸⁵⁵ 'Where a concern about a child's safety is identified by staff, it is important that they know what to do about it and are confident in taking the matter forward.'¹⁸⁵⁶

Fife Independent Enquiry Report

In 2001, another independent inquiry was set up by Fife Council following the conviction of David Logan Murphy for the sexual abuse of children in two residential establishments in Fife.¹⁸⁵⁷ The abuse took place over a 30 year period between 1959 and 1989; first at St Margaret's Home in Elie (1959-1973) and then in Linnwood Hall School (1976-1989). The Enquiry drew on the experiences of 24 survivors, 11 ex-staff members of Social Work and Education, and a number of current professionals from Social Work, Education, Police, and Child Protection Units, as well as care files and records.¹⁸⁵⁸

The inquiry report described the nature of the abuse, and the failure to listen to children and to take account of their feelings. It also detailed the failure to respond fully to allegations of abuse made by children in the early 1970s, and, indeed, to

¹⁸⁵¹ Marshall, Jamieson and Finlayson, 181.

¹⁸⁵² Marshall, Jamieson and Finlayson, 182.

¹⁸⁵³ Marshall, Jamieson and Finlayson, 186.

¹⁸⁵⁴ Marshall, Jamieson and Finlayson, 190.

¹⁸⁵⁵ Marshall, Jamieson and Finlayson, 215.

¹⁸⁵⁶ Marshall, Jamieson and Finlayson, 215.

¹⁸⁵⁷ Black and Williams, *Fife Council Independent Enquiry*, 5.

¹⁸⁵⁸ Black and Williams, 7.

employ Murphy in 1976 at Linnwood Hall despite concerns being expressed based on these allegations.¹⁸⁵⁹

Black and Williams also discussed the safeguards in place in Fife Council at the time of their inquiry, and the management audit, which had been carried out 'to see that adequate procedures are in place and that legislative requirements and procedures are being followed so that young people can be protected from harm as effectively as possible.'¹⁸⁶⁰ With regard to listening to children, a range of measures had been put in place. For example, the Council was in the process of issuing guidelines on the requirement for children to be visited by their social worker at least every four weeks, and that these visits should be recorded. A Children's Rights Development worker had been appointed and Who Cares? Scotland were funded to provide an independent advocacy and support service for young people in care. In addition, young people had contact details for the ChildLine confidential helpline.¹⁸⁶¹ Black and Williams concluded that these developments provided 'extensive opportunities for young people to have their views and concerns listened to while they are in care,' and they recommended that staff 'need to monitor that these measures are well understood and easily used by young people when necessary.'¹⁸⁶²

The inquiry report detailed a range of measures that focused on improving the quality of residential care. Residential homes in Fife were smaller and located within communities. 'The new small units have no more than five beds and young people have a single room providing them with the privacy and individuality that they need.'¹⁸⁶³ Each home had a statement of functions and objectives. Staffing levels had improved greatly.

Senior staff are appointed for each unit to supervise, guide and support staff and to work towards the highest quality of care for the young people. Each child has a key worker who is responsible for the co-ordination of the work in the home with the child.¹⁸⁶⁴

¹⁸⁵⁹ Black and Williams, 29.

¹⁸⁶⁰ Black and Williams, 35.

¹⁸⁶¹ Black and Williams, 36.

¹⁸⁶² Black and Williams, 37.

¹⁸⁶³ Black and Williams, 43.

¹⁸⁶⁴ Black and Williams, 44.

The inquiry also identified improvements in record keeping, and there were regular child care reviews. It concluded that 'a great deal of work has been done to make care safer and to provide young people with high quality care.'¹⁸⁶⁵

Services for Young People with Harmful Sexual Behaviour

The *Children's Safeguards Review* identified the issue of young people who sexually abuse others in care.¹⁸⁶⁶ According to Lindsay, one-third of residential units in Scotland were caring for young people known to have sexually abused others, and most of these were caring for young people known to have been abused.¹⁸⁶⁷ The report *A Commitment to Protect* also concluded that 'young people's sexual offending must be more effectively addressed at an early stage if their progression to more serious offending in adulthood is to be prevented,' and called for strategic collaboration and a national oversight of all work with sex offenders in Scotland.¹⁸⁶⁸

Any decision to place a child who has sexually offended in local authority accommodation must take into account any risk to other children, the level of supervision foster carers or residential staff can provide and the need for a clear strategy to prevent opportunities for the young person to abuse other residents.¹⁸⁶⁹

The report recommended that consideration 'should be given to establishing specialist provision for younger sex offenders, perhaps within one of the wings of the new secure care unit planned to replace St Mary's, Kenmure.'¹⁸⁷⁰

In 2000, an inspection of the management of sex offender cases in the community in eight local authorities in Scotland was published, and this included 46 cases of children and young people who had committed sexual offences or displayed sexually

¹⁸⁶⁵ Black and Williams, 46.

¹⁸⁶⁶ Kent, *Children's Safeguards Review*, 84-5

¹⁸⁶⁷ Meg Lindsay, "The Neglected Priority: Sexual Abuse in the Context of Residential Child Care," *Child Abuse Review* 8, no. 6 (1999), 410. See also, Meg Lindsay, *Tip of the Iceberg: Sexual Abuse in the Context of Residential Child Care* (Glasgow: The Centre for Residential Child Care, 1997), 5; Autumn Roesch-Marsh, "Good Enough Care? Looking After Sexually Abused Young People in Residential Settings," *Scottish Journal of Residential Child Care* 4, no. 1 (2005), 52.

¹⁸⁶⁸ Social Work Services Inspectorate, *A Commitment to Protect – Supervising Sex Offenders: Proposals for More Effective Management* (Edinburgh: The Stationery Office, 1997), 49.

¹⁸⁶⁹ SWSI, *Commitment to Protect*, 42.

¹⁸⁷⁰ SWSI, 48.

aggressive behaviour.¹⁸⁷¹ Over half of these children (24) were looked after away from home.

Nineteen of these young people...were placed in residential settings, including children's homes, residential schools, close support units or supported semi-independent living. Five young people...were in family placements (either in foster care or with relatives other than their parents).¹⁸⁷²

While good practice in managing the risks was identified, 'none of the authorities were able to consistently demonstrate satisfactory management of risk from sexual aggression by young people.'¹⁸⁷³ The inspection report highlighted the issues in placing children who are sexually aggressive, including placement with young people who had experienced sexual abuse, and the need for careful consideration of potential risks to other children and young people.

The report identified two residential establishments that had developed personal change programmes for sexually aggressive young people (a Church of Scotland residential school and St Mary's, Kenmure), and these 'developments represent welcome additions to the continuum of services for this group.'¹⁸⁷⁴

In 2001, the *Cosgrove Report* confirmed that while some good collaborative and flexible practice in the assessment and treatment of children and young people was taking place, it tended to be on an ad hoc basis and that there was little skilled specialist provision for children and young people who are sexually aggressive. It considered that services should include access to robust and comprehensive risk and needs assessment, and offence-specific personal change programmes should be available both in the community, and in secure and non-secure residential settings.¹⁸⁷⁵

Kendrick, Mitchell, and Smith described the development of the residential school programme for sexually aggressive young men mentioned above. Building on

¹⁸⁷¹ Social Work Services Inspectorate, *Managing the Risk: An Inspection of the Management of Sex Offender Cases in the Community* (Edinburgh: Scottish Executive, 2000), para 62.

¹⁸⁷² SWSI, *Managing the Risk*, para 63.

¹⁸⁷³ SWSI, para 78.

¹⁸⁷⁴ SWSI, para 92.

¹⁸⁷⁵ Expert Panel on Sex Offending, *Reducing the Risk: Improving the Response to Sex Offending* (Cosgrove Report) (Edinburgh: Scottish Executive, 2001), 54.

previous work, Geilsland School opened a residential unit for nine young men.

The unit aimed to develop an integrated model of working with sexually aggressive young men. Residential staff were to be involved, with appropriate support, in all aspects of the work, both in the day-to-day care of the young men and in the programmes focusing on their sexually abusive behaviour.¹⁸⁷⁶

Within the context of establishing a safe and secure environment; individual, group, and family work were developed. Involving residential staff across all activities, however, created significant issues in terms of staff resources. The staff team was stretched in covering the range of tasks and this was exacerbated by staff turnover.¹⁸⁷⁷ There were positive developments in terms of the core ethos of the unit and in providing secure and stable placements. There was also progress in the development of groupwork and individual programmes of work, but these were affected by the staff resource issues.

In 2005 and 2006, the Social Work Inspection Agency, the Care Commission, and HM Inspectorate of Education carried out a multi-agency inspection review of four residential schools providing services for young people with harmful sexual behaviour: Geilsland School, St Mary's Kenmure Secure Unit, Oakbank School, and Kibble Education and Care Centre.¹⁸⁷⁸ The inspection found that the young people in the specialist units 'had experienced poor care in their early lives, many had been subject to physical or sexual abuse.'¹⁸⁷⁹ 'Most of the young people had other behavioural difficulties and many had experienced a number of different placements.'¹⁸⁸⁰

¹⁸⁷⁶ Andrew Kendrick, Richard Mitchell and Mark Smith, "The Development of a Residential Unit Working with Sexually Aggressive Young Men," in *Residential Care: Horizons for the New Century*, ed. Hans Goran Eriksson and Torill Tjelflaat (Aldershot: Ashgate, 2004), 45. See also Andrew Kendrick and Randal Mair, "Developing Focused Care: A Residential Unit for Sexually Aggressive Young Men," in *Young People Who Sexually Abuse: Building the Evidence Base for Your Practice*, ed. Martin Calder (Lyme Regis: Russell House Publishing, 2001).

¹⁸⁷⁷ Kendrick, Mitchell and Smith, "The Development of a Residential Unit," 50.

¹⁸⁷⁸ Social Work Inspection Agency, Care Commission and HM Inspectorate of Education, *Multi-Agency Inspection: A Review of Residential Services for Young People with Harmful Sexual Behaviour*, (Edinburgh: Social Work Inspection Agency, 2007), para 1.

¹⁸⁷⁹ SWSI, *Multi-Agency Inspection*, para 2.6.

¹⁸⁸⁰ SWSI, 2.6.

The inspection found that not all the schools provided 'an environment which brings together their needs for care, education and health.'

Effective practice in this area comprises a mixture of practical arrangements combined with good working practices and communication between staff. A good physical environment not only conveys value and respect for both staff and young people but also enhances safety.¹⁸⁸¹

Assessment and risk management across involved agencies varied in terms of both content and quality.¹⁸⁸²

We found the schools provided young people with good personal care and attended to their individual needs. In addition most young people were offered a wide range of interventions dealing with for example, their offending, sexually harmful behaviour, anger management and trauma. Some specialist assessments and programmes were particularly well integrated with the everyday lives of the young people.¹⁸⁸³

However, the inspection identified the significant challenges for staff working with the young people to manage and support them to change their behaviour.

The inspection highlighted the importance of throughcare and links with services in the community, but 'availability of resources to provide intensive support and supervision of young people in the community was variable.'¹⁸⁸⁴ '[They] found support and supervision of young people in the community was improved where either a specialist community based project assumed responsibility for the young person's aftercare or a court order was in place.'¹⁸⁸⁵

The inspection concluded that 'at present services for young people with sexually harmful behaviour are most effectively delivered in dedicated settings which have specially trained staff in an appropriately designed environment.'¹⁸⁸⁶

¹⁸⁸¹ SWSI, para 49.

¹⁸⁸² SWSI, para 63.

¹⁸⁸³ SWSI, para 67.

¹⁸⁸⁴ SWSI, para 84.

¹⁸⁸⁵ SWSI, para 84.

¹⁸⁸⁶ SWSI, para 106.

Oosterhoorn and Kendrick highlighted issues of communication for disabled children disclosing abuse.¹⁸⁸⁷ The research involved staff from eight establishments, including four residential schools and one residential respite unit. It addressed the use of communication systems, such as Makaton, which was the most widely used communication system. Staff identified the limitation of vocabulary as a barrier, and, for example, Makaton was 'developing signs covering general personal growth and development, emotions, feelings and relationships, and with supplementary vocabulary specific to abuse and bullying for sexuality and abuse.'¹⁸⁸⁸ While some languages had appropriate signs, the languages were not widely used. Therefore, staff would create their own signs but this led to issues of consistency and transferability.¹⁸⁸⁹

Staff raised the issue of the children's level of understanding, both in terms of their understanding of being in an abusive situation and of understanding abstract and complex concepts.

Staff struggled for answers to the issues raised in the previous section. They were unsure of how the appropriate vocabulary could be introduced in a natural way and how links could be made between signs and their meanings. Because of this, even though the communication system may have appropriate signs, they are not necessarily accessible to disabled children.¹⁸⁹⁰

Given this, staff highlighted the importance of recognising abuse and 'creating an open and accepting environment with close relationships with parents and children.'¹⁸⁹¹

¹⁸⁸⁷ Rebecca Oosterhoorn and Andrew Kendrick, "No Sign of Harm: Issues for Disabled Children Communicating About Abuse," *Child Abuse Review* 10, no. 4 (2001), 243.

¹⁸⁸⁸ Oosterhoorn and Kendrick, "No Sign of Harm," 247.

¹⁸⁸⁹ Oosterhoorn and Kendrick, 248.

¹⁸⁹⁰ Oosterhoorn and Kendrick, 250.

¹⁸⁹¹ Oosterhoorn and Kendrick, 251.

In 2008, Bell reported on research in a residential school that explored young people's understanding of their rights and their communication of issues and complaints. She found that they had little knowledge about their rights.

Most young people had some awareness of the word 'rights' but they had limited knowledge about how rights related to their direct experiences at the residential school, varied experiences with the form and content of rights information they received, if any, and often couldn't recall who had provided them with information about their rights.¹⁸⁹²

Bell found that young people had different ideas about what constituted a complaint, and while some considered that 'they should be able to express their views about anything...some young people placed parameters around this entitlement.'¹⁸⁹³ She showed that the school complaints information and the National Care Standards meant that complaints were limited to being about the school service and provision.¹⁸⁹⁴ The different organisations involved in complaints processes had a range of definitions, and the 'number, fragmentation and complexity of complaint definitions potentially create insurmountable barriers for young people at residential school who want to express concerns about any and all matters important to them.'¹⁸⁹⁵

Young people indicated that 'they wanted to communicate a concern, or their unhappiness about matters important to them, in direct, informal ways to people they knew and trusted.'¹⁸⁹⁶

Overall, most young people participating in this research identified either informal advocates or specific formal advocates - people working in professional roles directly associated with the residential school, such as keyworkers and social workers - as the people to whom they would express their concerns and not formal advocates working outwith the residential school, such as children's rights officers and national advocacy workers who

¹⁸⁹² Nancy Bell, "Young People at Residential School: Rights, Communication and 'Complaints'" (PhD thesis, University of Glasgow: 2008), 133.

¹⁸⁹³ Bell, "Young People at Residential School," 173.

¹⁸⁹⁴ Bell, 180.

¹⁸⁹⁵ Bell, 199.

¹⁸⁹⁶ Bell, 208.

are specifically designated as formal advocates to represent young people's views. Furthermore, no young person identified the residential school complaints manager, or any other complaints officer, as adults to whom they would communicate their complaints.¹⁸⁹⁷

In addition, many young people did not know how the complaints procedure was supposed to work.¹⁸⁹⁸

Petition 535 and Government Response

In 2002, Chris Daly, a survivor of historic abuse, lodged Petition 535 with the *Public Petitions Committee* and called for 'an inquiry into past institutional child abuse, in particular for those children who were in the care of the State under the supervision of religious orders, and...make unreserved apology for said State bodies and to urge the religious orders to apologize unconditionally.'¹⁸⁹⁹

In December 2004, Scotland's then First Minister—Jack McConnell—issued an apology on behalf of the people of Scotland. He stated that it was clear that some children suffered physical, emotional, and sexual abuse in residential care in Scotland.

It is for this generation of the people of Scotland to say quite clearly that it was unacceptable that young people were abused and that it was appalling that they were abused by those entrusted with their welfare. That is why, today, I offer a sincere and full apology on behalf of the people of Scotland to those who were subject to such abuse and neglect and who did not receive the level of love, care and support that they deserved, and who have coped with that burden all their lives.¹⁹⁰⁰

In addition to the apology, the Scottish Executive outlined proposals to examine the background of historic abuse in residential care and to support survivors more effectively. All relevant files were to be open for public inspection, subject to redaction to prevent sensitive personal information being revealed, and the Information Commissioner was to examine access to files.

¹⁸⁹⁷ Bell, 212.

¹⁸⁹⁸ Bell, 232.

¹⁸⁹⁹ Scottish Parliament, "Petition 535," *Scottish Parliament* website.

¹⁹⁰⁰ Scottish Parliament, "Meeting of the Parliament Wednesday 1 December 2004: Institutional Child Abuse," *Scottish Parliament* website, 2004, Col. 12389.

A working group on the impact of abuse on those in care was to be established. The 'law on limitation' was to be reviewed to address the issue of claims for compensation not being able to be pursued for injuries sustained before 1964. Financial support for counselling services for survivors of abuse was also to be made available. The Scottish Executive committed to 'appoint someone with experience to analyse independently the regulatory requirements of the time, the systems that were in place to monitor operation of those requirements and, in general, to analyse how that monitoring was carried out in practice.'¹⁹⁰¹ The latter would be formalised as the *Historical Abuse Systemic Review*.

Historical Abuse Systemic Review

The Scottish Parliament appointed Tom Shaw, former Chief Inspector of Education and Training in Northern Ireland, to lead the *Historical Abuse Systemic Review*. In 2007, the report of the *Review* was published. In the context of the historical abuse of children in care, the review's purpose was to investigate the regulatory and legislative framework of residential child care, and how these operated in practice between 1950 and 1995.¹⁹⁰²

The review considered:

- the laws, rules, regulations and powers that governed how these schools were run, regulated and inspected;
- what systems were in place to make sure these laws, rules, regulations and powers were followed; and
- how these systems worked in practice.¹⁹⁰³

Shaw acknowledged the challenges in undertaking such a review because of the challenges in 'understanding the past' and 'understanding children's lives in the past.' The 'difficulty in balancing our present-day knowledge and understanding with that of the past' is an important issue, as is the lack of research. 'It's difficult to define how

¹⁹⁰¹ Scottish Parliament, "Institutional Child Abuse," Cols. 12399-401.

¹⁹⁰² Shaw, *Historical Abuse Systemic Review*, 9. Much of the historical context covered in the review has been considered earlier in this report or in Norrie (2017) and will not be repeated.

¹⁹⁰³ Shaw, *Historical Abuse Systemic Review*, 3.

children were regarded at any point in history as few texts examine the history of their lives.’¹⁹⁰⁴

Shaw noted that attitudes to children have changed gradually over time, ‘attitudes to punishment have been inconsistent;’ and the ‘understanding of what constituted abuse changed’.¹⁹⁰⁵ He also stated that historically residential child care had low status, ‘there was a lack of qualified staff and carers’, and ‘procedures for selecting and assessing staff, and for dealing with staff who abused children, were inadequate’.¹⁹⁰⁶

Shaw highlighted the number and range of legal requirements and powers that governed children’s residential care between 1950 and 1995, noting they ‘were complex and, in some cases vague.’¹⁹⁰⁷ ‘As a result, it is very difficult to identify precisely what was current at any given point in time, a challenge which those delivering children’s residential services must have faced and which may well have given rise to confusion and misunderstanding.’¹⁹⁰⁸ Shaw drew on a number of themes on which to base his observations on the regulatory framework:

- talking and listening to children;
- meeting children’s needs, protecting children from abuse;
- ensuring accountability for children’s welfare and safety; and,
- monitoring and inspecting children’s welfare and safety.¹⁹⁰⁹

He concluded that over the review period, the regulatory framework ‘moved from a child focused to a child centred philosophy, from an approach to residential child care based on welfare to one based on rights, needs, and welfare.’¹⁹¹⁰

If the legislation [had] been honoured in spirit and letter when it was being implemented, if the work of residential schools and children’s homes had been supervised and managed as expected, then it’s reasonable to conclude

¹⁹⁰⁴ Shaw, 16.

¹⁹⁰⁵ Shaw, 34.

¹⁹⁰⁶ Shaw, 34.

¹⁹⁰⁷ Shaw, 97.

¹⁹⁰⁸ Shaw, 97.

¹⁹⁰⁹ Shaw, 98.

¹⁹¹⁰ Shaw, 103.

that the incidence of abuse would have been lower and the experiences and outcomes for many would have been better.¹⁹¹¹

Shaw also considered that most of the weaknesses in the regulatory framework identified by his review were addressed by subsequent legislation and regulations indicating ‘the determination of government to refine the legislation and respond to changing circumstances in the best interests of the children in the care of the state.’¹⁹¹²

The review also considered processes of compliance, monitoring, and inspection. Shaw identified the range of requirements for monitoring and inspection, and the way this changed over time in the context of different types of residential provision.¹⁹¹³ He highlighted the lack of research and either the absence of records or the volume of records without adequate cataloguing. ‘Much more work would be required to establish comprehensively the focus and form of monitoring and inspection undertaken by government inspectors at that time.’¹⁹¹⁴ There does not appear to have been ‘specific information recorded about monitoring and inspection frameworks or the approaches adopted by visitors, officers from administering authorities and inspectors, both local authority and national.’¹⁹¹⁵

The review focused in detail on records of residential schools and children’s homes and found that ‘many aspects of records—from their accessibility to their very existence—proved extremely challenging.’¹⁹¹⁶

The review’s research showed that many laws were in force to govern records, but revealed that the practice of generating and keeping records was a different matter entirely. The review also found that record-keeping and the availability of records across all organisations and across Scotland has, and remains, very patchy indeed.¹⁹¹⁷

¹⁹¹¹ Shaw, 103.

¹⁹¹² Shaw, 103–4.

¹⁹¹³ Shaw, 108–9.

¹⁹¹⁴ Shaw, 112.

¹⁹¹⁵ Shaw, 113.

¹⁹¹⁶ Shaw, 117.

¹⁹¹⁷ Shaw, 117.

Shaw stressed that records were an essential part of ensuring children's safety and well-being, and they were also important to children and young people who lived in residential care as they are 'essential to their sense of identity.'¹⁹¹⁸

Shaw's recommendations fell into three main areas:

- current provision to ensure the welfare and safety of looked after and accommodated children;
- former residents' needs; and
- record-keeping.¹⁹¹⁹

Shaw recommended that there should be a National Task Group to undertake a wide-ranging audit of the extent to which children currently in residential establishments are protected. This should involve:

- annual audit of the outcomes of children and young people;
- audit of the recommendations of previous reviews and outstanding actions;
- review arrangements for complaints, including advocacy support;
- monitor progress in achieving a fully qualified residential workforce;
- audit the quality and appropriateness of training and development;
- identify ways of making employment in residential child care a desirable career option;
- identify and disseminate best practice in recruitment and selection;
- ensure monitoring and inspection focuses on keeping children safe and enabling them to achieve their potential;
- monitor the extent that self-evaluation is becoming established practice;
- identify the most effective ways of ensuring children's welfare and safety;
- review the quality and standards of accommodation; and
- make recommendations for research and development.¹⁹²⁰

In relation to former residents' needs, the review recommended that a centre should be established to support former residents in accessing advocacy, mediation, and counselling support, as well as carrying out research into residential child care. It

¹⁹¹⁸ Shaw, 117.

¹⁹¹⁹ Shaw, 155.

¹⁹²⁰ Shaw, 156.

should maintain a resource centre with information on historical residential services, a database of children's residential establishments, and develop an index for locations where records of services were held.¹⁹²¹

Public records legislation should be reviewed to ensure it meets Scotland's records and information needs. There should be a commitment from local authorities and publicly funded organisations to use the Section 61 Code of Practice, which provides guidance on the creation, keeping, management and destruction of records. Training in professional records management practice and procedures should be available to all those providing children's services, and guidance should be commissioned to ensure that records are catalogued and accessible. Record management practices should be regularly evaluated, and 'a national records working group' should be established 'to address issues specific to children's residential services records.'¹⁹²²

Government Response to Historical Abuse Systemic Review

In February 2008, the Minister for Children and Early Years made a Parliamentary Statement on the support for survivors of institutional abuse. The Scottish Government was 'pleased to accept the recommendations of the Shaw review in full.'¹⁹²³

In addressing the needs of survivors of institutional abuse, the Scottish Government made available funding to support 'a national hub that provides advice and information and is able to link up with the local services that in-care survivors need, which should include advocacy, mediation and counselling services.'¹⁹²⁴

The Minister also stated that the Government had been 'scoping the adaptation of the principles of a truth and reconciliation model', and were 'committed to that.'¹⁹²⁵ The Government had also initiated a review of the legislation on public records, and would seek to include a code of practice on records management into looked after children regulations.¹⁹²⁶

¹⁹²¹ Shaw, 156.

¹⁹²² Shaw, 157.

¹⁹²³ Scottish Parliament, "Meeting of the Parliament: Thursday 7 February 2008: Survivors of Institutional Abuse," *Scottish Parliament* website, 2008, Col. 5926.

¹⁹²⁴ Scottish Parliament, "Survivors of Institutional Abuse," Col. 5926.

¹⁹²⁵ Scottish Parliament, Col. 5926.

¹⁹²⁶ Scottish Parliament, Cols. 5927-8.

In relation to improving residential child care, the Minister stated that 'the Scottish Government intends to take the necessary steps to require residential child care workers to register with the Scottish Social Services Council', as progress on this had not been good enough.¹⁹²⁷ The Government also proposed to work with a range of partners to 'achieve a supply of residential child care that matches the full range of needs of children and young people', to 'strengthen care planning', and to 'develop a more consistent approach to commissioning.'¹⁹²⁸

These commitments were taken forward over the coming years and the development of these initiatives are described below.¹⁹²⁹

In Care Survivors Service Scotland

In 2008, a national support service for survivors of abuse in care was set up—the In Care Survivors Service Scotland (ICSSS).¹⁹³⁰ The service offered counselling and support, advocacy, friendship, and help in accessing records. An evaluation undertaken after the first three years of funding found that its services were highly valued by survivors, support workers, and managers.¹⁹³¹

The counselling service was found to have a positive impact on mental health problems and psychological distress, and survivors reported high satisfaction rates with their use of advocacy services, which included help accessing their records and preparing for meetings, and access to a support person in meetings. Survivors also made extensive use of the informal support provided.¹⁹³²

Scottish Human Rights Commission Human Rights Framework

In 2009, the Scottish Human Rights Commission was funded to 'produce an independent human rights framework for the design and implementation of an

¹⁹²⁷ Scottish Parliament, Col. 5928.

¹⁹²⁸ Scottish Parliament, Col. 5928-9.

¹⁹²⁹ The commitment to improve residential child care was taken forward through the *National Residential Child Care Initiative* and this is discussed in the residential child care section.

¹⁹³⁰ Kendrick et al., "Scotland: Historic Abuse in Care," 129.

¹⁹³¹ Thanos Karatzias, *In Care Survivors Service Scotland Evaluation Report* (Edinburgh: Napier University, 2011), 4.

¹⁹³² Karatzias, *In Care Survivors Service*, 7.

"Acknowledgement and Accountability Forum".¹⁹³³ Before the publication of the Framework, the Scottish Government announced that 'the Pilot Forum would adopt a confidential committee model which was one element of the remedies and reparations package in Ireland.'¹⁹³⁴

The human rights-based approach adopted a 'PANEL' model, which ensured:

- **P**articipation of everyone in decisions which affect their human rights;
- **A**ccountability of those responsible for the respect, protection and fulfilment of human rights;
- **N**on-discrimination;
- **E**mpowerment of rights-holders to know and claim their rights;
- **L**egality: an explicit application of international human rights law and standards.¹⁹³⁵

In relation to participation, the Framework recommended that the Scottish Government, 'should develop a comprehensive communications and outreach strategy to raise awareness of past and present childhood abuse, the human rights of all of those affected and the remedies available' in consultation with survivors and others.¹⁹³⁶ In relation to the Forum, the Framework recommended that the Scottish Government should ensure 'full and effective participation of survivors and others whose rights are affected in all decisions on the successor(s) to the Pilot Forum.'¹⁹³⁷ In addition, 'individual survivors and others should be supported and enabled to participate in decisions on appropriate and proportionate reparations in their case, and should be enabled to make informed decisions on their participation in any Forum.'¹⁹³⁸

¹⁹³³ Scottish Human Rights Commission, *A Human Rights Framework for the Design and Implementation of the Proposed "Acknowledgement and Accountability Forum" and Other Remedies for Historic Child Abuse in Scotland* (Edinburgh: Scottish Human Rights Commission, 2010), 11.

Terminology for the 'forum' changed from: 'Truth and Reconciliation Model' to 'Acknowledgement and Accountability Forum' to 'Time to Be Heard Pilot Forum'.

¹⁹³⁴ Scottish Human Rights Commission, *Human Rights Framework*, 12.

¹⁹³⁵ Scottish Human Rights Commission, 15.

¹⁹³⁶ Scottish Human Rights Commission, 17.

¹⁹³⁷ Scottish Human Rights Commission, 19.

¹⁹³⁸ Scottish Human Rights Commission, 20.

Accountability is an important aspect of the human rights framework, and it addressed four concerns:

- what should there be accountability for?
- who should be accountable?
- how is accountability realised?
- what are the duties to ensure effective remedies?¹⁹³⁹

The Framework recommended that there needed to be clarification from the Scottish Government that 'the Pilot Forum is a stage in scoping the needs of survivors and commit to taking a comprehensive human rights based approach to securing effective access to justice, effective remedies and reparation for survivors of childhood abuse.'¹⁹⁴⁰

In terms of who should be accountable, the Framework recommended that there needed to be a process where the state would be liable because of 'a failure to take adequate effective measures of prevention, protection and investigation.'¹⁹⁴¹ The Framework also addressed the issue of public authorities, institutions, or individuals being accountable.¹⁹⁴² In particular, it recommended that there should be identification of whether 'acts of torture may have been perpetrated.'¹⁹⁴³

The Framework addressed the need for effective, official investigation and recommended that 'all arguable claims of State failure to protect the right to life or that a State agent engaged in torture or serious ill-treatment trigger an effective official investigation.'¹⁹⁴⁴ Similarly, an investigation should be triggered in the case of an individual being seriously ill-treated by a private institution or individual.

There was a questioning in the Framework of the role of the Pilot Forum in relation to the requirement for investigation, and there was a recommendation that this should be clarified, and that in the follow-up to the Pilot Forum, there should be consideration of:

¹⁹³⁹ Scottish Human Rights Commission, 20.

¹⁹⁴⁰ Scottish Human Rights Commission, 22.

¹⁹⁴¹ Scottish Human Rights Commission, 23.

¹⁹⁴² Scottish Human Rights Commission, 24-7.

¹⁹⁴³ Scottish Human Rights Commission, 27.

¹⁹⁴⁴ Scottish Human Rights Commission, 30.

...the inclusion of investigatory powers at least to establish a record of the truth, and to identify where reasonable grounds exist for effective official investigations, as well as supporting survivors to identify and access effective remedies and proportionate reparation according to their needs and wishes.¹⁹⁴⁵

In discussing the duties to ensure effective remedies, the Framework addressed:

- equal and effective access to justice;
- reparation;
- restitution of rights;
- adequate compensation;
- rehabilitation;
- satisfaction; and
- guarantees of non-repetition.¹⁹⁴⁶

The Framework recommended that the Pilot Forum could be an element in scoping the steps to secure access to justice and effective remedies and reparation, and in identifying changes needed to mitigate the risk of repetition. The Scottish Government should develop 'as effective as possible a reparations programme for survivors of historic childhood abuse.'¹⁹⁴⁷ It also recommended the 'development of legislation to facilitate apologies by institutions.'¹⁹⁴⁸

The Framework considered non-discrimination in access to the Forum in terms of:

- where people were placed in care;
- time period;
- age based differentiation;
- groups of victims who may have access to the Forum;
- physical access; and
- access for persons with disabilities.¹⁹⁴⁹

It recommended that in the follow-up to the Pilot, that 'each of the elements of effective access to justice, effective remedies and reparation should be available to all

¹⁹⁴⁵ Scottish Human Rights Commission, 33.

¹⁹⁴⁶ Scottish Human Rights Commission, 34-42.

¹⁹⁴⁷ Scottish Human Rights Commission, 42.

¹⁹⁴⁸ Scottish Human Rights Commission, 43.

¹⁹⁴⁹ Scottish Human Rights Commission, 43-5.

survivors of childhood abuse without discrimination.’¹⁹⁵⁰ Further, the successor to the Pilot Forum should be accessible to all people in any form of institutional care and without arbitrary restrictions.

The empowerment of rights-holders is core, and this required access to relevant information, and appropriate forms of support. The Framework recommended that effective mechanisms should be in place to address these issues.¹⁹⁵¹

Addressing the legality of the Forum and its follow-up, the Framework stated that the following human rights should be covered:

- the right to freedom from torture and ill-treatment;
- the right to life;
- the right to respect for private, family and home life;
- the right to dignified and appropriate conditions of detention;
- the right to a fair trial and a fair hearing;
- the rights of the child; and
- the right to non-retroactive application of the criminal law.¹⁹⁵²

Time to be Heard Pilot Forum

The Scottish Government, then, took forward the commitment to a ‘truth and reconciliation model’ in the form of a ‘Confidential Committee’; a pilot for this was established in 2009. The report on the *Time to be Heard Pilot Forum* was published in 2011. The purpose of the pilot was ‘to test the appropriateness and effectiveness of a confidential forum in giving former residents of residential schools and children’s homes the opportunity to recount their experiences in care, especially abusive experiences, to an independent and non-judgemental panel.’¹⁹⁵³

...it was a test of a means of hearing people who wanted to recount their experiences as children in residential care, notably those who experienced abuse. The underlying expectation was that that opportunity might afford them a means of and support in coming to terms with their past

¹⁹⁵⁰ Scottish Human Rights Commission, 46.

¹⁹⁵¹ Scottish Human Rights Commission, 49.

¹⁹⁵² Scottish Human Rights Commission, 49.

¹⁹⁵³ Tom Shaw, *Time to Be Heard: A Pilot Forum* (Edinburgh: Scottish Government, 2011), 5.

experiences; or as some of those who participated in the Pilot Forum said 'of getting closure'.¹⁹⁵⁴

The Pilot Forum involved adults who had been resident in Quarriers as children. 'Focusing on one institution, such as Quarriers, that operated with large numbers over a long period, was thought to have the potential to yield rich information'.¹⁹⁵⁵ Ninety-eight former residents of Quarriers were heard in the Pilot Forum.¹⁹⁵⁶

The feedback from the participants...was overwhelmingly positive both about the experience of TTBH and the effect of participation on their self-respect, self-confidence and progress towards closure.¹⁹⁵⁷

Shaw concluded that the Commissioners were 'convinced of the value of a confidential forum in which former residents can talk freely and in a way that suits them best about their experiences as children in residential care.'¹⁹⁵⁸ They recommended that an 'independent national confidential forum' should be established in Scotland and that this should be done on a statutory basis. There should be early engagement with survivors to set up a 'communication and project development mechanism' to keep survivors' interests at the centre, 'while paying due regard to the human rights of everyone involved.'¹⁹⁵⁹ The Chair, Commissioners, and staff should be in post well in advance of the start of hearings. It was felt that the administration and operation of the confidential forum should be based on the *Time to Be Heard* model and be informed by its experience. Applications from any person who spent time in care as a child should be accepted.¹⁹⁶⁰

The Scottish Government supported the main recommendation of the pilot forum and committed to 'establish a national confidential forum' and in its proposal set out a wide range of care settings: 'residential schools and children's homes, residential educational provision for children with special needs, long-stay hospital provision for children with acute medical and/or mental health needs, residential youth justice provision, boarding departments for schools and private homes through boarding-

¹⁹⁵⁴ Shaw, *Time to Be Heard*, 77.

¹⁹⁵⁵ Shaw, 79.

¹⁹⁵⁶ Shaw, 6.

¹⁹⁵⁷ Shaw, 7.

¹⁹⁵⁸ Shaw, 72.

¹⁹⁵⁹ Shaw, 11.

¹⁹⁶⁰ Shaw, 110.

out and foster care arrangements.’¹⁹⁶¹ However, it considered that further work was needed to ‘identify the wide range of child care arrangements which existed in the past, to establish how we can contact people who were previously part of these arrangements and to include them in consultation on what happens next.’¹⁹⁶²

National Confidential Forum

The National Confidential Forum (NCF) was set up through the *Victims and Witnesses (Scotland) Act 2014*, with the aim of providing ‘a means for former residents of institutional care to describe their experiences in confidence, and in so doing to improve health and wellbeing.’¹⁹⁶³

While the government’s response to the *Time to Be Heard* pilot had proposed a range of settings including foster care, the legislation specified that participants should have been in institutional care. This was defined as a care or health service in Scotland that included ‘residential care’ and was provided by ‘a body incorporated or unincorporated.’¹⁹⁶⁴

The National Confidential Forum held its first hearing in February 2015. Three original members of NCF reflected on its establishment drawing on their experiences of the first 84 hearings.¹⁹⁶⁵ They considered that a ‘key function of the NCF was to create a safe space for people who were care-experienced to share their experiences in a dignified and safe manner.’¹⁹⁶⁶

It is therefore by design that the NCF was modelled as *person-centred* with an aim to provide *a safe space for being heard*, with *support before, during and after hearings*. It was intended that an appropriate report would be

¹⁹⁶¹ Scottish Government, *Response to the Report on Time to be Heard: A Pilot Forum* (Edinburgh: Scottish Government, 2011), 2.

¹⁹⁶² Scottish Government, *Response to Time to be Heard*, 2.

¹⁹⁶³ Scottish Government, *Memorandum of Understanding Between the Scottish Ministers and the Mental Welfare Commission for Scotland Concerning the National Confidential Forum* (Edinburgh: Scottish Government, 2011), 11.

¹⁹⁶⁴ *Victims and Witnesses (Scotland) Act 2014*, Section 7.

¹⁹⁶⁵ Elizabeth Calder, Stella Everingham and Kay Hampton, *Reflections of Three Founding NCF Members: Based on Hearings from February 2015 – August 2016* (Glasgow: National Confidential Forum, 2016), 2.

¹⁹⁶⁶ Calder, Everingham and Hampton, *Reflections of Three Founding NCF Members*, 4.

written (*public acknowledgement - a form of social justice*) at the end of the process to highlight what happened to children in care in the past.¹⁹⁶⁷

A great deal of consideration was given to the approach to the hearings, the practical and support issues from the first point of contact, through the arrangement of the hearing, and the conduct of the hearing itself.

Whilst undertaking the Hearings we became aware that by providing a space for individuals to speak in any way they wanted about their experiences, we had set up a very particular dynamic. It was not an interview, nor a consultation. As Hearing members our purpose was to provide the right experience for the participant, not resolve issues, challenge perceptions, seek the truth (whatever that means). It was to listen and not to judge. Hence we did not enter the Hearings with a set of questions or a schedule of information we were seeking, we aimed to provide something that made it possible for participants to tell us what was important to them and what they wanted us to hear.¹⁹⁶⁸

In December 2016, NCF published a report on its first 18 months of operation. The Forum heard testimony from 78 adults about their experience in 117 institutions.¹⁹⁶⁹

This account captures a period of Scotland's care history that spans seventy-five years, and it is based solely on what people wanted to share.¹⁹⁷⁰

The report identified a range of issues, many of which have been reflected in this review. While some participants did not know why they had been taken into care, others spoke about physical and sexual abuse in their family, mental illness, or the breakup of the family. There was often a lack of understanding about the process of decision-making or placements; and also 'the distress, fear and confusion that children and young people coming into care frequently experienced.'¹⁹⁷¹

Some people who came forward gave accounts of positive experiences in care, and the positive influence of a carer or other professions.¹⁹⁷² Many, however, gave

¹⁹⁶⁷ Calder, Everingham and Hampton, 4. Emphasis in original.

¹⁹⁶⁸ Calder, Everingham and Hampton, 22.

¹⁹⁶⁹ National Confidential Forum, *The First 18 Months: What We Have Heard So Far* (Glasgow: National Confidential Forum, 2016), 1.

¹⁹⁷⁰ National Confidential Forum, *What We Have Heard So Far*, 1.

¹⁹⁷¹ National Confidential Forum, 4.

¹⁹⁷² National Confidential Forum, 7.

accounts of physical, sexual, and emotional abuse. As children, people were silenced, and it may have been the abused child who was punished or moved. Contact with family could be restricted and siblings separated. Conversely, some people described being returned home to abusive family situations against their wishes.¹⁹⁷³

After leaving care, a 'common theme was how ill-prepared young people felt on leaving care.'¹⁹⁷⁴ This could lead to homelessness, poor education, unemployment, involvement in crime, and ongoing difficulties in relationships and family life.¹⁹⁷⁵ 'Many spoke of the lifelong impact of their experiences on every aspect of life, of constantly living in fear, the loss of potential, and of not being listened to or believed.'¹⁹⁷⁶

In 2018, McKee also commented on the experiences of participants to the National Confidential Forum.¹⁹⁷⁷ Over 150 people had provided evidence to the NCF and the 'ages of participants who have spoken to the Forum so far mean the experiences on which our findings are based cover accounts of care from the 1940s to the early 2000s.'¹⁹⁷⁸

Most who attended a hearing explained that the process of providing a testimony in this format was cathartic. Motivations for coming to the Forum were varied, ranging from a desire to offload, to be heard and acknowledged, a demand for greater transparency and openness in the system, a need for justice and closure, and above all, a sense of obligation and responsibility to ensure that their experiences could be a source of protection for others, and instrumental learning for Scotland.¹⁹⁷⁹

McKee highlighted that the issue that far outweighed all others was 'an exceptionally strong sense of responsibility to provide their account in the hopes of protecting children currently in care; that their experiences should not be replicated in the current or future experiences of Scotland's children.'¹⁹⁸⁰

¹⁹⁷³ National Confidential Forum, 8-13.

¹⁹⁷⁴ National Confidential Forum, 15.

¹⁹⁷⁵ National Confidential Forum, 16-7.

¹⁹⁷⁶ National Confidential Forum, 19.

¹⁹⁷⁷ Martin J. McKee, "National Confidential Forum: Reflections on Participant Experiences," *Scottish Journal of Residential Child Care* 17, no. 4 (2018), 134.

¹⁹⁷⁸ McKee, "National Confidential Forum," 136.

¹⁹⁷⁹ McKee, 137.

¹⁹⁸⁰ McKee, 142.

We can see from the above that the *Time to Be Heard Pilot Forum* and the *National Confidential Forum* did not address all the issues set out in the Scottish Human Rights Commission *Human Rights Framework*. There were calls for a more comprehensive approach to justice for survivors of abuse in care. These included the need to address the Framework's recommendations on effective remedies, including reparation and compensation. Given the focus that there had been on abuse in residential care, there were also calls that foster care should be included.

In 2013, the Scottish Human Rights Commission (SHRC) contracted CELCIS to facilitate an *InterAction on Historic Abuse of Children in Care*.¹⁹⁸¹ The *InterAction* was an opportunity for independent mediation and resolution, which brought together victims/survivors of abuse, the Scottish Government, and local authority and voluntary providers of services. 'The InterAction...highlighted the importance of establishing relationships with stakeholders, and the 50 participants who attended the first InterAction meeting found it to be a positive opportunity to progress a very sensitive agenda.'¹⁹⁸² The process involved three full *InterAction* meetings and smaller events including open events for victims/survivors of abuse.

The *InterAction* produced a draft Action Plan in 2013 and this was agreed, unchanged, by members of the *InterAction* in 2014.¹⁹⁸³ 'The purpose of the Action Plan on Justice for Victims of Historic Abuse of Children in Care is to agree and coordinate steps to implement the recommendations in the SHRC Human Rights Framework, on the basis of the outcomes from InterActions.'¹⁹⁸⁴ In relation to its first outcome, the acknowledgement of historic abuse of children in care, three commitments were set out:

- barriers to effective apologies from those with historic responsibility for child care in Scotland are increasingly removed, including through a full consideration of the merits of an Apology Law;

¹⁹⁸¹ Kendrick et al., "Scotland: Historic Abuse in Care," 131.

¹⁹⁸² Kendrick et al., 132.

¹⁹⁸³ Scottish Human Rights Commission, *SHRC InterAction on Historic Abuse of Children in Care: Action Plan on Justice for Victims of Historic Abuse of Children in Care* (Edinburgh: Scottish Human Rights Commission, 2014), 6.

¹⁹⁸⁴ Scottish Human Rights Commission, *InterAction Action Plan*, 6.

- in establishing the National Confidential Forum, every effort will be made to consider how this might contribute to establishing a national record; and
- consideration will be given to appropriate forms of commemoration, guided by the views of victims/survivors.¹⁹⁸⁵

The Action Plan's second outcome concerned accountability for historic abuse of children in care, including access to justice, effective remedies, and reparation. It set out six commitments related to accountability.

- there should be a review of the lessons learned from previous inquiries and related processes such as the Historical Abuse Systemic Review. The review should consider what added value a National Inquiry on Historic Abuse would have, and should scope the potential costs;
- the civil justice system should be increasingly accessible, adapted and appropriate for survivors of historic abuse of children in care, including through the review of the way in which "time bar" operates;
- there should be a nationally consistent and appropriate approach to the investigation and prosecution of offences relating to historic abuse of children in care;
- reparation: options for the development of a national survivor support fund should be explored with all of those affected, including victims/survivors, public, private, voluntary and religious bodies, local authorities and others affected;
- empowerment: survivors should be supported to understand and access the range of measures in this Action Plan; and
- records: the outcomes of the ongoing review of record keeping and access to historic records should be considered in the implementation and review of this Action Plan.¹⁹⁸⁶

At the third InterAction meeting held in 2014, the Scottish Government made a commitment to take forward the proposals in the *InterAction Action Plan*. Later, following a further meeting with victims/survivors of historic abuse, the Scottish

¹⁹⁸⁵ Scottish Human Rights Commission, 7.

¹⁹⁸⁶ Scottish Human Rights Commission, 10.

Government also committed to set up a public inquiry into historical abuse of children in institutional care.¹⁹⁸⁷

It should be noted that there has been an alternative perspective on the abuse of children and young people in care, which has questioned the scale of the abuse and the mechanisms which have been put in place to address this abuse.¹⁹⁸⁸ While acknowledging abuse and poor practice in residential care, Smith and colleagues have argued that many allegations of abuse were false, and/or driven by a wish for compensation and financial reward. In undermining victims' narratives¹⁹⁸⁹ and framing such issues as 'the construction of a myth of abuse'¹⁹⁹⁰ and the response to historic abuse in care as 'moral panic',¹⁹⁹¹ this alternative perspective presents an unbalanced approach. It is based on a selective presentation of the evidence which could damage the legitimate search for justice for the survivors of historic abuse in care.¹⁹⁹²

Going Missing from Care

Running away has been an ongoing issue in safeguarding children in care. In 2002, Wade reported on research on children and young people who run away in Scotland. It found that one in nine children in Scotland run away or are forced to leave home. Young people in care were over-represented amongst runaways: two-fifths (40 per cent) compared to 9 per cent of those who had never been in care.¹⁹⁹³ Running away, however, was not necessarily linked to young people's experiences of care.

The research found that '[o]ne in six of the young people who had run away overnight reported having either been physically or sexually assaulted whilst away from home.'¹⁹⁹⁴ Wade stressed that there was an urgent need for refuge services in

¹⁹⁸⁷ Scottish Parliament, "Meeting of the Parliament, Wednesday 17 December 2014: Historical Child Abuse," *Scottish Parliament* website, 2014, 18.

¹⁹⁸⁸ Mark Smith, "Historical Abuse in Residential Child Care: An Alternative View," *Practice* 20, no. 1 (2008).

¹⁹⁸⁹ Mark Smith, "Victim Narratives of Historical Abuse in Residential Child Care," *Qualitative Social Work* 9, no. 3 (2010).

¹⁹⁹⁰ Mark Smith, Viv Cree and Gary Clapton, "Time to Be Heard," *Scottish Review*, 78, Winter (2012).

¹⁹⁹¹ Mark Smith, "The Construction of a Myth of Historical Child Abuse," paper presented at *Moral Panics and Children and Youth*, University of Bath, 17 May 2013.

¹⁹⁹² Kendrick et al., "Scotland: Historic Abuse," 133.

¹⁹⁹³ Jim Wade, *Missing Out: Young Runaways in Scotland* (Stirling: Aberlour Child Care Trust, 2002), 3.

¹⁹⁹⁴ Wade, *Missing Out*, 3-4.

Scotland as there had been limited developments in response to the provision of independent refuges set out in the *Children (Scotland) Act 1995*.¹⁹⁹⁵

Malloch described the first dedicated refuge for young people in Scotland, which was opened in July 2004 as a national pilot project. 'The ROC refuge provides sanctuary for young people aged 11-15 years, although young people aged 16 and over, who are deemed vulnerable and have run away, may be assessed as suitable.'¹⁹⁹⁶

Information was gathered on 82 stays in the refuge involving 51 young people.

Young people could stay in the refuge for seven days, and this could be extended for a further seven days if no other safe accommodation was available. 'Of the 51 young people admitted to the refuge, 13 had been accommodated at some time in the past.'¹⁹⁹⁷ Assessment carried out in the refuge identified a range of complex issues including: risk of physical and/or sexual abuse, substance misuse issues, self-harm, and eating disorders.

The ROC refuge provides an important opportunity to offer young people an alternative to being on the streets and to reduce the risks they face when running away...Young people themselves viewed the refuge very positively and most of the young people interviewed stated that being in the refuge had made things better for them, at least in the short-term but often in the longer term also.¹⁹⁹⁸

Smeaton and Franks outlined the costs of the ROC refuge and the important role that emergency accommodation can play in 'reducing costs relating to future episodes of running away, future offending, substance misuse, school attendance and youth homelessness.'¹⁹⁹⁹ It can also play a significant role in achieving positive

¹⁹⁹⁵ Wade, 7.

¹⁹⁹⁶ Margaret Malloch, "Seeking Refuge: Findings from and Evaluation of the 'Running – Other Choices' Refuge," *Scottish Journal of Residential Child Care* 5, no. 2 (2006), 1. See also, Margaret Malloch, *Running – Other Choices: An Evaluation of the ROC Refuge* (Stirling: Aberlour Child Care Trust, 2006); Margaret Malloch and Cheryl Burgess, *A Scoping Study of Services for Young Runaways: Final Report* (Stirling: Scottish Centre for Crime and Justice Research, University of Stirling, 2007); Margaret Malloch and Cheryl Burgess, "Responding to Young Runaways: Problems of Risk and Responsibility," *Youth Justice* 11, no.1 (2011).

¹⁹⁹⁷ Malloch, "Seeking Refuge," 5.

¹⁹⁹⁸ Malloch, 8.

¹⁹⁹⁹ Emilie Smeaton and Myfanwy Franks, *Best Practice in the Commissioning and Delivery of Emergency Accommodation in Scotland for Children and Young People Who Run Away* (Edinburgh: Scottish Government, 2011), 6.

outcomes for children and young people who run away. However, the ROC refuge closed in July 2013 because of low levels of referral and lack of funding.²⁰⁰⁰

Suicide Prevention for Looked After Children

In 2011, Social Care and Social Work Improvement Scotland (SCSWIS) published a practice guide to support work in preventing suicide of looked after children and young people.²⁰⁰¹ The guide addressed a number of myths about suicide, and the reasons why a looked after young person might contemplate suicide.²⁰⁰² It also set out a range of protective factors.²⁰⁰³

The guide detailed how transitions and loss can increase the risk of suicide, and 'how carers can help to make moves safer for children and young people, both by recognising how they may be feeling and also by working in partnership with their families and other professionals.'²⁰⁰⁴ The guide highlighted the importance of family contact but also that it could be 'fraught with difficulties and have a significant effect on the young person,'²⁰⁰⁵ and the need for carers to be aware of changes in the young person's mood.

The guide detailed significant key areas that could be helpful, and these included: 'focusing on being able to recognise signs, building confidence in carers, sharing information and communication, working together, and staff and carer support.'²⁰⁰⁶

Sexual Exploitation of Looked After Children in Scotland

Sexual exploitation is a form of sexual abuse which involves children and young people:

...in exploitative situations contexts and relationships where they receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection,

²⁰⁰⁰ Glasgow Herald, "Axed: Scotland's Only Refuge for Young Runaways," 5 July 2013.

<https://www.heraldsotland.com/news/13112448.axed-scotlands-only-refuge-for-young-runaway>

²⁰⁰¹ Social Care and Social Work Improvement Scotland, *Suicide Prevention for Looked After Children and Young People: Practice Guide* (Dundee: Social Care and Social Work Improvement Scotland, 2011), 3.

²⁰⁰² SCSWIS, *Suicide Prevention*, 6-9.

²⁰⁰³ SCSWIS, 9.

²⁰⁰⁴ SCSWIS, 12.

²⁰⁰⁵ SCSWIS, 17.

²⁰⁰⁶ SCSWIS, 21.

gifts, money) as a result of performing, and/or others performing on them sexual activities.²⁰⁰⁷

Dillane, Hill and Munro carried out a study of sexual exploitation of looked after children and young people in 2005. The research gathered the perspectives of 28 young people in and around the Glasgow area.²⁰⁰⁸ Two-thirds of the young people were from residential schools and all but one of the others were in children's homes.²⁰⁰⁹ Young people reported high levels of educational disruption, mental health issues, self-harming behaviour, and disruptive family environments.

Young people had a history of running away, either from home or care, for a wide range of reasons. Young people wanted to escape arguments, turmoil, bullying, or physical and sexual harm.²⁰¹⁰ While not all had a direct experience of sexual exploitation, some had been indirectly involved and other young people managed to remove themselves from sexually exploitative situations. 'There were however, a number of young people that described continuously placing themselves at risk, and some of the young people seemed unconcerned about this fact.'²⁰¹¹

Young people detailed how they were targeted and groomed by perpetrators, and offered a range of incentives and rewards.²⁰¹² They also highlighted the difficulties they had in sharing information with staff members or other people.²⁰¹³ Young people were found to have a number of misconceptions about people that sexually exploit young people.²⁰¹⁴

The research concluded that there was a need to enhance staff members' understanding of sexual exploitation, and targeting and grooming. Young people

²⁰⁰⁷ Jennifer Lerpiniere et al., *The Sexual Exploitation of Looked After Children in Scotland: A Scoping Study to Inform Methodology for Inspection* (Glasgow: CELCIS, 2013), 6. This is the definition used by the National Working Group for Sexually Exploited Children and Young People.

²⁰⁰⁸ Jennifer Dillane, Malcolm Hill and Carol Munro, *A Study of Sexual Exploitation of Looked After and Accommodated Young People* (Glasgow: University of Glasgow, 2005), 1.

²⁰⁰⁹ Dillane, Hill and Munro, *Sexual Exploitation*, 4.

²⁰¹⁰ Dillane, Hill and Munro, 17.

²⁰¹¹ Dillane, Hill and Munro, 21.

²⁰¹² Dillane, Hill and Munro, 23-28.

²⁰¹³ Dillane, Hill and Munro, 32-34.

²⁰¹⁴ Dillane Hill and Munro, 40.

also needed more education about the risks of drug and alcohol misuse, and 'greater understanding of safety mechanisms.'²⁰¹⁵

In 2013, Rigby and Murie published a scoping study on the sexual exploitation of young people in residential care in Glasgow.²⁰¹⁶ Based on a sample of 39 young people in residential children's units in Glasgow, it found that 13 young people (33 per cent) were identified 'as being at significant risk / harmed through sexual exploitation.'²⁰¹⁷ The remainder were considered 'as "lower risk" in that they were perhaps vulnerable to the possibility of sexual exploitation because of their personal histories and circumstances but there were no indications of heightened risk by present or recent behaviours.'²⁰¹⁸ The research highlighted complexities and challenges in assessing often contradictory and unclear information.²⁰¹⁹

The overriding impression from the scoping study was not that indicators were missed or not recorded, but that there had not always been a focussed assessment in relation to sexual exploitation in the context of guidance and ongoing and emerging research.²⁰²⁰

In 2013, Lerpiniere and colleagues also published research on the sexual exploitation of looked after children in Scotland.²⁰²¹

Children and young people in residential and foster care were identified as a vulnerable group in relation to sexual exploitation, and risk factors identified by professionals included the mobility of children looked after away from home because of frequent moves of placement.²⁰²² Other risk factors identified were 'children's emotional vulnerability, poor understanding of healthy relationships and their desire for love and affection.'²⁰²³ There were also a number of risks associated with staff attitudes and service provision.

²⁰¹⁵ Dillane, Hill and Munro 41–42.

²⁰¹⁶ Paul Rigby and Sheila Murie, *Sexual Exploitation of Vulnerable Young People Looked After and Accommodated in Glasgow* (Glasgow: Glasgow City Council, 2013), 1.

²⁰¹⁷ Rigby and Murie, *Sexual Exploitation of Vulnerable Young People*, 10.

²⁰¹⁸ Rigby and Murie, 11.

²⁰¹⁹ Rigby and Murie, 16.

²⁰²⁰ Rigby and Murie, 17.

²⁰²¹ Lerpiniere et al., *Sexual Exploitation of Looked After Children*, 6.

²⁰²² Lerpiniere et al., 39. See also, Isobel Brodie and Jenny Pearce, *Exploring the Scale and Nature of Child Sexual Exploitation in Scotland* (Edinburgh: Scottish Government Social Research, 2012).

²⁰²³ Lerpiniere et al., 58.

A case audit of 75 looked after children and young people in one local authority found that six children or young people (eight per cent) were confirmed to have experienced child sexual exploitation in the past year. Four of these six young people were in residential or foster care—nine per cent of the sample looked after away from home. When suspected cases were included, this rose to almost a quarter (24 per cent) of children and young people looked after away from home.²⁰²⁴

‘Furthermore we expect this to be considerably higher for older age groups, for girls and for children placed in residential care.’²⁰²⁵

The report found clear evidence that children and young people in the care system had been targeted by groomers. There was also a significant relationship between the numbers of looked after young people going missing and the prevalence of child sexual exploitation.²⁰²⁶

Abuse and Neglect of Children in Care

In 2014, Biehal and colleagues published a UK study on the abuse of children in care. This involved a survey of designated officers responsible for safeguarding children, and requesting summary data on every allegation. Through a Freedom of Information Request each local authority was asked to provide information for the years 2009-2012 on:

- the total number of allegations of abuse or neglect of children;
- the number of allegations that were substantiated;
- the number that were unsubstantiated and, of these, the number that were proved to be unfounded or unsubstantiated due to insufficient evidence; and
- the number of substantiated, unfounded and unsubstantiated allegations that resulted in the permanent removal of the child from the placement.²⁰²⁷

²⁰²⁴ Lerpiniere et al., 67.

²⁰²⁵ Lerpiniere et al., 75.

²⁰²⁶ Lerpiniere et al., 75.

²⁰²⁷ Nina Biehal et al., *Keeping Children Safe: Allegations Concerning the Abuse or Neglect of Children in Care, Final Report* (London: NSPCC, 2014), 39.

A second phase of the research provided more detailed follow-up information on confirmed cases of abuse or neglect.

The study provided information on allegations of abuse and neglect in foster care and residential care separately. In Scotland, in foster care, the mean number of total allegations across the 18 local authorities who provided information were: 1.83 (2009-10), 2.21 (2010-11), and 1.89 (2011-12). The mean number of substantiated allegations for these years were: 0.55, 0.53, and 0.42. The research also provided the number of allegations and substantiated allegations per 100 children in foster care, and these were respectively: 1.10 and 0.20, 1.22 and 0.23, and 0.98 and 0.14.²⁰²⁸ The figures from Scotland were significantly lower than those for England and Wales.

...even taking into account the variations in the size of the fostering populations, there are far fewer allegations (both total and substantiated) per 100 children in foster care in Scotland than there are in England and Wales, and this is true for each of the three years of the study.²⁰²⁹

In relation to residential care, the figures for the mean total of allegations in the 15 local authorities that provided information were: 0.73 (2009-10), 0.8 (2010-11), and 0.67 (2011-12). The mean number of substantiated allegations for these years were: 1.25, 1, and 0.67.²⁰³⁰ The research also provided the number of allegations and substantiated allegations per 100 children in residential care across the three years, and these were respectively: 1.82 and 0.83, 2.20 and 0.92, and 1.66 and 0.66. Again, the figures from Scotland were much lower than those for England and Wales, and almost three-quarters of local authorities in Scotland reported no allegations.²⁰³¹

Biehal and colleagues acknowledged that there may be various reasons for the lower figures in Scotland. They may reflect lower levels of abuse, but they may reflect different practices in dealing with allegations, or different thresholds for the reporting and recording of cases of suspected abuse.²⁰³² The research followed up on substantiated cases of abuse in foster and residential care to provide details on the nature of the abuse and perpetrators. However, only a small number of the

²⁰²⁸ Biehal et al., *Keeping Children Safe*, 56.

²⁰²⁹ Biehal et al., 58.

²⁰³⁰ These figures were for those local authorities reporting at least one allegation.

²⁰³¹ Biehal et al., 69.

²⁰³² Biehal et al., 70.

returns were from Scotland, and because of this, the information was presented for the whole of the UK.

In foster care, all forms of abuse or neglect were evident from the survey of 118 children living in foster care: physical abuse (37 per cent of cases), emotional abuse (30 per cent), sexual abuse (11 per cent), and neglect (17 per cent). Fourteen per cent of cases concerned poor standards of care falling short of actual abuse.²⁰³³ In most cases, the perpetrator of substantiated abuse was a foster carer or both carers, in four cases it was a foster carer's resident (adult) birth child, in one case another resident child, and in five cases another person.²⁰³⁴

In relation to residential care, the survey only gained information on 24 substantiated cases of abuse involving 28 young people. Looking at all 24 allegations, almost one-third were physical abuse (seven); a similar proportion (seven) concerned physical restraint, and two involved emotional abuse. One case of neglect involved a neglect of duty to safeguard a child on the verge of running away. Four cases were classified as poor standards of care (falling short of actual abuse). In most cases (20), a residential worker was the perpetrator. In two cases it was another member of staff in the unit, in one case another resident, and in one case another person.²⁰³⁵

Quality of Care Services

In this sub-section, we will address a range of literature that has addressed different aspects of the quality of care services. We will present research on the quality of care and the experiences of children and young people in residential and foster care. We will also describe the significant developments that have occurred—in particular, the setting of standards for care services and the progress in regulation and inspection.

A Sense of Purpose

At the start of the 21st century, as part of a wider study of young people growing up in the UK, Barry interviewed 34 care leavers from two local authorities in Scotland,

²⁰³³ Biehal et al., 75.

²⁰³⁴ Biehal et al., 76. Some allegations involved more than one foster child in the placement and so the perpetrators were based on 88 cases.

²⁰³⁵ Biehal et al., 114–15.

one urban and one rural.²⁰³⁶ The young people were aged between 15 and 25 and there were 16 young men and 18 young women. Three-quarters of the young people suggested they were taken into care because their families were unable to cope with them, either because of the 'deteriorating physical or mental health of the parent...or because the child was out of control and/or running away.'²⁰³⁷ The other young people considered they had entered care because of neglect or abuse.

Entering care was seen as an anxious time because of having to leave their families and fear of the unknown. However, advantages were also identified such as being removed from familial abuse and neglect, and entering residential care 'where the staff were friendly, caring and more like "a big family"'.²⁰³⁸

Most of the young people had experienced both residential and foster care, and Barry noted that many young people preferred residential to foster care. They felt unable to relax in foster care because they 'were wary of carers usurping the role their own parents should have been taking,' and because of more rules and idiosyncrasies than residential care.²⁰³⁹ Residential care was viewed as less intense because of the number of other young people and adult carers around, although this also meant that young people had difficulty finding time on their own. Among this group of young people there 'seemed to be a higher incidence of neglect or physical abuse in foster care than residential care.'²⁰⁴⁰

Barry concluded that for young people the advantages of residential care outweighed the disadvantages, although a number of the young people highlighted the stigma of being in care.²⁰⁴¹ Young people highlighted the disruption caused by moves in care 'as a result of a breakdown in foster placements, instigated both by carers and by young people.'²⁰⁴²

Moves in care also impacted on education because of the disruption to schooling, and issues about their care status. Bullying in school was mentioned by more than

²⁰³⁶ Monica Barry, *A Sense of Purpose: Care Leavers' Views and Experiences of Growing Up* (Edinburgh: Save the Children, 2001), 10.

²⁰³⁷ Barry, *A Sense of Purpose*, 12.

²⁰³⁸ Barry, 13.

²⁰³⁹ Barry, 13.

²⁰⁴⁰ Barry, 13.

²⁰⁴¹ Barry, 14.

²⁰⁴² Barry, 14.

half of the young people. Young people, however, suggested that 'being in care had helped them to gain a better education', and residential placements were seen as supportive to their education.²⁰⁴³

Residential care workers (both in units and in schools) were seen in a much more positive light than their counterparts in social work, with respondents saying that care workers would listen to them and talk to them, were 'a good laugh', were constant and supportive and were obviously trying to help the children and young people in their care.²⁰⁴⁴

Some young people also identified foster carers as particularly helpful, although others were seen as unhelpful or distant. While half of the young people mentioned various family members as a source of support, 'few respondents had anything positive to say about their parents and step-parents, in particular.'²⁰⁴⁵ 'Friendships, many of which were gained at school, were probably the most important source of help and support to young people in care'.²⁰⁴⁶ Young people were anxious about leaving care, with many feeling that they were unprepared for such a move, and feeling the need for more support.²⁰⁴⁷

The young people made a number of suggestions for change. 'The most common response...was to address the quality of staff working in the care system, followed by the suggestion that younger people with a background in care should be employed as staff and the trainers of staff.'²⁰⁴⁸ Other responses included listening to young people more and giving them greater responsibility, better training for residential and foster carers, help keeping families together more, and reducing the number of moves in care.²⁰⁴⁹

²⁰⁴³ Barry, 16.

²⁰⁴⁴ Barry, 21.

²⁰⁴⁵ Barry, 21.

²⁰⁴⁶ Barry, 22.

²⁰⁴⁷ Barry, 15.

²⁰⁴⁸ Barry, 25.

²⁰⁴⁹ Barry, 26.

In 2003, on the 25th anniversary of its establishment, Who Cares? Scotland published a report detailing the experience of care of 90 children and young people.²⁰⁵⁰ The views of children and young people were gained through two consultation events and individual interviews. The report noted that most young people who had taken part had experience of at least two different care settings.²⁰⁵¹

The young people highlighted relationships with carers and residential staff, and the quality of care as key issues. They spoke of negative attitudes and discrimination from carers, staff, and the public in making assumptions about the reason they were in care. Young people highlighted discrimination within foster care, and, in particular, 'the different treatment of foster carers' children compared to fostered young people.'²⁰⁵²

In residential and foster care, positive relationships were felt to be based on listening, trust, respect, and being treated fairly. Confidentiality was also an important issue, and communication if information needed to be shared.²⁰⁵³ Young people spoke about continuity of staff and its importance in developing 'a sense of their own history.'²⁰⁵⁴ The impact of the turnover of residential staff and use of sessional staff was commented upon. The report made a number of recommendations to address these points, including the promotion of children's rights, and better preparation and training for staff in working with children and young people.²⁰⁵⁵

What young people said about their safety in care reiterated the findings of the *Feeling Safe? Report*. Three quarters of the young people raised concerns about bullying by peers, the community, and staff.²⁰⁵⁶ The issue of physical restraint was also raised and how this could be used too frequently and inappropriately, and the

²⁰⁵⁰ Who Cares? Scotland, *Let's Face It! Care 2003. Young People Tell Us How It Is*, (Glasgow: Who Cares? Scotland, 2003). See also, Deirdre Watson, "Let's Face It!: Young People Tell Us How It Is," *Scottish Journal of Residential Child Care* 3, no. 1 (2004).

²⁰⁵¹ Who Cares? Scotland, *Let's Face It*, 9.

²⁰⁵² Who Cares? Scotland, 23.

²⁰⁵³ Who Cares? Scotland, 14-6.

²⁰⁵⁴ Who Cares? Scotland, 17.

²⁰⁵⁵ Who Cares? Scotland, 26-7.

²⁰⁵⁶ Who Cares? Scotland, 31-4.

report questioned 'why physical intervention with some young people (men) becomes a part of common practice rather than a last resort.'²⁰⁵⁷

Young people commented on their mental health and well-being, and three-quarters 'made some form of reference to their self-esteem, feelings of fear, stress and anxiety, the impact of trauma and loss, and experiences of low mood, depression and suicidal thoughts.'²⁰⁵⁸ Several recommendations were made with regards children's rights to 'special protection'; enhancing knowledge and understanding of bullying in all its forms; avoiding the use of physical restraint, and increasing the use of alternative methods of intervention; improving complaints procedures, and support and advocacy; and enhancing the mental health of young people in care.²⁰⁵⁹

Young people stressed the importance of family and the problems around contact with parents and siblings, particularly when siblings were separated in care.²⁰⁶⁰ They also expressed lack of support in terms of family contact, and not being told about things or given information.²⁰⁶¹ Young people also highlighted the importance of friends and friendship, and how this could potentially be impacted by their being in care.²⁰⁶² The issue of police checks was also raised by young people and the way this affected their friendships.²⁰⁶³ The report recommended that there needed to be a 'fundamental commitment to contact and the value of family', in line with children's rights to 'preservation of identity.'²⁰⁶⁴ This involved support for family contact and a commitment to keep sibling groups together, as well as better communication and information about family issues. Recommendations also addressed friendships and promoting positive relationships, addressing the issue of police checks, and supporting young people to participate in groups and activities.²⁰⁶⁵

²⁰⁵⁷ Who Cares? Scotland, 37.

²⁰⁵⁸ Who Cares? Scotland, 37.

²⁰⁵⁹ Who Cares? Scotland, 44-5.

²⁰⁶⁰ Who Cares? Scotland, 49-52.

²⁰⁶¹ Who Cares? Scotland, 55-6.

²⁰⁶² Who Cares? Scotland, 61.

²⁰⁶³ Who Cares? Scotland, 64.

²⁰⁶⁴ Who Cares? Scotland, 71.

²⁰⁶⁵ Who Cares? Scotland, 72.

Five years later, in 2008, Who Cares? Scotland carried out research to collect the views of looked after children on the theme of 'Celebrating Success and Challenging Stigma'.²⁰⁶⁶ About 189 young people took part in the consultation, either by taking part in a focus group (10), online questionnaire (147), or individual face-to-face interviews (49). Most of the young people were in residential care.²⁰⁶⁷ For the young people consulted, success meant:

- 'having happy and caring relationships' (52 per cent);
- 'earning money' (51 per cent);
- 'having a job' (44 per cent); and
- 'staying in school' (36 per cent).²⁰⁶⁸

In interviews, most young people 'equated success with achieving their goals', such as 'reaching targets, improving your lifestyle, having ambition, winning something, applying yourself, gaining something, doing things 'right' and being good at something.'²⁰⁶⁹

The majority of young people were content or happy with the ways their achieving success was being supported, and the importance young people place on the relationships they have with friends, family and care staff in terms of support for success was very evident.²⁰⁷⁰

Regulation of Care Services

The start of the 21st century saw major developments in the regulation and inspection of care services. The Care Commission was established in 2002 by the *Regulation of Care (Scotland) Act 2001*. Residential and foster care services, along with a range of other services for adults and children, now have to be registered and they are inspected on a regular basis against published standards of care. In 2011, the Care Inspectorate (Social Care and Social Work Improvement Scotland) took over the functions of the Care Commission, the Social Work Inspection Agency (SWIA),

²⁰⁶⁶ Lindsay Siebelt, Elizabeth Morrison with Cheryl-Ann Cruikshank, *Caring About Success: Young People's Stories* (Glasgow: Who Cares? Scotland, 2008), 4.

²⁰⁶⁷ Siebelt, Morrison with Cruikshank, *Caring About Success*, 14.

²⁰⁶⁸ Siebelt, Morrison with Cruikshank, 16.

²⁰⁶⁹ Siebelt, Morrison with Cruikshank, 17.

²⁰⁷⁰ Siebelt, Morrison with Cruikshank, 36.

and the child protection unit of Her Majesty's Inspectorate of Education (HMIE) when it was established by the *Public Sector Reform (Scotland) Act 2010*.²⁰⁷¹

In relation to this review, the Care Inspectorate regulates:

- care homes for children and young people,
- foster care services,
- school care accommodation, and
- secure care accommodation.

Child care services must be registered with the Care Inspectorate in order to operate in Scotland. To successfully register (and stay registered), the service must continuously meet the requirements of relevant legislation, care standards, and regulations such as the *Social Work and Social Care Improvement Scotland (Requirements for Care Services) Regulations 2011*. These regulations detail a range of issues that care services need to address such as the welfare of users, personal plans, the fitness of managers, employees and premises, the facilities available, staffing, and complaints procedures.²⁰⁷²

The Care Inspectorate inspects services using a framework of quality themes and statements, and against the relevant care standards. The core themes are:

- quality of care and support;
- quality of environment or information;
- quality of staffing; and
- quality of management and leadership.

The services are given grades on a six-point scale from 1=Unsatisfactory to 6=Excellent.

Certain services receive, as a minimum, an annual unannounced inspection and these include care homes for children and young people and secure accommodation. Other services receive a minimum frequency of inspection based on risk assessment and previous performance. The inspections draw on a range of information including:

- the service's annual return;

²⁰⁷¹ Kendrick, *Protecting and Safeguarding Children*, 17.

²⁰⁷² For further details, see Norrie, *Legislative Framework*, 116-24.

- self-assessment and notifications to the Care Inspectorate;
- questionnaires;
- meeting with young people and staff; and
- various documentation such as case files, policies and procedures, and meeting minutes.

The inspection report can make recommendations for the improvement of services. It can also set out a requirement to ensure the care service complies with the law or conditions of registration and these are legally enforceable. The Care Inspectorate has powers of enforcement and can serve an improvement notice to the provider. The provider must make the required improvements within a given timescale and, if these are not carried out, the service's registration may be cancelled. If the Care Inspectorate believes that there is a serious and immediate threat to life or well-being, it can apply to the Sheriff Court for emergency cancellation of a service's registration. The Care Inspectorate publishes the inspection reports, grading of services, complaints, and enforcements on its website.²⁰⁷³

The Care Inspectorate has also been leading joint inspections of children's services in every area of Scotland. Rather than looking just at individual care services, these strategic inspections bring together professionals from the care, social work, health, police, and education regulators.²⁰⁷⁴

The Care Commission and the Care Inspectorate have published a number of reports based on inspections that have addressed the quality of care services: the quality of fostering and adoption,²⁰⁷⁵ protecting children and young people in residential care,²⁰⁷⁶ food and nutrition of children and young people in residential care,²⁰⁷⁷

²⁰⁷³ Care Inspectorate, "Welcome to the Care Inspectorate," *Care Inspectorate* website.

²⁰⁷⁴ Care Inspectorate, "Joint Inspection of Services for Children and Young People," *Care Inspectorate* website.

²⁰⁷⁵ Care Commission, *The Quality of Fostering and Adoption Services in Scotland* (Dundee: Scottish Commission for the Regulation of Care, 2007).

²⁰⁷⁶ Care Commission, *Protecting Children and Young People in Residential Care: Are We Doing Enough? A Review by the Care Commission of Practice in Residential Care for Young People Concerning Protecting Children, Planning for Their Care and Using Physical Restraint* (Dundee: Scottish Commission for the Regulation of Care, 2008).

²⁰⁷⁷ Care Commission, *Food and Nutrition for Children and Young People in Residential Care: Are Services Meeting the Standards?* (Dundee: Scottish Commission for the Regulation of Care, 2008),

throughcare and aftercare,²⁰⁷⁸ mental health of children and young people in residential care,²⁰⁷⁹ and the physical health of children and young people in residential care.²⁰⁸⁰

Extraordinary Lives

In 2006, the Social Work Inspection Agency carried out a major review of looked after children in Scotland in order to identify good practice in caring for children and young people, and to make proposals on how to improve the care experience.²⁰⁸¹ It drew on the experiences of 100 children and young people in care and 75 carers and staff members.²⁰⁸²

...children who become looked after are mostly drawn from families who live in areas of deprivation and disadvantage. In addition to experiencing loss, separation and family conflict, children who become looked after are likely to have had reduced opportunities in many areas of their lives.²⁰⁸³

The review discussed the particular needs of looked after children and young people in terms of:

- gender and age;
- ethnicity;
- faith and religion;
- children and young people from travelling families;
- disabled children; and
- gay and lesbian young people.²⁰⁸⁴

The review highlighted the importance of keeping children safe. It addressed this in terms of protecting children from harm in their own families and communities, as

²⁰⁷⁸ Care Commission, *Throughcare and Aftercare Provided for Children and Young People in Residential Care. Are Services Meeting the Standards?* (Dundee: Care Commission, 2009).

²⁰⁷⁹ Care Commission, *The Mental Health and Well Being of Children and Young People in Residential Care. Are Services Meeting the Standards?* (Dundee: Care Commission, 2009).

²⁰⁸⁰ Care Commission, *The Physical Health of Children and Young People in Residential Care, Are Services Meeting the Standards* (Dundee: Scottish Commission for the Regulation of Care, 2010).

²⁰⁸¹ Social Work Inspection Agency, *Extraordinary Lives: Creating a Positive Future for Looked After Children and Young People in Scotland* (Edinburgh: Social Work Inspection Agency, 2006), 1.

²⁰⁸² SWIA, *Extraordinary Lives*, 2.

²⁰⁸³ SWIA, 6.

²⁰⁸⁴ SWIA, 9-11.

well as ensuring their safety and well-being while in care placements. It addressed the changing risks to all children and young people, such as the potential risks of the internet. The review discussed the risks to children and young people in residential and foster care, and noted that abuse in foster care has tended to receive less attention.²⁰⁸⁵

The review commented on the government plans to introduce safe recruitment guidance for staff working in child care and with vulnerable adults. The review discussed helping children and young people to keep themselves safe. This included assessing each child's needs for 'self protection', and ensuring that 'all children in foster or residential care should be able to contact an adult outwith the home who can help them.'²⁰⁸⁶ The issue of police checks for overnight stays was raised, and it was noted that draft guidance was awaiting consideration.²⁰⁸⁷ The review addressed the importance of touch in residential care and the appropriate use of physical restraint. Central to children's safety and well-being was a positive relationship with carers and staff members.²⁰⁸⁸

Promoting the resilience of children and young people was highlighted, and '[c]hildren can be helped to develop resilience by being able to contribute to their families, having a social role that is valued and by experiencing educational success.'²⁰⁸⁹ Ensuring that children experienced emotional warmth from a range of individuals, family, friends, carers, and professionals was also highlighted as important. As was the need to acknowledge the impact of staff turnover and ensuring that children understood the reasons for this; and the need to support children and young people through moves and transitions.

Long-term stability and permanence for looked after children and young people were also considered and the review discussed 'concurrent planning' and the then proposed changes in adoption legislation.²⁰⁹⁰ Continued support for children leaving

²⁰⁸⁵ SWIA, 17.

²⁰⁸⁶ SWIA, 22.

²⁰⁸⁷ SWIA, 21.

²⁰⁸⁸ SWIA, 24.

²⁰⁸⁹ SWIA 34.

²⁰⁹⁰ SWIA, 42-3.

care to independence was considered essential, and the 2004 regulations on supporting young people leaving care were noted.²⁰⁹¹

Several factors that heightened risks to the physical and mental health of looked after children and young people were noted, and suggestions were made on how their health needs could be best addressed:

- through national care standards;
- pathway planning;
- 'fast track provision';
- the health promoting schools' initiative;
- joint working and specialist services;
- looked after children nurses; and
- supporting children to be responsible for their own health.²⁰⁹²

The education of looked after children and young people was also identified as a concern, and the review identified examples of effective practice. The education of looked after children should be the concern of the whole local authority, and the role of looked after children designated teachers needed to be supported and developed. Developing joint working and shared understanding between professionals was emphasised, as was the importance of developing incentives to recruit and retain appropriately qualified teachers to work in day and residential schools for children with social, emotional, and behavioural difficulties.

As with previous reviews, *Extraordinary Lives* emphasised the importance of treating children and young people with respect, and involving them in decision-making. Children and young people needed to be supported and encouraged to contribute, and time should be taken to understand their point of view and to allow them to say what they think, particularly in the case of disabled children where forms of assisted communication might be necessary.²⁰⁹³

Looked after children and young people should have access to high quality services, and the review highlighted the importance of a skilled residential child care

²⁰⁹¹ SWIA, 44.

²⁰⁹² SWIA, 56–60.

²⁰⁹³ SWIA, 92. See also, Helen Happer, Joanna McCreadie and Jane Aldgate, *Celebrating Success: What Helps Looked After Children Succeed* (Edinburgh: Social Work Inspection Agency, 2006).

workforce, and the training and support of foster carers. The review called for 'new and flexible approaches' to help and support families.²⁰⁹⁴

There are significant shortages of foster carers, therapeutic services such as play therapy and counselling, and education services that can provide full-time placements for children with challenging behaviour. The struggle of some care and health services, such as residential care and speech therapy, to recruit sufficient qualified and experienced staff, has had a significant impact on the ability of local authorities to meet the needs of looked after children.²⁰⁹⁵

The review concluded that 'the single most important thing that will improve the futures of Scotland's looked after children is for local authorities to focus on and improve their corporate parenting skills.'²⁰⁹⁶

Children's Activities and Well-Being

As part of the *Extraordinary Lives* review of looked after children, Aldgate and McIntosh were commissioned to carry out a study of well-being and children's daily activities.²⁰⁹⁷ The research aimed to provide 'a snapshot of the daily lives of a small number of looked after children.'²⁰⁹⁸ Of the 24 children and young people included, seven were in residential care and 11 were in foster care. Children's activities were diverse, and they were categorised as:

- sleep;
- productive activities, such as schoolwork;
- paid work;
- the care of others;
- domestic/household work;
- other activities that contribute to the community;
- spiritual activities;
- travel time;
- personal care;

²⁰⁹⁴ SWIA, 103.

²⁰⁹⁵ SWIA, 106.

²⁰⁹⁶ SWIA, 113.

²⁰⁹⁷ Jane Aldgate and Miranda McIntosh, *Time Well Spent: A Study of Well-Being and Children's Daily Activities* (Edinburgh: Social Work Inspection Agency, 2006).

²⁰⁹⁸ Aldgate and McIntosh, *Time Well Spent*, 8.

- social interaction; and
- leisure, and recreation.²⁰⁹⁹

Productive activities that the children and young people were involved were split into:

- school activity;
- homework;
- paid work activity;
- doing jobs at home;
- activity clubs after school;
- educational clubs; and
- professional intervention.

Two of the young people in the sample had left school, 14 were in mainstream schools, and six were in special needs schools. One child had been excluded from school and another was attending college for two hours a week.²¹⁰⁰ Most of the children said they did not like doing homework, and 'it was not surprising that only four children spent more than an hour each day on homework, four spent up to half an hour, nine spent less than half an hour and the five remaining spent no time doing homework.'²¹⁰¹

In terms of paid work, two young people had left school and were working, and only two had part-time work outside of school hours.²¹⁰² Most of the children did jobs at home, though they often had to be reminded. Fifteen of the children took part in activity clubs after school but only four were involved in community-based clubs.²¹⁰³

In relation to professional intervention, there was a wide variation in the time that the children spent with their social workers.²¹⁰⁴

Aldgate and McIntosh highlighted that healthy eating was fundamental to children's well-being, both in nutritional and social terms. Most of the children ate three times

²⁰⁹⁹ Aldgate and McIntosh, 10.

²¹⁰⁰ Aldgate and McIntosh, 14.

²¹⁰¹ Aldgate and McIntosh, 15.

²¹⁰² Aldgate and McIntosh, 16.

²¹⁰³ Aldgate and McIntosh, 17.

²¹⁰⁴ Aldgate and McIntosh, 17.

a day and four out of five ate their main meal at a table with others.²¹⁰⁵ They also emphasised the importance of personal appearance and most of the children spent time on their own getting ready for school or to go out.²¹⁰⁶

Friendship and the peer group were important for children and young people and 'on most days, every child spent some time with at least one friend...both during and after school and at the weekends.'²¹⁰⁷ Children and young people did a wide range of activities with their friends.²¹⁰⁸

The research also found 'that children were spending more quality time with adults than might have been expected, and there was very little variation in the time spent with adults in the three care settings.'²¹⁰⁹ Children valued being cared for, as well as being able to give affection. Being able to talk to carers, and to trust them, was also highlighted by children. '[T]he majority of children were happy with the time spent and amount of activities they were doing with their carers.'²¹¹⁰ Eleven of the young people said they had contact with their birth parents, and this varied from two or three times a week to a few times a year. Contact with their siblings was seen as equally, if not more, important.²¹¹¹

The role of leisure activities on children's physical and mental well-being has been shown to have both positive and negative consequences. 'Overall, children spent, on average, four hours on a weekday doing a variety of leisure activities.... Some children were very active and sporty and some spent all their leisure time watching television.'²¹¹²

Aldgate and McIntosh concluded that 'looked after children spend their time doing similar things to other children who are growing up.'²¹¹³ They highlighted the importance to children of being good at something, in building confidence and resilience. The importance of relationships was also highlighted. 'What the study

²¹⁰⁵ Aldgate and McIntosh, 21.

²¹⁰⁶ Aldgate and McIntosh, 22.

²¹⁰⁷ Aldgate and McIntosh, 25.

²¹⁰⁸ Aldgate and McIntosh, 27.

²¹⁰⁹ Aldgate and McIntosh, 28.

²¹¹⁰ Aldgate and McIntosh, 29.

²¹¹¹ Aldgate and McIntosh, 30.

²¹¹² Aldgate and McIntosh, 43.

²¹¹³ Aldgate and McIntosh, 44.

shows is that, when children are given opportunities, they make choices. Such choice gave children a sense of control over their lives and teaches them to be responsible.’²¹¹⁴

Social Inclusion and Social Exclusion

Kendrick picked up some of these issues in his exploration of the links between social exclusion, social inclusion and children being looked after, particularly those in residential care.²¹¹⁵ He highlighted that the range of factors causing social exclusion—unemployment, low income, poor housing, poor health, family breakdown, and poor social skills—were ‘closely linked to the reasons why children and young people enter the care system.’²¹¹⁶

Kendrick argued that the process of placement in care could lead to further exclusion. It is a stressful time ‘because of feelings of displacement, loss and lack of control’, and this can be ‘compounded by the impact of multiple placements and schooling disruption.’²¹¹⁷ Entry into care could mean that links with families weaken even further and a significant proportion would have no contact with their family. Friendship networks could also be disrupted leading to loneliness and unhappiness.²¹¹⁸ The poor outcomes for young people leaving care for independence exacerbated social exclusion through lack of education and training, unemployment, poor housing, and homelessness.²¹¹⁹

Research, however, also evidenced how residential and foster care could support children and young people’s resilience. This required the development of positive relationships. ‘It is through the development of children and young people’s family, community and social networks that they can become socially included in a truly meaningful sense.’²¹²⁰ This theme was picked up by Steckley in her discussion of the

²¹¹⁴ Aldgate and McIntosh, 44.

²¹¹⁵ Andrew Kendrick, “Social Exclusion and Social Inclusion: Themes and Issues in Residential Child Care,” in *Facing Forward: Residential Child Care in the 21st Century*, ed. David Crimmens and Ian Milligan (Lyme Regis: Russell House Publishing, 2005), 7.

²¹¹⁶ Kendrick, “Social Exclusion and Social Inclusion,” 9.

²¹¹⁷ Kendrick, 11. See also Judy Furnivall et al., *Attachment Matters for All – An Attachment Mapping Exercise for Children’s Services in Scotland* (Glasgow: CELCIS, 2012).

²¹¹⁸ Kendrick, 12. Friendship networks, however, may not be beneficial, leading to offending behaviour.

²¹¹⁹ Kendrick, 13.

²¹²⁰ Kendrick, 15.

therapeutic potential of football in residential care, and 'its use as a vehicle for pro-social values, enhancing resiliency and acknowledging culture.'²¹²¹

Black, Asian and Minority Ethnic (BAME) Looked After Children

In 2005, Singh highlighted the need to prioritise the needs of Black, Asian and Minority Ethnic looked after children in Scotland. However, ethnicity was often not recorded for looked after children, and 'there is less certainty about the actual numbers of BME children who are "looked after" or "accommodated" by local authorities.'²¹²² Singh also noted that the *Children (Scotland) Act 1995*, for the first time, made clear 'that there is a clear *duty* on local authorities and relevant agencies to pay attention to children's race, religion, language and culture *whenever* a decision is made or a service is provided.'²¹²³

However, structural barriers prevent BAME children and young people accessing services in an equitable manner, and Singh gave the example of the Barnardo's Khandan Initiative to 'develop a range of services for BME children in need of substitute family placements.'²¹²⁴ Singh questioned the Euro-centric perspective of child care theory, which 'undermines the distinct experience of black children and children of mixed parentage and serves to further obscure their needs to the point of invisibility.'²¹²⁵

Agencies will only truly develop "inclusive practices" when they tackle the systems, structures, policies and practices that are currently blind to the needs of an emerging cohort of black and minority ethnic children, many of whom are of mixed parentages.²¹²⁶

²¹²¹ Laura Steckley, "Just a Game? The Therapeutic Potential of Football," in *Facing Forward: Residential Child Care in the 21st Century*, ed. David Crimmens and Ian Milligan (Lyme Regis: Russell House Publishing, 2005), 137.

²¹²² Satnam Singh, "Thinking Beyond 'Diversity': Black Minority Ethnic Children in Scotland," in *Facing Forward: Residential Child Care in the 21st Century*, ed. David Crimmens and Ian Milligan (Lyme Regis: Russell House Publishing, 2005), 46. See also, Andrew Kendrick, "Black and Minority Ethnic Children and Young People in Residential Care," in *Residential Child Care: Prospects and Challenges*, ed. Andrew Kendrick (London: Jessica Kingsley Publishers, 2008).

²¹²³ Singh, "Thinking Beyond Diversity," 47. See also, Chris Barratt, "Supporting the Religious and Spiritual Needs of Looked After and Accommodated Children in Scotland," *Scottish Journal of Residential Child Care* 8, no. 1 (2009) 39-40.

²¹²⁴ Singh, 50.

²¹²⁵ Singh, 54.

²¹²⁶ Singh, 54.

Barratt gave the figures for the ethnicity of looked after children in 2007: White – 11,795; Mixed Ethnicity – 137; Black, Black Scottish or Black British – 74; Asian, Asian Scottish or Asian British – 48; Other Ethnic Background – 44. However, the ethnicity of 1,962 children was not disclosed or not recorded.²¹²⁷ Barratt drew on a model of culturally competent care which had five main components: awareness and acceptance of cultural difference; understanding the dynamics of difference; adapting practice to the cultural context of the child and family; developing basic knowledge about the service user's family culture; and, capacity for cultural self-awareness.²¹²⁸

Residential child care staff need training to develop culturally competent approaches to care which actively address the spiritual needs and development of all children and young people regardless of creed and ethnicity. Not only will this contribute to cultural differences being more highly valued, it will lead to significantly better understanding of the inner self, promoting feelings of safety and well-being. Services which fail to address children's cultural, religious and spiritual needs should be challenged both from within their own organisational structure and by regulators who need to have the cultural competence to do so.²¹²⁹

Research also highlighted the experiences of unaccompanied asylum-seeking children in Scotland. Rigby noted that the response for children under 16 differed to that for children over 16, particularly in regard of accommodation. In Glasgow, while most children under 16 were accommodated in local authority children's units, those over 16 were 'often housed in B&Bs initially, moving onto supported tenancies, or their own tenancy with social work support.'²¹³⁰ Hopkins and Hill detailed the wide variation of services for unaccompanied asylum-seeking children across Scotland, particularly given Glasgow's role as a dispersal site for asylum seekers.²¹³¹

²¹²⁷ Barratt, "Supporting Religious and Spiritual Needs," 41.

²¹²⁸ Barratt, 46.

²¹²⁹ Barratt, 48.

²¹³⁰ Paul Rigby, *Child Trafficking in Glasgow: Report of a Social Work Case File Analysis of Unaccompanied Asylum Seeking Children* (Glasgow: Glasgow Child Protection Committee, 2009), 16.

²¹³¹ Peter Hopkins and Malcolm Hill, *This is a Good Place to Live and Think about the Future... The Needs and Experiences of Unaccompanied Asylum-Seeking Children in Scotland* (Glasgow: The Glasgow Centre for the Child & Society, 2006), 19. See also, Peter Hopkins and Malcolm Hill, "The Needs and Strengths of Unaccompanied Asylum-Seeking Children and Young People in Scotland," *Child & Family Social Work* 15, no. 4 (2010).

Services vary dramatically across Scotland. Locations outside Glasgow tend to have less contact and less experience with unaccompanied asylum-seeking children and thus have fewer services on offer and poorer practitioners' knowledge.²¹³²

Hopkins and Hill also highlighted the needs of unaccompanied asylum-seeking children that arose from their previous traumatic experiences of war, bereavement, abuse and persecution.²¹³³

These Are Our Bairns

Over the period under review there has been an increasing focus on the importance of interagency responses to the needs of vulnerable children. This was brought to the fore in 2008, in the guidance document, *These Are Our Bairns*.²¹³⁴ In relation to children in residential and foster care, this has developed into the idea of corporate parenting. Corporate parenting refers to the partnerships between local authority departments and services, and associated agencies, who are responsible for working together to meet the needs of looked after children and young people, and care leavers.

The Scottish Government summarised the three key elements of corporate parenting as:

- the statutory duty on all parts of a local authority to co-operate in promoting the welfare of children and young people who are looked after by them, and a duty on other agencies to co-operate with councils in fulfilling that duty;
- co-ordinating the activities of the many different professionals and carers who are involved in a child or young person's life, and taking a strategic, child-centred approach to service delivery; and

²¹³² Hopkins and Hill, *Good Place to Live*, 3.

²¹³³ Peter Hopkins and Malcolm Hill, "Pre-Flight Experiences and Migration Stories: The Accounts of Unaccompanied Asylum-Seeking Children," *Children's Geographies* 6, no. 3 (2008), 257.

²¹³⁴ Scottish Government, *These Are Our Bairns: A Guide for Community Planning Partnerships on Being a Good Corporate Parent* (Edinburgh: Scottish Government, 2008).

- shifting the emphasis from 'corporate' to 'parenting', taking all actions necessary to promote and support the physical, emotional, social and cognitive development of a child from infancy to adulthood.²¹³⁵

The guide addressed a wide range of organisations and services about their role as corporate parents: the Scottish Government, elected members, chief executives, Community Planning Partnerships, social work services, education services, health services, housing services, the independent sector, police and criminal justice system, culture, leisure and community learning and development services, and corporate services, as well as engaging with the community and the courts and Children's Hearings system.²¹³⁶

Through self-evaluation, the Council and its partner organisations can identify strengths and areas for development of the services they provide, identify improvement objectives, and agree strategies for achieving them. In this way, services begin to develop a common language and a common set of expectations regarding the improvement of their corporate parenting. It helps answer the question "How good are we now?" and "How good can we be?" It helps check processes against the vision they have for their services, and against national indicators.²¹³⁷

How Good is Our Corporate Parenting?

In 2009, the HM Inspectorate of Education published a guide on improving services for children and young people. 'The aim of this self-evaluation guide is to assist services to evaluate and improve the quality of their corporate parenting and improve outcomes for each looked after child.'²¹³⁸ The guide used a framework based around six high level questions:

- what key outcomes have we achieved?
- how well do we meet the needs of our stakeholders?
- how good is our delivery of services for children and young people?
- how good is our management?
- how good is our leadership?

²¹³⁵ Scottish Government, *These Are Our Bairns*, 3.

²¹³⁶ Scottish Government, iv.

²¹³⁷ Scottish Government, 88.

²¹³⁸ HM Inspectorate for Education, *Improving Services for Children: How Good is Our Corporate Parenting? How Good Can We Be?* (Livingstone: HM Inspectorate of Education, 2009), 1.

- what is our capacity for improvement?²¹³⁹

The guide provided more detailed questions, templates, and examples of good practice, along with a self-evaluation model to assist corporate parents in planning improvements to meet their responsibilities towards looked after children and young people.

Improving Social Work in Scotland

In 2010, the Social Work Inspection Agency published a report on its Performance Inspection Programme between 2005 and 2009.²¹⁴⁰ It identified five themes at the core of policy and practice for children and families:

- 'reframing child protection to recognise the wider responsibilities of agencies and communities';
- 'initiatives to improve the services for looked after children in foster and kinship care and residential care';
- 'supporting councils to discharge their responsibilities as corporate parents';
- 'recognising that a range of supports including early intervention can help to keep children within their own families, both for very young children and young people who offend'; and
- 'listening to and acting on the views and wishes of children and young people who are looked after.'²¹⁴¹

The report noted that while the child population in Scotland fell over the period of the review, 'there were significant increases in numbers of children in Scotland looked after at home and away from home.'²¹⁴² It identified the high correlation between deprivation and the numbers of looked after children, and the impact of the 'increased prevalence of parental addiction.'²¹⁴³ The increase in looked after children varied markedly across councils, with two councils reporting a decrease in the number of looked after children over that period. There were also 'significant

²¹³⁹ HMIE, *Improving Services for Children*, 5.

²¹⁴⁰ Social Work Inspection Agency, *Improving Social Work in Scotland* (Edinburgh: Social Work Inspection Agency, 2010).

²¹⁴¹ SWIA, *Improving Social Work*, 44.

²¹⁴² SWIA, 46.

²¹⁴³ SWIA, 46.

variations at council level in the rates of children looked after in different settings'.²¹⁴⁴

The report highlighted good practice of listening to children and young people, representing their views, and working in partnership with parents and families.

However, some significant barriers to a fully personalised approach remained. These included poor quality assessments, drift in care planning and reviewing and slow progress in strategic commissioning. These resulted in poorer outcomes for children.²¹⁴⁵

The report looked at a range of performance indicators such as the number of placements, educational attainment and employment. 'The variation was significant and did not change markedly over the course of the inspection programme. Most indicators showed that performance was improving, albeit slowly. Some councils were unable to provide accurate data.'²¹⁴⁶

The report found that councils were at different stages in putting corporate parenting into action and 'more needed to translate a stated commitment to corporate parenting into practical ways of making a difference to young people's lives.'²¹⁴⁷ One aspect of this was the slow progress in improving the educational outcomes of looked after children. However, a number of factors contributing to effective services were identified:

- educational attainment of looked after children was a shared strategic and operational priority for education and social work;
- schools had named teachers or co-ordinators;
- good support was provided by education psychologists;
- there was effective tracking of progress; and
- multi-agency forums agreed support and resources.²¹⁴⁸

The report discussed the issue of stability and found that too many children and young people 'had experienced uncertainty and drift in their placements without a

²¹⁴⁴ SWIA, 47.

²¹⁴⁵ SWIA, 48.

²¹⁴⁶ SWIA, 48.

²¹⁴⁷ SWIA, 50.

²¹⁴⁸ SWIA, 50.

focus on planning and achieving a permanent placement at as early a stage as possible.²¹⁴⁹

The review found that there were gaps in information on the number of children receiving a service or the number in need of one. Systematic recording of unmet needs to inform service planning and commissioning was patchy. This could lead to children being unnecessarily placed in out of authority placements.²¹⁵⁰ While most assessments were good quality, there was room for improvement. 'Overall, assessments of the needs of looked after children were of better quality than those of young people leaving care or children with disabilities.'²¹⁵¹ There was also varied success in meeting targets for timely assessments.²¹⁵² There were gaps in care planning, and 'few care plans took a long term view of the needs of the child and it was rare to find a plan that linked actions to anticipated outcomes.'²¹⁵³

The review highlighted that 'permanency planning should be the primary objective for all placements and should begin as soon as possible.' However, permanency 'was taking too long for the growing number of children looked after away from home.'²¹⁵⁴ 'Councils, as corporate parents, needed to do much more to ensure that permanence was planned for all children who were unable to live with their families.'²¹⁵⁵

The report found that there was not a consistent approach to the identification and definition of risk and 'consequently there were variations in establishing a consistent risk threshold within and between councils and with partner agencies.'²¹⁵⁶ The review noted that some of the poorest quality risk assessments involved disabled children.²¹⁵⁷

²¹⁴⁹ SWIA, 51.

²¹⁵⁰ SWIA, 54.

²¹⁵¹ SWIA, 54.

²¹⁵² SWIA, 55.

²¹⁵³ SWIA, 56.

²¹⁵⁴ SWIA, 57.

²¹⁵⁵ SWIA, 57.

²¹⁵⁶ SWIA, 58.

²¹⁵⁷ SWIA, 59.

Effective practice involved:

- compliance with procedures and process;
- skilled chairing of child protection reviews and case conferences;
- seeking the views of young people, parents and carers;
- effective multi-disciplinary working; and
- engaging universal services in early intervention and identification of children at risk.²¹⁵⁸

The review highlighted the greater recognition of domestic abuse and the development of multi-agency approaches to address this. Mental health services for children and young people were found to vary in availability and quality. Similarly, services for children and young people engaged in sexually harmful behaviour were variable, and while residential services had 'made significant progress...there remained more to do.'²¹⁵⁹

The review found that 'a lack of strategic approaches to planning and commissioning often resulted in gaps in local resources and an over-reliance on out-of-area placements.' However, 'some services had developed positive initiatives for cost effective support closer to home.'²¹⁶⁰ 'In addition to the high cost of external residential provision, use of independent foster care agencies had significantly increased during the period 2003/08.'²¹⁶¹ Agency foster care was significantly more expensive than locally recruited foster carers and there was an impact 'on recruitment and retention of local foster carers.'²¹⁶²

There was also variation in the placement of young people in secure accommodation. 'Levels of use did not always correlate to the level of deprivation and associated problems in an area, but more usually reflected the range and quality of alternative provision.'²¹⁶³

²¹⁵⁸ SWIA, 59.

²¹⁵⁹ SWIA, 60-1.

²¹⁶⁰ SWIA, 65.

²¹⁶¹ SWIA, 65.

²¹⁶² SWIA, 65.

²¹⁶³ SWIA, 66.

In conclusion, the review highlighted the need to improve strategic commissioning of services and supports. This required:

- a more strategic approach to planning and commissioning of children's services;
- joint planning and commissioning of a range of local preventive and early intervention services;
- regular reviewing and benchmarking of use and expenditure on residential care and private foster placements; and
- stronger links between commissioning strategies, support for kinship carers and permanence planning for children looked after away from home.²¹⁶⁴

Getting It Right for Looked After Disabled Children

In 2013, the report of a knowledge exchange programme on the experiences of looked after disabled children and young people highlighted a number of issues relating to the quality of their care.²¹⁶⁵ The challenges in identifying disabled children and young people in care were highlighted, and the impact this had on care planning. The particular issues in hearing disabled young people were raised, and the need to address the powerlessness that some disabled children feel when excluded from day-to-day decisions. Innovative and participatory opportunities for disabled children to express their views and to be included were crucial. Finally, 'Being Valued' aimed to move the agenda forward to look at what actions we needed to take underpinned by a rights focus.²¹⁶⁶

Inspecting and Improving Care

In 2015, the Care Inspectorate published its first Triennial Review of care and social work services in Scotland, covering the years 2011 to 2014.²¹⁶⁷ In its overview of key successes and improvements, the review concluded that 'when vulnerable children and young people are unable to remain at home, many services designed to support

²¹⁶⁴ SWIA, 68.

²¹⁶⁵ Scottish Universities Insight Institute, *Getting it Right for Looked After Disabled Children and Young People: Final Report* (Glasgow: Scottish Universities Insight Institute, 2013), 2.

²¹⁶⁶ Scottish Universities Insight Institute, *Getting it Right for Looked After Disabled Children*, 8.

²¹⁶⁷ Care Inspectorate, *Inspecting and Improving Care and Social Work: Findings from the Care Inspectorate 2011-2014* (Dundee: Care Inspectorate, 2015).

their needs are performing well'.²¹⁶⁸ Foster care was considered to be maintaining a consistently high level of quality. The review also identified excellent examples of care in the residential sector.

Education of Looked After Children

We saw above Kent's concern regarding the education of looked after children, and during the 1990s, there was increasing evidence about the poor educational attainment of children in care. Francis found that there appeared to be little emphasis given to the educational attainment of looked after children and many had experienced periods of exclusion from school. 'The evidence suggests that social workers and carers need to give education much greater prominence in their work with looked after children while teachers need to develop a more positive view of the abilities and potential which these children possess.'²¹⁶⁹

Review of Education and Care

In 1997, the Scottish Office funded a review of education and care away from home, reflecting 'increasing concern about how children in public care fare within the education system.'²¹⁷⁰ It highlighted the lack of research in Scotland and identified a small number of policy and practice initiatives.

South Lanarkshire Council had established an Educational Support Service for Children in Care, which had 'centred on the provision of two link teachers and the introduction at district level of regular meetings of social work and education officers and educational psychologists.'²¹⁷¹ The link teacher ensured that children could make the best use of education, and facilitated effective collaboration between care and education staff.

In Inverclyde, a Children's Units Support Project was set up to provide educational support through a link teacher. 'The aim is both to increase attainments and help gain access to jobs and training opportunities.'²¹⁷² There was evidence of increased

²¹⁶⁸ Care Inspectorate, *Inspecting and Improving Care*, 7.

²¹⁶⁹ Joe Francis, "Investing in Children's Futures: Enhancing the Educational Arrangements of 'Looked After' Children and Young People," *Child & Family Social Work* 5, no. 1 (2000), 30.

²¹⁷⁰ Moira Borland et al., *Education and Care Away from Home: A Review of Research, Policy and Practice* (Edinburgh: Scottish Council for Research in Education, 1998), 1.

²¹⁷¹ Borland et al., *Education and Care*, 95.

²¹⁷² Borland et al., 97.

support for children through an improved educational environment in the children's units, close monitoring of school work by the link teacher, and a growing number of Standard Grade passes.²¹⁷³

Learning with Care

In March 2001, the Scottish Executive published *Learning with Care*, the report of an inspection undertaken jointly by HM Inspectors of Schools and the Social Work Services Inspectorate. The report involved a sample of 50 children in residential homes that did not provide education, or in a family placement.²¹⁷⁴ The inspection found that it was unusual to have an assessment on the children and even less likely that the assessment addressed educational needs. Not all the children had care plans and where they did, educational needs and goals were not usually addressed in detail. Although care reviews happened regularly, teachers were rarely in attendance, and the discussion of education tended to focus on behaviour and attendance rather than attainment.²¹⁷⁵

While there were good arrangements for the children to attend school, and appropriate learning or behaviour support, most were underachieving in comparison to their peers. Children had good access to extra-curricular activities, and pastoral care in the schools was generally positive, supportive, and caring. However, while some pupils were making good progress in their personal and social development, overall progress was very variable.²¹⁷⁶ The report stated that most of the children interviewed 'were not self-conscious about their background and were unconcerned about their teachers and close friends knowing they were looked after.'²¹⁷⁷ Similarly, most said that bullying at school was not an issue.

The inspection found that 'working relationships between school staff and carers were generally positive and strong',²¹⁷⁸ although in some instances poor

²¹⁷³ Borland et al., 97-8.

²¹⁷⁴ HM Inspectors of Schools and Social Work Services Inspectorate, *Learning with Care: The Education of Children Looked After Away from Home by Local Authorities* (Edinburgh: Scottish Executive, 2001), 11-12. See also, Kirstie Maclean and Morag Gunion, "Learning with Care: The Education of Children Looked After Away from Home by Local Authorities in Scotland," *Adoption & Fostering* 27, no. 2 (2003).

²¹⁷⁵ HMIS and SWSI, *Learning with Care*, 13-15.

²¹⁷⁶ HMIS and SWSI, 26.

²¹⁷⁷ HMIS and SWSI, 27.

²¹⁷⁸ HMIS and SWSI, 29.

relationships had developed because of disagreements about how the children were being treated. Relationships between school staff and social workers were variable in quality, and some social workers did not focus enough on educational attainment, or lacked knowledge about the educational system of attainment and how well their children were doing.²¹⁷⁹ 'Without exception, foster carers tried to provide a positive environment for learning. However, the majority had no personal experience of further or higher education and they were often unsure how to help children with their studies.'²¹⁸⁰

Educational support in residential units, however, was more variable. Support was very good in some units with education being valued and staff proactive, and one local authority 'had made considerable and fruitful efforts to make their residential units educationally rich environments.'²¹⁸¹ Other units provided an educationally poor environment with limited attention given to providing support, quiet space or educational resources. At a strategic level, local authority Children's Services Plans did not address the education of looked after children in enough detail, and there was a need for comprehensive policies on this issue.²¹⁸²

Care to Learn?

Following the *Learning with Care* report, the Scottish Government commissioned a package of supporting materials, including training resources, an information booklet, and quality indicators. As part of this commission, Save the Children and Who Cares? Scotland gathered the views and experiences of young people in care in order to inform the development of the materials.²¹⁸³ This was done through questionnaires, focus groups, and individual interviews.

²¹⁷⁹ HMIS and SWSI, 32.

²¹⁸⁰ HMIS and SWSI, 35.

²¹⁸¹ HMIS and SWSI, 36.

²¹⁸² HMIS and SWSI, 38.

²¹⁸³ Save the Children and Who Cares? Scotland, *Learning with Care: Care to Learn? The Educational Experiences of Children and Young People Who Are Looked After* (Edinburgh: Save the Children and Who Cares? Scotland, 2003), 1. See also, Alison Ritchie, Elizabeth Morrison and Steven Paterson, "Care to Learn? The Educational Experiences of Children and Young People Looked After," *Scottish Journal of Residential Child Care* 2, no. 2 (2003); Judy Furnivall and Barbara Hudson, "Learning with Care Training Materials," *Scottish Journal of Residential Child Care* 2, no. 2 (2003); Graham Connelly, "Developing Quality Indicators for Learning with Care," *Scottish Journal of Residential Child Care* 2, no. 2 (2003).

Young people identified a range of issues that impacted on school attendance. These included:

- placement changes leading to a move of school;
- difficult transport arrangements;
- poor support in the care placement; and
- negative peer pressure.²¹⁸⁴

In school, the young people commented on the stress that they could feel because of their care status, and the negative attitudes of teachers and other pupils. Young people acknowledged that this stress could lead to difficulties in managing anger and behaviour. The situation in the care placement could also impact on young people's educational experience. 'For some young people school is a welcome respite from the care environment, whilst for others, the stresses of the care environment have an increasing impact on their mental health and ability to cope with school.'²¹⁸⁵

Young people's reactions could vary greatly and lead to:

- social isolation;
- walking out of school;
- being secretive or lying about being in care;
- 'being tough';
- hitting back; or
- hitting out.²¹⁸⁶

However, there were also positive comments about being more 'determined', 'setting targets', or agreeing an appropriate plan.

Care to Learn? stressed the importance of addressing stereotypes and tackling discrimination, developing supportive relationships with staff, and planning and support across the different sectors.²¹⁸⁷

²¹⁸⁴ Save the Children and Who Cares? Scotland, *Care to Learn?*, 12.

²¹⁸⁵ Save the Children and Who Cares? Scotland, 23.

²¹⁸⁶ Save the Children and Who Cares? Scotland, 24-6.

²¹⁸⁷ Save the Children and Who Cares? Scotland, 27-8.

The report also highlighted the factors that hindered young people's learning at school. Young people spoke about the 'negative or inconsistent learning experiences in early childhood which had affected their feelings about school.'²¹⁸⁸ The learning environment in the school may not suit the young people's learning styles or address their additional needs.²¹⁸⁹ Young people also commented on the choice of subjects and that this could impact on their feelings of the value of school.²¹⁹⁰ The environment in foster homes or residential units was also important. 'Residential care homes were described by many as being too distracting to allow serious efforts to study.'²¹⁹¹ *Care to Learn?* highlighted that the issues identified could impact on young people's self-esteem and self-confidence, and 'from the time young people go into care and throughout their educational experience, their highly vulnerable self-esteem is at constant risk of further damage.'²¹⁹²

Young people in care were also disadvantaged in meeting their full educational potential. Some young people left school early because of a crisis or negative school experience, lack of motivation, or lack of support. Young people also felt there was a lack of emotional and financial support in going on to further and higher education.²¹⁹³

Care to Learn? made several recommendations. In the care environment, there needed to be continuing support for education, with carers playing an active role, particularly when things were not going well. The care placement had to provide a 'conducive learning environment' with broader emotional and therapeutic support to address 'complex needs.'²¹⁹⁴ At school, the importance of positive and supportive relationships was stressed, as was treating young people with sensitivity and respect.

Young people needed to be supported in developing positive feelings about school, and a supportive ethos should be for all, so that young people in care do not feel they are treated differently. This should involve addressing discrimination and bullying in a sensitive manner.²¹⁹⁵ There needed to be a culture of partnership

²¹⁸⁸ *Save the Children and Who Cares?* Scotland, 30.

²¹⁸⁹ *Save the Children and Who Cares?* Scotland, 31.

²¹⁹⁰ *Save the Children and Who Cares?* Scotland, 36.

²¹⁹¹ *Save the Children and Who Cares?* Scotland, 30.

²¹⁹² *Save the Children and Who Cares?* Scotland, 35.

²¹⁹³ *Save the Children and Who Cares?* Scotland, 39.

²¹⁹⁴ *Save the Children and Who Cares?* Scotland, 43.

²¹⁹⁵ *Save the Children and Who Cares?* Scotland, 44.

working, including partnership with the young person, which would involve 'a need for sensitivity and negotiation with the young person.'²¹⁹⁶ Finally, there should be emotional and financial support, and young people 'need to know that they can access this support easily and as required.'²¹⁹⁷

We Can and Must Do Better

Overlapping with the Social Work Inspection Agency review—*Extraordinary Lives*, and in order to further develop the work of *Learning with Care*, the Scottish Government set up a working group to consider the educational outcomes for looked after children and young people.²¹⁹⁸

Acknowledging that educational achievement would be impacted by broader issues, the working group identified five key themes:

- working together;
- becoming effective lifelong learners;
- developing into successful and responsible adults;
- being emotionally, mentally and physically healthy; and
- feeling safe and nurtured in a home setting.²¹⁹⁹

The group recognised that there had been some progress in developing the educational element of the corporate parenting role following *Learning with Care*. Local authorities had developed or revised joint policies and protocols aimed at improving educational outcomes, and all local authority educational establishments had a senior manager with designated responsibility for looked after children. In most authorities, systems had been developed to gather relevant information, and a range of materials had been developed.²²⁰⁰ However, the group considered that more needed to be done. The group underlined the importance of education and

²¹⁹⁶ Save the Children and Who Cares? Scotland, 44.

²¹⁹⁷ Save the Children and Who Cares? Scotland, 45.

²¹⁹⁸ Scottish Executive, *Looked After Children & Young People: We Can and Must Do Better* (Edinburgh: Scottish Executive, 2007), 1.

²¹⁹⁹ Scottish Executive, *We Can and Must Do Better*, 2.

²²⁰⁰ Scottish Executive, 9.

social work departments working together, and having a shared understanding of the needs of looked after children and young people.²²⁰¹

The working group set out a number of actions to take this work forward. Scottish Government committed to fund the appointment of a senior executive in each local authority to focus on improving educational outcomes for looked after children and young people and care leavers. It called for the identification of measures to improve the effectiveness of the corporate parent role, and the need to meet with COSLA and the Improvement Service 'to include corporate parenting in the induction programme for newly elected members.'²²⁰²

Educational outcomes of looked after children and young people would be one of the key components of outcome agreements for children's services, and actively meeting educational needs must be demonstrated in inspections. There needed to be a 'more robust and comprehensive data collection and reporting framework' in relation to looked after children's educational needs.²²⁰³ There must be improved training for parents, foster carers, residential workers, teachers, social workers, health workers, and appointed lead professionals, and a national network and information website would be developed.²²⁰⁴

The working group highlighted the educational barriers to children becoming effective lifelong learners, and highlighted work being undertaken to identify innovative and flexible approaches. Common themes included the need for flexible learning environments that could offer personal and social support, as well as academic support. This should recognise the importance of self-worth and self-esteem in the learning process, and the provision of additional support to prevent exclusion and provide support across transition points.²²⁰⁵ The Scottish Government committed, in partnership with other stakeholders, to produce a list of core tasks to

²²⁰¹ Scottish Executive, 11. See also, Michele McClung and Vernon Gayle, "Exploring the Care Effects of Multiple Factors on the Educational Achievement of Children Looked After At Home and Away From Home: An Investigation of Two Scottish Local Authorities," *Child & Family Social Work* 15, no. 4 (2010), 418.

²²⁰² Scottish Executive, 13.

²²⁰³ Scottish Executive, 16.

²²⁰⁴ Scottish Executive, 15-6. Revised training materials were published in 2008 and have continued to be updated and made available on: Scottish Government and CELCIS, "We Can and Must Do Better Resource Bank," *We Can and Must Do Better* website.

²²⁰⁵ Scottish Executive, 25.

clarify the roles and tasks of the designated person. Guidance and practice support would be developed to address the particular issues of supporting looked after children and young people through transitions. In addition, the particular issues faced by looked after children and young people in relation to attendance and exclusion would be considered.²²⁰⁶

The theme of looked after children developing into successful and responsible adults focused on developments for care leavers. It was acknowledged that transition to further or higher education, employment, and independent living could be difficult and stressful. It was essential that there was consistent financial and practical advice and support at this time.²²⁰⁷ Local authorities should use their existing powers to provide 'appropriate support for care leavers who are in full-time education, training or a modern apprenticeship.'²²⁰⁸ Colleges and universities should be aware of, and responsive to, the needs of care leavers in further and higher education. The Scottish Government also committed to the development of a resource pack for looked after young people to support them through their transition to adulthood.²²⁰⁹

Recognising the importance of good physical, mental and emotional health to effective learning, the working group highlighted the need for school-based supports, along with provision and access to a wider range of support to meet individual needs. It called for each NHS Board to 'assess the physical, mental and emotional health needs of all looked after children and young people for whom they have responsibility and put in place appropriate measures which take account of these assessments.'²²¹⁰ The health of looked after children should also be reviewed by the Care Commission as part of the inspection process.

Looked after children and young people must feel safe and nurtured in a home setting and this was seen as essential in promoting educational success. The Scottish Government, therefore, committed £5 million of additional funding 'to local authority and voluntary providers of children's homes and units in residential schools to improve their physical environment and to create an educationally rich environment

²²⁰⁶ Scottish Executive, 27.

²²⁰⁷ Scottish Executive, 33.

²²⁰⁸ Scottish Executive, 33.

²²⁰⁹ Scottish Executive, 34.

²²¹⁰ Scottish Executive, 43.

for the children and young people who live there.’²²¹¹ The Scottish Government would also clarify the duties on local authorities to provide ‘safe, secure and appropriate accommodation’ for looked after young people until at least 18, and also to provide appropriate support up until the age of 21.²²¹²

Initiatives and Research Addressing the Education of Looked After Children and Young People

In 2006, Edinburgh City Council developed the Reading Champion project for children and young people in residential care, involving staff in residential centres, library staff, and education staff.²²¹³ The project developed over the years and involved a range of innovative activities. A book bus service brought library services to residential homes.²²¹⁴ Events were ‘hosted in residential units with authors, artists and storytellers.’²²¹⁵ Young people attended events at the Edinburgh Book Festival. Residential staff members became reading partners for particular young people, and developed a reading culture in the homes.

Funding supplied from Edinburgh City Libraries has enabled the projects to develop [book] collections in fifteen residential centres across the city. The project has also arranged visits to bookshops to select books with young people.²²¹⁶

Evaluation of the project found that it ‘did not have the same level of impact at every residential unit and library.’²²¹⁷ However, significant changes were observed by staff; ‘the positive impact on behaviours, the greater sense of belonging through joining in and participation and a child discovering and nurturing interests they barely recognised – or allowed to recognise – in themselves.’²²¹⁸

In 2007, Mallon investigated 18 care experienced people and the impact that care had on their education; half the group had attended higher education and half had

²²¹¹ Scottish Executive, 51.

²²¹² Scottish Executive, 51–2.

²²¹³ Edinburgh City Council, *Reading Champion Report: 2005–2010* (Edinburgh: Edinburgh City Council, 2010), 7. See also, Colm Linnane, “Encouraging Reading Among Children in Care: The Edinburgh Reading Champion Project,” *Scottish Journal of Residential Child Care* 7, no. 2 (2008).

²²¹⁴ Edinburgh City Council, *Reading Champion Report*, 17.

²²¹⁵ Linnane, “Encouraging Reading,” 25.

²²¹⁶ Linnane, 26.

²²¹⁷ Edinburgh City Council, *Reading Champion Report*, 21.

²²¹⁸ Edinburgh City Council, 24.

not.²²¹⁹ In general, the young people felt 'that there was no personal investment in them or interest shown in their education by their carers and the social departments.'²²²⁰ Mallon found that once young people left care, the 'most serious post-care risk factors almost exclusively affected the non-HE group...lack of continuity and contact with former carers and the social work department was a clear risk factor.'²²²¹

...while being in care was perceived by all the participants as having had a damaging effect on their formal education, the HE group was sufficiently resilient to return to education as mature students when the opportunity arose. This outcome was enabled by the range of internal protective factors that have been shown to have impacted significantly upon the group.²²²²

Mallon also confirmed the value of a mentor for the educational attainment and 'the benefits of a supportive spouse is apparent.'²²²³

This study suggests that with appropriate protective factors in place, some people who have been looked after in care can eventually succeed academically and/or achieve a satisfactory quality of adult life. However, for most of the participants, protective factors, both in and post care, occurred largely by chance and not because of any planned action by teachers or social workers.²²²⁴

Around this time, South Lanarkshire Council appointed a residential worker in each of its care homes as a literacy coordinator, to promote the education of children and young people in residential care.²²²⁵ As part of this programme, the Council commissioned a storytelling project to increase young people's confidence and improve their literacy. The project was evaluated through observation, questionnaires and interviews, and 11 young people were interviewed.²²²⁶ The research found that the storytelling project 'helped children and young people to develop new interests,

²²¹⁹ James Mallon, "Returning to Education After Care: Protective Factors in the Development of Resilience," *Adoption & Fostering* 31, no. 1 (2007), 107-108.

²²²⁰ Mallon, "Returning to Education After Care," 108.

²²²¹ Mallon, 109.

²²²² Mallon, 114.

²²²³ Mallon, 114.

²²²⁴ Mallon, 115.

²²²⁵ Irene Stevens, Ruth Kirkpatrick and Claire McNicol, "Improving Literacy Through Storytelling in Residential Care," *Scottish Journal of Residential Child Care* 7, no. 2 (2008), 29.

²²²⁶ Stevens, Kirkpatrick and McNicol, "Improving Literacy," 29-30.

enhanced various skills associated with literacy, and encouraged the development of a different kind of relationship with the staff involved.²²²⁷ Residential staff involved in the project also developed new skills. 'The evaluation also indicated that the actual process of storytelling can have a calming effect on a unit and creates a space for residents to feel closer to each other.'²²²⁸

The Letterbox Club was developed in England in 2003, by the University of Nottingham in partnership with local authorities.²²²⁹ It was piloted in Scotland in 2013 and involved 150 looked after children in five local authorities.²²³⁰

The Letterbox Club sends personalised parcels containing books, stationery, and maths games to children's homes once a month for 6 months...The expectation is that the parcels will encourage children to engage more with reading, do more numeracy activities, and write and draw more frequently.²²³¹

Evaluations of the Letterbox Club in England, Wales, and Northern Ireland had 'provided evidence that the children who participated in the Letterbox Club saw significant improvement in their reading accuracy and comprehension scores over a 6-month period'.²²³² In Scotland, the evaluation focused on gaining the perspectives of the children. Eight children aged between seven and ten years old, and in foster or kinship care were involved in the study.

The research found that children felt a sense of ownership and pride in belonging to the Letterbox Club, and a sense of feeling special.

There were many examples of children seeing the value of the contents of the parcel in terms of supporting them with their learning and schoolwork. Children identified particular books, games and materials to justify their claims.²²³³

²²²⁷ Stevens, Kirkpatrick and McNicol, 38.

²²²⁸ Stevens, Kirkpatrick and McNicol, 38.

²²²⁹ Andy Hancock and Juliet Hancock, "Looked After Children's Perspectives on Books Being Delivered to the Home During the Letterbox Club Scotland Project," *International Journal of Child, Youth and Family Studies* 8, Nos. 3-4 (2017), 28.

²²³⁰ Andy Hancock and Moira Leslie, *Letterbox Club Scotland: Report to BookTrust* (London, UK: BookTrust), 4.

²²³¹ Hancock and Hancock, "Children's Perspectives on Books," 28.

²²³² Hancock and Hancock, 28.

²²³³ Hancock and Leslie, *Letterbox Club Scotland*, 46.

The research also found that 'the role of the carer and other family members was central to the use of the parcels to support children's learning, but this involvement and engagement varied from family to family.'²²³⁴

The Letterbox Club Scotland was rolled out nationally in 2014.

Leslie and Mohammed described an initiative in one local authority to improve inclusion when it found that its rate of exclusion of looked after children was significantly worse than the Scottish average.²²³⁵ It identified a range of issues to support success and inclusion in school. There was a need for school staff to understand the impact of being looked after on children, and training should be available to support this. The individual educational needs of children should be addressed, and positive relationships need to be developed. Inclusion within the local community is important, as is effective multi-agency working. A shared framework, language and integrated planning processes were identified as essential, along with advocacy through corporate parenting.²²³⁶

Designated Managers and a Framework for Educational Outcomes

In 2009, the Scottish Government published *Core Tasks for Designated Managers* to clarify the roles and responsibilities of the designated person and provide guidance to them.²²³⁷ The core tasks of designated managers in schools and residential establishments were set out in terms of communication, meeting the needs of looked after children and young people, and advocacy.²²³⁸

In brief, the designated manager in the school held a co-ordinating brief in relation to all looked after children and young people in the establishment and should work with them, and their families and carers. The designated manager should be the liaison person for other agencies, and should work with colleagues to raise awareness of the needs of looked after children and young people. The designated manager should ensure that the educational needs of the looked after children and

²²³⁴ Hancock and Leslie, 45.

²²³⁵ Claire Leslie and Azra Mohammed, "Inclusion of Looked After Children in Education," *Scottish Journal of Residential Child Care* 14, no. 1 (2015), 3.

²²³⁶ Leslie and Mohammed, "Inclusion of Looked After Children," 16.

²²³⁷ Scottish Government, *Core Tasks for Designated Managers in Educational and Residential Establishments in Scotland* (Edinburgh: Scottish Government, 2009), 3.

²²³⁸ Scottish Government, *Core Tasks*, 8-10.

young people are identified and appropriate supports are in place. He or she should work with families, carers, and social workers to give priority to educational needs, provide advice and guidance, and act as an advocate for the child if appropriate.²²³⁹

The designated manager in a residential establishment held a similar range of tasks and was also responsible for encouraging an educationally rich environment and 'the development of a positive learning culture.'²²⁴⁰

The guidance also set out a smaller number of core tasks for designated managers in colleges.²²⁴¹ The guidance also called on universities to apply for the Frank Buttle Trust Quality Mark, which demonstrated support to care leavers.

In the same year, the Scottish Government published a new reporting framework for the educational outcomes of looked after children and young people. The framework would collect information 'in relation to the attendance, exclusion, academic attainment and school leaver information of looked after children', and this would be compared with the same information for children and young people who were not looked after.²²⁴²

Health of Looked After Children and Young People

Psychiatric Disorder among Children

In 1996 and 1997, Dimigen and colleagues carried out a study to gain information about children's mental health at admission to care, with a view to planning an early intervention programme.²²⁴³ Information was collected on 70 children 'aged between 5 years and 12 years who attended for health assessment within six weeks of admission into care.'²²⁴⁴ The study found that the most common disorders were conduct disorder and depression. Just under one-third of children had severe attention deficit difficulties, and one-quarter had autistic-like detachment. 'The study shows that a considerable proportion of young children have a serious psychiatric

²²³⁹ Scottish Government, 8-10.

²²⁴⁰ Scottish Government, 20.

²²⁴¹ Scottish Government, 14.

²²⁴² Scottish Government, *The Educational Outcomes of Looked After Children and Young People: A New Reporting Framework* (Edinburgh: Scottish Government, 2009), 9.

²²⁴³ G. Dimigen et al., "Psychiatric Disorder among Children at Time of Entering Local Authority Care: Questionnaire Survey," *British Medical Journal* 319, 11 September (1999), 675.

²²⁴⁴ Dimigen et al., "Psychiatric Disorder," 675.

disorder at the time they enter local authority care but are not being referred for psychological help.²²⁴⁵ Dimigen and colleagues highlighted the need for early intervention policies, and assessment through multidisciplinary discussion and strategic planning. A number of other studies have also shown high levels of mental ill-health among looked after children in Scotland.²²⁴⁶ The first national study was carried out 2002/2003 and this is detailed below.

Health and Mental Health of Looked After Children in Scotland

In 2002-03, a national survey of the health and mental health of looked after children in Scotland was carried out.²²⁴⁷ The main aims of the survey were to:

- produce prevalence rates of three main categories of mental disorder: conduct disorder, hyperactivity, and emotional disorders;
- determine the impact and burden of children's mental health problems in terms of social impairment and adverse consequences for others; and
- examine service utilisation.²²⁴⁸

The survey also looked at general health and physical complaints, scholastic achievement and education, and social networks and lifestyle behaviours.

The survey covered children and young people aged between five and 17 across all 32 local authorities in Scotland, and information was collected on 355 children.²²⁴⁹

Among young people in Scotland looked after by local authorities, 45% were assessed as having a mental disorder; 38% had clinically significant

²²⁴⁵ Dimigen et al., 675.

²²⁴⁶ P. Chetwynd and L. Robb, *Psychological Problems in Young People "Accommodated" by Glasgow City Council* (Glasgow: Greater Glasgow Primary Care NHS Trust, 1999); Julie Ridley and Steven McCluskey, "Exploring the Perceptions of Young People in Care and Care Leavers of their Health Needs," *Scottish Journal of Residential Child Care* 2, no. 1 (2003); Aileen Blower et al., "Mental Health of 'Looked After' Children: A Needs Assessment," *Clinical Child Psychology and Psychiatry* 9, no. 1 (2004); Andrew Kendrick, Ian Milligan and Judy Furnivall, "Care in Mind: Improving the Mental Health of Children and Young People in State Care in Scotland," *International Journal of Child & Family Welfare* 7, no. 4 (2004).

²²⁴⁷ Howard Meltzer et al., *The Mental Health of Young People Looked After by Local Authorities in Scotland* (London: TSO, 2004). See also, Howard Meltzer and Deborah Lader, "The Mental Health of Young People Looked After by Local Authorities in Scotland," *Scottish Journal of Residential Child Care* 3, no. 2 (2004).

²²⁴⁸ Meltzer et al., *Mental Health of Young People*, 3.

²²⁴⁹ Meltzer et al., 14. Young people aged 11 to 17 years were interviewed but not younger children.

conduct disorders; 16% were assessed as having emotional disorders – anxiety and depression – and 10% were rated as hyperactive.²²⁵⁰

Although not statistically significant, the survey found that children and young people in foster care were more likely to have a mental disorder (50 per cent), compared to those living with their parents (44 per cent) or in residential care (40 per cent).²²⁵¹

Just over one-fifth of the children or young people had tried to harm, hurt or kill themselves. 'The rate of self-harm in Scotland was more prevalent among older children, aged 11-17 (28%) than younger children (6%) and among those in residential care (39%) compared to children placed with their birth parents (18%) or in foster care (14%).'²²⁵² In relation to self-harm, a qualitative study of support for young people who self-harm in residential care in Glasgow found that both young people and residential staff 'identified supportive relationships, non-judgemental attitudes, knowledge of self-harm and good working practices' as helpful.²²⁵³ On the other hand, '[n]egative attitudes, low levels of knowledge, punitive reactions to self-harm and inappropriate working practices were viewed as unhelpful.'²²⁵⁴

The national survey found that there was often a mismatch between the carer's view of whether a child had a clinical disorder, with both under- and over-reporting by carers. This underlined the importance of including clinical input into assessment rather than relying on self-reports by carers, parents, or the young person.²²⁵⁵ In relation to their general health, carers rated 87 per cent of children's health as good or very good.

Children living with foster carers were more likely to have very good health (70%) than children living any other placement type, particularly those living in residential care (38%)...the general health of children seemed to improve as their placement become more secure.²²⁵⁶

²²⁵⁰ Meltzer et al., 18.

²²⁵¹ Meltzer et al., 20.

²²⁵² Meltzer et al., 22.

²²⁵³ Judith Piggot et al., "A Qualitative Study of Support for Young People Who Self-Harm in Residential Care in Glasgow," *Scottish Journal of Residential Child Care* 3, no. 2 (2004), 53.

²²⁵⁴ Piggot et al., "Qualitative Study of Support," 53.

²²⁵⁵ Meltzer et al., *Mental Health of Young People*, 38.

²²⁵⁶ Meltzer et al., 34.

Two-thirds of looked after children had at least one physical complaint, and the most commonly reported were: 'eye and/or sight problems (19%), bed wetting (14%), speech or language problems (12%), asthma (12%) and difficulty with co-ordination.'²²⁵⁷

The survey considered the use of health services. In relation to general health services, it found that:

- 11 per cent of children had visited a GP in the past two weeks;
- 13 per cent of children had visited an Accident and Emergency department in the past three months;
- five per cent of young people had an inpatient stay in hospital in the past three months; and
- 16 per cent of children had an outpatient or day patient visit in the past three months.²²⁵⁸

Young people living in residential care were much more likely to have used each of these services than children in family placements.

Carers who reported that a child had a significant mental health problem were asked about the use of services and these were categorised as: specialist services (e.g. mental health professionals), front line services (e.g. GPs or social workers), and informal sources of health (such as self-help groups, the internet). Most children with a significant mental health problem (88 per cent) had been in contact with at least one of the services in the past year. Front line services were the most common source of help, and specialist services were also commonly used. Apart from talking to friends or family, informal services were rarely used.²²⁵⁹

Teachers were asked to assess children's educational achievement, and 'overall, 59% of all children were reported to be at least one year behind in their intellectual development.'²²⁶⁰ 'This comprised 41% of children who were one or two years behind and 19% who were three or more years below the level expected for their age.'²²⁶¹ Just under a third of children had officially recognised special educational

²²⁵⁷ Meltzer et al., 35.

²²⁵⁸ Meltzer et al., 54-5.

²²⁵⁹ Meltzer et al., 56.

²²⁶⁰ Meltzer et al., 71.

²²⁶¹ Meltzer et al., 71.

needs, although only 5 per cent had an SEN Statement. Children with special educational needs 'were more likely to be found in residential placement, 51%, than with foster carers, 29%, or living with their birth parents, 29%.'²²⁶² Three quarters of the children with special educational needs were classed as having emotional and behavioural difficulties, three-fifths with 'general learning difficulties', one quarter with speech and language difficulties, and one-fifth with 'specific learning difficulties'.²²⁶³

Almost 70 per cent of the children were reported by their teachers to have been absent from school for a day or more in the previous term. Carers also reported that over one-quarter of children had played truant in the past year.²²⁶⁴

Finally, the survey considered social networks and lifestyle behaviours. Virtually, all the children said that they had some friends and four-fifths had a 'best' friend. 'Around a half of the children (52%) reported that they could definitely confide in their friends but 16% overall said they could not confide in their friends at all.'²²⁶⁵ Around a third of all children, 34 per cent, had sought help because they had felt unhappy or worried, mostly from a mother or foster mother, or a special friend.

The prevalence of smoking among looked after children was high, with two-fifths of young people aged 11-15 reporting being current smokers; 'only 7% of young people aged 16- to 17 years-old had never smoked, compared with nearly a third (31%) of their younger counterparts.'²²⁶⁶ More young people in residential placements were current smokers, but this was partly because of the increase in the prevalence of smoking with age. 'Less than two-fifths of the children, 38%, had never had an alcoholic drink and a quarter (25%) drank at least once a month.'²²⁶⁷ Again, older young people were more likely to drink than younger children, and for this reason, more of those in residential care were likely to drink alcohol than those in foster care.

Young people aged 11 to 17 years were asked about drug use. The most frequently reported drug was cannabis, and almost two-fifths had used it at some point, and

²²⁶² Meltzer et al., 72.

²²⁶³ Meltzer et al., 72.

²²⁶⁴ Meltzer et al., 73.

²²⁶⁵ Meltzer et al., 87.

²²⁶⁶ Meltzer et al., 89.

²²⁶⁷ Meltzer et al., 89.

one-fifth had used it in the past month.²²⁶⁸ 'The next most popular drugs after cannabis were ecstasy and glue, gas or solvents. The pattern for use of these drugs was the same as that for cannabis use and the greatest proportions were found among children in residential care.'²²⁶⁹

Finally, the survey asked young people aged 11-17 about their sexual behaviour, and nearly 'two-fifths of the young people (38%) reported that they had had sexual intercourse.'²²⁷⁰ A further 17 percent of young people reported being sexually abused or raped.

Edinburgh Connect and Rossie-Elms Mental Health Service

Edinburgh Connect (EC) was a mental health service working in partnership with residential care staff and foster carers to promote the mental well-being of looked after and accommodated children.²²⁷¹ 'EC used a model of consultation that aimed to build capacity in residential and foster care so that these services could better address mental health needs and promote good mental health.'²²⁷²

The evaluation concluded that *Edinburgh Connect* had a positive impact 'with considerable benefits for the quality of care available for children and young people.'²²⁷³ A number of challenges were identified. The service had to maintain a balance between different elements of the work and working with the residential units, foster carers, and a range of agencies, particularly with the lack of integration with CAMH services. Maintaining operational contact with all the units and continuing to build relationships was also a challenge, particularly given the multiple pressures on residential care, and 'the perceived disempowered situation of

²²⁶⁸ Meltzer et al., 90.

²²⁶⁹ Meltzer et al., 91.

²²⁷⁰ Meltzer et al., 91.

²²⁷¹ Scottish Development Centre for Mental Health, *Edinburgh Connect Evaluation* (Edinburgh: Scottish Development Centre for Mental Health, 2006), 13. See also, Allyson McCollam and Amy Woodhouse, "Familiar Challenges, Promising Solutions. Edinburgh Connect: A Mental Health Consultation Service for Residential Care Staff Working with Looked After and Accommodated Children," *International Journal of Child and Family Welfare* 10, nos. 1-2 (2007); Allyson McCollam, "With Mental Health and Wellbeing in Mind," *Scottish Journal of Residential Child Care* 8, no. 2 (2009).

²²⁷² SDCMH, *Edinburgh Connect*, 52.

²²⁷³ SDCMH, 52.

residential provision and the staff group.²²⁷⁴ Not all units gave the same priority to this work.

Lerpinier and colleagues reported on a mental health service put in place to support Rossie and the Elms secure accommodation services.²²⁷⁵ The project carried out a voluntary mental health screening of young people admitted to the units. It was involved in a range of work: direct work with young people; family therapy; attendance at meetings; consultation with care staff, social workers and other professionals; and, staff training.

Overall, the support and advice that the project provided was highly valued. Positive relations were built up between project workers and secure unit staff. The secure unit staff viewed the work of the project very positively, and they 'felt that many young people had been helped with a wide variety of mental health needs and particular problems.'²²⁷⁶ Most of the young people also had a positive view of the project and 'viewed project workers as people they could talk to and help them with problems they were facing.'²²⁷⁷

While it was considered that the project had successfully achieved most of its objectives, the short-term nature of the service was considered to be an obstacle in meeting young people's needs. Similarly, project workers were stretched in addressing the range of tasks involved in providing the service.

The Health of Looked After Children

As part of the *Extraordinary Lives* review, the Social Work Inspection Agency commissioned a review of the health of looked after and accommodated children in Scotland.²²⁷⁸ The review highlighted the impact of socio-economic inequality and its impact on the health of children and young people through, for example, diet, physical activity, health related behaviours such as smoking, alcohol, and drug

²²⁷⁴ SDCMH, 56.

²²⁷⁵ Jennifer Lerpinier et al., *Evaluation of the REP Project: The Rossie-Elms Mental Health and Well-Being Project* (Glasgow: Scottish Institute for Residential Child Care, 2006), 14.

²²⁷⁶ Lerpinier et al., *Evaluation of the REP Project*, 45.

²²⁷⁷ Lerpinier et al., 45.

²²⁷⁸ Jane Scott and Malcolm Hill, *The Health of Looked After and Accommodated Children and Young People in Scotland: Messages from Research* (Edinburgh: Social Work Inspection Agency, 2006).

misuse, and risky sexual behaviour.²²⁷⁹ It also highlighted the extent of mental health issues for children and young people in Scotland, and the rise in suicide and deliberate self-harm.²²⁸⁰

However, Scott and Hill stated that despite 'the adverse factors in the backgrounds of children who are looked after and accommodated...the current general health of the majority is good.'²²⁸¹ That said, Scott and Hill made two important qualifications. 'Firstly, many of the young people have lifestyles that present major threats to their present or future wellbeing. Secondly, there is a high incidence of mental health problems (including conduct disorders).'²²⁸² They argued that:

Foster carers and residential workers require a range of support services while caring for a looked after child with mental health difficulties. They are likely to benefit from specific training and ongoing support in the management of conduct disorders in order to minimise the consequences.²²⁸³

From their review of the research, Scott and Hill identified several factors affecting the health of looked after children and young people. First, they highlighted that 'the factors which wider research has shown to be associated with poorer health outcomes are present within the child's original family and environment.'²²⁸⁴ However, the health checks and assessments for looked after children were not always satisfactory. Multiple moves experienced by looked after children could also impact 'on the continuity of their development across all areas of their lives including health.'²²⁸⁵ This could affect accurate up-to-date recording of their health needs, and missing out on routine medical checks and health promotion initiatives.

The review stressed the potential consequences of leaving care on young people's health and 'the transition from care to independent living has been considered to be

²²⁷⁹ Scott and Hill, *Health of Looked After Children*, 14-6.

²²⁸⁰ Scott and Hill, 17-8.

²²⁸¹ Scott and Hill, 19.

²²⁸² Scott and Hill, 20.

²²⁸³ Scott and Hill, 23.

²²⁸⁴ Scott and Hill, 24.

²²⁸⁵ Scott and Hill, 25.

detrimental in terms of health and wellbeing with high levels of depressive moods, low self-esteem and deliberate self harm.²²⁸⁶

The review concluded that while looked after and accommodated children and young people tended to express the same concerns about their health as children across Scotland, differences lay in the challenges they face because of their home and care situations. In these circumstances, it is important that looked after children are able to access health assessments and treatment through 'conventional health services', and the evidence showed that this did not always happen.²²⁸⁷

Recent initiatives have begun to consider other approaches to delivering health services especially through the recent but fast developing use of specialist looked after children nurses in schools. Innovative approaches to mental health services have been developed. These put the needs and wishes of the young person at the centre, consider more flexible approaches to service delivery and work in partnership with those caring for looked after children.²²⁸⁸

Health Needs of Looked After Children

McCluskey's research on the health needs of looked after children in Scotland also identified a number of barriers to effective practice, with the absence of 'national and political leadership in terms of policy, strategy and guidance' noted as being particularly problematic.²²⁸⁹ 'Priorities and solutions pointed towards the need for a broad and strategic programme of action to support local children's services planning and practice.'²²⁹⁰ The *Learning with Care* strategy was highlighted as a model of good practice. The research also identified partnership working as key and the 'role for a wide range of partners and partnerships at a local policy, planning and operational level.'²²⁹¹

²²⁸⁶ Scott and Hill, 27.

²²⁸⁷ Scott and Hill, 32.

²²⁸⁸ Scott and Hill, 33.

²²⁸⁹ Steven McCluskey, "The Need for National Leadership, Partnerships and Programmes to Promote the Health and Well-Being of Looked After Children in Scotland," *Scottish Journal of Residential Child Care* 5, no. 2 (2006), 15.

²²⁹⁰ McCluskey, "Need for National Leadership," 15.

²²⁹¹ McCluskey, 16.

McCluskey, Greaves, and Kean discussed the establishment and development of a *Scottish Health Network*, which aimed to 'promote links between professionals and organisations that have an interest and active involvement in improving health outcomes for young people in and leaving care in Scotland.'²²⁹² This would provide networking opportunities; publish relevant information, resources, and guidance; disseminate material on good practice, innovation, policy, and research; create opportunities for debate and facilitation of ideas; and actively promote links between key stakeholders.²²⁹³

The Mental Health and Well Being of Children and Young People in Residential Care

In 2009, the Care Commission published a bulletin addressing the mental health of young people in residential care based on inspections in 2007-08.²²⁹⁴ This report drew on the 2007/08 inspections of 240 residential services: 197 care homes, 37 residential special schools, and six secure accommodation services.

The Care Commission found that the assessment of mental health needs was problematic. 'We made 90 recommendations and 44 requirements on the need for assessments. This was in 56 per cent of services and reflects the variations in access to mental health assessment services across Scotland.'²²⁹⁵ 'The introduction of Looked After and Accommodated Children's nurses (LAAC nurses) has improved the assessment of young people's mental health needs as it was reported that they often carried out these assessments.'²²⁹⁶

The quality of services was generally good and most did well in addressing mental health issues. The Care Commission considered that the contribution of LAAC nurses and SIRCC's training courses had supported this work. However, there were three areas identified that needed significant improvement:

- work with health colleagues to ensure appropriate assessment of mental health needs at the point of admission;

²²⁹² Steven McCluskey, Elaine Greaves and Carole Kean, "Scottish Health Network: Promoting the Health and Well-Being of Children and Young People in and Leaving Care," *Scottish Journal of Residential Child Care* 3, no. 2 (2004), 56.

²²⁹³ McCluskey, Greaves and Kean, "Scottish Health Network," 57.

²²⁹⁴ Care Commission, *Mental Health and Well Being*, 6.

²²⁹⁵ Care Commission, 7.

²²⁹⁶ Care Commission, 7.

- training of staff and development of procedures for working with children of substance misusing parents; and
- better help for young people to move on from the service.²²⁹⁷

The area in which residential care services needed most improvement was in helping young people when they left the service, and the Care Commission made recommendations or requirements to half of the residential services.²²⁹⁸

Generally, children and young people had access to health professionals but there were issues in relation to seven per cent of the services, particularly in secure accommodation services.²²⁹⁹ The Care Commission noted an increasing number of children and young people in care were affected by substance misuse—either because they, themselves, or their parents misused substances. The inspections found that in 16 per cent of services, there were no procedures for working with misusing parents or they were inadequate, or there were no links to child protection procedures. In one-fifth of services, the Care Commission made recommendations ‘that staff needed to improve their knowledge about services for substance misusing parents.’²³⁰⁰ ‘However, in 91 per cent of services staff had had training in working with young people affected by substance misuse.’²³⁰¹

There had been concerns about residential staff members’ knowledge and practice in providing physical comfort and being aware of appropriate boundaries. However, in most cases, practice in this area was considered appropriate. ‘In 96 per cent of services, staff felt comfortable about physically comforting young people who were distressed – giving them a cuddle. Young people confirmed that this was appropriate and staff were clear about boundaries.’²³⁰² Similarly, the Care Commission found it reassuring that children and young people were able to discuss their worries and concerns with staff members in 94 per cent of services.

²²⁹⁷ Care Commission, 10.

²²⁹⁸ Care Commission, 9.

²²⁹⁹ Care Commission, 7.

²³⁰⁰ Care Commission, 8.

²³⁰¹ Care Commission, 8.

²³⁰² Care Commission, 8.

The Physical Health of Children and Young People in Residential Care

In 2010, the Care Commission published a bulletin on the physical health of young people in care, based on inspections in 2008-09.²³⁰³ Ensuring that services carried out a health assessment when young people were admitted was the only area where the Care Commission issued requirements to seven services. Again, the introduction of Looked After and Accommodated Children's Nurses had improved this area. Most services were addressing all health care needs.²³⁰⁴

We are pleased to find that all services have registered children and young people with a GP, dentist or other local specialist service. Some services had well equipped medical rooms which could be used by visiting healthcare professionals for weekly GP clinics and monthly visits by a dentist.²³⁰⁵

Services were also proactive in ensuring health appointments were kept, and matters from assessments or health care history were followed up. Most services promoted healthy living and good nutrition, and a range of sport and physical fitness activities.²³⁰⁶

Overall, residential care services are giving looked after children and young people access to good healthcare and support to make healthy lifestyle choices. This shows improvement in practice, particularly around assessment of health needs and work to follow up assessments. The general health of these children and young people is good and appears to improve as the placement becomes more stable. Around 96% of services were found to be performing well when it came to physical health.²³⁰⁷

Supporting Sex and Relationships Education

In 2010, Wellbeing in Sexual Health (WISH) published a briefing paper on the importance of supporting sex and relationships education (SRE) for looked after children and young people. While it acknowledged the lack of research on the sexual health and wellbeing of looked after children and young people, it highlighted a range of reasons why they may be at risk of poor sexual health and exploitation. They

²³⁰³ Care Commission, *Physical Health of Children*, 6.

²³⁰⁴ Care Commission, 8.

²³⁰⁵ Care Commission, 8.

²³⁰⁶ Care Commission, 10.

²³⁰⁷ Care Commission, 13.

may have limited access to sexual health information, lack understanding of contraception and services, and were more likely to be a teenage parent.²³⁰⁸ In addition, staff in educational and residential care could lack confidence and be anxious about discussing sex and relationships with young people.

It is therefore vital that staff working in educational, residential and social work sectors are provided with appropriate training opportunities so that they can respond effectively and proactively to the sexual health and wellbeing needs of looked after children and young people.²³⁰⁹

WISH set several actions that should be taken, and these included: supporting policies, SRE programme content, SRE delivery mechanisms, liaison and support for parents and carers, and cross-agency collaboration.²³¹⁰

Guidance on Health Assessments

In 2014, the Scottish Government published guidance on health assessments for looked after children. The aims of the guidance were:

- to ensure that every looked after child or young person received a comprehensive health assessment within four weeks of the NHS Board receiving notification;
- to provide strategic and operational managers in NHS Boards with information in respect of planning and delivering holistic health assessments for looked after children;
- to provide healthcare professionals with a practical guide to completing a health assessment for a looked after child or young person;
- to ensure that the health assessment provided to looked after children and young people is delivered consistently across Scotland; and
- to suggest items for a comprehensive data set on looked after children's health, to be collected at local level.²³¹¹

²³⁰⁸ Wellbeing in Sexual Health, *Supporting Sex and Relationships Education for Looked After Children and Young People* (Edinburgh: NHS Health Scotland, 2010), 8.

²³⁰⁹ Wellbeing in Sexual Health, *Supporting Sex and Relationships Education*, 12.

²³¹⁰ Wellbeing in Sexual Health, 13-15.

²³¹¹ Scottish Government, *Guidance on Health Assessments for Looked After Children and Young People in Scotland* (Edinburgh: Scottish Government, 2014), 1.

The guidance highlighted the health service responsibilities for looked after children in the context of the NHS as a corporate parent.²³¹² It set out the systems and processes 'required to deliver comprehensive health assessments for children and young people who became looked after.'²³¹³ 'After the assessment the clinician should compile a health care plan specifying any timescales for actions to be completed and when the health care plan will be reviewed.'²³¹⁴

As well as acknowledging the importance of universal services, the guidance also discussed specialist health services for looked after children. 'Over the past 12 years, the introduction of LAC Health Services, Lead Nurses and LAC Health Teams; paediatricians and LAC nurses, have made significant improvements in improving the health needs of looked after children.'²³¹⁵ However, the guidance argued that 'despite the need for locality responsive models, it is **essential** that a consistent approach is taken nationally to roles, support and supervision of nursing resource; and expected levels of service provision.'²³¹⁶

Permanence Planning

The issue of the need for stability and permanence had been highlighted for a number of years in policy and practice, with concerns about delayed decision-making and 'drift' in care.

Care and Permanence Planning

In 2011, the Scottish Children's Reporter Administration (SCRA) carried out research to explore pathways and decision-making process through the care and court systems to the point at which looked after children were adopted or achieved permanence.²³¹⁷ The research studied 100 looked after children subject to Adoption Orders, Freeing Orders, and Parental Responsibility Orders from when they were first identified as being at risk.²³¹⁸ All the children came into contact with social work

²³¹² Scottish Government, *Guidance on Health Assessment*, 14.

²³¹³ Scottish Government, 18.

²³¹⁴ Scottish Government, 27.

²³¹⁵ Scottish Government, 28.

²³¹⁶ Scottish Government, 30. Emphasis in original.

²³¹⁷ Gillian Henderson, Lucy Hanson and Indiya Whitehead, *Care and Permanence Planning for Looked After Children in Scotland* (Stirling: Scottish Children's Reporter Administration, 2011).

²³¹⁸ Henderson, Hanson and Whitehead, *Care and Permanence Planning*, 13.

because of concerns about care by their parents. Over two-thirds of the children began receiving social work services before they were six months old. 'For 61 per cent of the children, social work services were already working with the family at the time they were born...Within this group, 44 newborn children had been assessed formally as being at risk prior to birth or at birth.'²³¹⁹

The research found that it took a considerable amount of time for permanence to be achieved. Seven children achieved permanence within 24 months of first input. For 32 children, this took up to 48 months, and for 32 children (39 per cent) the process took more than five years. The shortest time to achieve permanence was just over 12 months and the longest time was 10 years and 10 months.²³²⁰ 'The time up to decisions being made about permanency was a major contributor to delays in the process.'²³²¹

The research identified a number of positives.

Most children were identified at risk at an early age and measures were put in place quickly to keep them safe. Agencies worked effectively together to do this. There was also evidence of local authorities trying to keep sibling groups together in foster and permanent care, and in making efforts to ensure stable placements for children.²³²²

The research also highlighted the potential harm to children caused by delays and instability in care. It identified a number of areas for improvement in decision-making and implementation:

- a need for discussion and guidance on rehabilitation with birth parents that balances the rights of parents and the child, and considers the level of risk a parent presents;
- a need for standards and management information concerning all stages of the permanence decision-making process;
- a need to discuss, consider and agree the numbers of moves and placements a child should experience that takes into account age and stage of development;

²³¹⁹ Henderson, Hanson and Whitehead, 18.

²³²⁰ Henderson, Hanson and Whitehead, 43.

²³²¹ Henderson, Hanson and Whitehead, 8.

²³²² Henderson, Hanson and Whitehead, 67.

- a need to review Reporter decision-making and improve its performance to ensure that the right decisions are being made to safeguard the welfare of children in the short and long term;
- a need to consider undertaking an evaluation of practices and performance on Children's Hearings held to review Supervision Requirements, and to provide advice to the court on permanence cases;
- that SCRA, local authorities, and the courts should explore ways of improving communication mechanisms (including feedback), as part of their interagency working;
- a need to consider whether the permanence application process could be improved by a single report for the advice of Children's Hearings and the courts; and
- that there was scope for improving the operation of curators ad litem and Reporting Officers nationally.²³²³

The Scottish Government published a response to this report in 2011, and set out a number of actions to be taken forward.²³²⁴ It identified five key areas to lever improvement:

- assessment tools;
- care standards;
- child's plan;
- dissemination of good practice; and
- whole-systems approach.²³²⁵

The Scottish Government would:

- review policies to ensure key messages on attachment and child development are incorporated;
- support Fife Council in its work to accelerate permanency decision;
- improve training;
- ensure the needs of looked after children were reflected in the new child-centred inspection regime; and

²³²³ Henderson, Hanson and Whitehead, 59-66.

²³²⁴ Scottish Government, *Care and Permanence Planning for Looked After Children in Scotland: Scottish Government Response* (Edinburgh: Scottish Government, 2011), 1.

²³²⁵ Scottish Government, *Care and Permanence Planning Response*, 4.

- promote the use of foster carers as adopters or permanent long-term carers.

Central to this work was the commissioning of the Centre for Excellence for Looked After Children in Scotland (CELCIS) 'to collate information, evaluate practice and outcomes, and provide access to suitable support in implementing practice involvement.'²³²⁶ This would include the development of a risk assessment toolkit, links to support and materials on family support and rehabilitation programmes, and developing new training opportunities on care planning processes.

CELCIS was to work in partnership to 'establish a "Permanence Team" to provide bi-lateral support to all local authorities to help reduce their outstanding permanence caseloads, and develop and disseminate good practice across Scotland.'²³²⁷ CELCIS would scope and then introduce a whole systems approach in partnership with one or more local authorities.²³²⁸

The Permanence and Care Team (PaCT)

The Permanence and Care Team (PaCT) was established in 2012, and a programme plan was put in place. This was set to run in four phases:

- Start-up phase (2012): gathering baseline information on key issues relating to permanence;
- Phase 1 (2013): focusing on practice and process improvements, and securing the delivery of systemic improvements across the permanence system;
- Phase 2 (2014): continuing to deliver direct work with partners and seeking to refine improvements and secure on-going sustainable effectiveness; and
- Phase 3 (2015): evaluation and reporting.²³²⁹

In 2014, CELCIS published a report on the impact of PaCT's activities. Early consultation and planning clarified definitions and understanding of permanence, and a mapping exercise enabled stakeholders to better understand permanence processes and systems.²³³⁰ The work has involved engaging with local authorities,

²³²⁶ Scottish Government, 5.

²³²⁷ Scottish Government, 14.

²³²⁸ Scottish Government, 15.

²³²⁹ CELCIS, *Permanence and Care Team (PaCT) Programme Plan* (Glasgow: CELCIS, 2013), 1-2.

²³³⁰ CELCIS, *The Impact of the CELCIS Permanence and Care Team: Summary Version* (Glasgow: CELCIS, 2014), 6.

research, engagement events, and the development of tools and protocol documents.²³³¹ 'PaCT is a relatively recent development, but already there are signs that its work at both local and national levels has positively influenced policy and practice.'²³³²

Throughcare and Aftercare

Over this period of the review, there was an increasing focus on issues of throughcare and aftercare. Research highlighted the poor outcomes for young people leaving care to independence, and there were significant developments in policy, practice, and legislation.

Working Group on Throughcare and Aftercare

The Throughcare and Aftercare Working Group was set up in November 1999 to advise the Scottish Executive on how to improve services for children and young people leaving care.²³³³ The Working Group noted the findings of research that had identified considerable variation in throughcare and aftercare arrangements across Scotland, and the fact that most young people had not received a planned throughcare programme.

The Working Group concluded that while 'there should be no prescriptive model of service delivery in Scotland', services should feature:

- a nominated key worker as a contact point for advice and assistance;
- clear written policies accessible to young people;
- minimum service standards;
- inter-agency working agreements and data sharing protocols;
- partnership agreements with other agencies;
- accessible resolution and complaints procedures; and
- a designated senior manager able to operate across local authority services to promote corporate responsibilities.²³³⁴

²³³¹ CELCIS, *Impact of Permanence and Care Team*, 7-9.

²³³² CELCIS, 17.

²³³³ Working Group on the Throughcare and Aftercare of Looked After Children in Scotland, *Report from the Working Group on the Throughcare and Aftercare of Looked After Children in Scotland* (Edinburgh: Scottish Executive, 2002), 4.

²³³⁴ Working Group on Throughcare and Aftercare, *Report from the Working Group*, 12-3.

The Working Group identified three main desired outcomes from the throughcare and aftercare service:

- to ensure that young people made a successful transition to independent living;
- to provide an accurate, accessible and swift service providing financial assistance; and
- to provide young people leaving care with an independent and fast appeals and complaints system.²³³⁵

The Working Group highlighted that 'needs assessment will be a key part of ensuring that young people make a successful transition to independent living.'²³³⁶ It developed a framework for assessing the needs of young people leaving care, and 'concluded that local authorities should be provided with materials to help in carrying out assessments, and that these materials should build on the Looking After Children materials.'²³³⁷ 'The aftercare section should be an update and extension of the throughcare plan and form the basis of regular reviews for the young person with their key worker/adviser.'²³³⁸ The Working Group considered that young people should be 'involved in the implementation process so they are fully informed of the proposals and of the throughcare and aftercare to which they will be entitled.'²³³⁹

Young People Leaving Care in Scotland

In the early 2000s, Dixon and Stein carried out a national study of young people leaving care in Scotland.²³⁴⁰ They conducted a national survey of social work departments and other service providers. Policy information was collected from a range of throughcare and aftercare services. The experiences of a small, but

²³³⁵ Working Group on Throughcare and Aftercare, 13.

²³³⁶ Working Group on Throughcare and Aftercare, 20.

²³³⁷ Working Group on Throughcare and Aftercare, 20.

²³³⁸ Working Group on Throughcare and Aftercare, 20.

²³³⁹ Working Group on Throughcare and Aftercare, 25.

²³⁴⁰ Jo Dixon and Mike Stein, *Leaving Care: Throughcare and Aftercare in Scotland* (London: Jessica Kingsley Publishers, 2005). See also, Jo Dixon and Mike Stein, *Still a Bairn? Throughcare & Aftercare Services in Scotland: Final Report to the Scottish Executive* (York: University of York, 2002); Jo Dixon and Mike Stein, *A Study of Throughcare and Aftercare Services in Scotland: Research Findings No. 3* (Edinburgh: Scottish Executive, 2002); Jo Dixon, "Leaving Care in Scotland: The Residential Experience," *Scottish Journal of Residential Child Care* 2, no. 2 (2003); Mike Stein and Jo Dixon, "Young People Leaving Care in Scotland," *European Journal of Social Work* 9, no. 4 (2006).

representative, sample of 107 care leavers was also explored.²³⁴¹ Outcomes information was collected over a six-month period.

The research found that while three-quarters of authorities had *Policy Statements*, 'many of the documents reviewed were very general in scope with only two having specific statements for throughcare and aftercare.'²³⁴² However, most authorities (71 per cent) provided guidance on throughcare and aftercare to social work staff. There were gaps in local authorities provision of throughcare and aftercare services, and the survey showed that 'half of the local authorities had experienced difficulties in accessing and collating data on the numbers of young people eligible for throughcare and aftercare services.'²³⁴³ While high priority was given to the accommodation needs of care leavers—and to strategies for helping care leavers into education, employment, and training—there was less focus on health and mental health needs of care leavers.²³⁴⁴

The survey of young people identified a vulnerable group with nearly a third having learning difficulties, and two-fifths with mental health, emotional, or behavioural difficulties. Most of the young people (61 per cent) had no educational qualifications. '[O]nly two-fifths (40%) of young people in the study had received a planned programme of preparation. The majority (60%) had not.'²³⁴⁵ Some young people had been unable or unwilling to participate but others had not been offered a programme.²³⁴⁶

Almost three-quarters of the young people had left care at 15 or 16 years of age, and few had remained in care until after their 18th birthday. Stein and Dixon highlighted this early age of living independently compared to the general population.²³⁴⁷ Only slightly over half of the young people thought that they were well prepared for independent living. The young people in the survey tended to experience instability in employment or training and accommodation. By the end of the six months, almost

²³⁴¹ Dixon and Stein, *Leaving Care*, 13.

²³⁴² Stein and Dixon, "Young People Leaving Care," 410.

²³⁴³ Dixon and Stein, *Leaving Care*, 164.

²³⁴⁴ Stein and Dixon, "Young People Leaving Care," 412-3.

²³⁴⁵ Dixon and Stein, *Leaving Care*, 61.

²³⁴⁶ Dixon and Stein, 78.

²³⁴⁷ Stein and Dixon, "Young People Leaving Care," 416.

two-thirds had failed to find stable employment, education, or training. Similarly, there tended to be instability in accommodation.²³⁴⁸

Formal support for young people was provided by specialist leaving care teams as well as social workers and other professionals.

Nearly two-thirds of young people leaving residential care were in contact with a leaving care worker (65%) or social worker (65%) compared to those from foster care (62% and 42%, respectively) and those on supervision living at home (12% and 4%, respectively)—although for all young people contact tended to decrease over time.²³⁴⁹

Young people with positive links with extended family 'benefited from both practical and emotional support at time of leaving and during the six-month follow-up period.'²³⁵⁰

Our research has shown that young people leaving care are a diverse group. It has also shown that they are a vulnerable group...However, major challenges still remain to improve their life chances: providing them with greater stability and continuity while they are looked after; increasing the help available to assist them with their education and careers; giving them the opportunity for a more gradual transition from care more akin to other young people's journeys to adulthood today; ensuring better all-round preparation for leaving care; and providing more consistent and ongoing support after they leave care.²³⁵¹

Supporting Young People Leaving Care in Scotland

In 2004, the Scottish Executive published regulations and guidance on services for care leavers.²³⁵² The guidance highlighted the role of local authorities as corporate parents for these young people. It outlined the legislative framework set out in the

²³⁴⁸ Stein and Dixon, 417.

²³⁴⁹ Stein and Dixon, 418.

²³⁵⁰ Stein and Dixon, 418.

²³⁵¹ Dixon and Stein, *Leaving Care*, 173.

²³⁵² Scottish Executive, *Supporting Young People Leaving Care in Scotland: Regulations and Guidance on Services for Young People Ceasing to be Looked After by Local Authorities* (Edinburgh: Scottish Executive, 2004).

*Children (Scotland) Act 1995, the Regulation of Care (Scotland) Act 2001, and Section 6 of the Children (Leaving Care) Act 2000.*²³⁵³

The regulations placed the involvement of young people as a central principle, and local authorities 'must seek and take account of the views and wishes of the young person in assessing their needs and in preparing the plan that comes out of the assessment.'²³⁵⁴

The aim of the throughcare and aftercare service is to enable the young person to make a successful transition to independent adult living. This means the young person must be empowered to make decisions and take control of their lives. To do this they must be at the heart of the assessment and planning process and fully involved in all aspects of their own throughcare and aftercare.²³⁵⁵

The guidance also highlighted gaining the consent of the young person to the sharing of information, and involving young people in the development of services. Consideration should be given to the 'young person's religious persuasion, racial origin, and cultural and linguistic background', and to any additional support needs that young people may have.²³⁵⁶

The guidance outlined the duties of local authorities to assess need and provide support for young people. Local authorities have a duty to carry out a needs assessment 'with a view to determining what advice, assistance and support the authority should provide.'²³⁵⁷ 'The needs assessment (known as the pathway assessment) along with the views of the young person (pathway views) will then be the basis for preparing the pathway plan.'²³⁵⁸ The local authority must specify a pathway co-ordinator who would be responsible for co-ordinating and progressing the assessment, the timetable for the assessment, and who would be consulted for the assessment.²³⁵⁹ The regulations set out what should be included in the pathway views in terms of young people's hopes for the future, lifestyle, family and friends, health and well-being, learning and work, accommodation and finances, and

²³⁵³ Scottish Executive, *Supporting Young People*, 4-5.

²³⁵⁴ Scottish Executive, 6.

²³⁵⁵ Scottish Executive, 8.

²³⁵⁶ Scottish Executive, 7.

²³⁵⁷ Scottish Executive, 13.

²³⁵⁸ Scottish Executive, 13.

²³⁵⁹ Scottish Executive, 14.

knowledge of rights and legal issues.²³⁶⁰ The regulations also detailed the process and content of the assessment.

The pathway plan should be reviewed at least every six months, and more frequently if requested by the young person, the pathway co-ordinator, or the young person's supporter.

The purpose of regular review is to check that the goals and milestones are still right for the young person and are still being met, or to set new targets if the young person has achieved those previously identified.²³⁶¹

The regulations detailed the roles of the pathway co-ordinator and the young person's supporter. The guidance and regulations also addressed the manner in which financial assistance should be provided. This took account of young people's different circumstances and eligibility for DWP benefits.²³⁶²

In relation to accommodation, the guidance highlighted the importance of suitable accommodation for a young person 'in making a successful transition to adult living.'²³⁶³ 'Not all young people will be looking to move from their current placements and these young people should be encouraged to remain where they are until the time to move is right for them.'²³⁶⁴ The guidance suggested that different types of accommodation should be available to young people: supported lodgings, shared accommodation, and independent tenancies. 'Accommodation and support services should be flexible and focus on the individual needs of the young person.'²³⁶⁵

The regulations also addressed the right of young people to appeal and make complaints, and the processes that should be put in place by the responsible authority.²³⁶⁶ In addition, local authorities should have good monitoring

²³⁶⁰ Scottish Executive, 15.

²³⁶¹ Scottish Executive, 18.

²³⁶² Scottish Executive, 21-3.

²³⁶³ Scottish Executive, 24.

²³⁶⁴ Scottish Executive, 24.

²³⁶⁵ Scottish Executive, 24.

²³⁶⁶ Scottish Executive, 27.

arrangements in order to measure service development and delivery, and have appropriate arrangements for information sharing with other agencies.²³⁶⁷

Scottish Care Leavers Mentoring Projects

Between 2002 and 2005, the Scottish Executive funded six mentoring projects for care leavers involving local authorities and care agencies. Each project would recruit mentors from the local community, provide training and match mentors with the young care leavers.²³⁶⁸ However, the projects were set up in a variety of ways and targeted different groups of young people; some were in residential care, and others had moved on from care. At this time, mentoring was an unfamiliar idea to both young people and staff working with them and, in particular, 'the attitude of residential managers and staff, in some cases, appeared to give the message that mentoring had little to offer.'²³⁶⁹

Mentoring benefited young care leavers the most when it was focused on a clear transition period. Central to the mentoring was: 'the unequivocal, non-judgemental, non-professional, support and friendship which they were offered; for some young people this was a powerfully affirmative experience of modelling positive ways of living and behaving as an adult.'²³⁷⁰

How Good is Your Throughcare & Aftercare Service?

In 2006, *The Scottish Throughcare & Aftercare Forum* published guidance on how to measure the effectiveness of throughcare and aftercare services.²³⁷¹ The guidance set out nine quality indicators for best practice:

- young people's involvement;
- throughcare preparation;
- assessment, planning and reviewing;
- health and well-being;
- accommodation;

²³⁶⁷ Scottish Executive, 28-9.

²³⁶⁸ Andrew Kendrick, Lynne Hunter and Mel Cadman, *Evaluation of Fostering Network Scottish Care Leavers Mentoring Projects* (Glasgow: Fostering Network, 2005), 10.

²³⁶⁹ Kendrick, Hunter and Cadman, *Evaluation of Mentoring Projects*, 34.

²³⁷⁰ Kendrick, Hunter and Cadman, 36.

²³⁷¹ Scottish Throughcare & Aftercare Forum, *How Good is Your Throughcare and Aftercare Service?* (Glasgow: Scottish Throughcare & Aftercare Forum, 2006).

- financial support;
- education, training and support;
- management of risk; and
- quality assurance and development of services.²³⁷²

It highlighted the need for a culture of good corporate parenting that 'reinforces and adds to the expectations in the Regulations and Guidance.'²³⁷³

Sweet 16? The Age of Leaving Care in Scotland

In 2008, Scotland's Commissioner for Children and Young People published a report on the age of leaving care in Scotland because of her concern that 'many young people are still being pushed out of the care system before they are ready, often as young as 16.'²³⁷⁴ Although legislation and regulations set out the principle that young people should continue to be looked after until they are ready to move, in some parts of Scotland this was not reflected in practice: 'We were told that young people feel under pressure to leave the care system at 16 years of age and often move to inappropriate accommodation and unsuitable placements.'²³⁷⁵

The report showed that the most common age for leaving care was 16 (60 per cent of all young people), despite legislation and guidance. While the report identified good practice in the transition from care, 'there was also substantial evidence of neglect and abandonment of young people'.²³⁷⁶ Ten per cent of young people experienced homelessness and a significant proportion of young people were no longer in touch with professionals. Only half of young people had a pathway plan.²³⁷⁷

The report found that young people and workers alike agreed 'that there are often many problems when young people move out of care aged 16 and 17', and these included 'getting into rent arrears, becoming involved with drugs/alcohol, difficulties

²³⁷² Scottish Throughcare & Aftercare Forum, 7. See also, Scottish Government, *Looked After Children, Young People and Care Leavers: Examples of Good Practice under Section 30 Children (Scotland) Act 1995 by All Local Authorities in Scotland* (Edinburgh: Scottish Government, 2008).

²³⁷³ Scottish Throughcare & Aftercare Forum, 4.

²³⁷⁴ Scotland's Commissioner for Children and Young People, *Sweet 16? The Age of Leaving Care in Scotland* (Edinburgh: SCCYP, 2008), 5.

²³⁷⁵ Scotland's Commissioner, *Sweet 16?*, 12.

²³⁷⁶ Scotland's Commissioner, 22.

²³⁷⁷ Scotland's Commissioner, 25.

with neighbours, threat of eviction which sometimes leads to homelessness, and difficulties sustaining education.’²³⁷⁸

The research identified three main reasons that young people felt pressured to leave:

- young people did not know they could stay or felt pressure to leave;
- young people felt rules in care were too restricting; and
- they wanted ‘out of the system’.²³⁷⁹

Other factors also impacted on the age of leaving care. Some young people who enter the care system at 15 may have little ‘time to prepare for throughcare and aftercare in a meaningful way’ and may think they are just ‘passing time’ until they reach 16.²³⁸⁰ In a desire to return to the parental home, young people may have unrealistic expectations. Young people with challenging behaviour and a high-level of support needs may leave care early for a number of reasons, but these young people need the most support.²³⁸¹ While young people in foster care were less likely to leave before 18, those in residential care—particularly residential schools—tended to leave care early.²³⁸²

The report noted that ‘it is common for young people leaving care to present as homeless in order to access accommodation due to lack of housing options directly available to them,’²³⁸³ and young people were placed in unsuitable accommodation such as hostels and B&B establishments. It highlighted the need for alternative arrangements such as semi-independent units, throughcare flats and support flats, to ease the transition to independence. It was also important to understand the legal duties and the implications of the timing of decisions, such as the termination of supervision requirements. ‘One cannot over emphasise the importance of delivering relevant, accurate and timely communication to young people about their options and about the positive impact of staying in care longer.’²³⁸⁴

The report made a number of recommendations that included:

²³⁷⁸ Scotland’s Commissioner, 27.

²³⁷⁹ Scotland’s Commissioner, 31.

²³⁸⁰ Scotland’s Commissioner, 32.

²³⁸¹ Scotland’s Commissioner, 34.

²³⁸² Scotland’s Commissioner, 35.

²³⁸³ Scotland’s Commissioner, 43.

²³⁸⁴ Scotland’s Commissioner, 52.

- local authority statistics should gather more details about 15 and 16 year olds leaving care;
- there should be a change of culture, language and practice to remove any expectation that young people should leave care at 16;
- workers and young people should be given clear statements of young people's rights on leaving care;
- local authorities should consider developing more semi-independent living units, as well as supported accommodation;
- as corporate parents, local authorities should ensure that housing officers, as well as social workers, residential workers and throughcare and aftercare teams, receive training on the local authority's responsibilities;
- young people should not have to be made homeless to be regarded as a priority for housing;
- young people should not be placed in hostels for the homeless, nor Bed and Breakfast accommodation;
- as corporate parents, local authorities should make provision for care leavers to be able to return for short periods of support; and
- the Scottish Government should review the eligibility threshold for aftercare in relation to the school-leaving age.²³⁸⁵

Are Throughcare and Aftercare Services Meeting the Standards?

In 2009, the Care Commission published a bulletin looking at the arrangements for throughcare and aftercare services for children and young people in residential services.²³⁸⁶ It was based on inspections in 2007-08 of 240 residential services for children and young people: 197 residential care homes, 37 residential special schools, and six secure accommodation services.²³⁸⁷ The bulletin covered two aspects of the services: throughcare and aftercare policy and implementation, and pathway planning.²³⁸⁸

The Care Commission detailed the recommendations it made to services and the reasons for these. Recommendations were made to 21 services (9 per cent) that did not have a policy on throughcare and aftercare. The Care Commission was

²³⁸⁵ Scotland's Commissioner, 65-7.

²³⁸⁶ Care Commission, *Throughcare and Aftercare*, 2.

²³⁸⁷ Care Commission, 6.

²³⁸⁸ Care Commission, 7.

'concerned that any service should not have a policy in this crucial area, particularly given the research and Government guidance available.'²³⁸⁹ In 12 services (5 per cent), staff were unaware of any policy on throughcare and aftercare, and in three services, recommendations were made because there was no guidance available.²³⁹⁰

Thirty-seven of the services (15 per cent) did not use the best practice publication, *How Good is Your Throughcare and Aftercare Service?*, and 41 services (17 per cent) received a requirement or a recommendation because of a lack of staff training. There was a need for improvement in the reviewing of policy, guidance, and practice in 29 services (12 per cent). The Care Commission 'made requirements or recommendations in 119 (50%) services where they were not adequately helping young people leave appropriately.'²³⁹¹

The Care Commission commended services in that they all said that they encouraged young people to keep in touch. However, it raised the issue of young people being able to return for overnight stays as this would 'provide a much greater feeling of security to young people to know that there is a place to which they can return for a short period when they need to.'²³⁹²

Overall, the principles of throughcare and aftercare appear to be met in most residential services. In particular, staff generally seemed to have guidance available to them to ensure consistent good practice. With regard to pathway planning, staff generally seemed aware the planning process and young people did seem to be encouraged to keep in touch with the service when they left. However, despite this, almost half of the residential services for children and young people needed to improve their ability to help and support young people when they move on.²³⁹³

Our Family Firm

In January 2011, the Scottish Government published a framework for supporting looked after young people and care leavers.²³⁹⁴ It aimed to 'guide local Community

²³⁸⁹ Care Commission, 7.

²³⁹⁰ Care Commission, 7.

²³⁹¹ Care Commission, 8.

²³⁹² Care Commission, 10.

²³⁹³ Care Commission, 10.

²³⁹⁴ Scottish Government, *Our Family Firm: A Working Framework for Community Planning Partners and Employers – Supporting All Looked After Young People and Care Leavers into Positive and Sustained Destinations* (Edinburgh: Scottish Government, 2011).

Planning Partnerships (CPP) in developing their strategic plan for implementing their *family firm* and for moving this forward to operational delivery.²³⁹⁵ The family firm concept aims to offer young people and care leavers a range of support to help them achieve a positive economic destination.

This might include work experience, employment and training, or building capacity and skills individually or in groups by preparing job application or developing interview skills. It may also be through reserving a number of apprenticeships for which Looked After young people and care leavers can apply.²³⁹⁶

The framework identified a number of key principles for the family firm approach:

- a partnership approach, involving the extended 'corporate family';
- person-centred support for the young person;
- support for employers in understanding the family firm concept;
- recognising and celebrating success;
- flexibility in order to meet the needs of young people and employers;
- a three-tiered approach: pre-activity preparation, support during the activity, and post-activity support;
- a named lead individual with responsibility for the family firm approach;
- a strategic protocol to clarify aims and objectives, and roles and responsibilities for partners.²³⁹⁷

Our Family Firm identified a number of early practice examples of the family firm approach in local authorities.

Still Caring?

In 2013, CELCIS carried out a review of support for care leavers, the gaps in provision and the needs of care leavers up until the age of 25.²³⁹⁸ The review outlined the legal framework for support of young people leaving care, in anticipation of the extension of duties through the *Children and Young People (Scotland) Act 2014*. In it they 'strongly advocate an extension of a **duty to provide assistance** for care leavers up

²³⁹⁵ Scottish Government, *Our Family Firm*, 3. Emphasis in original.

²³⁹⁶ Scottish Government, 4.

²³⁹⁷ Scottish Government, 6-7.

²³⁹⁸ Zachari Duncalf, Louise Hill and Kenny McGhee, *Still Caring? Supporting Care Leavers in Scotland* (Glasgow: CELCIS, 2013), 2.

to the age of 25 and beyond (as required), and that, furthermore, there are mandatory minimum requirements for local authorities and others as corporate parents.’²³⁹⁹

The review noted that approximately 1,000 young people leave care each year, and there were some 3,000 care leavers aged 16 to 19 years, and 9,000 aged 16 to 25 years in Scotland.²⁴⁰⁰ It highlighted that throughcare and aftercare services ‘were patchy and variable across Scotland.’²⁴⁰¹ ‘The impact of increasing budget pressures alongside competing staffing and structural ideologies have also affected the consistency and quality of TCAC [throughcare and aftercare] provision.’²⁴⁰²

The review highlighted the range of barriers facing young people leaving care and highlighted multiple disadvantages. ‘Despite the current legislation and guidance, there has been little progress on the average age at which young people leave care.’²⁴⁰³ There needed to be an explicit expectation that young people should be supported to remain in stable placements until they are ready to move on, and it should be the ‘default position that a young person’s placement will continue until 21 unless there are clear reasons why this would not be in the young person’s best interests.’²⁴⁰⁴

Improving Social Work in Scotland

The review of social work inspections addressed transitions and young people leaving care.²⁴⁰⁵ It found that 45 per cent of young people leaving care in 2007-08 did not have a pathway plan. They ‘saw many example of workers going that “extra mile” to keep young people on track and overall practice was good with those young people who had established a relationship with throughcare staff.’²⁴⁰⁶ However, social work had lost contact with about one in five care leavers, with significant variation across councils. ‘The lack of appropriate accommodation was the most frequent concern raised by staff we met and often left a significant gap in service

²³⁹⁹ Duncalf, Hill and McGhee, *Still Caring?*, 3. Emphasis in original.

²⁴⁰⁰ Duncalf, Hill and McGhee, 2.

²⁴⁰¹ Duncalf, Hill and McGhee, 4.

²⁴⁰² Duncalf, Hill and McGhee, 4.

²⁴⁰³ Duncalf, Hill and McGhee, 5.

²⁴⁰⁴ Duncalf, Hill and McGhee, 6-7.

²⁴⁰⁵ Social Work Inspection Agency, *Improving Social Work*, 61.

²⁴⁰⁶ Social Work Inspection Agency, 61.

provision.’²⁴⁰⁷ This had an impact on young people’s ability to sustain jobs and complete training courses, and needed to be addressed as a priority.

Staying Put Scotland

In 2013, the Scottish Government published guidance on children and young people remaining in care as part of a staged transition towards adulthood and independence.²⁴⁰⁸ Again, the guidance highlighted the poor outcomes of children and young people in care and the need to provide ‘a supportive environment for as long as they need it.’²⁴⁰⁹ The report identified the importance of appropriate and sustainable accommodation ‘including the opportunities to stay in their care placement.’²⁴¹⁰

In order to meet our aspirations for looked after children and young people we therefore need to ensure that they are encouraged, enabled and empowered to remain in stable and secure care settings until they are ready to move on into adulthood: and that the same supports, standards and expectations are applied to them in throughcare and aftercare.²⁴¹¹

The key principles of the Staying Put approach were set out as:

- young people should be ‘encouraged, enabled and empowered to remain in positive care settings until they are ready to be moved on’;
- no young person should leave care ‘without the skills and support necessary for success’; and
- local authorities and ‘corporate parenting partners’ should have made ‘explicit their commitment to the ‘Staying Put Scotland’ approach’.²⁴¹²

Staying Put Scotland put the importance of relationship-based practice at the centre of its philosophy of care.²⁴¹³ It stressed that ‘[a]ccelerated or abrupt transitions from care settings should be avoided wherever possible’, and young people should be

²⁴⁰⁷ Social Work Inspection Agency, 62.

²⁴⁰⁸ Scottish Government, *Staying Put Scotland: Providing Care Leavers with Connectedness and Belonging* (Edinburgh: Scottish Government, 2013).

²⁴⁰⁹ Scottish Government, *Staying Put*, 5.

²⁴¹⁰ Scottish Government, 5.

²⁴¹¹ Scottish Government, 7. Emphasis in original.

²⁴¹² Scottish Government, 13.

²⁴¹³ Scottish Government, 14.

able 'to make gradual and phased steps towards more independent living settings, over extended periods.'²⁴¹⁴

The guidance identified examples of innovative practice, such as enabling young people to remain with foster carers after they reach 18 years 'by facilitating a change of placement from "foster care" to "supported carer" or "supported lodging".'²⁴¹⁵ Creating opportunities for young people to either 'stay put in' or 'return to' group care settings was also highlighted, as well as maintaining ongoing relationships with young people after they had left residential care.²⁴¹⁶ 'Corporate parents will also want to ensure that the education settings in which looked after young people are placed are able to demonstrate their partnership working with further and higher education establishments, training providers and employers.'²⁴¹⁷

The transition from broader children's services to adult services has been shown to be problematic, and 'adult services will want to ensure that they are fully meeting and reflecting their corporate parenting responsibilities to care leavers in all areas of service design and delivery.'²⁴¹⁸

Housing Options Protocols for Care Leavers

At the same time as the *Staying Put* guidance, the Scottish Government published guidance on housing options protocols for care leavers.²⁴¹⁹ The aims of the guidance were to:

- ensure that all Community Planning Partnerships have a comprehensive 'Housing Options Protocol for Care Leavers' in place;
- assist corporate parents and Community Planning Partnerships in the development of the protocols;
- help ensure consistency in the development and implementation of the protocols;

²⁴¹⁴ Scottish Government, 15.

²⁴¹⁵ Scottish Government, 17.

²⁴¹⁶ Scottish Government, 23.

²⁴¹⁷ Scottish Government, 25.

²⁴¹⁸ Scottish Government, 28.

²⁴¹⁹ Scottish Government, *Housing Options Protocols for Care Leavers: Guidance for Corporate Parents: Improving Housing and Accommodation Outcomes for Scotland's Care Leavers* (Edinburgh: Scottish Government, 2013).

- ensure that care leavers are regarded as a priority group; and
- promote current practice that enables care leavers to make successful and sustainable transitions out of care and into adulthood.²⁴²⁰

The Scottish Government set out six principles of good practice to underpin the practice guidance:

- connection and belonging should be promoted through the provision of appropriate, person-centred and sustained support;
- care leavers should be ready to effectively care for themselves before they move;
- corporate parenting means providing the opportunities and supports that any good family would provide, and addressing the legacies of significant early disadvantage;
- care leavers' views are central and they must be actively involved in all decision making processes;
- information sharing needs to be timely and proportionate; and
- equality and diversity should be addressed.²⁴²¹

The practice guidance addressed five themes: housing allocation, identifying accommodation options, supporting care leavers into sustainable accommodation, partnership working, and monitoring and recording.

In response to their vulnerability and needs, care leavers should be prioritised in Community Planning Partnerships' housing allocation. 'The priority status afforded to care leavers should help ensure that the risk of homelessness is reduced or avoided; indeed it is recommended that such an aim is made explicit in all housing protocols for care leavers.'²⁴²² Identifying accommodation options should be set out in care leavers' pathways assessment and plan, and Community Planning Partnerships 'will want to ensure they have a range of housing options available to care leavers, from supported lodgings through to independent tenancies.'²⁴²³ However, this should be

²⁴²⁰ Scottish Government, *Housing Options Protocols*, 2.

²⁴²¹ Scottish Government, 14-15.

²⁴²² Scottish Government, 16.

²⁴²³ Scottish Government, 19.

in the context of encouraging and supporting young people to stay in their care placements until they are ready to move on.

The prevention of homelessness is essential and using 'the "homelessness route" to secure a care leaver accommodation often means the transition is insufficiently planned and supported, and therefore with a low likelihood of success.'²⁴²⁴ The guidance also referred to other guidance relating to the prevention of homelessness and housing support duty to homeless households as these addressed the needs of care leavers.

Supporting care leavers into sustainable accommodation was essential in ensuring successful transitions, and Community Planning Partnerships should have a range of support services to meet the varying needs of each individual.²⁴²⁵ Care leavers would need to have emotional support, support in the development of living skills, and financial support.²⁴²⁶ The guidance also highlighted the importance of acknowledging that young people make mistakes and providing opportunities to return to original care placements wherever possible.

In emphasising partnership working, Community Planning Partnerships would need to ensure that roles and responsibilities are explicit, understood, and agreed. 'More specifically, corporate parents should make sure that their specific involvement in preparing or supporting a care leaver (into and accommodation option) is clear to both the young person and staff at all levels of the organisation.'²⁴²⁷ This should also take account of cross-local authority arrangements where young people have been placed within another local authority.²⁴²⁸ Finally, Community Planning Partnerships should establish 'appropriate procedures for monitoring and recording progress across a range of relevant outcome indicators.'²⁴²⁹

It can be seen then that throughcare and aftercare have attracted a great deal of attention over this period, and concern was expressed that there were continuing gaps in services and practice for care leavers.

²⁴²⁴ Scottish Government, 23.

²⁴²⁵ Scottish Government, 26.

²⁴²⁶ Scottish Government, 28.

²⁴²⁷ Scottish Government, 30.

²⁴²⁸ Scottish Government, 33.

²⁴²⁹ Scottish Government, 34.

Foster Care

Introduction

Maclean and Hudson suggested that, for the most part, 'the mid- to late 1990s and early years of the new century were considerably quieter periods for developments in foster care and adoption.'²⁴³⁰ There was, however, an increasing focus on particular aspects of the care of looked after children, such as their education and health.²⁴³¹

There was also an increasing professionalisation of foster care.²⁴³² Hill noted that a 'trend in the 1990s was to make all the carers in the same authority professional, in recognition of the complex tasks undertaken.'²⁴³³ There was also an increasing focus on the training of foster carers.²⁴³⁴ However, Clapton and Hoggan concluded that 'the professionalization of foster care, although an official aspiration, remains patchy and is yet to be a greater reality on the ground.'²⁴³⁵

There was a continuing specialisation in foster care and, in 2002, Hill noted that foster care is 'now dealing with some young people who were formerly thought to require residential care and who tend to be more testing in their behaviour.'²⁴³⁶ An example of this was work to provide foster care placements as an alternative to secure care, which is described below.

Research on Foster Care

Over this period of the review, a number of research studies have been identified, dealing with specialist foster care, children's and young people's experiences of foster care, and the mental health of children and young people.

Siblings in Foster Care

²⁴³⁰ Maclean and Hudson, "Fostering and Adoption in Scotland," 22.

²⁴³¹ Maclean and Hudson, 22-3.

²⁴³² Clapton and Hoggan, *Adoption and Fostering*, 5.

²⁴³³ Malcolm Hill, "Introduction: Adoption and Fostering," 15.

²⁴³⁴ Clapton and Hoggan, *Adoption and Fostering*, 5.

²⁴³⁵ Clapton and Hoggan, 6.

²⁴³⁶ Hill, "Introduction: Adoption and Fostering," 13.

In 1995, a study of siblings in foster care found that 'for the majority of children placement in foster care led to separation from siblings.'²⁴³⁷ Kosonen found that children were particularly vulnerable to separation from their siblings at the points of entry and leaving care, and there was little evidence of plans being made to reunite children with their siblings.²⁴³⁸

Children growing up apart from their brothers and sisters, lacking contact or knowledge about their siblings may be deprived of family support in adult life. Much more should be done to foster sibling relationships for children who are separated from their families.²⁴³⁹

An Alternative to Secure Care

In response to *A Secure Remedy*,²⁴⁴⁰ NCH Action for Children developed the Community Alternative Placement Scheme (CAPS).²⁴⁴¹

...the scheme was established to offer foster care for a group of young people who hitherto had been placed in secure residential care and who were thought to present too great difficulties for family placements to be appropriate and hence were beyond the existing limits of foster care.²⁴⁴²

This built on the developments in specialist fostering across the UK. Over the first three years, CAPS had placements funded by about 12 local authorities.²⁴⁴³ Over the three years, the project expanded to cater for 36 young people, and involved 28 carers.²⁴⁴⁴ Over these three years, 75 young people had spent time in CAPS, including 45 whose placement had ended.²⁴⁴⁵

There was a coordinated programme of assessment, preparation and training, along with higher levels of financial reward and support. Carers were positive about the

²⁴³⁷ Marjut Kosonen, "Maintaining Sibling Relationships—Neglected Dimension in Child Care Practice," *British Journal of Social Work* 26, no. 6 (1996), 809.

²⁴³⁸ Kosonen, "Maintaining Sibling Relationships," 818.

²⁴³⁹ Kosonen, 820.

²⁴⁴⁰ See below for a discussion of the government review of secure care—*A Secure Remedy*.

²⁴⁴¹ Moira Walker, Malcolm Hill and John Triseliotis. *Testing the Limits of Foster Care: Fostering as an Alternative to Secure Accommodation*, (London: BAAF, 2002).

²⁴⁴² Walker, Hill and Triseliotis, *Testing the Limits*, 1.

²⁴⁴³ Walker, Hill and Triseliotis, 31.

²⁴⁴⁴ Walker, Hill and Triseliotis, 32-3.

²⁴⁴⁵ Walker, Hill and Triseliotis, 44.

support they received while, at the same time, 'they exercised considerable professional judgement and took on more responsibility than other foster carers'.²⁴⁴⁶

The CAPS evaluation compared the outcomes of 20 young people in the CAPS project and 20 young people in secure care. Both samples broadly reflected the composition of the secure care population, but there were some differences between the two groups. 'Six of the 20 placements in the CAPS sample were continuing at the end of the research and appeared to be providing a long-term family base for the young people.'²⁴⁴⁷ Fourteen young people had left the CAPS scheme and they had been involved in 20 completed placements. Social workers and carers considered that only two of these placements had lasted as long as expected, and only two placements had lasted as long as needed.'²⁴⁴⁸ Six of the 20 placements had ended in a planned way, the remainder ending for negative reasons.²⁴⁴⁹

In contrast, secure accommodation placements tended to proceed as initially expected and with a better chance of achieving supported accommodation. In the longer run, most young people in CAPS were able to stay out of residential care, sometimes within a supportive family, but sometimes in isolated, unsettled or risky circumstances.²⁴⁵⁰

There were several important factors affecting positive outcomes: the young person's initial commitment to CAPS, carers conveying respect for young people's views, a degree of family closeness matching the young person's expectations, foster carers actively caring for and about the young person, and rules being applied in an adaptable and fair manner.²⁴⁵¹

Evaluation of emotional development of the young people in CAPS found that this was similar to the secure care sample, as was sustained improvement in family relationships. Educational placements proved difficult to sustain and 'social workers considered that...more young people in secure care than with CAPS had improved in education or work.'²⁴⁵² 'Using a composite assessment, eight of the 20 young people

²⁴⁴⁶ Walker, Hill and Triseliotis, 83.

²⁴⁴⁷ Walker, Hill and Triseliotis, 145.

²⁴⁴⁸ Walker, Hill and Triseliotis, 127.

²⁴⁴⁹ Walker, Hill and Triseliotis, 128.

²⁴⁵⁰ Walker, Hill and Triseliotis, 145.

²⁴⁵¹ Walker, Hill and Triseliotis, 146.

²⁴⁵² Walker, Hill and Triseliotis, 185.

in the CAPS sample had “good” outcomes overall...Outcomes were similar for young people in both samples, though in general, CAPS placements provided a more positive experience.’²⁴⁵³

Overall, the evaluation concluded that ‘with appropriate remuneration and support, foster carers are willing and able to care for young people whose behaviour is very challenging and may present a risk to themselves or others...and that foster care can in certain circumstances provide an effective alternative to secure accommodation.’²⁴⁵⁴ However, the evaluation also identified a number of limitations and risks in supporting this group of young people in the community.

Let’s Face It!

In 2003, *Who Cares? Scotland* highlighted a range of issues raised by children and young people in foster care.²⁴⁵⁵ Young people in foster care identified the prejudice and discrimination of being in care. Some of the young people also identified discrimination in the foster care household, such as the ‘different treatment of foster carers’ children compared to fostered young people.’²⁴⁵⁶ Some young people, however, highlighted positive relationships with carers and the importance of feeling included in the family.²⁴⁵⁷

Voices from Care

Also in 2003, the Fostering Network reported on a consultation questionnaire completed by 111 children in foster care and 103 children of foster carers.²⁴⁵⁸ Children in foster care were asked to name what they thought was good about foster care and suggested several things:

- feeling safe and loved;
- being part of a family;
- stability;
- feeling cared for;

²⁴⁵³ Walker, Hill and Triseliotis, 186.

²⁴⁵⁴ Walker, Hill and Triseliotis, 222.

²⁴⁵⁵ *Who Cares? Scotland, Let’s Face It*, 22.

²⁴⁵⁶ *Who Cares? Scotland*, 23.

²⁴⁵⁷ *Who Cares? Scotland*, 24.

²⁴⁵⁸ Kausar Karim, *Voices from Care* (Glasgow: The Fostering Network, 2003), 34.

- having foster brothers and sisters;
- being listened to;
- not having to worry;
- getting support when you need it;
- giving your mum and dad a break;
- going on holidays; and
- receiving pocket money.²⁴⁵⁹

The research found that almost a quarter of the children did not know where they were going before the placement, and just under a third did not have any information about the families they were placed with.²⁴⁶⁰ Although over three-quarters of the children said that they had some choice about their placement, 'almost half said that they would have still liked a greater degree of choice in the future.'²⁴⁶¹

There was a great deal of instability in placements. The children and young people gave a wide range of answers about what led to the change of placement, and these included: bad behaviour, not liking the placement, foster carers splitting up, foster carers no longer having room due to having more children, fighting with foster siblings, short term carers, carers unable to cope with special needs, offending, drinking, running away, not getting on with foster carers, being bullied by other children, or becoming too old for carers. While most of the children felt 'happy' with how things were sorted out, a number made suggestions about being listened to by social workers or foster carers, or things being done more quickly.²⁴⁶²

In relation to family and friends, almost one-third of the children expressed a desire for a greater degree of contact with family, including extended family. Children also raised issues about where family contact took place, who attended the meetings with family members, and the length of the visits. Although less than a fifth of children were not satisfied with contact with friends, 'those who did express concerns gave strong reasons for their dissatisfaction.'²⁴⁶³ The issue of police checks was raised by

²⁴⁵⁹ Karim, *Voices from Care*, 13.

²⁴⁶⁰ Karim, 13.

²⁴⁶¹ Karim, 15.

²⁴⁶² Karim, 16.

²⁴⁶³ Karim, 19.

over one-third of respondents and the feelings of embarrassment, anger, and sadness that resulted from this.²⁴⁶⁴

When asked whether they felt that they had received enough help from their foster carers, almost 90 per cent of the children and young people said that they had 'received invaluable help from their carers, and the general feedback on the effectiveness of carers was positive.'²⁴⁶⁵ Feedback on social workers was more mixed, indicating 'a less than consistent level of service.'²⁴⁶⁶

In relation to decision-making, 60 per cent of the children were negative about attending a Children's Hearing, with comments such as 'hate it', 'scared' and 'nervous'.²⁴⁶⁷ Two-thirds of children felt that they could speak in social work reviews, although one in five felt they could not speak because of 'the overly formal atmosphere and intimidating surroundings.'²⁴⁶⁸ Although two-thirds of the children had been told about their rights, only two-fifths knew how to make a formal complaint.

The 'vast majority' of children were registered with a doctor and a dentist. In relation to their health, 12 per cent stated that they were 'depressed', while almost a quarter admitted to having self-harmed, 12 per cent said they had 'eating disorders' and 11 per cent admitted to 'using illegal drugs (cannabis)'.²⁴⁶⁹

In discussing preparation for independent living, 'one-third of those surveyed admitted that they did experience problems associated with their work, training or education.'²⁴⁷⁰ Most felt that they were getting practice in a range of practical skills: cooking, shopping for food, changing a plug, cleaning, and laundry. However, less than half responded that they received preparation for budgeting, DIY, decorating, or parenting skills.²⁴⁷¹

²⁴⁶⁴ Karim, 20-1.

²⁴⁶⁵ Karim, 21.

²⁴⁶⁶ Karim, 22.

²⁴⁶⁷ Karim, 24.

²⁴⁶⁸ Karim, 26.

²⁴⁶⁹ Karim, 28-9.

²⁴⁷⁰ Karim, 31.

²⁴⁷¹ Karim, 33.

When asked to list three things that would make foster care better, the children and young people identified a number of issues:

- social workers should be better at communicating with young people;
- social workers should identify and understand a child's needs better;
- better contact with family and friends should be a priority;
- siblings should be kept together where possible;
- police checks should be less frequent and quicker, and foster carers should have more discretion;
- children should receive more information about placements and should visit before moving in;
- the number of placement moves should be fewer;
- there should be more placements in child's own area;
- moving schools should be avoided;
- there should be more foster carers and they should be paid more;
- there should be more educational support;
- the issue of bullying of children in foster care should be addressed;
- children needed more pocket money; and
- children wanted access to computers and their own room.

It was also considered that there should be a group for young people in foster care.²⁴⁷²

Mental Health and Children in Foster Care

Minnis and colleagues explored the prevalence of mental health problems in children in foster care, their families' use of services and associated costs.²⁴⁷³ The sample consisted of 121 foster families with 182 children in 17 local council areas in Central Scotland, and included children in medium to long-term foster care and children in permanent foster placements.²⁴⁷⁴

Over two-thirds (69 per cent) were in care because of abuse or neglect, and 16 per cent because of parental mental illness.²⁴⁷⁵ Over a quarter (28 per cent) were

²⁴⁷² Karim, 29-30.

²⁴⁷³ Helen Minnis et al., "Children in Foster Care: Mental Health, Service Use and Costs," *European Child and Adolescent Psychiatry* 15, no. 2 (2006), 63.

²⁴⁷⁴ Minnis, et al., "Children in Foster Care," 64.

²⁴⁷⁵ Minnis, et al., 66.

described as having a learning disability, and 'foster carers, teachers and children all noted high rates of hyperactivity, conduct disorder and peer problems.'²⁴⁷⁶ Levels of Reactive Attachment Disorder symptoms were also significantly higher in the group of children in foster care. 'Despite the children with the greatest difficulties attracting high levels of costly services from a variety of agencies, CAMHS does not appear to be successfully targeting the most disturbed.'²⁴⁷⁷

Assessing Maltreated Children Coming into Foster Care

Research published in 2016 highlighted the importance of the assessment of children entering foster care, and explored the assessment data of 70 children entering foster care in Glasgow.²⁴⁷⁸ They were aged between eight months and 62 months. Using a range of assessment measures, the research found, in line with other literature, that the children were 'at a much higher risk of developing cognitive and mental health problems than their peers in the general population.'²⁴⁷⁹

However, the research found that foster carers were not necessarily reporting concern about children who were displaying worrying symptoms. 'Some foster carers appeared reluctant to talk about the problems which the children were having'.²⁴⁸⁰ The research identified other factors that may impact on foster carers' assessment of children in their care, and it concluded:

Instead of entirely relying on the foster carers' views of the child's difficulties, we would now recommend that the child receives a holistic assessment across various domains of functioning and that assessment may need to be repeated at a later stage, once the child has settled into placement.²⁴⁸¹

The Quality of Fostering Services

This section draws mainly on the Care Commission review of the quality of fostering services, but has identified brief comments made in two independent reviews arising

²⁴⁷⁶ Minnis, et al., 68.

²⁴⁷⁷ Minnis, et al., 69.

²⁴⁷⁸ Rachel Pritchett et al., "Challenges of Assessing Maltreated Children Coming into Foster Care," *The Scientific World Journal* 2016, 2016, 1.

²⁴⁷⁹ Pritchett, et al., "Challenges of Assessing Maltreated Children," 6.

²⁴⁸⁰ Pritchett, et al., 6.

²⁴⁸¹ Pritchett, et al., 7.

from concerns about the care and protection of children. These issues are picked up in the next section, which discusses the development of a strategy for foster care.

The Edinburgh and Fife Inquiries

As part of its remit, the *Edinburgh Inquiry* considered the current situation of foster care in the City of Edinburgh, and 'noted that the support given by the carers to the children was impressive.'²⁴⁸² 'They in turn spoke well of the support they received from the Department and of the support the children received from their social workers, all of whom visited regularly.'²⁴⁸³ However, the Inquiry also noted that '[f]oster children are excluded from many of the safeguards currently available for other children looked after by the Council. This is a matter of great concern. Efforts must be made to extend these safeguards to them.'²⁴⁸⁴

Black and Williams outlined the developments in foster care in Fife, and the situation in 2002. 'There are social workers whose role is to supervise and support carers as well as social workers for the individual children placed in the foster home. These workers need to have private time with the young people where this is appropriate in the light of the child's age.'²⁴⁸⁵ Fife Council had clear procedures in place concerning allegations of abuse in foster care, but Black and Williams recommended that the policy was amended to ensure that 'where there is an allegation of abuse against a foster carer, wherever possible, all other young people who have lived in the foster home are interviewed about their experience while in care.'²⁴⁸⁶

Quality of Fostering Services

In 2007, the Care Commission published a review of the quality of fostering and adoption services in Scotland.²⁴⁸⁷ In March 2006, fostering services were provided by all 32 local authorities and by 29 independent fostering agencies. The Care Commission noted the rapid rise in the numbers of the independent fostering agencies from just six in 2003. In total there were 2,871 foster carers, 2,321 in the

²⁴⁸² Marshall, Jamieson and Finlayson, *Edinburgh's Children*, 223. It should be noted that the Inquiry members only met with a small number of foster carers.

²⁴⁸³ Marshall, Jamieson and Finlayson, 223.

²⁴⁸⁴ Marshall, Jamieson and Finlayson, 224.

²⁴⁸⁵ Black and Williams, *Fife Council Independent Enquiry*, 50.

²⁴⁸⁶ Black and Williams, 51.

²⁴⁸⁷ Care Commission, *Quality of Fostering*, 1.

local authority sector and 550 with independent fostering agencies.²⁴⁸⁸ These foster carers provided care placements for 3,719 children and young people in March 2006: 1,572 in short-term care (42 per cent), 1,400 in long-term/permanent care (38 per cent), 498 in respite and short breaks (13 per cent), and 249 in other placements (seven per cent).²⁴⁸⁹

In relation to the assessment and approval of foster carers, the Care Commission found that, in general, applicants expressed a high level of satisfaction with the services provided. Foster care services offered comprehensive preparation training to applicants, often co-led by fostering social workers and an experienced foster carer. Most services had written information available. In most services, only qualified social workers carried out the assessments and these were generally comprehensive and involved all members of the fostering household.²⁴⁹⁰

The Care Commission found that applicants appreciated the thoroughness of the application process, fostering services generally shared the assessment report with applicants, and most applicants attended the fostering panel. However, almost a quarter of foster services were not able to complete applications with the six months set out in the standards.

In general, foster carers were valued and received good support and training. The foster carer's annual review was 'an important investment in carers' career development and most services had a system in place.'²⁴⁹¹ Most foster carers were very positive about the support they received from their link worker. However, the Care Commission found that three-fifths of local authority foster care services did not review their foster carers every year, and two-fifths of independent services failed to carry out reviews every year.²⁴⁹²

The Care Commission found that fostering panels had a wide range of experience and knowledge and they 'carry out their responsibilities thoroughly, and most are

²⁴⁸⁸ Care Commission, 12-13.

²⁴⁸⁹ Care Commission, 13-4. The report acknowledges that these terms are not precise and short-term placements may last for months or years.

²⁴⁹⁰ Care Commission, 18-9.

²⁴⁹¹ Care Commission, 26.

²⁴⁹² Care Commission, 26.

clear on their relationship with the agency.’²⁴⁹³ The main area for improvement was the composition and training of foster panels.²⁴⁹⁴

There were also high standards in safer recruitment practice for foster carers, and thorough processes for references and checks. However, in almost two-thirds of fostering services ‘there were shortcomings in staff recruitment practice.’²⁴⁹⁵ More than a third of services also needed to improve their quality assurance systems.²⁴⁹⁶

During inspections, some young people were given the opportunity to provide feedback. Responses were overwhelmingly positive. Young people:

- appreciated the positive encouragement they were given for learning, school and work;
- were encouraged to participate in sports, hobbies and outings;
- were helped to stay healthy; and
- were given support to keep in contact with the people that were important to them.²⁴⁹⁷

The Care Commission concluded that ‘local authority, voluntary and independent foster care providers must urgently address the following, critical areas.’²⁴⁹⁸ They must:

- arrange for all foster carer reviews to take place annually and ensure they are comprehensive, independent, include feedback from all relevant parties, and agree plans for training;
- ensure that one unannounced visit is planned annually;
- continue to improve performance to complete assessments within six months;
- ensure written foster care agreements outline the terms of approval of the carers;
- ensure placement agreements outline everyone’s responsibilities;

²⁴⁹³ Care Commission, 28.

²⁴⁹⁴ Care Commission, 29.

²⁴⁹⁵ Care Commission, 31.

²⁴⁹⁶ Care Commission, 32.

²⁴⁹⁷ Care Commission, 33.

²⁴⁹⁸ Care Commission, 61.

- ensure consistent scrutiny of all decisions to vary the approved number of children cared for by any foster carer.²⁴⁹⁹

In addition, the Care Commission recommended that foster care service providers needed to:

- re-examine all written information to ensure it meets requirements and is user-friendly and accessible for applicants and foster carers;
- review the composition of fostering panels and take action on identified shortfalls in safer recruitment;
- ensure that fostering panels complete an annual report and that members have access to relevant training;
- improve staff recruitment to tackle shortages and improve safer recruitment practices;
- prepare service level agreements setting out each agency's role and responsibilities;
- improve quality assurance systems; and
- continue investing in innovative and creative campaigns to recruit more foster carers, to meet the demand for placements.²⁵⁰⁰

A Strategy for Foster Care

The early 2000s saw a focus on residential child care with the establishment of the Scottish Institute of Residential Child Care in 2001, and an increasing focus on the historic abuse of children in care, evidenced by the apology by the First Minister to children in residential and institutional care. In the mid-2000s, there was an increasing focus on foster care.

National Fostering and Kinship Care Strategy Consultation

Between December 2006 and February 2007, the Scottish Executive ran a consultation on the *National Fostering and Kinship Care Strategy*, and this sought to identify the key issues to ensure that fostered children and young people and those cared for by relatives were 'given the safe, stable, and secure environment that they

²⁴⁹⁹ Care Commission, 61.

²⁵⁰⁰ Care Commission, 61-2.

need.²⁵⁰¹ The findings from the consultation were to determine the direction and content of the final strategy. The analysis of the consultation responses identified six key themes:

- funding and financial support;
- support for foster carers;
- support for kinship carers;
- support for children and young people;
- the need for more carers; and
- recruitment.²⁵⁰²

Getting it Right for Every Child in Foster Care

Following the consultation, in December 2007, the Scottish Government published the strategy document—*Getting It Right for Every Child in Kinship and Foster Care*.²⁵⁰³ While acknowledging the need for some children to live away from home, the strategy emphasised the importance of children remaining at home. '[M]any children could remain with their parents or return more quickly and permanently to their birth families, if fostering and kinship care were better integrated within children's services.'²⁵⁰⁴ The strategy confirmed that the needs of the child must be paramount, the child's preferences should be taken into account, and that the first option should be care within the wider family and community circle.

If that is not possible, the child should be placed with foster carers with a specific purpose and plan, designed as (a) a part of a planned short-term arrangement; or (b) a planned process that will result in a return home or to a more suitable temporary care arrangement; or (c) in care with a permanent substitute family arrangement underpinned by a permanence order or an adoption order or other relevant court order.²⁵⁰⁵

The strategy highlighted the importance of getting planning right and this should be centred on the views of the child where possible. Planning should draw on the

²⁵⁰¹ Sue Granville and Shona Mulholland, *National Fostering and Kinship Care Strategy: Analysis of Consultation Responses* (Edinburgh: Scottish Executive Social Research, 2007), 1.

²⁵⁰² Granville and Mulholland, *National Fostering Consultation Responses*, Executive Summary, point 7.

²⁵⁰³ Scottish Government, *Getting It Right for Every Child in Kinship and Foster Care* (Edinburgh: Scottish Government, 2007).

²⁵⁰⁴ Scottish Government, *Getting It Right for Every Child in Foster Care*, 2.

²⁵⁰⁵ Scottish Government, 3.

strengths of the foster carer and identify any support needed by the child and by the carer. The child's plan should also focus on achieving a permanent sustainable solution, either through a return home or through permanency in foster or kinship care, residential care, or adoption.²⁵⁰⁶

Highlighting the need to support birth parents who may be struggling to look after a child at the earliest opportunity, the strategy identified the skills and experience of foster carers and 'the Scottish Government and local government will work together to explore how to build on best practice to strengthen the links between foster care and support for families.'²⁵⁰⁷ The strategy also identified the importance of involving family members in the planning process and considered that Family Group Conferencing could provide an effective forum to do this.²⁵⁰⁸

The strategy set out the role of foster care as a key element in the range of services available for children who needed to be looked after. Foster care could include:

- planned short breaks for a child or young person;
- immediate but temporary care for a child or young person to support him or her to return permanently to their birth family or to move to a permanent substitute family;
- to support throughcare or aftercare arrangements in residential care;
- to support the transition to independent living;
- specialist care, for example, intensive fostering for young people with behavioural problems as an alternative to secure care; or
- a permanent substitute home for a child who cannot return to live with their birth family, through a permanence order or other legal provision.²⁵⁰⁹

The strategy highlighted the importance of foster carers being properly engaged in planning for a child's care. 'The lack of involvement in planning is consistently mentioned by foster carers as a key source of frustration in their work to provide the best possible care that meets the child's needs.'²⁵¹⁰

²⁵⁰⁶ Scottish Government, 6.

²⁵⁰⁷ Scottish Government, 7.

²⁵⁰⁸ Scottish Government, 8-9.

²⁵⁰⁹ Scottish Government, 13.

²⁵¹⁰ Scottish Government, 16.

The need for support for children and young people at times of transition was identified in the strategy consultation and the strategy stated the work should be undertaken 'to ensure that all young people who wish to remain with their foster carer up until their 18th birthday, will do so.'²⁵¹¹

The strategy stressed the importance of achieving stability in a permanent, alternative family and the crucial role of planning and decision-making in order to develop options for permanence where it was not possible for the child to return home. Adoption was seen as a preferred option, particularly for younger children. However, for some children, a permanent, substitute alternative must be found and, in order to facilitate this, the strategy stated that a permanence order would be introduced by the *Adoption and Children (Scotland) Act 2007* to allow foster carers or kinship carers to become permanent carers.²⁵¹²

In order to support the strategy, the Scottish Government committed to a review of the existing regulatory framework; a revision of the Guidance to the *Children (Scotland) Act 1995*; the introduction of permanence orders by January 2009; and the commissioning of a national training, information and communication programme on the *Adoption and Children (Scotland) Act 2007*.²⁵¹³

Moving Forward in Foster Care

In September 2008, the final report of the *Kinship and Foster Care Strategy* was published.²⁵¹⁴ The report addressed in detail, recruitment, assessment, and training of foster carers. It stated that:

Since devolution, fostering, and more recently kinship care, have become progressively more important and increasingly utilised services for children and young people in need of an alternative warm, loving, nurturing and sustained home environment.²⁵¹⁵

The Reference Group developed a vision for children in foster care, which included:

²⁵¹¹ Scottish Government, 17.

²⁵¹² Scottish Government, 18.

²⁵¹³ Scottish Government, 19.

²⁵¹⁴ tFN—BAAF Reference Group, *Moving Forward in Foster Care: Final Report on the GIRFEC in Kinship and Foster Care Strategy* (Edinburgh: Scottish Government, 2008).

²⁵¹⁵ tFN—BAAF Reference Group, *Moving Forward in Foster Care*, 11.

- a range of foster carers who can provide skilled, loving, and developmentally appropriate care;
- different placements will be available: short breaks, befriending, emergency care, care for children with complex disabilities and emotional difficulties, permanent care;
- care provided by foster carers will support children to become happy and achieving;
- foster carers will create a learning household;
- the skills of foster carers will be recognised and valued by communities;
- foster carers can access services most needed by children who have suffered a trauma of any sort;
- foster carers will be appropriately recompensed;
- there will be collaboration across sectors to increase resources;
- sons and daughters of foster carers will be given support, recognising their important role;
- young people in care will be consulted about selection, training, and support to foster carers.²⁵¹⁶

The final section of the report focused on organisational arrangements and decision-making to support better outcomes for children and young people in foster and kinship care, particularly in terms of stability and permanence. The report highlighted the need for effective planning, particularly in relation to planning for permanence, and the importance of Looked After Reviews and the independent review of the child's plan.²⁵¹⁷ Good management was also seen as essential to support decision-making processes, as was good legal advice.²⁵¹⁸

National Foster Care Review

In 2012, as part of its response, the Scottish Government initiated a national review of foster care in Scotland and this reported in 2013. It focused on three main areas: the organisation and management of foster carers, carers' learning and development, and the financial and practical support offered to carers.²⁵¹⁹ 'Foster care – as a

²⁵¹⁶ tFN—BAAF Reference Group, 20.

²⁵¹⁷ tFN—BAAF, 75.

²⁵¹⁸ tFN—BAAF, 76.

²⁵¹⁹ Looked After Children Strategic Implementation Group, *National Foster Care Review: Final Report* (Glasgow: CELCIS, 2013), 5.

flexible resource which can provide children and young people a range of reparative interventions – is critical to the success of the ‘permanence’ agenda.’²⁵²⁰

The review recommended that the Scottish Government and other relevant parties ‘should establish a set of clear descriptors for the different types of foster care placements available to children and young people in Scotland.’²⁵²¹ While it did not support the proposal to set up a national database for foster carers, it recommended that alternative strategies should be explored.²⁵²² It also recommended that the Scottish Government should set a maximum limit of three unrelated children in a foster care household.²⁵²³ The review considered that further work should be done in relation to foster care allowances and fees.²⁵²⁴ It also made a number of recommendations about the learning and development of foster carers.²⁵²⁵

Residential Care

Introduction

In this section, we will highlight a number of important research, policy, and practice developments for this period of the review. There was an increasing focus on the professionalisation of residential child care and—following on from the Skinner Review—there were a number of inquiries and reviews into residential care. There have also been significant developments in the regulation of residential care services, and in qualifications and training of residential child care staff.

Scottish Institute for Residential Child Care

Following the *Children’s Safeguards Review*, the Centre for Residential Child Care, which had been established in the 1990s, was replaced by the Scottish Institute for Residential Child Care (SIRCC). SIRCC was established on 1 April 2000 with the aim of ensuring that residential child care staff throughout Scotland had access to the skills and knowledge they required to meet the needs of children and young people in their care. SIRCC was a partnership funded by the Scottish Government and involved

²⁵²⁰ LACSIG, *National Foster Care Review*, 5.

²⁵²¹ LACSIG, 15.

²⁵²² LACSIG, 17.

²⁵²³ LACSIG, 19.

²⁵²⁴ LACSIG, 33–7.

²⁵²⁵ These will be addressed in the section on training below.

the University of Strathclyde, Langside College, Robert Gordon University, Save the Children, and Who Cares? Scotland.²⁵²⁶

SIRCC provided a range of education and training opportunities for residential child care workers in Scotland. In addition, it provided a consultancy and advice service for residential child care providers. Its library and information service provided an important resource for residential staff across Scotland. Regular seminars were held on topical issues and SIRCC's annual conference provided, and continues to provide, an important forum for residential child care staff to come together to learn about the latest research and developments in practice.

SIRCC staff were also active in research, and in September 2002, the first issue of the *Scottish Journal of Residential Child Care* was published.²⁵²⁷

Children and Young People in Residential Care

We have seen that the number of children in residential child care rose slightly over this period, initially to over 1,600 before falling to 1,467 in 2014. In 2000, there were 1,585 children and young people in residential care, and the figures for different types of residential accommodation were:

- local authority home: 669 (42 per cent),
- voluntary home: 54 (3 per cent),
- residential school: 629 (40 per cent),
- secure accommodation: 90 (6 per cent),
- other residential: 143 (9 per cent).²⁵²⁸

The pattern of accommodation had changed to some extent in 2014 and the figures for children and young people in residential accommodation were:

- local authority home: 580 (39 per cent),
- voluntary home: 117 (8 per cent),

²⁵²⁶ Andrew Kendrick, "Beyond the New Horizon: Trends and Issues in Residential Child Care," *Journal of Child and Youth Care Work* 19, (2004), 75.

²⁵²⁷ Kendrick, "Beyond the New Horizon," 75.

²⁵²⁸ Scottish Executive, *Children Looked After in the Year to March 2000* (Edinburgh: Scottish Executive, 2001), Table 4. There was a gap in the detailed looked after children statistics between 1994 and 1999, and the figures of type of accommodation in 2000 included some estimates for local authorities not able to provide information.

- residential school: 392 (27 per cent),
- secure accommodation: 82 (6 per cent),
- crisis care: 15 (1 per cent),
- other residential: 282 (19 per cent).²⁵²⁹

Research on Residential Care

Residential Child Care Health Project

In April 2000, the Residential Child Care Health Project (RCHP) was set up to address the health care needs of children and young people looked after in residential care in Edinburgh City, East Lothian, and Midlothian local authorities. It published its report, *Forgotten Children*, in 2004.²⁵³⁰ It aimed to develop the health care system for these young people, to address prior inadequate provision, to facilitate access to health services, and to establish the need for input from health agencies.

Health assessments carried out on the young people found that most (82 per cent) had problems with their physical health ranging from minor complaints to significant health conditions needing careful management. '74 per cent of these problems were not recognised prior to the health assessment, and therefore medical assistance was not forthcoming.'²⁵³¹ There were high levels of smoking (67 per cent), alcohol use (87 per cent) and substance use (61 per cent). One-third of the young people admitted to sexual activity, however, the 'young people did not like being asked about their sexual activity, and it clearly brought discomfort to some.'²⁵³²

The health assessment also identified a significant number of children with growth and development issues (41 per cent), and only 46 per cent of these problems had been recognised prior to assessment. The developmental problems involved learning

²⁵²⁹ Scottish Government, *Children's Social Work Statistics, 2014-15*, 5.

²⁵³⁰ The Residential Care Health Project, *Forgotten Children: Addressing the Health Needs of Looked After Children and Young People* (Edinburgh: Astron, 2004), 5. See also, Anne Grant, John Ennis and Fiona Stuart, "Looking After Health: A Joint Working Approach to Improving the Health Outcomes of Looked After and Accommodated Children and Young People," *Scottish Journal of Residential Child Care* 1, no. 1 (2002).

²⁵³¹ RCHP, *Forgotten Children*, 20.

²⁵³² RCHP, 22.

difficulties (17 per cent); speech and language (4 per cent); growth issues (6 per cent); and developmental coordination difficulties (27 per cent).²⁵³³

Most of the young people (97 per cent) had emotional, behavioural, or mental health problems.²⁵³⁴ The most common of these were impaired interaction with peers (70 per cent); low self-esteem (66 per cent); impaired interaction with adults (63 per cent); impairment of mood (29 per cent); history of self-harm (25 per cent); difficulties with attention and concentration (19 per cent); anxiety (12 per cent); and parasuicide attempt (10 per cent).²⁵³⁵

The health assessment identified a range of incomplete screening and prevention activity, including incomplete routine immunisations (71 per cent), and the need for dental assessment (61 per cent). Fourteen children were referred for hearing tests and 40 were referred for vision assessments, and, in most of these cases, no one had been aware that there were problems prior to the health assessment.²⁵³⁶ An audit of the health information held in the residential unit found that over half (54 per cent) had no written health assessment at the unit level, and there were major gaps in terms of GP and dental registration, past medical history, recording of allergies, medication, learning disability, or mental health problems.²⁵³⁷

The Residential Child Care Health Project made a number of key recommendations, which included: the need for a comprehensive health assessment as soon as is practicable when a child enters the care system; the collation of background health information on the child; health assessment must be proactive and inform the health care plan of the child; a pressing need to develop and prioritise mental health services; promotion of healthier lifestyles; and a clear confidentiality statement with regard to health information.²⁵³⁸ The project also identified the need for unit held health records to keep all the child's health records together in a way that is easily available for carers or health professionals, and that these records need to move with the child when there is a change of placement.²⁵³⁹

²⁵³³ RCHP, 23.

²⁵³⁴ RCHP, 81.

²⁵³⁵ RCHP, 25.

²⁵³⁶ RCHP, 27.

²⁵³⁷ RCHP, 28–30.

²⁵³⁸ RCHP, 81–2.

²⁵³⁹ RCHP, 83.

The Residential Child Care Health Project highlighted the importance of promoting better health for looked after children and young people through: health education, prevention, and health protection. The role of carers was stressed in the context of a 'health promoting unit'.²⁵⁴⁰

The project also identified a number of areas of health that required particular attention for looked after children and young people. These were: mental health; sexual health; drug, alcohol, and/or volatile substance abuse; dental health; immunisation uptake; and promoting better health within secure units.²⁵⁴¹

Job Satisfaction and Staff Morale in Residential Care

In 2004, the Scottish Institute for Residential Child Care in Scotland carried out research to replicate an English study of job satisfaction and staff morale in residential child care.²⁵⁴² The Scottish research involved 402 residential managers and staff members who completed a questionnaire, and 32 of these took part in interviews. Almost three-quarters of staff were 'satisfied' or 'very satisfied' with their jobs.²⁵⁴³ The three most important aspects of the work for residential staff were 'residents' progress', 'pride in their job' and 'teamwork'.²⁵⁴⁴ Just over half of residential workers considered that staff morale was 'ok', while just over one-third thought that it was 'low'. Less than one in seven thought it was 'high'.²⁵⁴⁵ Factors that shaped morale included the staff complement and level of support; relations between staff and management and the quality of communication; residents' behaviour and levels of violence; and feeling valued, supported and safe.²⁵⁴⁶

²⁵⁴⁰ RCHP, 83.

²⁵⁴¹ RCHP, 84-5.

²⁵⁴² Ian Milligan, Andrew Kendrick and Ghizala Avan, *'Nae Too Bad': A Survey of Job Satisfaction, Staff Morale and Qualifications in Residential Child Care in Scotland* (Glasgow: Scottish Institute for Residential Child Care, 2005), 8. See also, Andrew Kendrick, Ian Milligan and Ghizala Avan, "'Nae Too Bad': Job Satisfaction and Staff Morale in Scottish Residential Child Care," *Scottish Journal of Residential Child Care* 4, no. 1 (2005); Amanda Mainey and David Crimmens, eds., *Fit for the Future? Residential Child Care in the United Kingdom* (London: National Children's Bureau, 2006).

²⁵⁴³ Milligan, Kendrick and Avan, *Nae Too Bad*, 27.

²⁵⁴⁴ Milligan, Kendrick and Avan, 34.

²⁵⁴⁵ Milligan, Kendrick and Avan, 38.

²⁵⁴⁶ Milligan, Kendrick and Avan, 40-1.

Research carried out between 2004 and 2005 collected the views and experiences of children, young people, and residential staff members about physical restraint.²⁵⁴⁷ Almost all the participants, both children and young people and residential staff, agreed that physical restraint was 'sometimes necessary and acceptable', although there was some ambiguity on the part of both young people and staff about the degree of harm necessary to warrant a physical restraint. For example, there were differences of opinion about the necessity of restraint in relation to absconding or the destruction of property, and this reflected the dilemmas and complexities in the use of physical restraint.

One area of concern about physical restraint 'centred on inadequate reasons for being restrained and both young people and staff in this study voiced similar concerns.'²⁵⁴⁸ Young people also raised concerns about how restraint was carried out and some 'discussed restraints being sore and described coming away with bruises and/or abrasions.'²⁵⁴⁹

Young people described a wide range of experiences and emotions. Some claimed to have no feelings or memories of the actual restraint. Most young people and staff described their experiences in negative terms such as shock, humiliation, or horror. 'A theme emerging from staff interviews is a sense of guilt or defeat related to their inability to find a way to avoid having to restrain the young person.'²⁵⁵⁰ Some young people described a sense of catharsis because of being restrained, although this raised 'the concern that young people may become entrenched in a destructive dependency on physical restraint as a coping mechanism for their emotions.'²⁵⁵¹ Strong, positive relationships could affect how young people felt about being

²⁵⁴⁷ Laura Steckley and Andrew Kendrick, "Physical Restraint in Residential Childcare: The Experiences of Young People and Residential Workers, *Childhood* 15, no. 4. (2008), 555-6. See also, Laura Steckley and Andrew Kendrick, "Young People's Experiences of Physical Restraint in Residential Care: Subtlety and Complexity in Policy and Practice," in *For Our Own Safety: examining the Safety of High-Risk Interventions for Children and Young People*, eds. Michael A. Nunno, David M. Day and Lloyd B. Bullard, 3-24 (Arlington: Welfare League of America, 2008); Laura Steckley and Andrew Kendrick, "Hold On: Physical Restraint in Residential Child Care," in *Residential Child Care: Prospects and Challenges*, ed. Andrew Kendrick (London: Jessica Kingsley Publishes, 2008).

²⁵⁴⁸ Steckley and Kendrick, "Physical Restraint," 560.

²⁵⁴⁹ Steckley and Kendrick, 561.

²⁵⁵⁰ Steckley and Kendrick, 562.

²⁵⁵¹ Steckley and Kendrick, 563.

restrained. Restraint also affected the relationships between young people and staff in both positive and negative ways.²⁵⁵² Importance was placed on 'attempting, when practicable, less intrusive interventions before resorting to physically restraining young people.'²⁵⁵³

Holding Safely: Guidance on Physical Restraint

In response to these concerns, the Scottish Institute for Residential Child Care was asked to develop guidance on the use of the physical restraint of children and young people in residential child care. This was published in 2005.

SIRCC acknowledged that physical restraint of children was only part of a wider approach to de-escalating interventions: 'We are fully aware of the importance of considering physical restraint in the broader context of ethos and de-escalation interventions. We have no intention of encouraging the restraint of young people where it is not absolutely necessary.'²⁵⁵⁴

Physical restraint was defined as 'holding a child to restrict their movement' and the guidance referred to physical restraint as holding children to prevent harm.²⁵⁵⁵ The guidance stressed that in all circumstances:

- in restraining a child, you must act lawfully;
- the method of restraining the child must be approved by your employer and keep to the principles and standards in the *National Care Standards for Care Homes for Children*;
- staff who are restraining children must be appropriately trained and have the required skill and judgement;
- the restraint must be limited to the act of holding the child for the shortest necessary time.²⁵⁵⁶

²⁵⁵² Steckley and Kendrick, 564-5.

²⁵⁵³ Steckley and Kendrick, "Physical Restraint in Residential Childcare," 557.

²⁵⁵⁴ Jennifer Davidson et al., *Holding Safely: A Guide for Residential Child Care Practitioners and Managers About Physically Restraining Children and Young People* (Glasgow: Scottish Institute for Residential Child Care, 2005), SIRCC Foreword.

²⁵⁵⁵ Davidson et al., *Holding Safely*, 1.

²⁵⁵⁶ Davidson et al., 1.

The guidance discussed physical restraint in the context of the *National Care Standards* and children's rights, and that it was good practice to 'restrain a child in the least restrictive way necessary to prevent a child from getting hurt.'²⁵⁵⁷

In order to reduce the need to restrain children it was important to 'develop and maintain a positive culture', both in terms of the physical environment and, more importantly, a positive ethos and a shared sense of purpose.²⁵⁵⁸ This would involve developing ethical practice and taking all relevant factors into account when deciding to restrain a child: 'Taking a child-centred approach means consistently putting the needs of children, first, and always putting them before your own convenience. It involves recognising the worth of each child no matter what their behaviour.'²⁵⁵⁹

It was important to understand high-risk or violent behaviour in children and young people, and also to be self-aware and understand your own reactions and emotions. Self-mastery in children needed to be promoted and residential staff must use authority appropriately. It was also crucial that there was a policy in place to manage problematic behaviour.²⁵⁶⁰ 'The main task in residential child care is to develop appropriate relationships with young people. This is because you cannot do any of the other tasks effectively without these relationships.'²⁵⁶¹

The importance of appropriate training for the physical restraint of children was highlighted. This could involve: induction training, training of practitioners, trainer training, and training for managers.²⁵⁶² Risk assessment and care planning were also important so that risk factors were taken into account in the plan for managing problematic behaviour.²⁵⁶³

The guidance on the practice of restraining children did not recommend specific techniques. Physical restraint should only be used when you reasonably believe that:

- a child will cause physical harm to themselves or another person;

²⁵⁵⁷ Davidson et al., 3.

²⁵⁵⁸ Davidson et al., 9.

²⁵⁵⁹ Davidson et al., 13.

²⁵⁶⁰ Davidson et al., 14-5.

²⁵⁶¹ Davidson et al., 17.

²⁵⁶² Davidson et al., 20.

²⁵⁶³ Davidson et al., 29.

- a child will run away and will put themselves or others at serious risk of harm; or
- a child will cause significant damage, which is likely to have serious emotional effect or create a physical danger.²⁵⁶⁴

The guidance identified three important parts in the process of restraining children: how you think, how you act, and what you do.²⁵⁶⁵ 'How you think about what you are doing will dictate how you act. It is important for you to have the right frame of mind.'²⁵⁶⁶ Those restraining a child should keep calm and controlled, be sensitive about choice of words and tone of voice, convey a willingness to help, acknowledge the young person's feelings, say why you are concerned, work with and do not compete with the young person, and do not rush the process.²⁵⁶⁷ In taking forward an incident of physical restraint, it is important to take account of the situation and surroundings, including the presence of other young people and their possible reaction, and to communicate with colleagues. Ensure that someone takes the lead and that there are enough competent people to manage the situation. Use only the techniques you have trained in, choose the least restrictive way of restraining the child, and use as little force as reasonably practicable for the shortest time necessary. It was also important to monitor the restraint process and check for unnecessary or life-threatening distress.²⁵⁶⁸ The guidance gave detailed of areas of danger and concern in relation to particular holds or types of restraint.²⁵⁶⁹

The guidance also detailed three other factors to consider. In certain situations, it would be appropriate to change the staff involved in the restraint, for example, if it was unlikely that the young person would calm down without changing staff, or if the member of staff was injured or tired. In some situations, the physical restraint may need to be ended early, for example, if the young person was injured or there were other threats to their well-being, and it was important to explain why this was happening and to continue engaging with the child. Particular consideration needs

²⁵⁶⁴ Davidson et al., 35.

²⁵⁶⁵ Davidson et al., 36.

²⁵⁶⁶ Davidson et al., 37.

²⁵⁶⁷ Davidson et al., 38.

²⁵⁶⁸ Davidson et al., 38-9.

²⁵⁶⁹ Davidson et al., 75-7.

to be given if restraining a child who has a disability, learning difficulties, or other similar needs.²⁵⁷⁰

Careful consideration should be given to the process of ending a restraint: 'Letting go should be more of a process than an abrupt end. Take your time and assess throughout whether the young person is showing that they remain ready to regain control and be safe.'²⁵⁷¹

Whatever happens after the child has been let go will be affected by a number of different factors. However, it is important to work with the child who has been restrained to check whether they need medical help or other practical help, and to continue to look after their emotional needs. It is also important to work with the other children and young people, and to address the needs of the staff group.²⁵⁷²

The period following a physical restraint provides an opportunity for learning for:

- the child who was restrained;
- all who were involved in or affected by the restraint; and
- the manager of the establishment and the service provider organisation.²⁵⁷³

Instances of physical restraint need to be recorded and relevant people need to be informed. This may include: the child's family and, where appropriate, carers; the child's social workers; managers within the residential establishment; and external managers. In the case of a possible crime such as an assault by the child or staff member, the police will need to be informed, and, possibly, the Health and Safety Executive and the Reporter to the Children's Panel.²⁵⁷⁴

A detailed record of the event should be compiled including details of the actual incident, details of any injuries, details of the child's views of the incident and any follow up required, and details of the views of any witnesses.²⁵⁷⁵ The monitoring of restraint of children and young people is 'essential to make sure children are

²⁵⁷⁰ Davidson et al., 40-1.

²⁵⁷¹ Davidson et al., 46.

²⁵⁷² Davidson et al., 51-2.

²⁵⁷³ Davidson et al., 53.

²⁵⁷⁴ Davidson et al., 59.

²⁵⁷⁵ Davidson et al., 61.

protected from any risk of physical abuse through using physical restraint improperly.²⁵⁷⁶ The guidance suggested that an electronic database be maintained.

Relationship-Based Practices in Residential Child Care

Coady carried out a 10-year follow-up study of a group of young people in a small residential care home in the year 2000. He interviewed all six members of the resident group along with six residential workers.²⁵⁷⁷ While two of the young people had stayed in the home for a year or less, the others had stayed between 30 months and just under five years. They were aged between 16 and 18 years when they left.²⁵⁷⁸ 'For most, coming into care was a welcome release from difficult situations which the young people had endured for years before leaving home.'²⁵⁷⁹ However, because of previous experiences of abuse, rejection and separation from siblings, 'placements often had a difficult beginning.'²⁵⁸⁰ Despite this, the young people had positive experiences and relationships and 'all described the time in placement as a happy time in their childhood.'²⁵⁸¹

They were generally positive about how successful the placement had been in helping them overcome difficulties and recognising significant improvement, even if not everything had improved. 'Support with education and employment was an area that was spoken about by all participants.'²⁵⁸² Young people also spoke about psychological changes, including improved confidence and self-esteem. The young people's workers also 'described changes in young people's understanding of and attitudes towards their families and the issues that had played a significant part in them coming into the care placement.'²⁵⁸³ Five of the young people had become parents, and parenting and family life was seen as a significant success in their lives.

Coady identified three types of mechanism that were widely discussed and important to participants. 'Stability and dependability of care were highly valued and

²⁵⁷⁶ Davidson et al., 67.

²⁵⁷⁷ Phil Coady, "It Was a Good Experience. It Shaped the Person I Became." Outcomes of Residential Child Care Placements: The Views of a Resident Group from the Year 2000 and Their Workers" (MSc dissertation, University of Strathclyde, 2015), 7.

²⁵⁷⁸ Coady, "Outcomes of Residential Child Care Placements," 37.

²⁵⁷⁹ Coady, 38.

²⁵⁸⁰ Coady, 39.

²⁵⁸¹ Coady, 40.

²⁵⁸² Coady, 43.

²⁵⁸³ Coady, 46.

highlighted as important by most care leavers and workers.’²⁵⁸⁴ These were linked to feelings of safety and security. ‘It was clear that care leavers felt genuinely cared about and believed that workers had feelings about them, and about other young people, that were personal, in addition to carrying out a professional role.’²⁵⁸⁵ The development of such enduring positive relationships, could lead to young people being able to trust in other positive relationships with adults. In addition, the relationships between the young people were very important.

In this group, although fifteen years had passed, it was clear that strong connections continued to exist between young people. Availability of social networking sites and the existence of a closed facebook group for young people and workers who had been involved in the placements appeared to be significant factors in helping young people to remain in regular contact, and to offer support to each other.²⁵⁸⁶

There were mixed views about moving on from placements because aftercare services were still being developed at this time. ‘The importance of continuing contact as a mechanism is demonstrated in the accounts of how useful it was when it worked well, but equally by the severe difficulties that arose when it was not readily available.’²⁵⁸⁷

Coady highlighted that the major finding of the research was the ‘importance of relationships, both as a positive and valued experience and as a mechanism for change and development.’²⁵⁸⁸ However, the development of these relationships involved ‘unusually flexible approaches to relationship boundaries.’²⁵⁸⁹

These were often referred to incidentally, and included references to young people knowing family members of workers, doing activities and trips with workers in their own time, sometimes along with the worker’s children and visiting workers at home. Whilst such approaches may be regarded as controversial, it is notable that they are spoken of in particularly positive terms by both young people and workers.²⁵⁹⁰

²⁵⁸⁴ Coady, 51.

²⁵⁸⁵ Coady, 53.

²⁵⁸⁶ Coady, 56.

²⁵⁸⁷ Coady, 61.

²⁵⁸⁸ Coady, 62.

²⁵⁸⁹ Coady, 62-3.

²⁵⁹⁰ Coady, 63.

Dorrer and colleagues carried out ethnographic research that explored 'the micro-level of everyday food practices within residential homes for children.'²⁵⁹¹ The research took place in three residential children's homes in Scotland and a total of 16 children and 46 staff members took part in interviews and/or focus groups.²⁵⁹²

The research described how residential workers 'emphasised the aim to create an environment which closely replicated what was often referred to as 'ordinary' family life',²⁵⁹³ and food played an important part in this. 'Family life was repeatedly associated with daily and routine practices, chores and care activities such as eating together.'²⁵⁹⁴ Food practices were key aspects of giving children a sense of place and togetherness: 'Eating together and mealtime-related interactions in the communal spaces of the kitchen and dining room were considered to be key practices in this regard.'²⁵⁹⁵

However, the 'top-down implementation of what were considered to be "homely" practices by the residential staff...could often be ambiguous';²⁵⁹⁶ for example, having fixed mealtimes. Similarly, Health and Safety regulations impacted on mealtime practices. 'In the residential context it can therefore easily be the case that "homely" practices such as the provision of regular meals and open access to food become engulfed in a set of rules that create an "institutional space"'.²⁵⁹⁷ The study also highlighted issues around children's rights, and 'the complexities and difficulties of "doing rights" in practice, showing that there is a key tension between meeting, and reconciling, the often contradictory sets of protection and participation rights.'²⁵⁹⁸

²⁵⁹¹ Nika Dorrer et al., "Children and Food Practices in Residential Care: Ambivalence in the 'Institutional' Home," *Children's Geographies* 8, no. 3 (2010), 247. See also, Ruth Emond, Ian McIntosh and Samantha Punch. "Food and Feelings in Residential Child Care." *British Journal of Social Work* 44, no. 7 (2014).

²⁵⁹² Dorrer et al., "Children and Food Practices," 249.

²⁵⁹³ Dorrer et al., 250.

²⁵⁹⁴ Dorrer et al., 250.

²⁵⁹⁵ Dorrer et al., 251.

²⁵⁹⁶ Dorrer et al., 254.

²⁵⁹⁷ Dorrer et al., 255-6.

²⁵⁹⁸ Samantha Punch, Ian McIntosh and Ruth Emond, "'You Have a Right to be Nourished and Fed, But Do I Have a Right to Make Sure You Eat Your Food?': Children's Rights and Food Practices in Residential Care," *The International Journal of Human Rights* 16, no. 8 (2012), 1261. See also, Samantha Punch and Ian McIntosh, "'Food is a Funny Thing within Residential Child Care': Intergenerational Relationships and Food Practices in Residential Care," *Childhood* 21, no. 1 (2014).

This was further complicated because the residential homes were also a place of work. 'Mealtimes together with the children were considered work but the same expectations, namely that it should be relaxed and enjoyable for all, were still applied.'²⁵⁹⁹ Dorrer and colleagues identified the way in which the spaces of 'home', 'institution', and workplace intersected, and this 'created a context of ambivalence in which the meanings of interactions fluctuated.'²⁶⁰⁰ 'For an institution to be a "children's space" rather than a children's service requires the balancing of adult-defined and predetermined actions and outcomes with those initiated by children to allow for a range of possibilities.'²⁶⁰¹

Kendrick drew together information from a number of studies to explore how young people in residential care used the metaphor of the family to describe positive experiences and relationships with staff.²⁶⁰² Drawing on theories of the family and children's conceptualisations of 'family' and 'family-like' relationships, he showed how some young people used kin terms such as 'dad', 'sister' and 'family' when talking about residential staff, and 'articulate their family-like relationships in terms of "being there" and "caring"'.²⁶⁰³

Fowler, in a small-scale qualitative study of 13 residential staff members in two residential units, highlighted the 'complex dynamics of living and working in residential care for children.'²⁶⁰⁴ She noted how residential staff would use the 'family metaphor' to describe their role:

Although these 'family-like' relationships are complicated, with staff members having their own children outside of their working relationships with the young people, and many of the young people having relationships with their biological parents, they were still considered important.²⁶⁰⁵

²⁵⁹⁹ Dorrer et al., "Children and Food Practices," 257.

²⁶⁰⁰ Dorrer et al., 258.

²⁶⁰¹ Dorrer et al., 258.

²⁶⁰² Andrew Kendrick, "Relations, Relationships and Relatedness: Residential Child Care and the Family Metaphor," *Child & Family Social Work* 18, no. 1 (2013), 77.

²⁶⁰³ Kendrick, "Relations, Relationships and Relatedness," 82.

²⁶⁰⁴ Nadine Fowler, "'We're Like One, Big, Dysfunctional Family': Struggling to Define the Role of Residential Child Care Workers," *Scottish Journal of Residential Child Care* 14, no. 3 (2015), 28.

²⁶⁰⁵ Fowler, "One, Big, Dysfunctional Family," 26.

However, the residential staff also highlighted the need to balance this with their role as a professional and the organisational context of their work.

Acknowledging the importance of relationships in achieving positive outcomes, Syme and Hill explored the expectations of different professional staff in one residential school: care staff, teachers and psychological staff.²⁶⁰⁶ All staff 'recognized an interplay between emotional issues, social relations and education as lying at the heart of success or failure once the young people moved on.'²⁶⁰⁷ However, there were differences. Care staff highlighted obstacles young people would face and while this might be viewed as realistic, it 'can be interpreted as highlighting risks and supporting low or at least pessimistic expectations about likely outcomes.'²⁶⁰⁸ In contrast, teachers and psychological staff highlighted strengths in young people and were more optimistic about being able to support young people. The research showed 'the importance of encouraging greater communication and collaboration between service staff with differing functions to give greater understanding of each other's roles and perspectives.'²⁶⁰⁹

Physical Design and Appearance of Residential Care

Who Cares? Scotland found that the look and feel of where children and young people live was also an important aspect of their safety and well-being. 'What young people want for their home is no different from those special attributes that make any home a pleasant and safe place to live in.'²⁶¹⁰ Young people thought that it should be part of the community with access to local facilities, and not stand out by looking too institutional. Size could contribute to this and 'many are too large and unfit for the purpose of providing high quality, personalised care for children and young people.'²⁶¹¹

Similarly, the decoration and fittings should not be institutional and should feel 'homely', and it was important that homes are kept in good repair and maintained.

²⁶⁰⁶ Audrey Syme and Malcolm Hill, "Professionals' Perceptions of the Rocky Routes to Successful Outcomes for Young People in a Children's Residential School." *Child & Family Social Work*, 22, no. 1 (2017), 185.

²⁶⁰⁷ Syme and Hill, "Professionals' Perceptions," 191.

²⁶⁰⁸ Syme and Hill, 191.

²⁶⁰⁹ Syme and Hill, 192-193.

²⁶¹⁰ Who Cares? Scotland, *Feeling Safe*, 10.

²⁶¹¹ Who Cares? Scotland, 11.

The safety of children and young people should be considered in terms of safety equipment and regulation, and the sharing of rooms and space. 'A badly maintained home does not respect young people and therefore makes it more difficult for young people to show respect in turn. The effect on the self esteem of a young person can also have a bearing on their safety.'²⁶¹² Young people felt that it was important that they contributed to the design and decoration of homes and rooms, and the report acknowledged that some local authorities have involved young people 'at a very early stage in helping to design their new-build home.'²⁶¹³

One example of this was *Designing with Care*, which 'examined the attitudes to a range of design interventions in four residential care homes for children in South Lanarkshire.'²⁶¹⁴ The report highlighted that while 'the links between the physical environment and therapeutic benefit have been known for some time, the literature on residential child care has not dealt with it in any great detail.'²⁶¹⁵ The research found that staff tended to focus on functionality and practicality in design, and it was concerning that they reflected very low aspirations for the young people in their care. Young people focused on aesthetics and the personalisation of space, and this was important in young people feeling ownership and respecting their environment.²⁶¹⁶

Connelly and Milligan also outlined the experience of North Lanarkshire Council in designing five new children's homes and the importance of consultations with children, residential care workers, managers, elected members and the community.²⁶¹⁷ This process highlighted tensions between issues of care and functionality and care and health and safety. The envisaged therapeutic model was dependent on residential workers spending the maximum time possible engaging directly with young people.²⁶¹⁸

²⁶¹² Who Cares? Scotland, 12.

²⁶¹³ Who Cares? Scotland, 11.

²⁶¹⁴ Catherine Docherty et al., *Designing with Care: Interior Design and Residential Child Care* (Glasgow: Farm7 and Scottish Institute for Residential Child Care, 2006), 14.

²⁶¹⁵ Docherty et al., *Designing with Care*, 5.

²⁶¹⁶ Docherty et al., 94.

²⁶¹⁷ Connelly and Milligan, *Residential Child Care*, 80. See also, Wilma Stickle, "Coblehaugh: An Account of the Redevelopment of a Children's Home," *Scottish Journal of Residential Child Care* 13, no. 1 (2014), 28.

²⁶¹⁸ Connelly and Milligan, 80.

In 2011, the Scottish Public Health Network (ScotPHN) published a report on the mental health needs of looked after children in residential care. The project was prompted by concerns about:

- the potential lack of clarity about which Health Board might be responsible for the health needs of looked after children;
- poor access to services, particularly mental health services;
- the lack of relevant guidance; and
- the complexity of the financing of services.²⁶¹⁹

While acknowledging that 'there is good evidence that many young people who have been looked after away from home have their needs met,' there were still concerns 'especially with the children and young people themselves feeling that they are not "in control" and not involved in the decisions being made about them.'²⁶²⁰

The review identified a range of policy documents relating to the health and health care of looked after children, including *We Can and Must Do Better, Getting it Right for Every Child*, *Scottish Needs Assessment Report on Child and Adolescent Mental Health*, and *Mental Health of Children and Young People: A Framework for Promotion and Prevention of Care*.²⁶²¹ The project steering group identified three things that required further action. The first was the need to implement Action 15 of *We Can and Must Do Better* across the whole of Scotland. This required each NHS Board to assess the health needs of looked after children and young people and put in place appropriate measures.²⁶²² The second was to embed GIRFEC as 'the overarching framework, to be used by all agencies in improving the mental health of looked after and accommodated children.'²⁶²³ The third action was to clarify 'the guidance of the responsible Health Board and developing the NHS role in the care of looked after and accommodated children.'²⁶²⁴

²⁶¹⁹ Maggie Lachlan et al., *Mental Health Care Needs Assessment of Looked After Children in Residential Schools, Care Homes and Secure Care* (Glasgow: ScotPHN, 2011), 11.

²⁶²⁰ Lachlan et al., *Mental Health Care Needs*, 13-14.

²⁶²¹ Lachlan et al., 21.

²⁶²² Lachlan et al., 21-2.

²⁶²³ Lachlan et al., 27.

²⁶²⁴ Lachlan et al., 27.

The survey of local authorities showed that a number of local authorities had no children accommodated in residential care outwith the area of their local NHS Board (Borders, Dumfries & Galloway, Highland, Lanarkshire, Orkney, and Tayside). Others, however, had significant proportions of children and young people resident in other NHS Board areas (Fife – 28.2 per cent, Forth Valley – 19.7 per cent, Greater Glasgow & Clyde – 26.5 per cent, Lothian – 21.8 per cent, Shetland – 33.3 per cent, and Western Isles – 75.0 per cent).²⁶²⁵

Cross boundary issues between NHS boards, local authorities and service providers were identified, particularly in relation to accessing CAMHS services, along with 'the perception that the CAMHS specialists were reluctant to provide services to children unless they were in a "stable" situation.'²⁶²⁶ This was also complicated by the fact that guidance stated that a child in a residential care home would have the care home as his or her residential address and the responsible NHS Board was the host Board. Whereas if the child was in a special school, the residential address was not the special school, but would still be the child's 'home' address, and therefore the responsible NHS Board would be that from where the child had been sent.²⁶²⁷ In addition, some establishments were registered as both a care home and a school.

The needs assessment drew on existing surveys of the mental health of looked after children and young people and recognised that there was a much greater need for specialist mental health services for this group of children and young people. 'There is a complexity to the nature of the mental health problems that many children and young people in residential care have which means they are often not amenable to a single intervention.'²⁶²⁸

The needs assessment identified that there had been an increase in the number of looked after children's nurses and throughcare nurses, with 35 nurses listed in December 2010, and some residential care settings employed nurses to address the health of children and young people in their care.²⁶²⁹ Child and Adolescent Mental

²⁶²⁵ Lachlan et al., 36. Note that figures are presented by NHS Board rather than local authority, although some are coterminous.

²⁶²⁶ Lachlan et al., 51.

²⁶²⁷ Lachlan et al., 38.

²⁶²⁸ Lachlan et al., 40.

²⁶²⁹ Lachlan et al., 41.

Health Services 'embrace the range of services across agencies that contribute to the mental health and care of all children and young people.'²⁶³⁰

The corporate needs assessment in the review identified that the stakeholders interviewed were 'without exception, passionate, caring and concerned for the looked after and accommodated children and young people with whom they were working.'²⁶³¹ However, there was a 'common sense of frustration' at the various systemic barriers in the way of children and young people achieving their potential. While there was a recognition of the importance of using the GIRFEC approach, it demanded new ways of joint working and ensuring that the systems in place were co-ordinated.²⁶³² It was also felt important that the profile of looked after children and young people was raised in NHS Boards, for example, with a senior NHS person leading on the corporate parent role, and developing clear pathways to meeting health needs.²⁶³³

Several recommendations were made, most of which were matched to the components of GIRFEC, which should form 'the overarching approach to the work of all agencies and individuals involved in the care of looked after and accommodated children and young people.'²⁶³⁴ This should involve:

- a focus on improving outcomes based on a shared understanding of well-being, through co-ordinated and joint training;
- a common approach to gaining consent and to sharing information where appropriate;
- an integral role for children, young people and families in assessment, planning and intervention;
- a co-ordinated and unified approach to identifying concerns, assessing needs, agreeing actions and outcomes, based on the well-being indicators;
- streamlined planning, assessment and decision-making processes that lead to the right help at the right time;
- consistent high standards of cooperation, joint-working and communication where more than one agency needs to be involved;

²⁶³⁰ Lachlan et al., 41.

²⁶³¹ Lachlan et al., 48.

²⁶³² Lachlan et al., 49.

²⁶³³ Lachlan et al., 50.

²⁶³⁴ Lachlan et al., 54.

- a lead professional to co-ordinate and monitor multi-agency activities where necessary;
- maximising the skilled workforce within universal services to address needs and risks at the earliest possible time;
- a confident and competent workforce across all services for children, young people and families; and
- the capacity to share demographic, assessment, and planning information electronically with and across agency boundaries.²⁶³⁵

It was also recommended that the guidance on the identification of the responsible Health Board for children in residential care should be reviewed and updated.

Quality of Residential Care Services

Over this period of the review, the Care Commission published a number of reports based on its inspection of residential care services. In addition, Audit Scotland carried out a review of the use of residential child care and how it could be improved.

Protecting Children and Young People in Residential Child Care

In 2006-07, based on its regulation and inspection work, the Care Commission carried out a review of three areas of practice in residential child care services: 'protecting children, planning for their care, physical restraint.'²⁶³⁶ The review drew on information from 224 residential care services registered with the Care Commission on 31 March 2006 (187 care homes for children and young people, 32 residential schools, and five secure accommodation services).²⁶³⁷

Overall, the Care Commission found that just under half (48 per cent) of services met expectations of standards, regulations, and good practice guidance. Many services have 'effective child protection policies, procedures and practice' and staff and young people know about procedures and use these.²⁶³⁸ There was good staff induction and training, and there were effective links with local authorities and advocacy services. Personal plans were in place and there was evidence of good care planning.

²⁶³⁵ Lachlan et al., 54-6.

²⁶³⁶ Care Commission, *Protecting Children and Young People in Residential Care*, 6.

²⁶³⁷ Care Commission, 16. This figure does not include three services which cancelled their registration between April 2006 and March 2007.

²⁶³⁸ Care Commission, 18.

In relation to physical restraint, many services were using the *Holding Safely* guidelines.²⁶³⁹

Improvements were needed in at least one aspect of these areas in 52 per cent of the services inspected (51 per cent of care homes, 53 per cent of residential schools, and 60 per cent of secure accommodation).²⁶⁴⁰ In relation to protecting young people, there was at least one area for improvement in 26 per cent of care homes, 31 per cent of residential special schools, and 40 per cent of secure accommodation services. Improvements needed to be made in staff training in child protection, and in ensuring children and young people knew how to raise concerns they had. The Care Commission was also 'concerned that in a minority of services (nine services), child protection policies were not fully developed and staff were not fully aware of, or did not fully understand, the local area child protection guidelines.'²⁶⁴¹

At least one improvement needed to be made in care planning in 34 per cent of care homes, 38 per cent of residential special schools, and 20 per cent of secure accommodation services.²⁶⁴² Improvements needed to be made in risk assessment in areas such as 'running away, being bullied, self harm or harming others or not attending school.'²⁶⁴³ Care plans needed to be fully developed and made and reviewed in the required timescale.

In relation to de-escalation and physical restraint, at least one improvement was needed in 22 per cent of care homes, 16 per cent of residential special schools and 40 per cent of secure accommodation services.²⁶⁴⁴ The Care Commission was 'pleased to note that most services have adopted suitable methods of de-escalation and restraint, although a small number need to review their approach.'²⁶⁴⁵

Not all services were aware of the *Holding Safely* guidelines or were not following them fully. Recording of physical restraint needed to be improved in some

²⁶³⁹ Care Commission, 19.

²⁶⁴⁰ Care Commission, 20-1.

²⁶⁴¹ Care Commission, 23.

²⁶⁴² Care Commission, 25.

²⁶⁴³ Care Commission, 26.

²⁶⁴⁴ Care Commission, 28.

²⁶⁴⁵ Care Commission, 30.

services.²⁶⁴⁶ The Care Commission also highlighted the need for training in de-escalation and appropriate methods of restraint.²⁶⁴⁷

The Care Commission concluded that while many services perform well, 'performance in these areas of practice is patchy and this report sets out a number of areas in which services need to improve.'²⁶⁴⁸

Food and Nutrition in Residential Child Care Services

In 2008, the Care Commission published a short report on food and nutrition for children and young people in residential care. The report acknowledged 'the importance of a healthy diet and the positive impact this can have on a child's or young person's overall health and wellbeing, their concentration and their educational achievement.'²⁶⁴⁹ Young people in care should expect that their meals are varied and nutritious, taking account of food preferences and dietary needs. They should be well prepared and presented attractively.

Most of the residential services (79 per cent) met the expectations of the National Care Standards.²⁶⁵⁰ However, the Care Commission was concerned that one in five of services had either a recommendation (46) or a requirement (three) imposed. The Care Commission identified a number of areas where improvement was needed and these were:

- providing more fruit and vegetables (four recommendations);
- taking account of children and young people's preferences (five recommendations);
- carrying out eating, drinking and nutrition assessments (four recommendations and one requirement);
- improving staff training (21 recommendations and one requirement); and
- developing policies to support the provision of good, nutritious food (34 recommendations and one requirement).²⁶⁵¹

²⁶⁴⁶ Care Commission, 30.

²⁶⁴⁷ Care Commission, 31.

²⁶⁴⁸ Care Commission, 34.

²⁶⁴⁹ Care Commission, *Food and Nutrition*, 1.

²⁶⁵⁰ Care Commission, 6.

²⁶⁵¹ Care Commission, 7.

While, overall, residential services supported children and young people well, clear areas for improvement were identified.

In 2009, Who Cares? Scotland carried out a consultation with 51 young people to capture their views about food and food-related issues.²⁶⁵² Young people made it clear that they often had little knowledge about their food and would like more nutritional information made available. 'It appears that individual preferences and circumstances can lose out in processes designed to cater for the majority whilst ensuring the effective management of establishments.'²⁶⁵³ Many young people stressed the importance of being listened to, and involved in food-related decisions.²⁶⁵⁴ By contrast:

...we described a children's unit where the young people's experience of food, healthy eating and nutrition is extremely positive and who, overall, have in fact very few negative things to say. They speak fondly of the cook and call her by her name, adding she 'always' listens to them.²⁶⁵⁵

Apart from this children's unit, all other groups commented on the poor quality of the food, and wanting a wider range of foodstuffs to be available.²⁶⁵⁶ Young people called for more flexibility about eating arrangements.

Much of what young people tell us works well for them does so because it is sited at the level of the individual unit or house. This makes a strong case for decision-making which involves young people and incorporates localised solutions rather than a centralised function. They call for arrangements able to flex and respond to the individual and the 'household'.²⁶⁵⁷

In 2011, the Scottish Government published nutritional guidance for children and young people in residential care.²⁶⁵⁸

²⁶⁵² Kirsten McManus and Elizabeth Morrison, *"It's No Like One of Those Café Places Where You Can Order Anything You Want": Children and Young People's Views and Experiences of Food and Nutrition in Residential Care*, (Edinburgh: Scottish Government, 2011), 10.

²⁶⁵³ McManus and Morrison, *Experiences of Food and Nutrition*, 2.

²⁶⁵⁴ McManus and Morrison, 42.

²⁶⁵⁵ McManus and Morrison, 42.

²⁶⁵⁶ McManus and Morrison, 43.

²⁶⁵⁷ McManus and Morrison, 4.

²⁶⁵⁸ Scottish Government, *Health Promotion Guidance: Nutritional Guidance for Children and Young People in Residential Care Settings* (Edinburgh: Scottish Government, 2011), 1.

This guidance adopts a holistic approach to health and wellbeing and acknowledges the concept of a “health promoting environment” similar to that established within health promoting schools...The guidance will help care providers to plan and provide food and drink that meets the dietary needs of the children and young people in their care.²⁶⁵⁹

The guidance described how the ‘eatwell plate’, needed to make up a health balanced diet, could be achieved by choosing: plenty of fruit and vegetables; plenty of bread, rice, pasta and other starchy foods; some milk and dairy foods; some meat, fish, eggs, beans and other non-dairy sources of protein; just a small amount of foods high in fat and/or sugar; and, fewer salty foods.²⁶⁶⁰

The guidance provided advice on healthier snacks and drinks, and menu planning.²⁶⁶¹ All staff should promote good nutrition and healthy eating and this involved good communication and involving children and young people. They should act as positive role models and address issues such as food purchasing, religious and cultural needs, vegetarian and vegan diets, and food intolerance and food allergies.²⁶⁶² Consideration should be given to specific mealtimes, special occasions, and trips and outings.

Broader health issues should also be considered, including: growth and development; promotion of physical and recreational activity; mental and emotional wellbeing; healthy body weight and image; eating disorders; dental and oral health, and nutritional records.²⁶⁶³

Getting It Right for Children in Residential Care

Audit Scotland carried out an audit on residential child care in 2010, and this examined ‘how effectively local authorities use their resources on residential placements for looked after children and identified areas for improvement.’²⁶⁶⁴ The report noted that since 1998, ‘the number in residential child care has remained

²⁶⁵⁹ Scottish Government, *Nutritional Guidance*, 2.

²⁶⁶⁰ Scottish Government, 13.

²⁶⁶¹ Scottish Government, 22-6.

²⁶⁶² Scottish Government, 27-30.

²⁶⁶³ Scottish Government, 32-3.

²⁶⁶⁴ Audit Scotland, *Getting it Right for Children in Residential Care*, (Edinburgh: Audit Scotland, 2010), 3.

almost static, varying between 1.3 and 1.5 thousand children'.²⁶⁶⁵ In 2008/09, councils spent approximately £250 million on residential child care; 30 per cent of expenditure on children and families' services, and expenditure had increased significantly. Audit Scotland highlighted the poor outcomes for looked after children leaving care, including lack of educational qualifications, instability and placement moves, and the need for better access to health services.²⁶⁶⁶

Eighteen councils had a 'corporate parenting policy and/or strategy' and others were developing such an approach. The audit 'found that implementation is in its early stages and councils are anticipating the benefits rather than being able to identify any significant achievements yet.'²⁶⁶⁷

Audit Scotland stated that councils needed to take more account of children's views in improving services, there needed to be better information about what leads to successful outcomes, and more children needed to have their success recognised.

Care planning for looked after children needs to get better. The majority of care plans do not clearly focus on the outcomes intended for a child...None addressed long-term goals such as achieving qualifications, going into further education, training or employment and living an independent, socially responsible and satisfying life.²⁶⁶⁸

The report drew on Care Commission inspection reports and highlighted that 'not all children in residential care receive the best quality of care and support', and that about 'one in ten residential units or schools (18) are classed as adequate or weak for the quality of care and support.'²⁶⁶⁹

Although councils had Integrated Children's Services Plans, Audit Scotland 'found little evidence of councils predicting needs, planning ahead and using this information to make arrangements for the right services to be available when they need them.'²⁶⁷⁰ Acknowledging the difficulties in planning specialist services for small numbers of children, the report identified examples of national or collaborative approaches to the planning of residential services. Audit Scotland identified

²⁶⁶⁵ Audit Scotland, *Children in Residential Care*, 7.

²⁶⁶⁶ Audit Scotland, 13-4.

²⁶⁶⁷ Audit Scotland, 13.

²⁶⁶⁸ Audit Scotland, 15.

²⁶⁶⁹ Audit Scotland, 16.

²⁶⁷⁰ Audit Scotland, 22.

weaknesses in the quality of information on looked after children and residential care services. The lack of a strategic approach also meant that 'some children are placed where there is a space available rather than on the basis of their needs.'²⁶⁷¹ Audit Scotland called for a more strategic approach to planning and commissioning, and that there should be a clear contract between the council and provider.

The report found there was a lack of awareness of the full cost of placing a child in residential care. In relation to 'independent providers', there was a wide range of fees and the services provided were complex. 'Given this wide range of services and weekly fees, councils need to be clear about what services each child needs, what services different providers offer and how much they pay for these services.'²⁶⁷²

Similarly, few councils knew the cost per child of their own residential services. They 'found no evidence of Scottish councils estimating the full costs of different types of care or the processes that support them, and they have not made use of costing models.'²⁶⁷³ Therefore, Audit Scotland concluded that '[c]ouncils cannot be assured that they are achieving value for money as there is insufficient clarity about the quality of services and outcomes and the costs of all types of provision available.'²⁶⁷⁴

Playing It Safe and Go Outdoors

McGuinness, Stevens and Milligan highlighted the importance of play and outdoor activities for children and young people in residential care.²⁶⁷⁵ Twelve young people and 18 staff members took part in this study, from six residential establishments: two local authority residential units, two independent residential homes, and two residential schools.²⁶⁷⁶

While children and young people provided positive experiences of outdoor play, they also identified a number of barriers and stigmatising procedures, such as health and

²⁶⁷¹ Audit Scotland, 23.

²⁶⁷² Audit Scotland, 31.

²⁶⁷³ Audit Scotland, 32.

²⁶⁷⁴ Audit Scotland, 34.

²⁶⁷⁵ Lorraine McGuinness, Irene Stevens and Ian Milligan, *Playing it Safe? A Study of the Regulation of Outdoor Play for Children and Young People in Residential Care* (Glasgow: SIRCC, 2007). See also, Lorraine McGuinness, Irene Stevens and Ian Milligan, "Playing it Safe? Staff and Young People's Views about Play Opportunities in Residential Care," *Scottish Journal of Residential Child Care* 6. no. 2 (2007).

²⁶⁷⁶ McGuinness, Stevens and Milligan, *Playing it Safe*, 16.

safety procedures that restricted, for example, swimming on beaches.²⁶⁷⁷ Staff members also expressed their 'concern that policies and procedures within their units (either real or perceived) often adversely affected the experiences of play for the young people for whom they provided a service.'²⁶⁷⁸ Staff members also identified a range of practical barriers such as resources and finance, time, bureaucracy and risk assessment procedures, and staff training needs.

The authors recommended that the role of activities in healthy child development should be written into unit planning. There should also be:

- clarification of the guidance around restrictions of outdoor activities (for example, swimming);
- development of 'user-friendly' risk assessments;
- regular skills audit of staff to maximise opportunities;
- training for staff members in outdoor activities; and
- review of the issue of parental consent for outdoor trips and activities.²⁶⁷⁹

In 2010, the Scottish Institute for Residential Child Care, Scotland's Commissioner for Children and Young People and the Scottish Government published *Go Outdoors!*; guidance on encouraging outdoor activities.

Risk-averse practices not only breach children's rights, but also rob looked after children of opportunities to learn how to manage risk themselves. Learning to manage risk contributes to healthy physical, psychological and social development, as well as providing opportunities for learning and enjoyment.²⁶⁸⁰

The report highlighted that existing guidance was often based on 'worst case scenarios' and this could be exacerbated because 'everyone tends to be more cautious when looking after other people's children.'²⁶⁸¹ It exposed the myth of the restrictive nature of health and safety legislation and that insurance companies 'require complex risk assessments for each activity', or that insurance companies

²⁶⁷⁷ McGuinness, Stevens and Milligan, 18-20.

²⁶⁷⁸ McGuinness, Stevens and Milligan, 22.

²⁶⁷⁹ McGuinness, Stevens and Milligan, 9.

²⁶⁸⁰ Scotland's Commissioner for Children and Young People and Scottish Institute for Residential Child Care, *Go Outdoors! Guidance and Good Practice on Encouraging Outdoor Activities in Residential Child Care* (Glasgow: Scottish Institute for Residential Child Care, 2010), 1.

²⁶⁸¹ SCCYP and SIRCC, *Go Outdoors!*, 2.

would not allow some activities.²⁶⁸² Similarly, it showed that there is no legal requirement for staff to get parental consent before children are taken on trips. It stressed that the 'purpose of risk assessment should be to facilitate the safe undertaking of activities.'²⁶⁸³ The guidance addressed: policy considerations, organisational guidance to support good practice, record keeping and risk assessment.

The National Residential Child Care Initiative

The National Residential Child Care Initiative (NRCCI) was set up by the Minister for Children and Early Years to deliver on the government's commitment 'to work with partners to make residential care the first and best placement of choice for those children whose needs it serves.'²⁶⁸⁴ The NRCCI aimed to carry out a strategic review of residential child care services and 'develop a blueprint for their development which would shape the future direction of services and ensure the needs of children and young people are met.'²⁶⁸⁵ Three working groups were established to address and report on: matching resources to needs,²⁶⁸⁶ commissioning services,²⁶⁸⁷ and the residential workforce.²⁶⁸⁸ Over 100 agencies and organisations contributed to the work of the NRCCI and over 100 children and young people were involved in focus groups and interviews led by Who Cares? Scotland.²⁶⁸⁹

A number of key overarching messages were identified. Assessment and care planning was seen as essential for the effective care of children and young people. There was a need for a strategic role for residential child care, and 'residential child care has the potential to be highly flexible, responsive, more effective and an integral part of children's services.'²⁶⁹⁰ Better management information was required for

²⁶⁸² SCCYP and SIRCC, 4.

²⁶⁸³ SCCYP and SIRCC, 6.

²⁶⁸⁴ Kelly Bayes, *Higher Aspirations, Brighter Futures: Overview of the National Residential Child Care Initiative* (Glasgow: Scottish Institute for Residential Child Care, 2009), 6.

²⁶⁸⁵ Bayes, *Overview of the NRCCI*, 6.

²⁶⁸⁶ Malcolm Hill, *Higher Aspirations, Brighter Futures: Matching Resources to Needs Report* (Glasgow: Scottish Institute for Residential Child Care, 2009)

²⁶⁸⁷ Ian Milligan, *Higher Aspirations, Brighter Futures: NRCCI Commissioning Report* (Glasgow: Scottish Institute for Residential Child Care, 2009).

²⁶⁸⁸ Jennifer Davidson et al., *Higher Aspirations, Brighter Futures: NRCCI Workforce Report* (Glasgow: Scottish Institute for Residential Child Care, 2009).

²⁶⁸⁹ Bayes, *Overview of NRCCI*, 7.

²⁶⁹⁰ Bayes, 10.

effective planning, both for individual children and young people and for wider services. There were gaps in information and a lack of compatibility of data across different sources.²⁶⁹¹ Effective collaboration was essential for those working with children and young people 'if the many issues facing residential child care as part of a continuum of services are to be fully addressed and resolved.'²⁶⁹² Finally, the quality of the residential workforce was 'fundamental to how children and young people experience care.'²⁶⁹³

The NRCCI also highlighted the need for a 'culture change' to address negative stereotypes of residential child care that stigmatises both young people and staff members.

Properly resourced residential child care should be recognised as being an important, valued and integral part of children's services which can offer the best possible care and protection for children and young people of all ages, which builds their resilience and prepares them for the future challenges they will face.²⁶⁹⁴

The remit of the Matching Resources to Needs Working Group was '[t]o audit current provision for children in residential care and to develop a strategy for the development and supply of residential child care services to match the full range of needs of the children and young people.'²⁶⁹⁵ It carried out surveys of local authorities and independent providers, as well as drawing on the results of the NRCCI's stakeholder consultation, and relevant research and policy documents.²⁶⁹⁶

The working group found it useful to distinguish between 'the need for residential child care (the numbers and characteristics of children who require this form of care) and the needs of children and young people living in residential settings.'²⁶⁹⁷

Just over 1,600 children and young people were looked after in residential care at the time, and some 600 children with disabilities were placed in residential schools, although many of these were not formally looked after. In addition, just under 1,000

²⁶⁹¹ Bayes, 11–2.

²⁶⁹² Bayes, 12.

²⁶⁹³ Bayes, 13. This will be addressed below.

²⁶⁹⁴ Bayes, 15.

²⁶⁹⁵ Hill, *Matching Resources to Needs*, 11.

²⁶⁹⁶ Hill, 11.

²⁶⁹⁷ Hill, 16.

children with disabilities experienced repeated short breaks in residential care services. Local authorities varied in the rate of use of residential services, and also whether they tended to use their own residential services or external resources such as residential schools.²⁶⁹⁸

Most children and young people were placed in care on a compulsory basis, and had spent time away from home prior to admission to residential care. They tended to be older and most were aged 12 or over, although 'children under 12 represent a small but significant and growing proportion of all in residential care.'²⁶⁹⁹ There was variation across different local authorities in terms of the demand for residential care with some identifying a growing demand, while others noted stable numbers or a reduction.

Local authorities and independent providers identified a number of factors in the needs of children being referred for residential placement:

- increased complexity of needs/challenging behaviour, including drug/alcohol problems and sexualised behaviour;
- increasing proportion of children with parental drug/alcohol problems;
- young people whose educational needs were not being met;
- increasing mental health issues; and
- adolescent girls with very challenging behaviour such as self-harming or violent behaviour.²⁷⁰⁰

However, the working group found that there were problems in choosing and matching placements and 'identified a perceived growth in "crisis" or "unplanned" admissions, which were likely to militate against a smooth transition to an appropriate placement.'²⁷⁰¹ 'Adult stakeholders pointed out that the number of local placements is inadequate and that some children are placed too far away from significant adults in their lives.'²⁷⁰²

In terms of residential care meeting the needs of children and young people, the consultation with young people 'confirmed that most of those in residential care feel

²⁶⁹⁸ Hill, 17.

²⁶⁹⁹ Hill, 18.

²⁷⁰⁰ Hill, 22.

²⁷⁰¹ Hill, 23.

²⁷⁰² Hill, 23.

safe, cared for and listened to.’²⁷⁰³ However, certain needs of young people were not always met, for example in relation to physical and mental health, education, participation in planning, receiving positive recognition, and protection from bullying. There was a concern about the lack of access to appropriate services, particularly:

- psychiatric and psychological services;
- appropriate educational provision;
- specialist services (such as for self-harm, trauma, substance misuse, sexual harming, autism, ADHD);
- throughcare and aftercare; and
- family work and counselling.²⁷⁰⁴

While concluding that there needed to be a broader discussion about which children can most helpfully be placed in residential care, it suggested a number of issues to be considered. Where young people have had ‘repeated unsatisfactory experiences within one or more family settings and/or are unwilling to commit to a family placement’, a residential placement would normally be preferable.²⁷⁰⁵ Some children under 12 would be better placed in small residential units, particularly ‘children with very complex needs who have severe attachment difficulties and especially those who have experienced fostering breakdowns.’²⁷⁰⁶ Consideration, based on effective assessment, should be given to earlier admission to residential care, particularly following ‘repeated failure in community support and foster care.’²⁷⁰⁷ Residential care was a valuable resource in ensuring brothers and sisters were kept together and not separated. There was also a continuing need for ‘access to single sex provision, especially for adolescent girls with highly complex and challenging needs.’²⁷⁰⁸ Finally, residential care, with appropriate specialist support, could have a role in caring for young people currently in prison.

The working group highlighted difficulties in collating information on the full range of residential services in Scotland because: there was no agreed set of definitions and

²⁷⁰³ Hill, 23.

²⁷⁰⁴ Hill, 26.

²⁷⁰⁵ Hill, 29.

²⁷⁰⁶ Hill, 29.

²⁷⁰⁷ Hill, 29.

²⁷⁰⁸ Hill, 30.

typology of establishments; some very small units open and close within a short space of time; and, issues in the way in which the Care Commission and the Scottish Institute for Residential Child Care recorded information on residential units.²⁷⁰⁹

A number of trends in the provision of care were identified, including:

- an increase in the number of providers;
- reduction in the size of residential units;
- introduction of very small units;
- diversification of functions, mainly in the independent sector;
- increase in establishments with explicit treatment, therapeutic or attachment models;
- growth in short break services, mainly for children with disabilities; and
- expansion of close support and crisis/emergency services.²⁷¹⁰

The working group concluded that, looking to the future it was important that there was a greater range of residential services addressing the needs of particular groups such as the under 12s. There also needed to be additional development of specialist programmes for issues such as sexually harmful behaviour, trauma, anger management, and self-harm. There needed to be better integration with different types of intervention such as foster care and community services, and a greater focus on education and health. There should be improved use of ICT by both young people and staff to improve aspects of care. There needed to be more participation of children and young people in relation to their own placements through independent advice, support and advocacy, and in developing models of care and residential services and policies. There should be ongoing expert review of the residential sector in Scotland and there was a need for a 'systematic review of services for children with disabilities.'²⁷¹¹

The working group identified a set of principles for a residential child care strategy and set out specific recommendations. The principles for residential provision were:

- residential care should be seen as providing a positive contribution within a spectrum of care and services;

²⁷⁰⁹ Hill, 31.

²⁷¹⁰ Hill, 36.

²⁷¹¹ Hill, 45.

- effective residential services require collaboration with relevant universal and specialist services;
- in order to offer choice and a range of options, there needs to be a diversity of provision;
- the range and types of residential provision should be planned at local and national levels on the basis of up-to-date information about demand and need;
- placement in residential care must be based on holistic assessment and clear plans;
- placements should be timely and not just as a last resort;
- emergency admissions and changes of placement should be kept to a minimum;
- the views of young people about their current and future needs should be central to care planning and everyday practice;
- residential placements should, as far as possible, promote continuity of positive relationships, interests and experiences;
- residential care must assist young people in building up interests, skills and social connections;
- transitions into, during, and out of care ought to be well planned, prepared for, and supported; and
- all residential services must have explicit policies and practices promoting the health and education of young people.²⁷¹²

The working group made a series of recommendations. Residential care services should be planned as part of range of flexible child-care services, with a clear strategic role to meet the individual needs of children and young people.²⁷¹³ There was a need to improve the collection and use of information on services and outcomes, and to prioritise new research 'in order to examine factors affecting the experiences and long-term outcomes for children and young people in residential child care, and the effectiveness of different approaches and interventions.'²⁷¹⁴ The

²⁷¹² Hill, 47.

²⁷¹³ Hill, 48.

²⁷¹⁴ Hill, 49.

active participation of young people should be promoted both in terms of their own care and plans, and in service planning and decision-making.²⁷¹⁵

Integrated and holistic assessment is the key to identifying the needs of individual children and young people. Equally, ongoing care planning, assessment and review are crucial in meeting the changing needs of children and young people in residential care.²⁷¹⁶

Residential services should support the continuity of children's key relationships, except when this is not in their best interests, and contribute to the complex needs of specific groups such as children under 12, challenging young women, and disabled children. The knowledge and understanding of residential staff should be used more effectively in 'family and community assessment, joint work and post-placement support.'²⁷¹⁷

The national focus on the education of looked after children and young people needed to be embedded into everyday practice and staff should 'actively support and engage in the education of the children living in each of their establishments.'²⁷¹⁸ The working group called for a national policy and practice initiative addressing the health needs of looked after children, and residential services should have a health improvement plan to promote the health and well-being of children and young people. The mental health of children and young people in residential care required multi-agency, specialist input to support residential staff.²⁷¹⁹ Finally, the transition of children and young people out of care is critical and needs to be 'well planned and supported', with pathway plans in place for all young people.²⁷²⁰

Many of our recommendations are not new. Some have been repeated in reports on residential care over many years and are already embodied in current legislation and guidance, as well as good practice. Therefore a high

²⁷¹⁵ Hill, 50.

²⁷¹⁶ Hill, 51.

²⁷¹⁷ Hill, 52.

²⁷¹⁸ Hill, 53.

²⁷¹⁹ Hill, 54.

²⁷²⁰ Hill, 55.

priority is to ensure that existing principles and policies are implemented more effectively.²⁷²¹

Response to the Report of the National Residential Child Care Initiative

The Scottish Government published its response to the report of the National Residential Child Care Initiative in December 2009.

What is striking on first reading of the reports is that while some of the recommendations call for fresh approaches, many of the points are not new at all. Views that we need a more highly skilled workforce; that we should have better care planning; that the health outcomes of looked after children are decidedly unhealthy; and that we must do better when it comes to improving the education outcomes of those in the care system have been in circulation for a long time. Far too long a time.²⁷²²

The Scottish Government accepted the key proposals and recommendations and agreed with COSLA's five priority themes.

- Culture change: residential child care needs to be 'fully integrated into our approach for vulnerable children, and deployed and developed to meet their needs proactively and positively, rather than as a last resort'.
- Workforce: we need to ensure 'that residential childcare staff are equipped and motivated to support children with ever more needs to meet their potential'.
- Commissioning: 'commissioning, based on integrated planning, is an opportunity to maximise the effectiveness of investment and secure consensus and transparency around expectations and outcomes'.
- Improving learning outcomes: 'we need to ensure that children in residential childcare benefit fully from the move to Curriculum for Excellence, and are supported to fulfil their potential and sustain positive post-school destinations'.

²⁷²¹ Hill, 47.

²⁷²² Scottish Government, *Response to the Report of the National Residential Child Care Initiative: Higher Aspirations, Brighter Futures* (Edinburgh: Scottish Government, 2009), 1.

- Improving health outcomes: we need to 'think and act creatively to ensure that the opportunity for support to live a healthy life presented by a child being in residential care is maximised.'²⁷²³

In order to take this forward, recognising that the challenges for residential child care were linked to broader issues for looked after children, the Scottish Government proposed 'a high-level governance group on Improving Outcomes for Looked After Children', and through that group 'we will develop and monitor an ambitious but focused implementation programme.'²⁷²⁴ The 'Looked After Children Strategic Implementation Group' (LACSIG) had its first meeting in May 2010.

Children's Homes

In 2009, Milligan and Furnivall outlined developments in the residential child-care sector in Scotland, specifically the role of children's homes. They noted that at the end of the 2000s, there were 162 children's homes in Scotland, with 101 managed by local authorities, 43 by the private sector, and 18 by the voluntary sector.²⁷²⁵

Children's homes had continued to reduce in size and 90 per cent now accommodated between two and nine young people. 'While Scotland's providers have been successful in establishing small-scale and high quality physical environments, the question of the care philosophy or "therapeutic" orientation of units has been much more problematic.'²⁷²⁶ In particular, using children's homes for both young people in longer term placements and those placed in emergencies was unhelpful and especially unsettling for the former group.²⁷²⁷

Ethnographic Study of Two Groups of Young People in Residential Care

²⁷²³ Scottish Government, *Response to NRCCI*, 2.

²⁷²⁴ Scottish Government, 3.

²⁷²⁵ Ian Milligan and Judy Furnivall, "The Scottish Children's Home: An Evolving Model of Residential Provision for Vulnerable Children," *Children Australia* 36, no. 2 (2009), 67.

²⁷²⁶ Milligan and Furnivall, "The Scottish Children's Home," 70.

²⁷²⁷ Milligan and Furnivall, 71. See also, Graham McPheat, Ian Milligan and Lynne Hunter, "What's the Use of Residential Child Care? Findings of Two Studies Detailing Current Trends in the Use of Residential Child Care in Scotland," *Journal of Children's Services* 2, no. 2 (2007).

Emond carried out innovative, ethnographic research in two children's homes in Scotland, which set out to explore the group experience of residential child care.²⁷²⁸ She noted that, in 1996, there were 169 residential children's homes in Scotland with a capacity to accommodate 2,176 children and young people. Almost two-thirds of these had 10 places or less.²⁷²⁹

One of the homes—Strathmore—had been built in the 1980s and 'had been built alongside other local authority housing in an attempt to integrate the unit and the residents into the wider community', and 'was built in a similar way to the surrounding houses and as such was not obviously distinct.'²⁷³⁰ Strathmore had originally been designed for 12 young people but this had been reduced to eight places. 'During the year-long period of my field work fifteen young people spent a period of time in residence at Strathmore. Only one of the original resident group remained when my fieldwork was completed.'²⁷³¹ The young people were aged between 12 and 17, came from across the local authority, and 'contact with family members ranged from no contact to regular thrice weekly visits home.'²⁷³²

The second home—Brunswick—was 'a turn of the century villa located in the town centre', and was 'large and in a gothic style.'²⁷³³ Brunswick, which had 'five residential places available, aimed to have four full-time residents at any one time.'²⁷³⁴ Six young people lived in Brunswick and three were there for the 12 months of the research. They were aged between 14 and 17.²⁷³⁵ Most of them were from the local area.

Emond commented on change and fluidity in the groups and 'not only were relationships within the group at Strathmore always changing (many of the friendships and "dating" relationships taking place within the confines of the resident group), but the actual turnover of young people through the process of admission

²⁷²⁸ Ruth Emond, "Survival of the Skilful: An Ethnographic Study of Two Groups of Young People in Residential Care" (PhD thesis, University of Stirling, 2000), 8. See also, Ruth Emond, "Understanding the Resident Group," *Scottish Journal of Residential Child Care*, 1, no. 1 (2002); Ruth Emond, "Putting the Care into Residential Care: The Role of Young People," *Journal of Social Work* 3, no. 3 (2003).

²⁷²⁹ Emond, "Survival of the Skilful," 21.

²⁷³⁰ Emond, 118.

²⁷³¹ Emond, 128.

²⁷³² Emond, 129.

²⁷³³ Emond, 119.

²⁷³⁴ Emond, 132.

²⁷³⁵ Emond, 133.

and discharge was marked.²⁷³⁶ However, this differed in Brunswick because of the more long-term nature of the placements.

Importantly, Emond identified the way in which 'young people perceived themselves to be at the bottom of society's hierarch of worth.'²⁷³⁷ 'By being "looked after" not only did they view themselves as "lesser" than other young people in the community but by being placed in residential care this banished them to the lowest position of care provision.'²⁷³⁸ Nonetheless, young people in the study 'identified the group living aspect as the main benefit of residential care.'

Those who had elected to be placed in residential as opposed to foster care were motivated by the opportunity to live alongside others who had 'been in the same boat'. Young people also stated that residential provision did not compromise their relationships with their families in the way that foster care had or would do.²⁷³⁹

Emond argued that the resident group could be viewed as a 'resource that requires nurturing and protection.'²⁷⁴⁰ Considering the implications for practice, Emond highlighted 'the importance that young people placed on their fellow residents and the group itself.'²⁷⁴¹

Consultancy in Residential Services for Children and Young People

The important role of external consultancy and support had been highlighted in the Skinner *Review of Residential Child Care*.

In the late 1990s, East Dunbartonshire Council and the North Glasgow Community Adolescent Mental Health (CAMH) team developed a specialist mental health service for a 10-bedded residential unit. The service initially provided, 'face-to-face appointments with young people, with or without their carers, or...advice and consultancy to social workers and residential care staff wishing to discuss concerns

²⁷³⁶ Emond, 165-6.

²⁷³⁷ Emond, 166.

²⁷³⁸ Emond, 166.

²⁷³⁹ Emond, 363.

²⁷⁴⁰ Emond, "Understanding the Resident Group," 38.

²⁷⁴¹ Ruth Emond, 37.

about individual young people.²⁷⁴² In 1999, national funding allowed the expansion of the consultant team, and this also coincided with the closure of the 10-bedded unit and the opening of three small residential units.

The central tenet of the joint initiative had always been that the skills, experience and insight available to, and identified as the province of, the mental health professionals working in specialist child and adolescent psychiatry departments had, in some way, to be made available and translatable into practical tools for front-line care staff and managers.²⁷⁴³

Evaluation of the project highlighted 'the importance of the ease of access to the service', and 'the practical support it had brought to front-line staff and the changes it had brought to their day-to-day practice.'²⁷⁴⁴ 'The feedback from young people, care staff, fieldwork staff and other professionals who had contact with the service was overwhelmingly positive.'²⁷⁴⁵

In 2004, Kendrick studied the work of a consultant group set up to support the work in the Aberlour Sycamore service, which offered a range of residential and community services.²⁷⁴⁶ The consultant group involved four external consultants with a range of complementary skills and expertise. The consultants supported the management team, the staff teams, and individual staff practice with young people. It carried out training for staff, and established a practice forum.²⁷⁴⁷

Rapid change had meant that there had been 'an element of discontinuity at different levels in the consultancy project.'²⁷⁴⁸ One of the issues was a confusion around the roles of the different consultants, particularly as these had changed as the work of the group developed. Overall, however, the group was considered to have had 'a range of positive benefits', and was 'achieving the aims set out at its

²⁷⁴² Michael van Beinum, Andy Martin and Chris Bonnett, "Catching Children as They Fall: Mental Health Promotion in Residential Child Care in East Dunbartonshire," *Scottish Journal of Residential Child Care* 1, no. 1 (2002), 17.

²⁷⁴³ van Beinum, Martin and Bonnett, "Catching Children as They Fall," 18.

²⁷⁴⁴ van Beinum Martin and Bonnett, 19.

²⁷⁴⁵ van Beinum Martin and Bonnett, 18.

²⁷⁴⁶ Andrew Kendrick, "'A Different Way to Look at Things': The Development of Consultancy in a Residential Service for Children and Young People," *Scottish Journal of Residential Child Care* 4, no. 1 (2005), 67.

²⁷⁴⁷ Kendrick, "'A Different Way to Look at Things'," 72-5.

²⁷⁴⁸ Kendrick, 77.

inception in 1999.²⁷⁴⁹ 'It is clear...that the work of the consultants is valued across the project and could provide a model for the development of consultancy for other residential services.'²⁷⁵⁰

Durka and Hacker also identified role confusion in their study of consultancy to three residential care homes in North-West Scotland. While they highlighted the benefits of consultancy, with staff feeling more confident and empowered, they also found that 'the absence of a shared understanding of roles and expectations can lead to feelings of disappointment.'²⁷⁵¹ They concluded that 'the quality of the relationship is an important and influential factor with regard to staff perceptions of the helpfulness...access and perceived availability of the consultant is an integral factor for consultees to feel supported.'²⁷⁵²

Trends in the Use of Local Authority Children's Homes

In 2005, Milligan, Hunter, and Kendrick carried out a survey to identify trends in the use of residential care in Scotland, and this focused on local authority children's homes.²⁷⁵³ At the time, 30 of the 32 local authorities were operating children's homes, one had never had a home, and the other was in the process of opening a new home. In two cases, the homes were run by an independent provider on behalf of the local authority.²⁷⁵⁴ A sample of children's homes was selected, taking account of the size of homes and whether they were in urban or rural authorities. In total, 22 homes with 151 places in six local authorities took part in the survey.²⁷⁵⁵ Information was gathered on 215 children who were either in the children's home at the start of the survey, or who were admitted over the six months of the study: 129 were in

²⁷⁴⁹ Kendrick, 77.

²⁷⁵⁰ Kendrick, 78.

²⁷⁵¹ Katie Durka and Thomas Hacker, "The Experience of Receiving and Delivering Consultation in a Residential Childcare Setting for Looked-after and Accommodated Children: A Sequential Exploratory Design," *Child Care in Practice* 21, no. 4 (2015), 403.

²⁷⁵² Durka and Hacker, "Receiving and Delivering Consultation," 404.

²⁷⁵³ Ian Milligan, Lynne Hunter and Andrew Kendrick, *Current Trends in the Use of Residential Child Care in Scotland: Working Paper* (Glasgow: Scottish Institute for Residential Child Care, 2006). It was noted that while the term 'children's home' is used as a generic term, most local authorities designate their homes as 'residential units' or 'young people's centres'.

²⁷⁵⁴ Milligan, Hunter and Kendrick, *Current Trends in Residential Care*, 6.

²⁷⁵⁵ Milligan, Hunter and Kendrick, 7.

residence at the start, 80 admissions took place, and information was not available for six children.²⁷⁵⁶

Just over half the children were boys (52 per cent) and just under half were girls (48 per cent). The average age at admission was 12.5 years, and 72 per cent were aged between 12 and 15 years. Twelve per cent were aged under 10 years, and almost a quarter (24 per cent) were aged under 12 years. Local authority children’s homes were therefore accommodating a significant proportion of younger children,²⁷⁵⁷ and this was an increase in the proportion found by Kendrick’s earlier research.

Most children were accommodated under Section 25 of the 1995 Act (56 per cent) or a Section 70 Supervision Requirement (28 per cent). The remainder were placed under a Child Protection Order, Hearing Warrant, or other legislation.²⁷⁵⁸ Almost half the children (48 per cent) were admitted from the family home, and a further 7.5 per cent were admitted from a kinship placement. Almost two-fifths of admissions (37 per cent) were from another care placement; almost half of these were from foster care, and just over half from other residential placements (including three from secure care). In addition, three children were admitted from adoptive homes.²⁷⁵⁹

Children were admitted to the placement for a range of reasons, and these are detailed in the table below.²⁷⁶⁰

Table 9: Reasons for Current Admission to Placement		
Milligan, Kendrick, and Hunter, <i>Current Trends in Residential Care</i>		
Reason for Current Admission to Care	Number	Per cent
Beyond parental control	77	36

²⁷⁵⁶ Milligan, Hunter and Kendrick, 8.

²⁷⁵⁷ Milligan, Hunter and Kendrick, 8.

²⁷⁵⁸ Milligan, Hunter and Kendrick, 10.

²⁷⁵⁹ Milligan, Hunter and Kendrick, 10.

²⁷⁶⁰ Percentages in the table add up to more than 100 as multiple reasons for admission may have been given.

Death of parent/guardian	4	2
Illness or hospitalisation of parent/guardian	14	7
Parent/guardian in prison	1	*
Lack of parental care	55	26
Absconded or lost	10	5
Family homeless or accommodation unsuitable	8	4
Schedule 1 offences against the child	4	2
Drug misuse by parents or others	15	7
Alcohol misuse by parents or others	18	9
Substance abuse by child	16	8
Parental mental health problem	17	8
Respite care	37	17
Breakdown of previous placement	60	28
Offending behaviour by child	28	13
Aggressive or violent behaviour by child	34	16

High risk sexual behaviour/vulnerability of child	19	9
Absconding behaviour	26	12
Other	55	26

The survey also looked at the placement of siblings; 58 children and young people had at least one other sibling admitted to care at the same time. Of these, just over half (52 per cent) were all admitted to the same children’s home. However, this also meant that siblings were split up in a significant proportion of cases.²⁷⁶¹

Previous research highlighted that admission into residential care was often unplanned or took place as an emergency. This research found that over half of admissions were unplanned (55 per cent), with most of these (73 per cent) being admissions from the family home or kinship placements. In just under one-third of cases (31 per cent), the purpose of the placement was for short-term care pending rehabilitation with family, one-fifth (22 per cent) were for assessment, another fifth (22 per cent) were for longer term care. Fifteen per cent of cases were for preparation for ‘independence’, and 10 per cent were for medium term work on behavioural or emotional problems.²⁷⁶²

For 45 per cent of the children, the intended outcome of the placement was either to remain in the placement or to move to another care placement. Forty-four per cent of children were intended to return home to their own family, and it was intended that 16 per cent would move on to independence.²⁷⁶³

The survey presented information on 88 children who left the placement over the period of the study. For those children who had left the children’s home, children’s home managers (CHM) and external managers (EM) were asked to rate the

²⁷⁶¹ Milligan, Hunter and Kendrick, 16.

²⁷⁶² Milligan, Hunter and Kendrick, 20.

²⁷⁶³ Milligan, Hunter and Kendrick, 21.

placements and give their opinion on whether they had achieved their 'main purpose'. The majority of placements were considered to have achieved their 'main purpose' (CHM – 61 per cent, EM – 69 per cent); approximately one-quarter had partly achieved its purpose (CHM – 24 per cent, EM – 23 per cent). Both children's home managers and external managers felt that most residential placements were benefiting the children and young people, and in most cases, considered that there was a good deal of benefit.²⁷⁶⁴

²⁷⁶⁴ Milligan, Hunter and Kendrick, 23-4.

In 2015, the Care Inspectorate Triennial Review stated that:

Overall, the quality of care and support in care homes for children and young people is high. As of March 2014, over 60% of care homes were evaluated as very good or excellent for the quality of care and support provided, and just over 1% were considered weak, with none unsatisfactory.²⁷⁶⁵

However, the Review also pointed out that the proportion of services achieving the highest evaluations for care and support had decreased since 2012.²⁷⁶⁶ It also identified considerable variability in access to high quality education and consequently educational outcomes suffered. Areas for improvement fell into three main areas: the management of young people's medication; recognition of significant incidents that may compromise the safety of young people, such as going missing from care; and the need for improvement in outcome-focussed assessment and planning.²⁷⁶⁷

Inspections considered another aspect of services: how well the care environment is safe and protects children and young people.

Most care homes are evaluated as at least good for the quality of the care environment, with 63% considered to be very good or excellent, which was 20% more services than at the start of the review. Whilst fewer than 2% of services were considered to be weak or unsatisfactory at the start of the review, this has improved, and in 2014, no services were unsatisfactory, with just 0.4 per cent rated as weak.²⁷⁶⁸

The review noted that significant investment had been made by a number of local authorities in building new or replacement care homes, with young people involved in their planning and design. However, a number of areas for improvement were identified: sufficient and appropriate facilities for staff to sleep during a night shift

²⁷⁶⁵ Care Inspectorate, *Inspecting and Improving Care*, 41.

²⁷⁶⁶ Care Inspectorate, 42.

²⁷⁶⁷ Care Inspectorate, 43.

²⁷⁶⁸ Care Inspectorate, 45.

and a lack of separate bathrooms and toilets for residents, staff, and visitors in some homes.²⁷⁶⁹

With regards the quality of staffing, '[a]lmost all care homes were evaluated as being good or above' for the period under review.²⁷⁷⁰ Areas for improvement involved:

- retention of staff in some newer or smaller services, particularly in rural areas;
- unplanned staff absence;
- lack of confidence of staff in supporting young people with challenging behaviours such as self-harm or sexually harmful behaviour; and
- lack of guidance from specialist services such as child and adolescent mental health services.²⁷⁷¹

In 2014, most care homes were also evaluated as at least good for the quality of management and leadership, and over half achieved grades of very good or excellent, an increase of 36 per cent over the period of the review.²⁷⁷²

The Care Inspectorate highlighted the Lothian Villa service in East Lothian as an example of good practice. There was very good staff practice and positive interaction with young people, and sound care practice was underpinned by very good knowledge of theory. The service also maintained relationships with former residents. Staff worked hard to 'involve young people in training, employment, leisure and sporting activities.'²⁷⁷³ The inspectors also identified very good staff supervision and good practice in gaining information about the service's performance.

Residential Schools

Themes and Trends in Residential School Provision

At the end of the 1990s, Lloyd reflected on the continuing themes in residential schools which hark back to the industrial schools and reformatories of the 19th century: the continued belief in the moral value of education, an uneasy relationship

²⁷⁶⁹ Care Inspectorate, 45.

²⁷⁷⁰ Care Inspectorate, 46.

²⁷⁷¹ Care Inspectorate, 47.

²⁷⁷² Care Inspectorate, 48.

²⁷⁷³ Care Inspectorate, 47.

between the state and residential schools, and treatment versus punishment (care or control).²⁷⁷⁴

At the end of the 1990s there is still a strong professional consensus in Scotland over the importance of inclusion of troubled and troublesome children in mainstream schools, and some authorities are closing residential schools and diverting resources into alternative provision. At the same time, most professionals in education and social work would argue for a few, well-resourced, high-quality residential schools for the small number of children who cannot be placed elsewhere.²⁷⁷⁵

Macleod supported this in reporting the findings of a survey of separate provision for children and young people with social, emotional and behavioural difficulties.²⁷⁷⁶ She found that there was a good deal of uncertainty with both closures of residential schools and new provision.²⁷⁷⁷

Although the trend is for schools to close completely, or to close their residential provision and increase the amount of day pupils, two schools report an increase in demand for their residential provision. In addition an entirely new residential primary school opened in 2003 in a local authority area in which three residential schools had been closed in the preceding four years.²⁷⁷⁸

This was seen to create additional pressure on existing provision, and Macleod concluded that 'the dominance of the inclusion agenda has had a negative impact on the ability of separate provision to do its job well', and the sector 'is dominated by a climate of uncertainty and, consequently, defensiveness.'²⁷⁷⁹

²⁷⁷⁴ Lloyd, "From Ragged to Residential Schools," 267.

²⁷⁷⁵ Lloyd, 268.

²⁷⁷⁶ Macleod, "The Place of Separate Provision," 125. This covered day schools as well as residential schools.

²⁷⁷⁷ She noted that following closures, there was no longer any local authority residential school provision.

²⁷⁷⁸ Macleod, 129.

²⁷⁷⁹ Macleod, 131.

In 2004, Smith, Chakrabarti, and McKay published two articles based on an evaluation of a multifunction care and education centre.²⁷⁸⁰ This centre was established in the 1840s and went through various manifestations as an approved school, List D school, and residential school. At the time of the research, it provided various services: day education, residential services, and community outreach support.²⁷⁸¹ It provided education for 86 boys of secondary school age, 54 of whom were residents while the remainder attended on a day basis.²⁷⁸² 'The centre operates at the "heavy end" of care provision, taking children and youth for whom earlier interventions in fostering or community-based children's homes and mainstream schooling have failed.'²⁷⁸³ Fifty-nine of the boys at the school (26 day pupils and 33 in residential placements) completed an electronic questionnaire, and 11 of these boys were interviewed.

The electronic questionnaire identified several themes most boys agreed with in relation to the provision of care:

- staff encourage us to think about the effects of the things we do and say, and whether this hurts or helps others (95 per cent);
- staff in my unit are friendly (93 per cent);
- I feel that I am able to progress through the centre (93 per cent);
- there are good sports/recreational facilities at the centre (93 per cent); and
- my time in the centre will help me to get on in life (92 per cent).²⁷⁸⁴

The questionnaire also identified themes that the boys felt were most important to them:

- I keep in contact with my family (100 per cent);

²⁷⁸⁰ Mark Smith, Euan McKay and Mono Chakrabarti, "School Improvement in the Marketplace: The Case of Residential Special Schools, *Improving Schools* 7, no. 1 (2004), 61; Mark Smith, Euan McKay and Mono Chakrabarti, "What Works for Us – Boys' Views of their Experiences in a Former List D School," *British Journal of Special Education* 31, no. 2 (2004), 89.

²⁷⁸¹ Smith, McKay and Chakrabarti, "School Improvement," 64.

²⁷⁸² Smith, McKay and Chakrabarti, "What Works for Us," 90.

²⁷⁸³ Smith, McKay and Chakrabarti, 89.

²⁷⁸⁴ Smith, McKay and Chakrabarti, 90.

- in the centre it is easy to access medical advice and treatment (97 per cent);
- my time in the centre will help me to get on in life (95 per cent);
- the staff in my unit listen to what I say (93 per cent);
- the staff in my unit are friendly (93 per cent); and
- the buildings are well looked after (93 per cent).²⁷⁸⁵

A number of themes emerged from the interviews, and, overall, most were satisfied with the quality of care provided. 'Reasons given often focused on the structure and the routine of the centre. *"It's a place where you can feel safe"* was one of the comments made.'²⁷⁸⁶

The boys also commented positively on the range of activities at the centre, as well as the opportunities and support for family contact. Most boys also commented favourably on the relationships with staff members, though several commented on instances of bullying by peers. Views on education were more mixed.²⁷⁸⁷

Independent Inquiry into Abuse at Kerelaw Residential School and Secure Unit

In 2009, the report of the inquiry into abuse at Kerelaw residential school and secure unit was published. The Inquiry was set up by the Scottish Government and Glasgow City Council in 2007.

Its purpose was to secure comprehensive insight into the circumstances that led to abuse at Kerelaw Residential School and Secure Unit over a period of years, to examine Glasgow City Council's stewardship of the school since 1996 and to consider the Council's investigation of what occurred and the arrangements following closure of the school between 2004 and 2006.²⁷⁸⁸

In 2007, there had been some 350 to 400 allegations from '159 people complaining of emotional, physical or sexual abuse.'²⁷⁸⁹ The Inquiry concluded that 'abuse of young people did take place at Kerelaw after 1996.' 'Court convictions and the records of disciplinary action taken by Glasgow City Council point to abuse having

²⁷⁸⁵ Smith, McKay and Chakrabarti, 90.

²⁷⁸⁶ Smith, McKay and Chakrabarti, 91.

²⁷⁸⁷ Smith, McKay and Chakrabarti, 92.

²⁷⁸⁸ Frizzell, *Independent Inquiry into Abuse at Kerelaw*, 3. We will deal with the discussion of both the residential school and secure unit here.

²⁷⁸⁹ Frizzell, 4.

taken place over a number of years before then as well.²⁷⁹⁰ However, it also found that there were no grounds for 'concluding that sexual abuse was widespread or institutional, but cannot rule out that sexual misconduct took place to a greater extent than has been proven and is in the public domain.'²⁷⁹¹

The Inquiry considered that a culture that emphasised 'control, and the physical capacity to enforce it', was particularly important in contributing to the abuse.²⁷⁹² There was a reluctance to challenge poor practice, and an absence of shared values and clear leadership. This led to resistance to change, despite attempts for improvement. There was poor supervision and a lack of performance management. While many staff gained qualifications, there was a lack of consistent learning and development, and weaknesses in training in Therapeutic Crisis Intervention.²⁷⁹³ However, the Inquiry acknowledged that there were good and dedicated staff who did not engage in an abusive way, and 'many young people testified to that, and said that they had a positive experience at Kerelaw.'²⁷⁹⁴

It was considered that 'external management was insufficiently resourced, insufficiently senior, and insufficiently visible at Kerelaw to do its job', and its 'failures were an important contributor to what went wrong.'²⁷⁹⁵ There was a lack of rigour in the complaints system and there were 'significant disincentives to young people to complain.'²⁷⁹⁶ 'Inspection did not stimulate culture change at Kerelaw...the common features of inspection activity until after 2003 were insufficient, consistent follow-up within Kerelaw and insufficient attention from external management.'²⁷⁹⁷

The main failings at Kerelaw were not so much to do with legislation, policies or procedures, of which there was no shortage, as with people failing to comply with those procedures, failing to give leadership and direction, failing to deal with difficult management issues of which they were aware,

²⁷⁹⁰ Frizzell, 133.

²⁷⁹¹ Frizzell, 133.

²⁷⁹² Frizzell, 134.

²⁷⁹³ Therapeutic Crisis Intervention is a crisis prevention and management programme involving training in de-escalation techniques and physical intervention.

²⁷⁹⁴ Frizzell, 133.

²⁷⁹⁵ Frizzell, 137.

²⁷⁹⁶ Frizzell, 135.

²⁷⁹⁷ Frizzell, 136.

and failing to care as they should have about disadvantaged, difficult and vulnerable young people with whose welfare they were entrusted.²⁷⁹⁸

The Inquiry made a number of recommendations to address these failings and these focused on:

- leadership and management (appointment of senior managers and their roles and responsibilities; external management roles and responsibilities);
- performance management and appraisal (personal performance plans, peer review and 360-degree appraisal processes);
- supervision (supervision policy, promote group learning, performance management, staff development, staff support);
- training and learning (training alongside staff from other residential units and fieldworkers, supplement and support communication and leadership, evaluation of new learning, professional development, training in crisis intervention is refreshed regularly, understanding of circumstances in which physical restraint may be used);
- listening to children (accessible complaints procedures and alternative options for voicing concerns, regular review of complaints and allegations, central log of complaints and allegations and their outcomes, external scrutiny of complaints and allegations, national mechanism to collate and analyse patterns of complaints and allegations, children's rights services and children's advocacy services);
- inspection (rigorous follow-up of inspections);
- investigation and disciplinary processes (joint investigations of allegations by police and providers, independent support in large and complex investigations, appropriate legal advice, review of codes of discipline and appeals procedures);
- record keeping (proper management of children's records); and
- disqualification from working with children (efficient compilation of information and examination of robustness of evidence before making a referral, maintain accurate records of allegations, complaints, fact-findings and disciplinary disposals).²⁷⁹⁹

²⁷⁹⁸ Frizzell, 143.

²⁷⁹⁹ Frizzell, 143-7.

Harmony School opened in 1958 and cared for children aged between five and 12 years old. This period saw a number of developments at Harmony School. Since it opened, the School had operated on the national school terms, and children returned home during the holidays. However, not all children had a secure home base, and it was decided to move to a 52-week year. This 'confirmed Harmony's position as a comprehensive care and education service for primary school age children with additional and educational and behavioural support needs.'²⁸⁰⁰

"To me, Harmony means solace and security. It means learning through many diverse methods. Harmony has been a very positive intervention in my life and has helped me develop mentally, emotionally and socially."
(Young person 1990s)²⁸⁰¹

In 2008, the intake of Harmony was extended 'to include provision for S1 and S2 pupils.' In addition, a Pupil Council had involved young people in decision-making, staff interviews and presentations to the Board. The involvement of parents was also stressed and a Parent and Carer Group was established, as well as work with a wider group of parents.²⁸⁰²

Doran Review of Learning Provision for Children and Young People with Complex Additional Support Needs

In the context of the wider review of learning provision the *Doran Review* considered the role of residential schools. It made a number of general recommendations about culture and values, qualifications and training, planning and decision-making and inter-agency working and collaboration.

It highlighted the desire to maintain children and young people with their families and in schools in their immediate community. Nevertheless, sometimes residential placements will be necessary, and these may be at a distance.²⁸⁰³ 'Whereas in the past national placements were largely either full-time residential or day, now grant-

²⁸⁰⁰ West, *Recollections of Harmony*, 47.

²⁸⁰¹ West, 48.

²⁸⁰² West, 50.

²⁸⁰³ Peter Doran, *The Right Help at the Right Time in the Right Place: Strategic Review of Learning Provision for Children and Young People with Complex Additional Support Needs* (Edinburgh: Scottish Government, 2012), 40.

aided and independent schools offer more flexible packages often working closely with the authorities and local provision.²⁸⁰⁴ These packages could involve 52 week or term-time residential education and care; or short-term residential care and education for assessment or intensive enhancement programmes.

The report noted that 'residential placements outwith authorities in the independent and grant aided special schools have attracted controversy for a number of reasons.'²⁸⁰⁵ These reasons can include: negative perceptions about cost and quality, a tension between independent providers and local authorities, and fundamental opposition to residential care on the part of some professionals.

Even in an overall context of negativity and mistrust, significant common ground emerged summarised in the following:

- The complex additional support needs of each children and young person should be the determining factor when considering the future development of services.
- A more strategic approach should be taken to developing services across Scotland, taking full account of the varying contexts of communities.²⁸⁰⁶

The report therefore made recommendations to address the need for a strategic planning and commissioning process to deliver and fund national services and provision.²⁸⁰⁷

The Scottish Government accepted most of the recommendations of the Doran Review, including those focused on strategic planning, commissioning and funding of national services.²⁸⁰⁸

²⁸⁰⁴ Doran, *Right Help at the Right Time*, 40.

²⁸⁰⁵ Doran, 41.

²⁸⁰⁶ Doran, 42-43.

²⁸⁰⁷ Doran, 46-47.

²⁸⁰⁸ Scottish Government, *Meeting the Needs of Scotland's Children and Young People with Complex Additional Support Needs: The Scottish Government's Response to the Doran Review* (Edinburgh: Scottish Government, 2012), 15-16.

The Care Inspectorate report on inspections found that care and support in residential school care accommodation services were doing well overall.

In 2014, services provided by both the private and voluntary/not-for-profit sectors performed to a similar standard with 67% (private sector) and 68% (voluntary/not-for-profit sector) considered to be very good or excellent for the quality of care and support.²⁸⁰⁹

However, around five per cent of services in both sectors were weak or unsatisfactory in terms of the quality of care and support, and needed urgent improvement.²⁸¹⁰

The quality of the environment in residential schools was very positive with three-quarters of services evaluated as very good or excellent, and this had improved over the three years.²⁸¹¹ Similarly, the quality of staffing was of a high standard with 78 per cent of private services and 74 per cent of voluntary/not-for-profit services achieving at very good or excellent level. No services were less than good in relation to staffing.²⁸¹²

There was a significant improvement in the quality of leadership and management in the private residential special school sector, with evaluations for very good and excellent increasing from 50 per cent in 2012 to 83 per cent in 2014. However, there was a reduction in the top grades of the voluntary/not-for-profit sector, from 45 per cent in 2012 to 37 per cent in 2014.²⁸¹³

Homes for Disabled Children and Hospitals

We have seen that since the 1970s, there have been a reduced number of disabled children in hospitals and institutions in Scotland, with a focus on care and education in the community and supporting children to live at home. In 2008, Stalker, in a research review, wrote of 'a largely hidden group of children – young disabled

²⁸⁰⁹ Care Inspectorate, *Inspecting and Improving Care*, 43.

²⁸¹⁰ Care Inspectorate, 44.

²⁸¹¹ Care Inspectorate, 45.

²⁸¹² Care Inspectorate, 46.

²⁸¹³ Care Inspectorate, 48.

people in residential settings.’²⁸¹⁴ She highlighted the lack of information, particularly about those in children’s homes and hospitals.

The Social Work Inspection Agency noted that the ‘number of children with disabilities and complex needs is rising and the costs of residential services, including short breaks, are relatively high compared to non-residential options.’²⁸¹⁵

We saw in previous chapters, the establishment and development of Camphill Communities in Scotland and internationally. Two edited books published in 2006²⁸¹⁶ and 2011²⁸¹⁷ cast light on the work of the Camphill Rudolf Steiner School in Aberdeen. Monteux outlined the philosophy of Camphill.

Each person is seen as a union of three actively interrelated elements: *the body*—physical, genetic and hereditary aspects; *the soul*—emotions, feelings, intellectual faculties and consciousness; and *the spirit*—self-determination, dignity, self-awareness and personal values...The three elements are the vessel for a fourth one—*the individual human spirit*.²⁸¹⁸

The Camphill approach of curative education provides a ‘multidisciplinary and holistic approach which brings together education, home life and therapies to address the needs of the whole child.’²⁸¹⁹ Costa and Walter stress the essential features of residential life at Camphill: the attention to small details, the importance of food and diet; creating a healthy daily rhythm and acknowledging children’s rituals; addressing the spiritual dimension; building relationships; and working with parents. ‘The house provides a space that is non-threatening, safe, secure and welcoming. Thus much attention, thought and care is given to creating and maintaining a well cared for environment.’²⁸²⁰

²⁸¹⁴ Kirsten Stalker, “Disabled Children in Residential Settings,” in *Residential Child Care: Prospects and Challenges*, ed. Andrew Kendrick (London: Jessica Kingsley, 2008), 107.

²⁸¹⁵ Social Work Inspection Agency, *Improving Social Work*, 66.

²⁸¹⁶ Robin Jackson, ed., *Holistic Special Education: Camphill Principles and Practice* (Edinburgh: Floris Books, 2006).

²⁸¹⁷ Robin Jackson, ed., *Discovering Camphill: New Perspectives, Research and Developments* (Edinburgh: Floris Books, 2011).

²⁸¹⁸ Monteux, “History and Philosophy,” 33.

²⁸¹⁹ Monteux, 35.

²⁸²⁰ Manuela Costa and Christopher Walter, “Care: The Art of Living,” in *Holistic Special Education: Camphill Principles and Practice*, ed. Robin Jackson (Edinburgh: Floris Books, 2006), 37.

Education is based on the same principles, keeping the child's learning needs at the centre, building long-term trusting relationships, developing rhythms and routines, and incorporating therapies into the school day.²⁸²¹ Craft and handwork is also incorporated into education. 'Craft activity is part of a holistic approach that provides opportunities for learning in the classroom, households, therapy sessions as well as in craft settings.'²⁸²²

There are a wide range of therapies in addition to the Camphill Medical Practice,²⁸²³ and these are undertaken in a holistic way: play therapy,²⁸²⁴ music therapy,²⁸²⁵ art therapy,²⁸²⁶ therapeutic speech,²⁸²⁷ riding therapy,²⁸²⁸ and eurythmy therapy.²⁸²⁹ The setting of Camphill is also used to support the therapeutic effort through participation of the pupils in gardening and the biodynamic farm.²⁸³⁰

Children in Hospital Settings

In 1999, in their research on the future of learning disability hospitals in Scotland, Stalker and Hunter 'found that two or three children are still being brought up in a Scottish "mental handicap" hospital.'²⁸³¹ Hunter and Stalker also reported that, in

²⁸²¹ Paula Moraine, Birgit Hansen and Terri Harrison, "Education," in *Holistic Special Education: Camphill Principles and Practice*, ed. Robin Jackson (Edinburgh: Floris Books, 2006), 51.

²⁸²² Susie Koerting, "Crafts," in *Holistic Special Education: Camphill Principles and Practice*, ed. Robin Jackson (Edinburgh: Floris Books, 2006), 153.

²⁸²³ Marga Hogenboom, "Camphill Medical Practice," in *Holistic Special Education: Camphill Principles and Practice*, ed. Robin Jackson (Edinburgh: Floris Books, 2006), 167.

²⁸²⁴ Karhen Ehlen, "Play Therapy," in *Holistic Special Education: Camphill Principles and Practice*, ed. Robin Jackson (Edinburgh: Floris Books, 2006), 81.

²⁸²⁵ Colin Tanser, "Music Therapy," in *Holistic Special Education: Camphill Principles and Practice*, ed. Robin Jackson (Edinburgh: Floris Books, 2006), 91.

²⁸²⁶ Jennie Tanser, "Art Therapy," in *Holistic Special Education: Camphill Principles and Practice*, ed. Robin Jackson (Edinburgh: Floris Books, 2006), 107.

²⁸²⁷ Donald Phillips, "Therapeutic Speech," in *Holistic Special Education: Camphill Principles and Practice*, ed. Robin Jackson (Edinburgh: Floris Books, 2006), 117.

²⁸²⁸ Robin Jackson, "Riding therapy," in *Holistic Special Education: Camphill Principles and Practice*, ed. Robin Jackson (Edinburgh: Floris Books, 2006), 131.

²⁸²⁹ Angela Ralph and John Ralph, "Eurythmy Therapy," in *Holistic Special Education: Camphill Principles and Practice*, ed. Robin Jackson (Edinburgh: Floris Books, 2006), 143.

²⁸³⁰ Fred Halder, "The Natural Environment," in *Holistic Special Education: Camphill Principles and Practice*, ed. Robin Jackson (Edinburgh: Floris Books, 2006), 187.

²⁸³¹ Kirsten Stalker and Susan Hunter, "To Close or Not to Close? The Future of Learning Disability Hospitals in Scotland," *Critical Social Policy* 19, no. 2 (1999), 180.

1999, three hospitals continue to provide respite care for children in a hospital setting, and in one case in a hospital ward.²⁸³²

However, it was not known how many children had extended stays in other hospital settings, and, in 2003, Stalker and colleagues carried out research on children with complex health needs who spent significant time in health care settings in England and Scotland.²⁸³³ The research found that there were 1,399 children and young people with complex needs in Scotland who had stays in hospital of more than four weeks in the year April 1999 to March 2000. The age breakdown of the children was:

- under 1: 639 (46 per cent);
- 1 – 6: 165 (12 per cent);
- 7 – 12: 131 (9 per cent);
- 13 – 16: 174 (12 per cent);
- 17 – 19: 290 (21 per cent).²⁸³⁴

The main reasons that children were in hospital were: perinatal conditions (30 per cent); mental and behavioural disorders (23 per cent); injury, poisoning, and certain other consequences of external causes (nine per cent); congenital malformations, deformations and chromosomal abnormalities (nine per cent); neoplasms (six per cent); diseases of the nervous system (three per cent); and diseases of the digestive system (three per cent).²⁸³⁵ Most children (64 per cent) stayed between one and two months and just over a quarter (28 per cent) stayed between three and five months.

There was confusion about the legal status of children who had been in hospital settings for over three months, and thus 'policy and practice differed across the fieldwork areas.'²⁸³⁶ There was also evidence that educational provision in 'some health care settings was fragmented and variable.'²⁸³⁷

²⁸³² Susan Hunter and Kirsten Stalker, *The Resettlement of People with Learning Difficulties from Scottish Hospitals: Final Report* (Stirling: Social Work Research Centre University of Stirling, 1999), 9.

²⁸³³ Kirsten Stalker et al., *Care and Treatment: Supporting Children with Complex Needs in Healthcare Settings* (Brighton: Pavilion Publishing, 2003), 1. See also, Kirsten Stalker et al., "The Experiences of Children and Young People with Complex Needs Being Cared For Away from Home: A Cross Border Study," *Scottish Journal of Residential Child Care* 3, no. 2 (2004).

²⁸³⁴ Stalker et al., *Care and Treatment*, 12.

²⁸³⁵ Stalker et al., 14.

²⁸³⁶ Stalker et al., 72.

²⁸³⁷ Stalker et al., 73.

Despite the requirements to involve children and young people in decisions 'a number of young people were apparently not being consulted about aspects of their care and treatment, because professionals believed they were unable to contribute and/or because agreed processes for doing so were not in place.'²⁸³⁸ The research identified a range of issues that needed to be addressed by various agencies involved in policy, care, and treatment of children and young people with complex health needs in health care settings.²⁸³⁹

In 2011, the *National Review of Services for Disabled Children* also found that 'looked after disabled children and those in hospital have educational and social needs that can often be overlooked.'²⁸⁴⁰

Three Studies of Psychiatric Inpatient Units

In 1997, Chesson and colleagues investigated the perceptions of children and parents of their experience of the inpatient psychiatric unit at Royal Aberdeen Children's Hospital.²⁸⁴¹ Lowit Unit opened in 1965 and was the only unit in the North of Scotland. At the time of the study there were eight day places and 10 inpatient places. There were 20 children in the study, and almost half were diagnosed as having 'conduct disorders or mixed disorders of conduct and emotions (nine children).'²⁸⁴² Before admission, children did not have a clear idea about why they were being admitted. The children expressed mixed emotions about admission to the unit, some had been looking forward to it and others were apprehensive.

Following admission, 'few children were able to identify interventions, and the majority was unable to say if they were having any special programmes or medicines.'²⁸⁴³ Parents also had difficulty in describing the treatment their child was receiving. At the final stage interview, half the children felt that the stay at the unit had helped, while about one-third thought it had not helped or did not know.²⁸⁴⁴

²⁸³⁸ Stalker et al., 74.

²⁸³⁹ Stalker et al., 82-4.

²⁸⁴⁰ Scottish Government, *The Report of the National Review of Services for Disabled Children* (Edinburgh: Scottish Government, 2011), 24.

²⁸⁴¹ Rosemary Chesson et al., "Do Parents and Children Have Common Perceptions of Admission, Treatment and Outcome in a Child Psychiatric Unit," *Clinical Child Psychology and Psychiatry* 2, no. 2 (1997), 251.

²⁸⁴² Chesson et al., "Admission, Treatment and Outcome," 257.

²⁸⁴³ Chesson et al., 259.

²⁸⁴⁴ Chesson et al., 261.

The children identified with teachers and 'generally saw the unit as a school, rather than a hospital ward.'²⁸⁴⁵ The research concluded that it was important to address the lack of understanding of parents and children about the aims of admission and treatment.²⁸⁴⁶

Buston also carried out research on young people's experiences of mental health services and this involved 32 young people (21 young women and 11 young men). Twelve of the young people had been admitted as inpatients at some point, either in an adolescent unit or adult psychiatric ward (specific numbers were not given).²⁸⁴⁷ The sample of young people had a range of mental health issues, including an eating disorder, obsessive compulsive disorder, tic disorder, bipolar affective disorder, depressive disorder, phobic anxiety disorder, and schizophrenia.

Comments about the relationship with doctors and health service staff were generally positive, and views about 'approachability' and 'understanding' were central to this. Negative comments highlighted not being believed and a lack of understanding.²⁸⁴⁸ Those who had been admitted as in-patients made a number of comments about their experience, and most of these were negative. While some of the young people commented about 'their dislike of being surrounded by ill people', others talked about 'the fun they had had with other in-patients.'²⁸⁴⁹ Other issues raised by small numbers of respondents included: lack of privacy, unnecessarily strict routines, inaccessible location of the hospital, poor quality of food, and lack of cleanliness.²⁸⁵⁰

At around the same time, Claveirole explored young people's and carers' experiences of involvement with two inpatient psychiatric units and two day-care units.²⁸⁵¹ She interviewed 18 young people (seven were inpatients), 16 mothers or couples, and 21 staff members, mostly nurses, and carried out participant observation in the units.²⁸⁵²

²⁸⁴⁵ Chesson et al., 266.

²⁸⁴⁶ Chesson et al., 267.

²⁸⁴⁷ Katie Buston, "Adolescents with Mental Health Problems: What Do They Say about Health Services," *Journal of Adolescence* 25, no. 2 (2002), 232.

²⁸⁴⁸ Buston, "Adolescents with Mental Health Problems," 234.

²⁸⁴⁹ Buston, 238.

²⁸⁵⁰ Buston, 238.

²⁸⁵¹ Anne Claveirole, "Listening to the Voices in Four Scottish Adolescent Mental Health Units: Young People, their Carers and the Unit Cultures" (PhD Thesis, Napier University, 2005), 69.

²⁸⁵² Claveirole, "Listening to the Voices," 73-4.

Mostly, young people valued 'being with other people' and 'being listened to, understood and supported', by staff members and other young people.²⁸⁵³ However, young people sometimes felt 'depressed' because of the difficulties of other young people, and admissions and discharges 'meant loss and change'.²⁸⁵⁴ Young people were generally positive about the appearance of the inpatient units and about the staff, but they commented on 'boredom' particularly in the evenings and weekends, and, for some, the distance from home was difficult.²⁸⁵⁵ One-to-one therapy 'seemed to be a valued intervention by those who received it and a desirable one by some who didn't'.²⁸⁵⁶ Groups and community meetings were also valued.

Claveirole considered the young people's involvement in decision-making and found that '[o]verall, almost as many young people seemed to feel involved in decisions regarding their treatment as didn't, with a few expressing ambivalence'.²⁸⁵⁷ In contrast, nearly all the young people felt that they participated in decision-making about everyday living in the unit, but whilst 'some aspects of decision-making were negotiated and transparent, others were not'.²⁸⁵⁸

Staff considered that involvement of young people in the life of units and decision-making was complex, particularly in relation to treatment decisions. However, it was generally valued. They identified several factors that affected involvement:

- staff (staff members' skills, legal responsibilities, power differentials);
- young people (maturity, mental state, striving for autonomy); and
- unit culture (limited flexibility in treatment programmes, unit policy, lack of resources).²⁸⁵⁹

With regard to parents, in three of the four staff groups, there was a 'lack of a coherent, collective commitment to parent involvement'.²⁸⁶⁰ There was also tension

²⁸⁵³ Claveirole, 110.

²⁸⁵⁴ Claveirole, 111.

²⁸⁵⁵ Claveirole, 115.

²⁸⁵⁶ Claveirole, 118.

²⁸⁵⁷ Claveirole, 133.

²⁸⁵⁸ Claveirole, 136.

²⁸⁵⁹ Claveirole, 194.

²⁸⁶⁰ Claveirole, 208.

between young people's needs and parents' needs. Nonetheless, two thirds of the parents felt satisfied with the help they had received from the units.

Claveirole discussed the unit cultures in some detail and we will focus on the two inpatient units. Arisaig was a ten-bedded inpatient unit accommodated in the grounds of a psychiatric hospital in a Scottish city.²⁸⁶¹ It had a multi-disciplinary team. There were nine young people in Arisaig, seven of whom were inpatients.

The unit used a number of treatment approaches, not least the residential component, which allowed the opportunity to observe, assess, and treat young people 24 hours a day, and offered containment and safety.²⁸⁶² It used intensive care interventions, which involved 'physical restraint, special nursing observation and antipsychotic medication.'²⁸⁶³ There was some group work carried out in the unit and community meetings, although the latter had become increasingly informal and focused on information sharing.²⁸⁶⁴ Family work was not carried out in a structured or comprehensive way. Individual therapy took place both formally and informally, and cognitive behavioural therapy was being developed.²⁸⁶⁵ In addition, young people attended the unit's school and, unlike other units at the time, there was a full school day.²⁸⁶⁶

Claveirole found that there were tensions and conflict among the staff team, with a lack of openness about feelings, a lack of mutual respect, and an absence of a willingness to learn.²⁸⁶⁷ 'In addition to the tensions created by unequal power between the nurses and the psychiatrists, there was another source of conflict: a profound difference of understanding regarding the knowledge necessary to work in the unit.'²⁸⁶⁸

The second unit, Rannoch, was in a rural area and comprised an outpatient service and a ten-bedded inpatient unit for young people between the ages of 12 and 18.

²⁸⁶¹ Claveirole, 223. The names of the units were changed.

²⁸⁶² Claveirole, 230.

²⁸⁶³ Claveirole, 231.

²⁸⁶⁴ Claveirole, 232.

²⁸⁶⁵ Claveirole, 237.

²⁸⁶⁶ Claveirole, 239.

²⁸⁶⁷ Claveirole, 228-9.

²⁸⁶⁸ Claveirole, 237.

Staff described the unit as being run as a 'modified therapeutic community'.²⁸⁶⁹ Within this model, individual needs were prioritised and a range of therapeutic approaches were undertaken. Intensive care was provided with nursing observation, physical restraint, and medication used when needed. There was a key-worker system in operation and they offered individual counselling at least once a week. There was a programme of group sessions, which, at the time of the research, consisted of an 'action therapy group, an anxiety management group, an art group, and a psychotherapy group'.²⁸⁷⁰

Rannoch seemed to be able to ally a therapeutic community approach with the treatment of serious and enduring mental health problems and the use of individually tailored treatment plans. This is interesting because other units in the study had found it impossible.²⁸⁷¹

Overall, the multi-disciplinary staff team was 'harmonious and the nurses played a major role in the unit's therapeutic programme'.²⁸⁷² However, a small number of staff had some unease about particular unit practices and did not feel in a position to raise these.

Working Group on Provision of Psychiatric Inpatient Services

In 2004, the Child Health Support Group reported on the work of a short-life working group that considered 'a national strategic approach to the provision of psychiatric inpatient services for children and young people in Scotland, including a model for regional commissioning of those services'.²⁸⁷³ At the time of the report, there were four inpatient units in Scotland: two in Glasgow, one unit for children with nine places and one unit for young people with 16 places; a unit for young people in Edinburgh with 12 places; and a unit in Dundee with seven places. There were also two independent services that admitted young people: The Priory in Glasgow admitted young people from age 16 to its adult units, and the Huntercombe Group

²⁸⁶⁹ Claveirole, 247.

²⁸⁷⁰ Claveirole, 250.

²⁸⁷¹ Claveirole, 251.

²⁸⁷² Claveirole, 256.

²⁸⁷³ Child Health Support Group, *Psychiatric Inpatient Services for Children and Young People in Scotland: A Way Forward* (Edinburgh: Scottish Executive, 2004), 3.

had opened an eating disorder unit in West Lothian with 22 places. It admitted patients from the age of 11 to 30 years.²⁸⁷⁴

The working group noted that the number of inpatient places for children and young people had reduced significantly over the 10-year period 1994 to 2004, from 58 places for children and 67 places for young people, to nine places for children and 35 places for young people.²⁸⁷⁵ The units were in high demand, the young people's units in particular, and there was evidence that because of lack of spaces, young people could be admitted to adult psychiatric wards, paediatric wards and adult medical wards.²⁸⁷⁶ Staff shortages, which had restricted the numbers of places available in Edinburgh and Dundee, had exacerbated this.

The working group recommended that the number of psychiatric inpatient places for children should be kept at the same level.²⁸⁷⁷ While acknowledging the lack of robust information at the national level for need and demand for psychiatric inpatient provision for young people, on available evidence it concluded that there should be a phased increase to 60 places and that this should be developed around existing units.

It also recommended that psychiatric units should have a multi-disciplinary staff team with a 'comprehensive mix of skills and disciplines.'²⁸⁷⁸ The working group stressed the importance of staff training and development, and recommended that a 'training network should be established'.²⁸⁷⁹

The working group endorsed the recommendations made by Graham Bryce in an unpublished 1997 report that psychiatric facilities should:

- provide an appropriate treatment environment;
- provide an appropriate social environment;
- take due account of developmental stage;
- recognise the significance of home, family and other carers; and

²⁸⁷⁴ Child Health Support Group, *Psychiatric Inpatient Services*, 5-6.

²⁸⁷⁵ Child Health Support Group, 5.

²⁸⁷⁶ Child Health Support Group, 6.

²⁸⁷⁷ Child Health Support Group, 14.

²⁸⁷⁸ Child Health Support Group, 27.

²⁸⁷⁹ Child Health Support Group, 30.

- consult those who use services.²⁸⁸⁰

Review of Inpatient Psychiatric Services

Ten years later, the National Services Division of NHS Scotland published a *Review of Child Inpatient Psychiatry Service*.²⁸⁸¹ The review aimed to assess the current and predicted need for the service, how it should develop over the next five years, service efficiency and effectiveness, current and future costs, benchmarking of outcomes, views of service users and other stakeholders, and the most appropriate commissioning model.²⁸⁸²

The nationally designated Child Inpatient Psychiatry Service was established at Yorkhill Hospital, Glasgow, in 2006. Caledonia Ward was a nine-bed inpatient unit offering 'in-patient, out-patient, day patient and outreach support' for children, normally up to 12 years old, with a wide range of disorders.²⁸⁸³ It offered a number of 'therapeutic modalities' including: individual therapy, speech and language therapy, occupational therapy, creative therapies, medication, group therapy, and family interventions.²⁸⁸⁴ 'Milieu therapy is a vital component of the therapy on offer in a Tier 4 setting which is not available in any other setting where the ward is itself a therapeutic agent.'²⁸⁸⁵

In the three years between 2011 and 2014, there were between 10 and 15 inpatient admissions with the bed occupancy rate varying from 28 percent to 41 per cent. Length of stay varied between two and 88 weeks.²⁸⁸⁶ The inpatient service was not equally accessed by Health Boards across Scotland with the biggest users being Greater Glasgow & Clyde, Lanarkshire and Forth Valley Health Boards.²⁸⁸⁷

Between September 2012 and June 2013, Caledonia Ward took part in a Quality Network for Inpatient CAMHS Review. The main strengths identified included: safe

²⁸⁸⁰ Child Health Support Group, 32. Citing Graham Bryce, *Commissioning Inpatient Psychiatric Services for Children and Young People in Scotland*, unpublished report, 1997.

²⁸⁸¹ NHS Scotland National Services Division, *Review of Child Inpatient Psychiatry Service* (Edinburgh: NHS National Services Scotland, 2014), 1.

²⁸⁸² NHS NSD, *Review of Child Inpatient Psychiatry*, 8-9.

²⁸⁸³ NHS NSD, 10.

²⁸⁸⁴ NHS NSD, 12-3.

²⁸⁸⁵ NHS NSD, 14.

²⁸⁸⁶ NHS NSD, 17.

²⁸⁸⁷ NHS NSD, 29.

and pleasant patient environment with ample toys, DVDs, and outdoor play area. Parents appreciated supportive staff who involved them in discharge planning. However, improvements needed to be made in 'bank nursing, teaching provision and breaking the deadlock on getting social work involvement.'²⁸⁸⁸

While the trend was for the increased development of psychiatric care, 'the value and necessity of retaining an expert inpatient facility for treating the most complex cases...was vital.'²⁸⁸⁹ The Expert Panel recommended that 'the Service is based within the health board area of greatest referrals and the 6 inpatient beds for CIP located at the new Southern General Hospital in Glasgow are indispensable.'²⁸⁹⁰

The national Child Psychiatry Inpatient Unit has since relocated to Ward 4 at the Royal Hospital for Children and Queen Elizabeth Hospital.

Schliehe considered young women's experiences of closed settings including psychiatric inpatient units. She wrote that:

The only *closed* mental health facility for adolescents and young people in the West of Scotland is Skye House in Glasgow. Skye House opened in 2009 as a new purpose-built facility at Stobhill Hospital, serving the age range of 12 to 18 year olds from the West of Scotland who have serious mental health issues.²⁸⁹¹

Secure Care

Over this period of the review, there were significant developments in secure accommodation services in Scotland. In the early 2000s, there was major investment to increase the number of secure care places in Scotland. Smith and Milligan questioned the justifications given for this expansion and stated that there was 'little evidence to justify the increase in secure beds on "professional" grounds.'²⁸⁹² Indeed, this increased capacity was not fully utilised and this created major financial issues

²⁸⁸⁸ NHS NSD, 32.

²⁸⁸⁹ NHS NSD, 50.

²⁸⁹⁰ NHS NSD, 54.

²⁸⁹¹ Anna Katharina Schliehe, "Tracing Outsidedness: Young Women's Institutional Journeys and the Geographies of Closed Space" (PhD thesis, University of Glasgow, 2017), 118.

²⁸⁹² Smith and Milligan, "Expansion of Secure Accommodation," 185.

for service providers. Following a review of secure services in 2009, there was a reduction in capacity resulting in the closure of some units.

A Secure Remedy

In 1996, the Social Work Services Inspectorate for Scotland (SWSI) completed a review of the role, availability and quality of secure accommodation in Scotland.²⁸⁹³ There were seven secure units in Scotland: Rossie, Rimbleton, Braid Unit, Guthrie Unit, St Mary's Kenmure, Kerelaw and Hightrees. They provided 89 secure places and three of the units provided over 80 per cent of the places.²⁸⁹⁴

Between 1990 and 1995, the number of young people going into secure care ranged from 197 to 266; this included 24 under the age of 12 years.²⁸⁹⁵ Over this period, the number placed through the court route ranged between nine and 82 young people.²⁸⁹⁶ Children and young people could be placed in various ways through the Children's Hearings route, and an average of 60 young people were placed in secure care under Section 44(1)(b) of the *Social Work (Scotland) Act 1968*, an average of 50 were placed under a place of safety order, and an average of 61 were placed on the authority of the Director of Social Work.²⁸⁹⁷

SWSI reviewed the quality of care and education. In general, standards of personal care were high and most young people spoke positively of their experience.

Staff in secure units (including education staff) are skilled at building a direct relationship with each child. They concentrate on this as the most effective way of getting to know the child and managing the child's behaviour.²⁸⁹⁸

While education had a positive effect for many of the children and young people, there were three main concerns identified:

- lack of clarity about the aims of education in secure care;
- a lack of educational policy; and

²⁸⁹³ Social Work Services Inspectorate, *Secure Remedy*, v.

²⁸⁹⁴ SWSI, 1.

²⁸⁹⁵ SWSI, 8.

²⁸⁹⁶ SWSI, 10. The report does not give the exact numbers for every year over this period.

²⁸⁹⁷ SWSI, 11.

²⁸⁹⁸ SWSI, 28.

- poor management.²⁸⁹⁹

The review identified that more care should be taken to identify and make up for previous neglect of health and dental needs, although general health care needs were met adequately.²⁹⁰⁰ There should be a plan of action for dealing with drug, alcohol and substance abuse, and training for staff. There was a lack of information on the mental health needs of children and young people in secure care, and variation in the involvement of psychiatrists and psychologists.²⁹⁰¹

Young people and parents were generally aware of their rights and complaints procedures. The Review found that parents were welcomed and there was positive partnership work with parents, and this included trying to reduce parents' travel problems.²⁹⁰²

The safety of children and young people in secure care was highlighted, including the issues of bullying, absconding, and containing and controlling very difficult behaviour.²⁹⁰³

There were serious issues with the buildings of the three major units and particular concerns were expressed about Kerelaw and St Mary's Kenmure, which were based on prison designs. There was a shortage of space, security concerns, and issues with ventilation, electricity systems, and piping. A redevelopment plan should prioritise: a new education block at Rossie, replacing St Mary's Kenmure on the existing site, and placing Kerelaw closer to the areas from which most of the young people come.²⁹⁰⁴ The Review also recommended that Rossie should review and change its use of 'an isolation cell to control very difficult behaviour for short periods. The conditions in this cell are not right for children'.²⁹⁰⁵

In addition, the review also called for Close Support Units to be developed in each Scottish city, and the development of community-based care projects for young people who would otherwise end up in secure accommodation. The use of secure

²⁸⁹⁹ SWSI, 34.

²⁹⁰⁰ SWSI, 38-9.

²⁹⁰¹ SWSI, 41.

²⁹⁰² SWSI, 42.

²⁹⁰³ SWSI, 44.

²⁹⁰⁴ SWSI, 48.

²⁹⁰⁵ SWSI, 44.

care and the monitoring of available places should be co-ordinated by a central admissions bureau.

Special training for staff in secure care should also be developed in order to improve care and education of children and young people.²⁹⁰⁶ Each secure unit should draw up a quality development plan, and there needed to be an improvement in assessment and care plans.²⁹⁰⁷

Research Study on Secure Accommodation in Scotland

In 2001, the Scottish Government funded research to increase the understanding of the use and effectiveness of secure accommodation. This was carried out between 2002 and 2005.²⁹⁰⁸ The study used a range of research methods:

- semi-structured interviews with social work and secure unit managers, panel chairs, reporters and key professionals;
- tracking a sample of 53 young people for approximately two years from admission to secure accommodation;
- retrospective information on 23 young people considered for secure accommodation, but sustained in open residential or community settings for at least six months; and
- review of subsequent placements for all young people made subject to a secure authorisation between July and December 2003.²⁹⁰⁹

The original expectation had been to compare outcomes for young people admitted to secure accommodation with those for similar young people considered for secure accommodation but sustained in an open setting. As the research progressed it became clear that secure accommodation and 'alternatives' were typically offered as complementary services at different points in a young person's care career. It was, therefore, more valuable to try to understand how pathways through services were

²⁹⁰⁶ SWSI, 50.

²⁹⁰⁷ SWSI, 53.

²⁹⁰⁸ Moira Walker et al., *Secure Accommodation in Scotland: Its Role and Relationship with 'Alternative' Services* (Edinburgh: Scottish Executive, 2005), 14. See also, Andrew Kendrick et al., "The Outcomes of Secure Care in Scotland," *Scottish Journal of Residential Child Care* 7, no. 1 (2008); Aileen Barclay and Lynne Hunter, "Blurring the Boundaries: The Relationship between Secure Accommodation and 'Alternatives' in Scotland," in *Residential Child Care: Prospects and Challenges*, ed. Andrew Kendrick (London: Jessica Kingsley, 2008).

²⁹⁰⁹ Walker et al., *Secure Accommodation in Scotland*, 15.

shaped, rather than make comparisons between the two groups of young people who were basically the same. It also became evident that the use of secure accommodation and 'alternatives' differed across local authorities, reflecting local circumstances and practice. Thus the role and effectiveness of secure accommodation and 'alternatives' had to be understood in context.

Among the professionals interviewed there was broad agreement that the main functions of secure accommodation were to:

- protect the young person and the public;
- assess needs and allow young people to take stock of their situation;
- engage with young people and effect change; and
- equip young people to move back into the community.²⁹¹⁰

The research found that there were four key features that influenced decision making in relation to secure placements.

- ease of access to secure placements;
- availability of 'alternative' resources which offer intensive support;
- views about the role of secure accommodation; and
- practice in and attitudes towards risk management.²⁹¹¹

These led to different approaches across local authorities.

A survey of young people made subject to a secure authorisation between July and December 2003 indicated that most young people who required a secure place had been placed within a week, but also that a lack of immediate availability had given some young people a chance to settle and so avoid admission. This supported the view that ready access to secure accommodation may result in some young people being admitted who could have been supported in an open, usually residential, setting.²⁹¹²

²⁹¹⁰ Barclay and Hunter, "Blurring the Boundaries," 175.

²⁹¹¹ Walker et al., *Secure Accommodation in Scotland*, 52. See also, Autumn E. Roesch-Marsh "Crossing the 'Threshold of Risk': A Study of Local Secure Accommodation Decision Making in Scotland" (PhD thesis, University of Edinburgh, 2011).

²⁹¹² Walker et al., 47-51.

The 53 young people who formed the secure sample, 28 girls and 25 boys, ranged in age from 12 to 16 at the time of their admission. Most had known significant disruption in their family life, over half having been known to social work services before reaching the age of 10. Ten young people, eight of them boys, had experienced the death of a parent. All young people had been accommodated at some point prior to admission, but for a quarter this had been for less than six months. Half of the sample had been accommodated less than two years and only two young people for five years or more.²⁹¹³ The research also highlighted that many young people had longstanding difficulties that could not be fully addressed in a short-term placement, and learning which took place in a closed setting would not necessarily be sustained when the young person returned to the community.²⁹¹⁴ In some units, a range of evidence-based approaches, such as pro-social modelling and dialectical behaviour therapy, were being introduced.²⁹¹⁵

The reasons for secure placements were drawn from social work reports and coded into five categories, with up to three reasons to be recorded for each young person.²⁹¹⁶

Table 11: Reasons for Admission to Secure Accommodation			
Walker et al., <i>Secure Accommodation in Scotland</i>			
Reasons for Admission	Male	Female	Total
Danger to self	20	27	47 (89%)
Likely to abscond	17	22	39 (73%)
Danger to others	13	5	18 (34%)
Persistent offending	6	0	6 (11%)
Serious offence(s)	2	0	2 (4%)

²⁹¹³ Walker et al., 56-8.
²⁹¹⁴ Walker et al., 26-7.
²⁹¹⁵ Walker et al., 26.
²⁹¹⁶ Walker et al., 64.

At the point when the placement ended, social workers considered that all young people had benefited from the secure placement in that all were considered to have been kept safe and, with good personal care, to be healthier than they had been when admitted. Most were also thought to have derived benefits from the education provided. On other dimensions, signs of benefit were more ambiguous.²⁹¹⁷

Over the longer term, outcomes at two years were rated as good, medium, or poor, based on the following variables:

- whether the young person was in a safe and stable placement;
- whether the young person was in work or education;
- whether the behaviour, which resulted in their admission, had been modified; and
- the social worker's rating of their general well-being compared with when they were admitted to secure accommodation.²⁹¹⁸

For the 53 young people, long term outcomes were:

- Good 14 (26 per cent);
- Medium 24 (45 per cent);
- Poor 15 (28 per cent).²⁹¹⁹

For most young people some level of difficulties continued. However, the majority were still receiving support from at least one source of community-based support. Better than average outcomes were achieved when arrangements for leaving the secure placement allowed a gradual reduction in the level of supervision and support—a 'step-down' approach. A good relationship with key workers was also viewed as a strong protective factor. The worst outcomes were reported for young people who had significant problems with drug misuse prior to admission.²⁹²⁰

The research highlighted that the use and effectiveness of secure accommodation in Scotland is highly context specific. It was required when the current level of risk could not be safely managed in an open setting, so the point at which an admission was necessary and appropriate depended

²⁹¹⁷ Walker et al., 74-5.

²⁹¹⁸ Walker et al., 82.

²⁹¹⁹ Walker et al., 83.

²⁹²⁰ Walker et al., 90.

to a considerable extent on the capacity of local resources to manage young people in crisis. Correspondingly its effectiveness was dependent not just on what was offered within the secure setting, but on appropriate services being available when young people moved on.²⁹²¹

Use of Secure Accommodation for Sexually Exploited Young People

In 2005, Barnardo's published research on the use of secure accommodation for sexually exploited young people in Scotland.²⁹²² The research involved interviews with participants from local authorities (21 respondents), secure units (21 respondents in six units), the Scottish Children's Reporters Administration (six Reporters), and community-based agencies (five respondents).²⁹²³

At the time of the research there were 96 secure places in Scotland at: St Mary's Kenmure, Bishopbriggs (31 places), Kerelaw School, Stevenston (24 places), Rossie School, Montrose (24 places), St Katherine's Centre, Edinburgh (seven places), Howdenhall Centre, Edinburgh (five places), and The Elms, Dundee (four places). However, in May 2003 the Scottish Executive announced an additional 29 places by 2007. This would involve the redevelopment of the units at Kerelaw and Rossie, and three new units at St Philips School, Airdrie (18 places), Good Shepherd, Bishopston (12 places), and Kibble, Paisley (18 places).²⁹²⁴

The research showed that there 'was a significant variation in demand across Scotland'.²⁹²⁵ The research also identified variation in reasons for admission between local authorities and, over time, pressure on places. The report recommended that '[t]he Scottish Executive should consider engaging in consultation with local authorities and secure units in order to commission a feasibility study on the development of a co-ordinated approach to the management of secure placements.'²⁹²⁶

The six secure units varied widely 'in the conception of the role of the units, and consequently in the nature and focus of interventions for all young people, including

²⁹²¹ Barclay and Hunter, "Blurring the Boundaries," 178-9.

²⁹²² Chris Creegan, Sara Scott and Rachel Smith, *The Use of Secure Accommodation and Alternative Provisions for Sexually Exploited Young People in Scotland* (Edinburgh: Barnardo's Scotland, 2005), 7.

²⁹²³ Creegan, Scott and Smith, *Secure Accommodation for Sexually Exploited Young People*, 17-9.

²⁹²⁴ Creegan, Scott and Smith, 23.

²⁹²⁵ Creegan, Scott and Smith, 25.

²⁹²⁶ Creegan, Scott and Smith, 74.

those for whom sexual exploitation was a factor.²⁹²⁷ Interventions with sexually exploited young women varied across the six units. However, 'there was very little evidence of such interventions in relation to young men.'²⁹²⁸ The report recommended that 'secure units should be encouraged to work in partnership to develop a consistent and coherent model of provision for young people who have been involved in sexual exploitation.'²⁹²⁹ This would involve placement needs, assessment, and interventions.

With regards to staff, the research noted that the 'knowledge, confidence and skills of care staff varied. Some care staff had no formal qualifications. Lack of confidence in dealing with mental health issues, self-harm and sexualized behaviour was common.'²⁹³⁰ The report recommended that the Scottish Institute for Residential Child Care should develop training programmes to cover 'working with sexually exploited young people, mental health (particularly self-harm), sexual health and relationship work with young people.'²⁹³¹

Approaches to assessment varied across the units. 'No universal assessment of involvement or risk of involvement in sexual exploitation was in place in any of the units.'²⁹³² Most respondents considered that secure care could offer a 'place of safety' for sexually exploited young people. However, it was acknowledged that secure care offered only a short period of 'respite' and 'a very limited opportunity to "turn things round" given the scale of the problems being experienced by the young people.'²⁹³³ Respondents also were concerned that placement in secure care could promote 'dependency' and young people could become 'institutionalised'.²⁹³⁴

Secure units should provide appropriate accommodation and resources for therapeutic work with sexually exploited young people, and should ensure 'that a

²⁹²⁷ Creegan, Scott and Smith, 40.

²⁹²⁸ Creegan, Scott and Smith, 47-8.

²⁹²⁹ Creegan, Scott and Smith, 74.

²⁹³⁰ Creegan, Scott and Smith, 40.

²⁹³¹ Creegan, Scott and Smith, 75.

²⁹³² Creegan, Scott and Smith, 42.

²⁹³³ Creegan, Scott and Smith, 51.

²⁹³⁴ Creegan, Scott and Smith, 55.

consistent level of CAMHS input is provided' for training, supervision, and consultation.²⁹³⁵

The aftercare of young people leaving secure accommodation was also of concern to respondents. Young people who have experienced sexual exploitation 'are amongst the most vulnerable in the secure population and as such have complex aftercare needs which could be difficult to meet.'²⁹³⁶

The challenge of providing effective aftercare highlighted two further problems, the continuity of care required in order to maximise the helpfulness of an intervention in the lives of vulnerable young people, and the very large gap between the quantity and nature of interventions in the secure units and what is available in the community.²⁹³⁷

The research also found that there was limited information on the outcomes of young people leaving secure care with little follow-up.²⁹³⁸

Implementation of the Secure Transitions Fund

In April 2007, the Scottish Executive set up the Secure Transitions Fund to 'help achieve better transitions for young people leaving secure care'²⁹³⁹ and to reduce the number of readmissions to secure care. The evaluation of practice developed through the fund identified a number of key issues:

- continuity of care was crucial for positive outcomes, relationships made between practitioners and young people in secure care formed the basis of ongoing engagement;
- employment, college or job training were key factors in a good transition;
- proactive practice improved when focused on where young people would be going;
- there was an inadequate range of supported living units;
- there was poor pathway planning by throughcare and aftercare social workers;

²⁹³⁵ Creegan, Scott and Smith, 74-5.

²⁹³⁶ Creegan, Scott and Smith, 59.

²⁹³⁷ Creegan, Scott and Smith, 60.

²⁹³⁸ Creegan, Scott and Smith, 63.

²⁹³⁹ Evelyn Vrouwenfelder and Irene Stevens, "Supporting Transitions and Throughcare: Some Lessons from Secure Care," *In Residence* 12 (2009), 2.

- there was a need for additional training for residential staff in throughcare and aftercare regulations and guidelines; and
- there was a lack of family work.²⁹⁴⁰

Securing Our Future

In the 2000s, there was an increase in the secure care estate, and by 2009 there were seven secure units providing 124 places, representing a 30 per cent increase from 2003.²⁹⁴¹ 'Young people are accommodated in small house units, usually of around 6 young people, with high staff-child ratios. Providers can offer specialist programmes and access services as required to meet the needs of the young person.'²⁹⁴²

In 2009, the Securing Our Future Initiative (SOFI) was established to consider concerns about over-provision of secure accommodation. While there had been an expansion in secure provision, there had not been a commensurate increase in demand and 'providers of secure accommodation have therefore been facing serious financial difficulties.'²⁹⁴³

SOFI described the focus on diverting young people from secure care through 'skilled social work practice in assessing, managing and responding to risks faced or posed by individual young people; intensive support in the community; and high quality open residential care.'²⁹⁴⁴ However, SOFI also noted that there had been an increase in the use of secure care for young people remanded or sentenced by the court.

SOFI drew on national surveys and returns to identify the nature and needs of young people in secure accommodation in Scotland:

...at least half of the young people admitted to secure care have been known to social services from before the age of ten, some from birth. Typically, the young people have experienced very stressful family circumstances, with parental difficulties such as mental and physical illness, addictions and domestic violence often making for a childhood involving

²⁹⁴⁰ Vrouwenfelder and Stevens, "Supporting Transitions and Throughcare," 2.

²⁹⁴¹ Securing Our Future Initiative, *Securing Our Future: A Way Forward for Scotland's Secure Care Estate* (Glasgow: SIRCC, 2009), 8.

²⁹⁴² SOFI, *Securing Our Future*, 16.

²⁹⁴³ SOFI, 8.

²⁹⁴⁴ SOFI, 15.

much fear and anxiety, disrupted education and problematic relationships with parents and other family members. A high proportion of the young people, particularly boys, have experienced the death of a parent or other close relative, while bereavement, loss and abuse are also common among girls.²⁹⁴⁵

While SOFI welcomed the developments in community-based interventions and informed decision-making, it recognised a continuing need for secure accommodation for a small number of young people. Several recommendations were made, including the development of early and effective alternative interventions, a focus on the health and well-being of young people in general, as well as those in secure care, including alcohol and drugs strategies. It considered that there should be a scoping study of the need for secure mental health facilities. It also recommended the promotion of good practice around care planning and transitions, and a focus on throughcare and aftercare. SOFI proposed that there should be a planned reduction of 12 secure places, the development of a commissioning model, and ongoing monitoring and analysis.²⁹⁴⁶

In their response the Scottish Government and COSLA welcomed *Securing our Future*, accepted all of its recommendations and suggested that these 'should be implemented as an integrated package.'²⁹⁴⁷

This involved work to address:

- early intervention;
- commissioning of services;
- care planning and transitions;
- health and wellbeing;
- monitoring and analysis;
- targeted reduction in the capacity of the secure estate;
- mental health provision for high-risk young people;
- drugs and alcohol dependency unit; and

²⁹⁴⁵ SOFI, 19.

²⁹⁴⁶ SOFI, 21-29.

²⁹⁴⁷ Scottish Government and COSLA, *Securing our Future: A Way Forward for Scotland's Secure Care Estate. A Response from the Scottish Government and COSLA* (Edinburgh: Scottish Government, 2009), 2.

- vulnerable young offenders' continuum of care.

As a result of the initiative 12 secure places were closed temporarily until further work could be done on monitoring secure bed usage.²⁹⁴⁸

Issues in Care Services

Recruitment and Selection

Over this period of the review, there was an increasing focus on the recruitment and selection of residential care workers and foster carers. The *Children's Safeguards Review* stated that there were several 'concrete and specific things to be done with selection to improve the safety of youngsters in foster care, Boarding Schools or Homes.'²⁹⁴⁹

Alongside developments in recruitment practice, a number of new legislative safeguards to prevent unsuitable people from working with children were taken forward. Parallel to legislation in England and Wales, the *Protection of Children (Scotland) Act 2003* established a list of individuals unsuitable to work with children because they had harmed a child or put a child at risk of harm and had been dismissed or moved away from contact with children as a consequence. This was the Disqualified from Working with Children List. This Act was repealed by the *Protection of Vulnerable Groups (Scotland) Act 2007* (with the exceptions of Sections 13 and 16).²⁹⁵⁰

The *Protection of Vulnerable Groups (Scotland) Act 2007* gave powers to bar certain individuals from working with children or certain adults, and required Scottish Ministers to keep lists of those individuals. It established a new membership scheme for people undertaking regulated work with children or protected adults. The new membership scheme—the Protecting Vulnerable Groups (PVG) Scheme—came into force in February, 2011. It helped to ensure that those who have regular contact with children and protected adults through paid and unpaid work do not have a known history of harmful behaviour. There were three levels of disclosure that depended on

²⁹⁴⁸ Scottish Government and COSLA, *Securing our Future*, 6.

²⁹⁴⁹ Kent, *Children's Safeguards Review*, 104. See also, Meg Lindsay and Neil McMillan, "A Heavy Responsibility: Recruiting Residential Child Care Staff," *Practice* 11, no. 3 (1999).

²⁹⁵⁰ Kendrick, *Protecting and Safeguarding Children*, 10.

the nature of the regular contact with children: basic disclosure, standard disclosure, and enhanced disclosure.²⁹⁵¹

However, despite all these initiatives and no matter how intensive the selection, assessment and vetting procedures for residential staff and foster carers, it is unlikely that they will ever be able to effectively screen out all abusers and inappropriate carers. The continuous need for vigilance across all parts of the looked after children system continues to be stressed.

Fife Council Independent Enquiry

The *Fife Council Independent Enquiry* considered the recruitment and selection of staff and carers.²⁹⁵² While the Enquiry found that the procedures at the time of the inquiry were thorough, it recommended that:

- checks to be made with the department's own index system should be confirmed;
- staff carrying out interviews for residential care posts should have regular awareness raising training;
- that the work to include young people in recruitment should be completed;
- birth certificate checks should be carried out to ensure the applicants correct name; and
- the council should reserve the right to approach all previous employees.²⁹⁵³

The Enquiry also considered the recruitment and selection of foster carers and noted that criteria were being developed by a council planning group to be included in the development plan for foster care services. It recommended that prospective carers should be asked 'specific questions about sex abuse to give the clear message at the initial stage in the application process that Fife has no place for carers who may pose a risk to children.'²⁹⁵⁴ It also recommended that direct questions about 'any history of

²⁹⁵¹ Kendrick, 10-1.

²⁹⁵² Black and Williams, *Fife Council Independent Enquiry*, 60.

²⁹⁵³ Black and Williams, 60.

²⁹⁵⁴ Black and Williams, 61.

abusive behaviour/violence, should be included in the request for medical clearance.²⁹⁵⁵

Safer Recruitment Toolkit

In response to the *Children's Safeguards Review*, the Scottish Executive funded the Scottish Recruitment and Selection Consortium to develop a 'Toolkit' for safer selection of staff and carers who work with children.²⁹⁵⁶ The Consortium's remit involved foster care, field social work, day care, and community resources, as well as residential child care. The *Toolkit* identified 18 elements for a safer selection process which, in brief, were:

- staff capabilities,
- the job description,
- person specification,
- advertisement,
- the application form,
- shortlisting,
- equal opportunities,
- screening interview,
- identity check,
- verification of qualifications,
- reference request,
- criminal records check,
- client record checks,
- personnel records check,
- selection process,
- assessment,
- panel interview, and
- personal interview.²⁹⁵⁷

²⁹⁵⁵ Black and Williams, 61.

²⁹⁵⁶ Scottish Recruitment and Selection Consortium, *Safer Recruitment and Selection for Staff Working in Child Care: A Tool Kit* (Edinburgh: Scottish Executive, 2001).

²⁹⁵⁷ SRSC, *Safer Recruitment and Selection*, 8-9. See also, Kate Skinner, "Searching for the Holy Grail – Excellent Staff and Carers Who Work with Children," *Scottish Journal of Residential Child Care* 2, no. 1 (2003), 44.

The Consortium also advocated the development of the selection centre approach, which involved a process of exercises and tests combining the assessment of as many key aspects of the role as possible.²⁹⁵⁸ The *Toolkit* was launched across Scotland in 2001, but without any requirement for employers to implement the recommendations.

In 2008, the Care Commission produced a report on the quality of recruitment practice across all registered care services.²⁹⁵⁹ A sample of 4,434 services were looked at, 60 per cent of registered services that recruit staff. Overall, 78 per cent of services met the legal standards and the Care Commission did not make any requirements.²⁹⁶⁰ However, the Care Commission was concerned by the significant minority that resulted in one or more requirements. While the Care Commission concluded that the majority of care services adopted and implemented safe systems to recruit their employees, it 'found shortcomings in the quality of recruitment practices in all sectors – private, voluntary and local authority.'²⁹⁶¹

Recruitment and Selection of Residential Workers

Kent highlighted the importance of the recruitment and selection of staff and commended work done in England in developing the *Code of Practice for the Employment of Residential Child Care Workers*.²⁹⁶² He described the *Code of Practice* as 'quite simply, excellent.'²⁹⁶³ He recommended that the Scottish Office should adopt the recommendations of the *Warner Report* and commission work to put the Support Force for Children's Residential Care *Code of Practice* into a Scottish context.

Safer Recruitment Practice

We have seen that the work in Scotland on safer recruitment was broader than just residential child care. Follow up research on the *Toolkit* commissioned by the Scottish Executive in 2004, however, was focused on residential child care.

²⁹⁵⁸ SRSC, *Safer Recruitment and Selection*, 10.

²⁹⁵⁹ Care Commission, *Safer Recruitment for Safer Services: A Report on the Quality of Recruitment Practices in Registered Care Services* (Dundee: Scottish Commission for the Regulation of Care, 2008).

²⁹⁶⁰ Care Commission, *Safer Recruitment for Safer Services*, 12.

²⁹⁶¹ Care Commission, 17.

²⁹⁶² Support Force for Children's Residential Care, *Code of Practice for the Employment of Residential Child Care Workers* (London: Department of Health, 1997).

²⁹⁶³ Kent, *Children's Safeguards Review*, 31.

The research aimed to identify recruitment practices for staff in residential child care who had unsupervised contact with children, and to identify how safer recruitment should be taken forward. It also explored barriers to improving practice, and options for the roll out of the toolkit.²⁹⁶⁴

The research found that while there was no shortage of applicants for basic grade residential child care posts, 'there is a general consensus that there is a serious shortage of qualified applicants at all levels.'²⁹⁶⁵ The high demand for staff meant that respondents described a need to employ casual, temporary staff members, and most organisations relied on a 'bank of supply staff' or 'a pool of known workers'.²⁹⁶⁶ Respondents spoke of situations in the past when casual staff were sometime recruited without proper checks because of staff shortages. While it was accepted that temporary staff should be subject to an equally robust recruitment process, some concerns were expressed that corners might be cut when units were short of staff.

Despite the fact that recruitment procedures should be informed by organisational policy, the survey of organisations found that only 57 per cent of voluntary agency respondents and 43 per cent of local authority respondents stated that they had written policies on the recruitment of residential child care staff. Many of these documents only provided general guidance, and 'they do not specifically deal with the recruitment of residential child care staff, nor do they make reference to "safer recruitment" procedures.'²⁹⁶⁷

Interviewee responses to questions about safer recruitment fell into three general categories:

- in some organisations, the *Toolkit* has been used to develop safer recruitment which was at the heart of the recruitment;
- a few organisations were less aware of safer recruitment and tended to be more critical of the *Toolkit*; and

²⁹⁶⁴ Helen Kay, Jennifer Davidson and Andrew Kendrick. *Safer Recruitment Practice: Audit of Existing Recruitment Practices in Residential Child Care* (Glasgow: Scottish Institute for Residential Child Care, 2005), 11. See also, Helen Kay et al., "Safer Recruitment? Protecting Children, Improving Practice in Residential Child Care" *Child Abuse Review* 16, no. 4 (2007), 223.

²⁹⁶⁵ Kay, Davidson and Kendrick, *Safer Recruitment Practice*, 15.

²⁹⁶⁶ Kay, Davidson and Kendrick, 16.

²⁹⁶⁷ Kay, Davidson and Kendrick, 17.

- the largest group of organisations used some elements of the *Toolkit*, but did not prioritise further implementation of safer recruitment practice.²⁹⁶⁸

While systematic checks were regularly undertaken by all employers, there was much more variation in the implementation of other elements of the *Toolkit*, such as assessment exercises. Recruitment procedures were focused on checks to prevent the selection of people who had proved unsuitable in the past, rather than on those elements that would identify and select people who would be capable of providing high standards of care in the future.²⁹⁶⁹

There were three main barriers to the implementation of the *Toolkit*.

- limited awareness of safer recruitment among different groups of staff;
- limited partnership between social work and human resource managers who have different perspectives on recruitment issues; and
- prioritisation of resources for safer recruitment.²⁹⁷⁰

The research also looked at the participation of children and young people in the recruitment of staff members. Less than one-third of agencies reported that they had involved children and young people in the selection process.²⁹⁷¹

In practice, two methods were actually used by organisations. In the first method, young people discussed with staff and a support worker which questions were appropriate; then, in the presence of staff who acted as supporters and observers, they interviewed the candidates and presented their observations as advice to the interviewing panel. The other method of participation involved older teenagers who had undertaken training with Who Cares? before joining the assessment team with full responsibility to observe, interview and score each applicant.²⁹⁷²

²⁹⁶⁸ Kay, Davidson and Kendrick, 18.

²⁹⁶⁹ Kay, Davidson and Kendrick, 33-5.

²⁹⁷⁰ Kay, Davidson and Kendrick, 36-41.

²⁹⁷¹ Helen Kay and Irene Stevens, "The Participation of Children and Young People in the Recruitment of Residential Child Care Staff in Scotland," *Scottish Journal of Residential Child Care* 5, no. 1 (2006), 61.

²⁹⁷² Kay and Stevens, "Participation of Young People," 62.

While some respondents found involvement of children and young people in the process helpful, others—where there appeared to be lack of clarity in the young people's roles—reported more negative experiences.²⁹⁷³

Recruitment Assessment Centre

Watson and colleagues described the development of an assessment centre model in the context of the expansion of secure care and the need to recruit for two new secure units in the West of Scotland.²⁹⁷⁴ It was decided to recruit 50 trainees who would then be eligible to apply for posts in the new units. From 746 applicants, 160 were invited to the assessment centre, which took place over two days. The first day involved small group discussions, a 'safe care' interview, and a written exercise. The top 100 candidates were invited back for a second day, that included an 'in-depth screening interview' and a 'panel interview', which involved a young person.²⁹⁷⁵ The successful 50 candidates were then paid to undertake further training involving a work placement (either an HNC and an SVQ or an SVQ if they already had an HNC).²⁹⁷⁶

Feedback from work placements indicated that the trainees selected using the assessment centre were of a very high quality. This meant that there was ready acceptance of using this recruitment model for all posts. At St. Phillip's, 100 posts ranging from domestic staff to depute principal were to be filled.²⁹⁷⁷

Safer Recruitment through Better Recruitment

In 2007, the Scottish Executive published *Safer Recruitment through Better Recruitment*, which was developed by the Safer Recruitment Group.²⁹⁷⁸ The guidance applied to a range of services for vulnerable people including care homes for children and young people and school care accommodation services. It covered a

²⁹⁷³ Kay and Stevens, 62.

²⁹⁷⁴ John Watson et al., "Securing Safer Care Staff: A Model for the Assessment, Selection and Training of Staff to Work in Residential Care," *Scottish Journal of Residential Child Care* 5, no. 1 (2006), 37.

²⁹⁷⁵ Watson et al., "Securing Safer Care Staff," 40.

²⁹⁷⁶ Watson et al., 41.

²⁹⁷⁷ Watson et al., 42.

²⁹⁷⁸ Safer Recruitment Group, *Safer Recruitment through Better Recruitment: Guidance in Relation to Staff Working in Social Care and Social Work Settings* (Edinburgh: Scottish Executive, 2007), 2.

Foundation Level of safer recruitment practice to meet existing requirements, and a Higher Level, which provided best practice to promote continuous improvement.

The Foundation Level covered:

- disclosure checks on criminal records and individuals disqualified from working with children;
- checks of appropriate registers and lists including verification of identity and qualifications; and
- the request and follow up of references.²⁹⁷⁹

The Higher Level covered a range of good practice, including:

- having a recruitment and selection policy statement;
- developing competencies for posts;
- job description;
- person specification;
- application form;
- information pack for candidates;
- scrutinising applications and shortlisting;
- screening interview to check information on the application form;
- invitation to interview;
- interview panel;
- scope of the interview to include attitude towards vulnerable people and safeguarding;
- the personal interview;
- conditional offer of appointment and pre-appointment checks;
- psychometric/occupational testing;
- assessment/selection centre process; and
- involving service users in recruitment and selection.²⁹⁸⁰

The report summarised the intended outcomes of the guidance as:

- legal and regulatory requirements were met;

²⁹⁷⁹ Safer Recruitment Group, *Safer Recruitment Better Recruitment*, 6-11.

²⁹⁸⁰ Safer Recruitment Group, 13-25.

- potential applicants were aware of the employer's commitment to the welfare of vulnerable people;
- employers were satisfied that each candidate had demonstrated their suitability for the specific post;
- employers were satisfied at each stage of the recruitment and selection process that the best candidate(s) had been selected to progress to the next stage; and
- employers were satisfied of the candidate's identity, qualifications and registration status.²⁹⁸¹

National Residential Child Care Initiative (NRCCI) Workforce Report

The NRCCI Workforce Working Group addressed the range of issues affecting the residential child care workforce.²⁹⁸² It considered 'the profile of the current residential workforce, and identified where change and improvement is necessary to meet the increasingly diverse and complex needs of children and young people.'²⁹⁸³ It noted that '[c]hoosing the right people, preparing them for a new role and keeping them motivated so that they give of their best is just as important as ensuring that the residential workforce is suitably skilled and qualified.'²⁹⁸⁴

The Working Group highlighted the views of young people about the qualities they value in residential care workers. Residential staff should be: kind, caring, and honest; understanding, non-judgemental, and patient; friendly, reliable, and able to compromise; able to listen and help with problems; funny, happy, and easy to get along with; supportive and encouraging; able to keep children safe and well; and help them feel secure. It identified the important contribution that children and young people can make to recruitment: 'Children and young people have clear ideas as to what makes a good member of residential care staff and they are aware that the quality of staff recruited to care for them will have a profound effect on their experiences.'²⁹⁸⁵

²⁹⁸¹ Safer Recruitment Group, 27.

²⁹⁸² Davidson et al., *NRCCI Workforce Report*, 10.

²⁹⁸³ Davidson et al., 9.

²⁹⁸⁴ Davidson et al., 15.

²⁹⁸⁵ Davidson et al., 17.

The Working Group highlighted the deficiencies in recruitment practice identified through research and inspection, and it recommended that employers 'should ensure that all staff are recruited in accordance with Scottish Government Safer Recruitment guidance and the SSSC Codes of Practice.'²⁹⁸⁶ This involved:

- thorough recruitment and selection processes;
- checking criminal records and relevant registers and indexes; and
- seeking and providing references.

The Working Group also supported the use of National Occupational Standards in recruitment, particularly for the development of a person specification.²⁹⁸⁷

Following recruitment and selection, the Working Group stressed the importance of induction, and 'a structured and standardised process for introduction to the organisation.'²⁹⁸⁸ It commended the use of the SSSC induction tool—*Preparing for Practice: Induction Guidance for Social Service Employers in Scotland*. Six key components of induction described by the guidance were: introduction to social services practice, the organisation, service-specific issues, the workplace, roles and responsibilities, and values.²⁹⁸⁹

The importance of the retention of staff was also emphasised, with several factors that impact on recruitment and retention identified. In terms of pay and conditions, for example, the Working Group recommended that employers should 'ensure that pay and conditions within the sector are competitive, attract the best people and are commensurate with the importance and complexity of the task.'²⁹⁹⁰ Employers should also support their workers' development, including a culture of effective supervision and good role modelling and mentoring. There should be a clear career pathway. Employers should also value diversity and ensure that incentives to remain in post, match individual worker's expectations and motivation.²⁹⁹¹

²⁹⁸⁶ Davidson et al., 16.

²⁹⁸⁷ Davidson et al., 16.

²⁹⁸⁸ Davidson et al., 17.

²⁹⁸⁹ Davidson et al., 17. See also, Scottish Social Services Council, "Preparing for Practice: Induction Guidance for Social Service Employers in Scotland," *SSSC Learning Zone* website.

²⁹⁹⁰ Davidson et al., 18.

²⁹⁹¹ Davidson et al., 18.

In its response, the Scottish Government supported the recommendations of the NRCCI in relation to recruitment and selection of residential child care workers.²⁹⁹²

Recruitment and Selection of Foster Carers

The approval of foster carers was addressed in the *Fostering of Children (Scotland) Regulations 1996*,²⁹⁹³ and the *National Care Standards: Foster Care and Family Placement Services*.²⁹⁹⁴ The regulations set out the general expectation about the responsibilities of the fostering panel and the matters to be covered in the assessment of foster carers. Standard 5 of the National Standards addressed the assessment of foster carers and included statements on:

- the assessment of foster carers' ability to promote the health, education and personal and social development of children and young people in their care;
- clear, published policies and procedures on the assessment and approval of foster carers;
- assessment to be carried out by a qualified social worker with experience of child care, foster care and family placement work;
- the assessment and approval process to involve all members of the foster carer's household; and
- necessary checks, including criminal records checks.²⁹⁹⁵

Standard 6 addressed the application process and sets out timescales and feedback on the process.²⁹⁹⁶

In 1998, Triseliotis, Borland and Hill studied the reasons why foster carers stopped fostering.

The annual loss of foster carers for all reasons found among 17 agencies in Scotland was around nine per cent. There were variations between

²⁹⁹² Scottish Government, *Response to NRCCI*, 18-9.

²⁹⁹³ Norrie, *Legislative Background*, 173.

²⁹⁹⁴ Scottish Executive, *National Care Standards: Foster Care and Family Placement Services*. Reprinted by Scottish Government, 2010 (Edinburgh: Scottish Executive, 2005).

²⁹⁹⁵ Scottish Executive, *National Care Standards: Foster Care*, 16.

²⁹⁹⁶ Scottish Executive, 18.

agencies but these were not usually high, suggesting a uniform practice across the country.²⁹⁹⁷

The main reasons for giving up fostering were: dissatisfaction with the service; retirement or illness; adoption of the foster child; children's behaviour; needing to work, move or having no space; the impact on the family and lack of privacy; and, stress and lack of respite.²⁹⁹⁸ The decision to give up fostering was not usually taken lightly, and many of the dissatisfactions were shared by 'a significant proportion of continuing foster carers and require urgent action.'²⁹⁹⁹

They include infrequent social work visits, unavailability of social workers, the stand-by service covered by staff who are not knowledgeable about fostering, absence of partnership, lack of information on the children's background, the children being more difficult than expected, stress arising from the fostering task and low pay.³⁰⁰⁰

The Scottish Government Report *Getting it Right for Every Child in Kinship and Foster Care* identified 'transforming the current arrangements for attracting people to the role of foster carer' as one of the key themes in supporting high quality foster care.³⁰⁰¹ We saw that the Scottish Government commissioned a reference group to consider, among other things, the need to update current recruitment and assessment processes. In addition, work would be carried out in improving joint arrangements between local authorities to support aspects of foster care service, and in running a national recruitment campaign.³⁰⁰²

The reference group published its report *Moving Forward in Foster and Kinship Care* in 2008, and addressed in detail the recruitment and assessment of foster carers.³⁰⁰³ It noted that although there had been a significant increase in the numbers of foster

²⁹⁹⁷ John Triseliotis, Moira Borland and Malcolm Hill, "Foster Carers Who Cease to Foster," *Adoption & Fostering* 22, no. 2 (1998), 60.

²⁹⁹⁸ Triseliotis, Borland and Hill, "Foster Carers Who Cease," 57.

²⁹⁹⁹ Triseliotis, Borland and Hill, 61.

³⁰⁰⁰ Triseliotis, Borland and Hill, 61.

³⁰⁰¹ Scottish Government, *Getting It Right in Foster Care*, 22.

³⁰⁰² Scottish Government, 23.

³⁰⁰³ tFN—BAAF Reference Group, *Moving Forward in Foster Care*, 23.

carers, because of the increase in the number of looked after children, there were continued shortages of foster care placements.³⁰⁰⁴

Focusing on the recruitment of foster carers, the reference group stated that there had been varying success in previous recruitment campaigns. Key elements of good practice in recruitment included:

- dedicated recruitment staff;
- positive stories and real people, to promote fostering by using real stories from experienced foster carers;
- coordinated national and local activity as agencies report that multi-layered campaigns are effective;
- effective management of responses to enquiries; and
- a comprehensive foster care web site.³⁰⁰⁵

The reference group set out the developments in the assessment of foster carers over recent years, including:

- the increased focus on applicants' own histories;
- the introduction of competency-based assessments;
- heightened awareness of the need to protect children; and
- more rigorous checking of applicants' histories and criminal records.³⁰⁰⁶

The *Moving Forward* report identified issues about the training, supervision and support, and skills and experience of those carrying out assessments, and that there were 'no agreed standards'.³⁰⁰⁷ The report concluded that the skills and knowledge of workers must be supported by robust management and training, and that an accepted framework for training, support and supervision of workers undertaking fostering assessment was needed. Assessment practice must be kept under review and best practice disseminated.³⁰⁰⁸ A training and development framework was outlined, and this should be endorsed and used by the relevant agencies.³⁰⁰⁹

³⁰⁰⁴ tFN—BAAF Reference Group, 21.

³⁰⁰⁵ tFN—BAAF Reference Group, 25-7.

³⁰⁰⁶ tFN—BAAF Reference Group, 33.

³⁰⁰⁷ tFN—BAAF Reference Group, 36.

³⁰⁰⁸ tFN—BAAF Reference Group, 38.

³⁰⁰⁹ tFN—BAAF Reference Group, 44-7.

In relation to the assessment process, it was recommended that workers should be given the time to carry out thorough assessments. The perspective of applicants, applicants' children and extended family should be actively sought. Assessment reports should clearly distinguish description, analysis, and recommendations, and should identify why a particular conclusion was reached. It was also recommended that there should be a nationally accepted format for recording foster carer assessments.³⁰¹⁰

A number of recommendations were made about Fostering Panels. They should include panel members who could provide a range of perspectives. Panel members should be clear about their role and there should be opportunities for training and development. Panel procedures should be clearly set out and reviewed regularly, and Panels should not take on the assessment function, which is the responsibility of the assessing workers. Following approval of foster carers, greater use should be made of assessment reports in their reviews, and this should include foster carers using the reports in preparation for the review. Assessment reports should assist in identifying areas for further training. It was also considered that agencies should collate and monitor information relating to the ethnicity of carers to identify whether groups are represented proportionately.³⁰¹¹

The report also considered the retention of foster carers and factors to improve retention included:

- good remuneration and conditions of service;
- a supportive and responsive link worker;
- being valued as part of the child's care team;
- opportunities for learning and development;
- recognition;
- access to practical support at times of crisis, especially 24-hour support;
- exceptional financial support, if required;
- respite breaks; and

³⁰¹⁰ tFN—BAAF Reference Group, 39.

³⁰¹¹ tFN—BAAF Reference Group, 40.

- recognition of the contribution of sons and daughters to the success of placements.³⁰¹²

The report highlighted the importance of local partnerships and collaborative arrangements for the recruitment and sharing of foster care placements.

Training and Supervision

Introduction

The training and development of residential staff members and foster carers has been a focus of attention over many years. It is only since 2002, however, that residential care staff in Scotland have required a particular level of qualification. Much later, in 2014, the Scottish Government made a commitment to bring in mandatory training for foster carers.

There had been a long-standing debate in the UK about the need to regulate the social care workforce in line with other professions. In Scotland, this was taken forward through the *Regulation of Care (Scotland) Act 2001*, which set up the Scottish Social Services Council (SSSC).

Regulation and Registration of the Workforce

The Scottish Social Services Council had, and continues to have, a number of responsibilities in relation to the social services workforce. It has developed standards of conduct and practice for the workforce, and it has published codes of practice for social services workers and for social services employers.³⁰¹³

The SSSC also established a Register of Social Services Workers. Since this was first established on 1 April 2003, with social workers and residential child care workers being in the first groups of workers to register, the Register has grown to include:

- Social Workers;
- Social Work Students;
- Managers in Housing Support Services;

³⁰¹² tFN—BAAF Reference Group, 28.

³⁰¹³ Kendrick, *Protecting and Safeguarding Children*, 13. See also, Scottish Social Services Council, "About the SSSC," *Scottish Social Services Council* website.

- Managers of a Care Home Service for Adults;
- Managers of a Day Care of Children Services;
- Managers of a Residential Child Care Service;
- Managers of a Residential School Care Accommodation Service;
- Managers of an Adult Day Care Service;
- Managers of Care at Home Services;
- Practitioners in a Care Home Service for Adults;
- Practitioners in Day Care of Children Services;
- Residential Child Care Workers;
- Residential Child Care Workers with Supervisory Responsibilities;
- SCWIS Authorised Officer;
- Supervisors in a Care at Home Service;
- Supervisors in a Care Home Service for Adults;
- Supervisors in Housing Support Services;
- Supervisors of a Residential School Care Accommodation Service;
- Support Workers in a Care Home Service for Adults;
- Support Workers in a Day Care of Children Service;
- Support Workers in a Housing Support Service;
- Support Workers in Care at Home Service;
- Workers in a Residential School Care Accommodation Service.

In December 2020, 168,459 individuals were registered with the SSSC, and there were 9,160 registrations in the different parts of the register for residential child care services and residential school care accommodation.³⁰¹⁴

There had been general support for the registration of foster carers in the consultation on the Foster Care Strategy.³⁰¹⁵ However, in the strategy itself, this was not seen as the most effective way forward. Rather the strategy proposed improvements to the existing legislative and regulatory framework, in particular regarding the numbers of children in a foster placement.³⁰¹⁶

To protect and enhance the safety and welfare of people who use services, the SSSC Fitness to Practice team investigates concerns about good character, conduct, and

³⁰¹⁴ Scottish Social Services Council, "Registration Data," *Scottish Social Services Workforce Data* website.

³⁰¹⁵ Granville and Mulholland, *National Fostering Consultation Responses*, 31.

³⁰¹⁶ Scottish Government, *Getting It Right in Foster Care*, 34-6.

the competence of workers on the register or those who are applying for registration. The SSSC can take a range of actions including removal from the register so that an individual can no longer practice.

Up until 2010, the SSSC published summaries of its work in relation to suitability for registration, and the latest report covered the year 2009-2010.³⁰¹⁷ Over this period, it received 14,090 applications for registration and, while 540 applications raised a question about suitability, the Registration Sub-Committee refused only one application for registration.³⁰¹⁸ There were some 434 concluded conduct cases in this period, and eight registrants were removed from the register: five social workers, one residential child care worker, one practitioner in day care of children services, and one manager in day care of children services.³⁰¹⁹ In addition, four individuals were suspended from the register, and a number of warnings were issued and conditions imposed.

Since then, overview statistics have been presented in the SSSC annual reports. The latest of these showed that there were 3,617 fitness to practice referrals in 2018-19. This was an increase on previous years due to the increased number of individuals on the register. Investigations led to 113 individuals receiving a warning, conditions or suspension, and 86 individuals were removed from the register, a similar figure to the previous two years.³⁰²⁰

Qualifications and Training of Residential Child Care Staff

In 1992, Skinner set targets for the qualification of residential child care workers and managers. However, these targets were not achieved and some years later the Kent *Children's Safeguards Review* made a number of recommendations to improve the training and qualifications of residential care staff. These included a recommendation to develop a 'national college' to provide induction training, learning support for

³⁰¹⁷ Scottish Social Services Council, *Protecting the Public: Report on the Scottish Social Services Council's Work in Relation to Initial and Continued Suitability for Registration 1 April 2009 – 31 March 2010* (Dundee: Scottish Social Services Council, 2010), 1.

³⁰¹⁸ Scottish Social Services Council, *Protecting the Public*, 10.

³⁰¹⁹ Scottish Social Services Council, 17.

³⁰²⁰ Scottish Social Services Council, *Scottish Social Services Council Annual Report and Accounts: 1 April 2018 to 31 March 2019* (Dundee: Scottish Social Services Council, 2019), 32-3.

Scottish Vocational Qualifications (SVQs), post-qualifying training, and specialist training, such as a Diploma in Therapeutic Child Care.³⁰²¹

Kent also made several recommendations about staff induction and training. Some of these would be addressed through the proposed regulatory body. Ministers had also proposed to centralise and streamline training for residential care staff, and it was intended to have in place 'a new provision for residential child care training in Scotland running from induction through to continuous professional development by the year 2000.'³⁰²²

Residential child care staff in Scotland would be expected to undertake the appropriate training from this Centre and by a given date staff would not be expected to work in residential child care in any sector if they did not have the appropriate level of qualification for the work they were doing. These arrangements will be closely tied in with the new regulatory body.³⁰²³

The Scottish Government also committed to continuing the funding of the Centre for Residential Child Care and envisaged that its work would be incorporated into the new training Centre.³⁰²⁴

The Scottish Government took this forward in a number of ways. We have seen that the Scottish Institute of Residential Child Care (SIRCC) was established in 2000 by a consortium involving the University of Strathclyde, Robert Gordon University, Langside College, Save the Children, and Who Cares? Scotland. A central focus was to take forward the education and training of residential child care workers and to make available a range of courses and support for SVQs, plus specialist in-service courses.³⁰²⁵ SIRCC also developed a specialist residential child care pathway on the qualifying social work degree,³⁰²⁶ and launched a Masters-level course for senior residential staff, the MSc in Advanced Residential Child Care.³⁰²⁷

³⁰²¹ Kent, *Children's Safeguards Review*, 111-15.

³⁰²² Scottish Office, *Response to the Kent Report*, 7.

³⁰²³ Scottish Office, 7.

³⁰²⁴ Scottish Office, 8.

³⁰²⁵ Kendrick, *Safeguarding and Protecting Children*, 11.

³⁰²⁶ Ian Milligan, "A New Route to Professionalism? The Development of a Residential Child Care DipSW in Scotland," *Social Work Education*, 22, no. 3 (2003).

³⁰²⁷ Mark Smith, "Applying Ideas from Learning and Teaching in Higher Education to Develop Professional Identity: The Case of the M.Sc. in Advanced Residential Child Care," *Child & Youth Care Forum* 34, no. 4 (2005).

In 2002, SIRCC reported on an audit of the qualifications of residential child care staff. The audit had responses from just under two-thirds of the 4,601 residential child care staff in Scotland.³⁰²⁸ At that time, the Scottish Social Services Council had not yet set out the requirements for qualification for residential child care staff, and the audit set out figures based on the qualifications 'most likely to be **considered** for recognition as they already have widespread recognition from employers.'³⁰²⁹ Forty per cent of the staff had such a qualification, and nearly 20 per cent were studying for a qualification. There was marked variation in the percentage of staff who held such a qualification depending upon their role or the type of contract they held. A larger proportion of senior staff and permanent staff held qualifications.³⁰³⁰

The proportion of staff with, or undertaking, qualifications that are likely to be recognised has risen considerably in the last 10 years but is, nevertheless, disappointing when compared with "Skinner" and more recent targets. The challenge of achieving a fully qualified workforce remains a very substantial one.³⁰³¹

FronDIGOUN and colleagues set out proposals on a framework for residential child care qualifications and the implications of these proposals.³⁰³²

SIRCC carried out a second audit in 2004 and this was based on the qualification requirements published by the Scottish Social Services Council in 2003. The audit gained responses from 70 per cent of the 4,367 residential child care staff.³⁰³³ While over half of the respondents had at least one registrable qualification, an increase over the previous audit, only 18 per cent of the respondents were qualified.³⁰³⁴ While 23 per cent of staff were undertaking a relevant care qualification, not all these would lead to the individual being qualified.³⁰³⁵ 'There are still large numbers of staff across Scotland who are needing to undertake a qualification relevant to registration, and

³⁰²⁸ Liz Frondigoun et al., *Residential Child Care Qualifications Audit* (Glasgow: Scottish Institute for Residential Child Care, 2002). 10.

³⁰²⁹ Frondigoun et al., *Qualifications Audit*, 13. Emphasis in the original.

³⁰³⁰ Frondigoun et al., 23.

³⁰³¹ Frondigoun et al., 35.

³⁰³² Frondigoun et al., 42-8.

³⁰³³ Lynne Hunter et al., *Residential Child Care Qualifications Audit* (Glasgow: Scottish Institute for Residential Child Care, 2004), 6.

³⁰³⁴ Hunter et al., *Residential Child Care Qualifications Audit*, 9-10.

³⁰³⁵ Hunter et al., 22. This is because the qualification needed to be held in conjunction with another qualification.

employers continue to find it difficult to offer sufficient release time to staff to support their studies.³⁰³⁶

Linked, then, to broader developments for the registration of social work and social care staff, the minimum qualifications criteria for residential child care staff were established. The qualifications required are:

- Residential child care staff: HNC and an SVQ Level 3 Social Services (Children and Young People) or equivalent qualifications;
- Residential child care staff who have supervisory responsibilities: SVQ Level 4 Social Services (Children and Young People) or a BA (Honours) in Social Work or equivalent qualifications; and
- Managers: in addition to a qualification required for staff who have supervisory responsibilities they must have an SVQ Leadership and Management for Care Services Level 4 or any award in management at or above SCQF Level 8.³⁰³⁷

Since the establishment of the Social Services Register in 2005, the residential child care workforce has been working towards achieving qualifications, and there has been significant progress in this area. In 2013, figures from the Scottish Social Services Council indicated that of the 6,122 registered residential child care staff, 3,913 (64 per cent) had achieved the minimum qualifications and 2,209 (36 per cent) were working to achieve their qualifications. Only 177 (three per cent of the total number of registrants) had to request an extension to achieve their qualifications at their three-year re-registration point.³⁰³⁸

The latest figures published on the SSSC website for December 2020 give the percentage of staff with a qualification condition, which means that they are still to achieve the minimum qualification level. The figures for residential child care services are: managers (36 per cent of 453 registrants); supervisors (39 per cent of 928 registrants); and, workers (50 per cent of 7,383 registrants). The figures for residential school care accommodation are: managers (23 per cent of 13 registrants); supervisors (13 per cent of 23 registrants); and, workers (46 per cent of 360

³⁰³⁶ Hunter et al., 26.

³⁰³⁷ Kendrick, *Protecting and Safeguarding Children*, 12.

³⁰³⁸ Jennifer Davidson, *CELCIS Report to the Scottish Social Services Council on the Registration of the RCC Workforce*, unpublished report, (Glasgow, CELCIS, 2013).

registrants). This means that of the 9,160 registered residential child care staff, 52 per cent had achieved the minimum qualification and 48 per cent were working to achieve their qualifications.³⁰³⁹

The Residential Child Care Health Project

We saw above that the *Residential Child Care Health Project* highlighted a range of concerns about the health of children and young people in residential care. It also carried out an analysis of residential care staff members' awareness of health problems in their units, their knowledge of sources of advice and help, and their experiences of working with primary health care services.³⁰⁴⁰

The analysis identified a number of key issues. Residential staff members found it difficult to identify some health problems, in particular mental health problems. There were challenges for residential staff in handling health information, and there was wide variation in recording practice and capturing full health information. Contacting health providers was primarily reactive in response to acute problems, health problems were given a low priority, and health providers were not used proactively as a source of information and support. In addition, some GPs and health staff did not understand the issues for looked after children and young people.³⁰⁴¹

A training needs analysis found that residential staff members found a lack of training across five key areas:

- physical health;
- child health and development;
- mental health and emotional well-being;
- health promotion; and
- sexual health and relationships.

Residential staff identified a number of training priorities. In relation to physical health, top priorities included: meningitis, epilepsy, severe allergies and anaphylaxis, diabetes, and asthma, eczema, and hay fever. There was also a 'significant lack of training for staff in learning and development disorders' and this was identified by

³⁰³⁹ Scottish Social Services Council, "Registration Data".

³⁰⁴⁰ The Residential Care Health Project, *Forgotten Children*, 31.

³⁰⁴¹ The Residential Care Health Project, 31-2.

many residential staff as a priority for training.³⁰⁴² Other training priorities in the area of child health and development concerned normal phases of emotional development and social communication disorders, and accessing health services for young people. In relation to mental health and emotional well-being, the 'main areas where further training was prioritised were self harm, attachment disorders and emotional effects of child abuse, with eating disorders, ADHD and psychosis close behind.'³⁰⁴³

Few residential staff had received recent training in health promotion issues such as HIV and hepatitis, alcohol abuse, smoking, or dental health, and these were prioritised for training along with drug and solvent misuse and first aid or emergency care.³⁰⁴⁴ Finally, the needs analysis concluded that previous training 'in the area of sexual health and relationships for staff was scant', and they prioritised training on the issues of sexual identity, promoting self-esteem and self-confidence, promoting positive relationships, and sexually transmitted infections.³⁰⁴⁵

The Residential Care Health Project recommended that there was a need for health and social work to collaborate in ensuring adequate training in health issues, that such training should be an essential part of training for residential staff, and there was a need to develop health training and resources at a national level.³⁰⁴⁶

Alternative Approaches to Education, Training and Practice

There has been increasing interest in alternative approaches to the education and training of residential child care staff and other professionals. In the 1990s, attention was drawn to the potential to learn from the European approach of social pedagogy.³⁰⁴⁷

Social pedagogy in practice is a holistic and personal approach to child care in all its forms, which links education and care, and support for families. Social pedagogy offers an approach to training at various levels which

³⁰⁴² The Residential Care Health Project, 37.

³⁰⁴³ The Residential Care Health Project, 39.

³⁰⁴⁴ The Residential Care Health Project, 39.

³⁰⁴⁵ The Residential Care Health Project, 40.

³⁰⁴⁶ The Residential Care Health Project, 84.

³⁰⁴⁷ Ian Milligan, "Residential Child Care is Not Social Work!," *Social Work Education* 17, no. 3 (1998), 284.

integrates education, child care and social care with a focus on supporting families and promoting children's rights.³⁰⁴⁸

Similarly, consideration has been given to North American child and youth care approaches.³⁰⁴⁹

Milligan evaluated a training programme delivered by two German pedagogues to staff and carers of Sycamore Services, most of whom were residential staff members.³⁰⁵⁰ Milligan highlighted reflective practice, mutual relationships, and, the purposeful use of activities (the Common Third).³⁰⁵¹ The training was seen as highly relevant and 'congruent with existing Sycamore practice and philosophy.'³⁰⁵²

Vrouwenfelder, Milligan and Merrel described an evaluation of the Orkney Social Pedagogy training initiative carried out in 2011.³⁰⁵³ A ten day training programme was delivered to a multi-disciplinary group including teachers, social workers and residential care workers and managers. The research identified a number of themes which were felt to impact on practice: valuing relationships; developing a common language; use of the common third; increasing confidence; making time for reflection; focus on strengths of the child; building relationships through daily activities; and, children's rights and participation.³⁰⁵⁴

Even though the content of the training resonated for most participants with a personal 'mindset' that was already held, the training brought different ideas together into a framework that justified and legitimised this personal

³⁰⁴⁸ Ian Milligan, *Introducing Social Pedagogy into Scottish Residential Child Care: An Evaluation of the Sycamore Services Social Pedagogy Training Programme* (Glasgow: Scottish Institute for Residential Child Care, 2009), 7.

³⁰⁴⁹ Andrew Kendrick, Laura Steckley and Graham McPheat, "Residential Child Care: Learning from International Comparisons," in *Early Professional Development for Social Workers*, ed. Raymond Taylor, Malcolm Hill and Fergus McNeill (Birmingham: Venture Press, 2011), 151-2.

³⁰⁵⁰ Milligan, *Introducing Social Pedagogy*, 3.

³⁰⁵¹ Milligan, 8-10. The 'common third' refers to using an activity to strengthen the bond between the child and the practitioner, and to develop new skills.

³⁰⁵² Milligan, 21.

³⁰⁵³ Evelyn Vrouwenfelder, Ian Milligan and Mark Merrell, *Social Pedagogy and Inter-Professional Practice: Evaluation of Orkney Islands Training Programme* (Glasgow: CELCIS, 2012). See also, Evelyn Vrouwenfelder, "Contextualising the Findings – The Orkney Social Pedagogy Evaluation," *Scottish Journal of Residential Child Care* 12, no. 2 (2013).

³⁰⁵⁴ Vrouwenfelder, Milligan and Merrell, *Orkney Islands Social Pedagogy Training*, 19.

way of working. It also connected them to each other and built bridges in collaborative working.³⁰⁵⁵

While social pedagogy can be seen as an alternative approach in Scotland, '[i]n some instances it can more accurately be described as a method or framework which acts as a suitable fit for practice or ideas which already exist in a less coordinated fashion.'³⁰⁵⁶

A predecessor to social pedagogy in Scotland was the training in Curative Education developed at Camphill School in Scotland, which as we have seen was started by Karl König in 1949. Monteux and Hart described the development of a professional qualification which, in 1997, led to the 'BA Degree in Curative Education, which delivered in a partnership arrangement between the Northern College of Education, Aberdeen and Camphill Rudolf Steiner School....validated by the Open University.'³⁰⁵⁷ The course was developed over the years, and, from 2002 was run by Aberdeen University following the merger with Northern College. It was renamed as the BA in Social Pedagogy, and, in 2003, the Scottish Social Services Council recognised it as a qualification for residential child care workers.³⁰⁵⁸ The BA in Social Pedagogy at Aberdeen University closed in 2014.

Robert Gordon University had offered a BA in Social Pedagogy as a Stage 3 exit award from its BA (Hons) Social Work (Residential Child Care). This was developed into the BA in Residential Child Care and this was approved by the Scottish Social Services Council in 2016.

National Residential Child Care Initiative Workforce Report

The NRCCI Workforce Working Group highlighted that the 'very relationships between children and young people and staff...serve as the foundations for effective residential care.'³⁰⁵⁹ In addition, residential staff need to engage with a wide range of

³⁰⁵⁵ Vrouwenfelder, Milligan and Merrell, 39.

³⁰⁵⁶ Graham McPheat and Evelyn Vrouwenfelder, "Social Pedagogy: Developing and Maintaining Multi-Disciplinary Relationships in Residential Child Care," *International Journal of Social Pedagogy* 6, no. 1 (2017), 79.

³⁰⁵⁷ Angela Monteux and Norma Hart, "The Development of the BA in Social Pedagogy," in *Discovering Camphill: New Perspectives, Research and New Developments*, ed. Robin Jackson (Edinburgh: Floris Books, 2011), 107.

³⁰⁵⁸ Monteux and Hart, "The Development of the BA in Social Pedagogy," 175.

³⁰⁵⁹ Davidson et al., *NRCCI Workforce Report*, 10.

professionals outwith the residential establishment, as well as with the child's family and networks. 'Managing this demanding and complex set of relationships requires intelligent, well trained, qualified and motivated staff, who aspire to do the best for the children and young people in their care.'³⁰⁶⁰

The Working Group reported that children and young people recognised that training was important, but so were 'interpersonal skills and personal qualities.'³⁰⁶¹ Residential child care staff also emphasised the importance of training and qualifications in order to be 'better equipped to undertake their task and feel much more confident and competent.'³⁰⁶²

The workforce group asserts that there is a need to be collectively more aspirational for the qualification levels of the sector. Achieving the vision of a competent, confident, professional workforce of critically reflective practitioners requires attention to, and aspirations for, the range of ways in which learning is brought into the workplace.³⁰⁶³

The Working Group suggested a 'stepped process' to achieve these goals. Initially, it recommended 'a review of the current qualifications for registration with the intention of removing all but care-specific qualifications.'³⁰⁶⁴ The next step involved an increase in the minimum qualification levels for residential workers.

Given the increasingly complex needs of children and young people and the professional tasks that require high-level academic abilities, the Workforce group believes that a minimum level of education, with assessed practice, at SCQF level 9 for workers, supervisors and managers would better equip them to undertake their work most effectively.³⁰⁶⁵

The Working Group, therefore, recommended that the 'Scottish Government should discuss with the SSSC (who will consult with employers) the setting of new registration requirements, so that from 2014 all new residential child care workers would be required to hold or be working towards a relevant care qualification at SCQF Level 9 (as the minimum), which includes or is in addition to the assessment of

³⁰⁶⁰ Davidson et al., 10-1.

³⁰⁶¹ Davidson et al., 19.

³⁰⁶² Davidson et al., 19.

³⁰⁶³ Davidson et al., 19-20.

³⁰⁶⁴ Davidson et al., 20.

³⁰⁶⁵ Davidson et al., 21.

competence in practice.’³⁰⁶⁶ This recommendation would not apply to those who were already registered with the SSSC as residential workers or residential workers with supervisory responsibility.

However, where employers decided to employ workers who had not yet gained the necessary qualifications, they ‘must develop robust training and support schemes so that these staff are equipped to achieve the qualifications required for registration within the appropriate timescale.’³⁰⁶⁷ Similarly, where a manager is appointed without the necessary management award, employers ‘should ensure that opportunities are put in place quickly to enable the manager to gain the appropriate qualification as soon as possible.’³⁰⁶⁸ Similarly, residential managers registered by other regulatory bodies such as the General Teaching Council for Scotland or the Nursing and Midwifery Council would be ‘expected to achieve a management qualification in line with those registering with the SSSC.’³⁰⁶⁹

Given the changing needs of children and young people, the Working Group recommended that relevant bodies should ‘ensure that all courses deemed acceptable for the registration of managers and other staff are regularly reviewed and updated.’³⁰⁷⁰

The Working Group also identified a problem in the way that the SSSC register was inflexible in that social work qualified staff could not be registered as social workers on the residential child care register, and that this ‘may impede the flow of social work qualified staff into residential child care.’³⁰⁷¹ It therefore recommended that the Scottish Government should look to amend legislation so that social workers can be registered on more than one part of the SSSC register.³⁰⁷²

Continuous professional development was also identified as important, and existing tools such as the Continuous Learning Framework were commended. The Working Group recommended that staff should take responsibility for their own learning and development and ‘employers should ensure support and advice are in place to help

³⁰⁶⁶ Davidson et al., 21.

³⁰⁶⁷ Davidson et al., 22.

³⁰⁶⁸ Davidson et al., 23.

³⁰⁶⁹ Davidson et al., 23.

³⁰⁷⁰ Davidson et al., 23.

³⁰⁷¹ Davidson et al., 23.

³⁰⁷² Davidson et al., 24.

existing staff attain the necessary qualification to improve their skills and career opportunities.³⁰⁷³ It also recommended that training should also provide 'opportunities to learn alongside peers from the wider children's services workforce.'³⁰⁷⁴ The skill needs of residential child care workers should be included in work that was being undertaken 'to analyse skills across children's services to ensure the workforce is best equipped to meet the needs of children and families now and in the future.'³⁰⁷⁵ The Working Group's recommendation stated that this would 'ensure the residential child care workforce skills are in line with the needs of children and young people, and encourage local and national action to plug skills gaps and strengthen joint training and learning across the workforce.'³⁰⁷⁶

The Working Group also endorsed the recommendations of the *Independent Inquiry into Abuse at Kerelaw Residential School and Secure Unit* about the need for managers and supervisors to have 'a personal performance plan for the year ahead covering organisational and personal objectives, including developmental objectives and accountability for the performance management of those reporting directly to them.'³⁰⁷⁷ This plan should be agreed with the external manager and reviewed at least twice a year.

The Working Group emphasised the importance of management and leadership in determining the quality of care offered by a residential home. It endorsed the recommendations of the *Kerelaw Inquiry* on supervision. Providers 'should develop and implement a supervision policy which is based on regular, planned and recorded supervision sessions.' This could also include 'shift or other forms of group supervision.'³⁰⁷⁸ 'Supervision should include three core elements: performance management, staff development, and staff support.'³⁰⁷⁹ The Working Group also focused on the importance of the external manager as 'a champion of residential care and children and young people's services in general.'³⁰⁸⁰ It therefore recommended that the 'Scottish Government should commission a piece of work

³⁰⁷³ Davidson et al., 24.

³⁰⁷⁴ Davidson et al., 24.

³⁰⁷⁵ Davidson et al., 24.

³⁰⁷⁶ Davidson et al., 25.

³⁰⁷⁷ Davidson et al., 25.

³⁰⁷⁸ Davidson et al., 27.

³⁰⁷⁹ Davidson et al., 27.

³⁰⁸⁰ Davidson et al., 28.

that sets out the roles and responsibilities of the external manager and governing bodies of service providers and of those commissioning services similar to that undertaken for the Chief Social Work Officer, building on the requirements already set down in regulations.’³⁰⁸¹

The Scottish Government, in its response to the NRCCI, agreed in principle the recommendation to set new registration requirements at SCQF Level 9.³⁰⁸² It also broadly supported the recommendations for continuous professional development and the training and qualifications of managers.³⁰⁸³

The Standard for Residential Child Care

In January 2013, the SSSC published guidelines and the standard for the Level 9 qualification in residential child care. The guidelines were intended to support:

- the development and delivery of programmes of learning to enable participants to demonstrate that they have the knowledge, skills, and values defined in the Standard for Residential Child Care; and
- the development of an integrated qualifications and professional development framework for workers in residential child care.³⁰⁸⁴

The learning programmes would need to address a range of factors covered by the Standard: professionalism, expectations, and level of performance. They would need to be designed ‘to enhance and improve service standards’, and ‘facilitate the development of the whole profession.’³⁰⁸⁵

The guidelines set out that the ‘degree level award will be based on National Occupational Standards, include observed and assessed practice, be compliant with the SSSC’s Codes of Practice and be located within the Scottish Credit and Qualifications Framework.’³⁰⁸⁶ The guidelines also placed the programmes in the

³⁰⁸¹ Davidson et al., 29.

³⁰⁸² Scottish Government, *Response to NRCCI*, 20.

³⁰⁸³ Scottish Government, 22.

³⁰⁸⁴ Scottish Social Services Council, *The Standard for Residential Child Care in Scotland* (Dundee: Scottish Social Services Council, 2013), 1. See also, CELCIS and Scottish Social Services Council, *The Standard for Residential Child Care in Scotland: The New Qualification for Residential Child Care Practitioners, Supervisors and Managers* (Glasgow: CELCIS, undated).

³⁰⁸⁵ SSSC, *The Standard for Residential Child Care*, 4.

³⁰⁸⁶ SSSC, 6.

wider national learning context and set out the definition of the awards, their place in an integrated qualifications and professional development framework, and the necessity for work place learning.³⁰⁸⁷

The Standard for Residential Child Care contained the '**elements**' that specify what is expected of a learner who has completed a degree level programme in residential child care' and the '**expected features**' that are intended to clarify and illustrate aspects of learner performance that the programme is designed to achieve.'³⁰⁸⁸

These elements and expected features covered:

- professional values and personal commitment;
- professional knowledge and understanding of children and young people and their childhoods;
- professional knowledge and understanding of frameworks for practice;
- professional knowledge and understanding of systems and professional responsibilities;
- professional knowledge and understanding of leadership and management;
- professional knowledge and understanding of evidence based practice;
- professional skills and abilities;
- provide and support everyday experiences, play, recreation and learning opportunities;
- provide positive and caring relationships;
- lead and contribute to the development of an environment which is caring and nurturing, safe, and inclusive;
- engage in professional reflection for continuing improvement of practice;
- lead and support communication, collaboration and partnership;
- lead, coordinate and support care planning and progression;
- manage information and reporting;
- support and manage children and young people's transitions including throughcare and aftercare transitions;
- leadership and management;
- take responsibility for their own personal learning and professional development needs;

³⁰⁸⁷ SSSC, 6-8.

³⁰⁸⁸ SSSC, 14. Emphasis in original.

- take responsibility for the learning and professional development needs of workers for whom they are responsible;
- take responsibility for the delivery and on-going development of a high quality service for each child and young person; and
- engage with the business management of the services they provide to a level and a degree appropriate to their role.³⁰⁸⁹

Qualifications and Training of Foster Carers

While there have been various forms of training and education for foster carers over the years, it was only recently that there has been a move to make educational qualifications mandatory for foster carers in Scotland. *Getting it Right for Every Child in Kinship and Foster Care* identified the training and development of foster carers as essential in ensuring high quality foster care.³⁰⁹⁰ The strategy stated that foster care providers should develop their local training policies to address the specific needs of looked after children, increase the take-up of training by improving access and quality of training offered, and ensure that foster carers get access to wider training and development opportunities. The tFN—BAAF Reference Group was to address the training needs of foster carers and recommend how to take this forward.³⁰⁹¹

Foster carer training was a specific focus of the 2008 *Moving Forward in Kinship and Foster Care* report.³⁰⁹² The needs of modern foster carers were explored in light of the current and future challenges they face, along with how appropriate knowledge and skills could be developed through training. The Reference Group considered that there was general consistency in the training, with pre-approval training (such as the tFN 'Skills to Foster Course') followed by ongoing post-approval training covering a range of topics. In the consultation with foster carers, they 'expressed enthusiasm and general satisfaction with the training available to them, and viewed the training as relevant to their carer role.'³⁰⁹³ A number of challenges were highlighted, such as the varying experience of foster carers, their different educational levels and literacy skills, and agencies' differing expectations of training. Practical issues such as child

³⁰⁸⁹ SSSC, 14–28. As noted in the next chapter, the requirement for the introduction of the Level 9 qualification was delayed by Scottish Government in 2016.

³⁰⁹⁰ Scottish Government, *Getting it Right for Foster Care*, 25.

³⁰⁹¹ Scottish Government, 27.

³⁰⁹² tFN—BAAF Reference Group, *Moving Forward in Foster Care*, 48.

³⁰⁹³ tFN—BAAF Reference Group, 48.

care could create barriers for foster carers. The training needs of foster carers' children also needed to be taken into account.³⁰⁹⁴ The report recommended that a mandatory post-approval training programme should form part of the national strategy, and that an umbrella organisation (on the lines of the Scottish Institute for Residential Child Care) should be established to plan, deliver, and monitor the training of foster carers.³⁰⁹⁵

The report concluded that foster carers in Scotland had access to a wide range of high-quality training, but that time and resources were often being wasted by organisations constantly reinventing the wheel. To address this problem—and to ensure a continued improvement in standards among carers—the report proposed that a national, co-ordinated approach to induction and training be introduced and that a 'Continuous Learning Framework for foster carers as part of the social services workforce is developed.'³⁰⁹⁶

In 2012, the National Foster Care Review was tasked with developing a viable plan for realising the recommendations of the *Moving Forward in Kinship and Foster Care* report. In relation to training, the National Foster Care Review recommended to the Scottish Government that 'a national Learning and Development Framework for Foster Carers should be developed.'³⁰⁹⁷ 'This Framework should extend across the three distinct sections of a foster carers learning and development journey, covering: (1) Preparatory; (2) Induction/Year 1; and (3) Continuing Learning and Development/Year 2 onwards.'³⁰⁹⁸

The Framework should meet the appropriate National Occupational Standards (NOS). The NOS included a core group of standards that applied to all workers in services for children and young people. These included: communication, protection, reflection on practice, and health and safety. In addition, there were NOS that applied to specific practice areas, including foster care. The Framework should be a system that ensured 'a measure of standardisation across all fostering agencies, quality assured course delivery, and opportunities for accreditation.'³⁰⁹⁹

³⁰⁹⁴ tFN—BAAF Reference Group, 49-50.

³⁰⁹⁵ tFN—BAAF Reference Group, 53.

³⁰⁹⁶ tFN—BAAF Reference Group, 55.

³⁰⁹⁷ LACSIG, *National Foster Care Review*, 24.

³⁰⁹⁸ LACSIG, 24.

³⁰⁹⁹ LACSIG, 25.

The Framework should be underpinned by agreements with the Scottish Qualifications Authority (or other appropriate body). These should ensure that satisfactory completion of each section (and sub-sections) could be formally accredited, either along an existing qualification spine, or—if necessary—along the path to a new ‘Foster Carer Award’.

In its response to the National Foster Care Review, the Scottish Government accepted the recommendations in full, including the recommendation ‘to develop a framework which specifies the mandatory learning and development requirements for foster carers.’³¹⁰⁰ It committed to ‘put together a working group to help commission a framework that sets out the right level of learning and skills development at pre-approval and post-approval by a fostering panel,’³¹⁰¹ and the framework would be based on National Occupational Standards.

The implementation of the framework was taken forward and *The Standard for Foster Care* was developed, and this will be discussed below.³¹⁰²

Systemic weakness and good practice

The period from 1995 to 2014 saw major developments in care services for children in Scotland. There were significant developments in children’s rights with the ratification of the *UN Convention on the Rights of the Child* in 1989, and these were increasingly incorporated into policy, practice, and legislation. There was an increasing focus on safeguarding and protecting children and young people, and regulating and inspecting the quality of children’s services and the child care workforce. This saw the setting up of the Care Commission (later the Care Inspectorate) and the Scottish Social Services Council.

The focus on collaborative working continued to be emphasised through the *Getting It Right for Every Child* Framework. The education of children and young people in care became a central focus of concern and the focus of strategic developments at the national and local levels. There was a similar recognition of the health and mental

³¹⁰⁰ Scottish Government, *Scottish Government Response to the Findings by the Foster Care Review* (Edinburgh: Scottish Government, 2014), 6.

³¹⁰¹ Scottish Government, *Scottish Government Response*, 6.

³¹⁰² Scottish Social Services Council, *The Standard for Foster Care* (Dundee: Scottish Social Services Council, 2017).

health issues of looked after children and young people, although these have been addressed in a less co-ordinated way.

Finally, this period saw the acknowledgement of the historic abuse of children and young people in care, and interventions to address the longstanding consequences of such abuse.

Individuality and Development

There was an increasing focus on the individuality and development of looked after children and young people over this period. Care standards focused on the individual needs of children and young people in foster care and residential care. There was also an increasing understanding of child and adolescent development and well-being, and a growing understanding of child abuse and neglect and the impact this had on children and young people.

Building on from the Skinner Review, other reviews and inquiries over this period highlighted the importance of treating each child and young person as an individual and emphasised the barriers to good practice. Through GIRFEC, a child-centred approach to care planning was championed. The involvement of children and young people in decision-making about their own individual care plans, and broader involvement in the planning of child care services was underlined by rights of participation.

Despite these developments, however, children and young people continued to have variable experiences in residential and foster care settings. Some young people had stable, long-term placements, which provided for their needs, while others had more negative experiences involving poor care, multiple placements, and—in some cases—abuse.

Rights and Responsibilities

In the 1990s and 2000s, children's rights were further embedded in policy, practice, and legislation. Rights to protection and provision were central to the development of service standards. Even more pronounced was the focus on the participation of children and young people in their care planning, and also in the planning of service provision and in influencing policy and legislation. Who Cares? Scotland had a vital role over this period in advocating for the rights of care-experienced children and young people, and in promoting their voice. Scotland's Children and Young People's

Commissioner addressed a number of issues relevant to the lives and experiences of looked after children and young people in Scotland.

Good Basic Care

The regulation and inspection of services have led to an improvement in basic care, and overall, care was found to be good. There continued, however, to be variation across services.

There continue to be general improvements in the standards of accommodation, and there has been an increased focus on the planning and design of residential accommodation, and a move to smaller establishments. There has also been an increased focus on food and its role in providing a positive environment, and in terms of the health and well-being of children and young people. There were concerns about the impact of defensive practice in terms of health and safety issues, and a focus on providing a wide range of opportunities play, leisure, and recreational activities.

Much greater effort has been put into the throughcare and aftercare of young people and their needs in terms of life-skills. However, the outcomes for young people moving on to independence were a continuing concern.

There has been a continuing emphasis on the recruitment and selection of staff and carers and safer recruitment policies and practices were put in place. The training and qualifications of staff and carers has also continued to be stressed, with significant developments for both residential staff and managers, and foster carers.

Education

We have seen that the education of looked after children gained increasing attention over this period, and several national initiatives were put into place to improve the educational attainment of looked after children. While this has been successful to some extent, looked after children continue to leave education earlier and have lower educational qualifications than children in the general population.

Health

There has been a growing focus on improving the health and well-being of looked after children. As with education, in the 1990s and 2000s, there was a heightened awareness of the poor physical and mental health of looked after children, and the

barriers which prevented their needs from being met. There were a range of interventions aimed at improving health outcomes, such as the development of specialist looked after children health services. There were continued concerns, however, that health needs, and especially mental health needs, were not being fully addressed.

Partnership with Parents

Partnership with parents continued to be stressed through the *Getting It Right for Every Child* strategy. However, it continued to be a difficult area of practice in residential and foster care, and research showed that parents often did not feel involved in care planning and the lives of their children.

Child-Centred Collaboration

Child-centre collaboration was central to the *Getting It Right for Every Child Strategy* and became more prominent over this period. The concept of the corporate parent has been highlighted and refined through policy and practice, and enshrined in legislation through the *Children and Young People (Scotland) Act 2014*. The legislation specified a wide range of agencies as corporate parents, some of whom were unused to viewing themselves in this role.

A Feeling of Safety

We have seen through this period a growing awareness and concern about the safeguarding and protection of children and young people in care. There has also been an increasing acknowledgement and response to the needs of adults who were abused in care as children. There have been numerous inquiries and reviews that have focused on protecting children in care, and numerous safeguards have been put in place over this period. Many looked after children and young people feel safe and secure in their placements. However, we know that physical, emotional and sexual abuse still occur and blight the experiences of some looked after children and young people.

Current Developments in Care Services

The period since 2014 has seen continuing developments, particularly in relation to the implementation of the *Children and Young People (Scotland) Act 2014* and *Getting it Right for Every Child*. In addition, the permanence and care agenda has been driven forward through the *Permanence and Care Excellence* (PACE) programme. The setting up and completion of the *Independent Care Review* has promised radical innovation of the provision of children’s care services.

Context

On 31 July 2014, there were 15,580 children and young people looked after in Scotland and, by 31 July 2019, this figure had fallen to 14,262.³¹⁰³ Approximately half of these children were looked after at home with parents (4,144 in 2014 and 3,569 in 2019) or with kinship carers (4,181 in 2014 and 4,175 in 2019).³¹⁰⁴ Over this period, there was a reduction of the number of children looked after in foster care. In 2014, there were 4,011 children with local authority foster carers and 1,522 with foster carers purchased by local authorities.³¹⁰⁵ By 2019, there were 3,335 with local authority foster carers and 1,463 with purchased foster carers.³¹⁰⁶ The number of children looked after with prospective adopters remained stable over this period (201 in 2014 and 212 in 2019).

There were 1,470 children and young people in residential accommodation in 2014. This had decreased slightly to 1,448 children and young people in residential care in July 2019.³¹⁰⁷ The numbers in the different types of accommodation were:

- local authority home	581
- voluntary home	127
- residential school	344
- secure accommodation	63

³¹⁰³ Scottish Government, *Children’s Social Work Statistics, 2013-14* (Edinburgh: Scottish Government, 2015); *Children’s Social Work Statistics, 20118-19* (Edinburgh: Scottish Government, 2020).

³¹⁰⁴ Scottish Government, *Children’s Social Work Statistics, 2017-18*.

³¹⁰⁵ Scottish Government, *Children’s Social Work Statistics, 2013-14*.

³¹⁰⁶ Scottish Government, *Children’s Social Work Statistics, 2017-18*.

³¹⁰⁷ Scottish Government, *Children’s Social Work Statistics, 2017-18*.

Hill and colleagues highlighted the continuing issues in establishing the number of disabled children who are looked after in Scotland and across the UK. They argued that 'being counted' is a vital first step in ensuring the rights of disabled children in care.

...without robust data we cannot compare the progress and areas of improvement we need to aspire to for our looked after disabled children in all aspects of their lives. Until this happens, the presence of disabled children in the looked after system will continue to be overlooked, disabled looked after children's views, wishes and experiences will continue to be obscured and those with responsibilities for parenting these children will continue to lack the basic data on which they need to ensure their needs are met and rights are upheld.³¹⁰⁸

Getting it Right for Looked After Children

In 2015, the Scottish Government published its strategy for looked after children and young people which set out priorities for improvement, and stated: It has relationships at its heart. When looked after children and young people talk about what makes a difference for them it is people, not systems, they talk about: a foster carer who made them feel safe and loved; a social worker who listened; an advocate or mentor who valued them for who they were.³¹⁰⁹

The strategy was based on the GIRFEC principles of:

- putting the best interests of the child at the heart of decision-making;
- taking a holistic approach to the wellbeing of the child;
- working with children, young people and families on ways to improve wellbeing;
- advocating preventative work and early intervention to support children, young people and families; and

³¹⁰⁸ Louise Hill et al., "Being Counted? Examining the Prevalence of Looked after Disabled Children and Young People across the UK," *Child & Family Social Work* 22, no. 1 (2017), 294.

³¹⁰⁹ Scottish Government, *Getting It Right for Looked After Children and Young People: Early Engagement, Early Permanence and Improving the Quality of Care* (Edinburgh: Scottish Government, 2015), 1.

- believing professionals must work together in the best interests of the child.³¹¹⁰

It set out its vision of making Scotland the best place in the world for looked after children to grow up, stating:

- we want to engage early to support and build on the assets within families and communities to prevent children becoming looked after where possible;
- we want to secure early permanence for as many as possible of those who do become looked after;
- where children need to remain looked after, we want to improve their wellbeing;
- we will narrow the gap in outcomes between looked after and other children by supporting them to build the loving nurturing relationships they need, and by providing high quality care and support to improve their wellbeing and enable them to reach their full potential;
- we want high quality care, support and relationships to be provided to care leavers to allow them to feel in control of their lives and be able to overcome the barriers they may face in adulthood;
- we want to do this in a way that reflects the rights, needs, best interests and views of each child.³¹¹¹

Three factors were identified as crucial in achieving the strategy and seeing real progress: 'listening to the views and experiences of looked after children and young people; developing partnerships across systems; creating an improvement culture that empowers practitioners, families and communities.'³¹¹² Three strategic priorities were outlined in the report: early engagement; early permanence and improving the quality of care.³¹¹³

³¹¹⁰ Scottish Government, *Getting It Right for Looked After Children*, 6.

³¹¹¹ Scottish Government, 6.

³¹¹² Scottish Government, 7.

³¹¹³ Scottish Government, 9.

Early Engagement

Early engagement was seen as both intervening at a young age and intervening at any age, but as early as possible. The strategy highlighted the work on the *Early Years Framework* and the setting up of the *Early Years Collaborative*, and in the context of looked after children, 'this strategy is particularly focused on intervention to support those families with children "at the edge of care"— those who require support and may be at risk of becoming looked after.'³¹¹⁴

The priorities for early engagement were:

- ensuring the right services are available to meet the needs of children and families;
- supporting and building on assets within families; and
- children who are looked after at home.³¹¹⁵

The *Children and Young People (Scotland) Act 2014* set out measures to ensure that 'families in the early stages of distress who seek help are provided with appropriate forms of support', so that problems can be resolved before compulsory supervision measures are needed.³¹¹⁶ Joint strategic commissioning was seen as important in identifying the needs of the population and having the services in place to meet those needs.

Finally, the strategy prioritised children who are looked after at home as they 'tend to have the worst outcomes of all looked after children and have a complex range of needs.'³¹¹⁷ In order to prevent drift in care or crisis situations, there should be high-quality care planning, assessment, and support in place. Local authorities should plan for permanence for children at home, and resources should be focused on high-impact services and support.

³¹¹⁴ Scottish Government, 10.

³¹¹⁵ Scottish Government, 12.

³¹¹⁶ Scottish Government, 14.

³¹¹⁷ Scottish Government, 15.

Early Permanence

The second strategic priority was 'early permanence' so that children would experience the benefits of a secure, stable, and nurturing home.³¹¹⁸ The strategy prioritised work on 'whole system improvements to permanence, focusing on the experience and outcomes for the child', building on the setting up of the Permanence and Care Excellence (PACE) Programme.³¹¹⁹ This involved increasing the availability of permanent placements, improving data and information to support improved outcomes, and ensuring the effectiveness of the legal process.³¹²⁰

Quality of Care

Finally, the strategy prioritised 'improving the quality of care' for those children who need long-term support from corporate parents.³¹²¹ Corporate parents must work collaboratively to provide support and services, and to prepare and keep under review a corporate parenting plan. Looked after young people should be enabled to leave care at a time and pace appropriate to their needs. Looked after children and young people should have trusting, consistent relationships in their lives with key individuals who are involved in supporting them to make key decisions. Carers should have the necessary skills, experience, and support to meet the complex needs of the children they care for.³¹²²

Improving corporate parenting was the first priority in improving quality. This would involve improved cooperation and partnership, and listening to children and young people. The education and health of looked after children were identified as two particular areas of concern.³¹²³ Another priority was extending aftercare, continuing care, and return to care. The 2014 Act made provision for looked after young people 'to remain in their care placement until reaching the age of 21.'³¹²⁴ It also extended

³¹¹⁸ Scottish Government, 18.

³¹¹⁹ Scottish Government, 21.

³¹²⁰ Scottish Government, 21.

³¹²¹ Scottish Government, 29.

³¹²² Scottish Government, 30.

³¹²³ Scottish Government, 32-3.

³¹²⁴ Scottish Government, 36.

access to aftercare up to the age of 26 years.³¹²⁵ The Scottish Government was also undertaking work on enabling young people to return to care up to the age of 21.

Finally, the importance of children being able to build strong relationships was given priority. In order to improve the skills and knowledge of carers, a learning and development framework for foster carers was being progressed, and a commitment had been made to introduce a new SCQF level 9 qualification for residential staff members.³¹²⁶ The Scottish Government also committed to develop a National Mentoring Scheme infrastructure to 'support both local and national organisations, through a shared network approach, to deliver high quality mentoring to children and young people within local communities.'³¹²⁷

The implementation of the strategy was recognised as 'challenging but necessary', and the Scottish Government identified the need for guidance and practice notes on the implementation of the *Children and Young People (Scotland) Act 2014*.³¹²⁸ There was also a need for better evidence and data, opportunities for learning and sharing practice, coaching and support, and the monitoring and assessment of progress.³¹²⁹

Integrated Children's Services

Underpinned by the principles of the 'Christie Commission on the Future Delivery of Public Services', the *Children and Young People (Scotland) Act 2014* and the *Public Bodies (Joint Working) (Scotland) Act 2014* impacted significantly on children's services in Scotland. 'The integration of structures, services, plans and budgets was viewed as a powerful tool for accelerating improvements in outcomes for all. Both Acts set out the legislative duties in health and social care and in all children's services.'³¹³⁰ Brock and Everingham identified two key elements of the *Children and Young People (Scotland) Act 2014* relevant to integration:

- bringing Getting in Right for Every Child (GIRFEC) into statute through the Named Person Service, the Child's Plan and Assessment of Wellbeing; and

³¹²⁵ Scottish Government, 37.

³¹²⁶ Scottish Government, 38.

³¹²⁷ Scottish Government, 38.

³¹²⁸ Scottish Government, 40.

³¹²⁹ Scottish Government, 41.

³¹³⁰ Jackie Brock and Stella Everingham, *Integrated Children's Services in Scotland: Practice and Leadership. An Assessment of Progress and Improvement* (Edinburgh: Social Work Scotland, 2018), 8.

- the requirement of local authorities and health boards to develop joint children's services plans.³¹³¹

They noted that children's services planning must now link with the *Public Bodies (Joint Working) (Scotland) Act 2014* and should be within the Community Planning Partnership.³¹³²

The benefits of this legislation included a focus on better outcomes for individuals, the requirement to integrate locality planning, planning principles that embedded a person-centred approach, and flexibility. However, some concerns about the legislation included 'uncertainty around the role of the third sector, patients and service users, carers, and the different health professionals'; linkage with other legislation; and impact on 'non-integrated children's services.'³¹³³

Brock and Everingham highlighted that 'most Integration Joint Boards (IJBs) have only been fully functional since 1 April 2016.'³¹³⁴ However, they identified 'four critical factors for effective integration':

- structures;
- priorities;
- relationships (including leadership); and
- improving outcomes for children, young people and their families.³¹³⁵

With regard to structures, the 'overwhelming message from those we spoke to is that the answer to the delivery of more effective children's services is not more structural change.'³¹³⁶ Rather, there is a need for stability. The unique leadership role of Chief Social Work Officers was highlighted in 'helping unify the specific local integration arrangements for children's services...and identifying how best children's services, and their improvement can be prioritised.'³¹³⁷

The development of good relationships between services and critically between individuals is seen by many as being the key component. Managers

³¹³¹ Brock and Everingham, *Integrated Children's Services*, 11.

³¹³² Brock and Everingham, 12.

³¹³³ Brock and Everingham, 12.

³¹³⁴ Brock and Everingham, 13.

³¹³⁵ Brock and Everingham, 32.

³¹³⁶ Brock and Everingham, 32.

³¹³⁷ Brock and Everingham, 33.

emphasised the importance of relationships between professionals at all levels in making children's services effective.³¹³⁸

Finally, improving outcomes for children and families was considered to be driven by the 'shared vision, context, language and practice model underpinned by Getting It Right for Every Child (GIRFEC)' and 'this common approach and language is vital to providing families with an integrated service and where families only tell their "stories" once.'³¹³⁹

Corporate Parenting

The *Children and Young People (Scotland) Act 2014* further formalised the role of the corporate parent in law, and these provisions came into force in April 2015. This part of the law applies to all looked after children and young people, including those who are under the age of 26, and who were looked after from the age of 14, but are no longer looked after. The Act set out the responsibilities of the corporate parent as:

- being alert to matters which might adversely affect the wellbeing of the children;
- assessing the needs of those children and young people for services and support it provides;
- promoting the interests of those children and young people;
- seeking to provide those children and young people with opportunities to participate in activities designed to promote their wellbeing; and
- taking appropriate action to help those children and young people access opportunities to promote their wellbeing make use of services, and access support.³¹⁴⁰

There is a duty for corporate parents to collaborate with each other—for example, by sharing information, providing advice or assistance, co-ordinating activities, joint funding, and sharing responsibility. They must publish plans on their corporate parenting and provide information to Scottish Ministers about how they are carrying out their corporate parenting responsibilities.

³¹³⁸ Brock and Everingham, 33.

³¹³⁹ Brock and Everingham, 34.

³¹⁴⁰ *Children and Young Person (Scotland) Act 2014*, Section 58.

CELCIS published an implementation paper in 2015 to assist corporate parents in meeting their duties under the legislation, to identify solutions to practical challenges, and to support 'corporate parents in their efforts to make a positive and meaningful contribution towards improving the lives of looked after children and care leavers.'³¹⁴¹

When drawing up a Corporate Parenting Plan, you should always be thinking about 'how' each element will be implemented (turned into reality). This requires an understanding of the systems, people and processes which are currently in place, and a detailed picture (based on an assessment of the evidence) of what needs to be in place to make things happen.³¹⁴²

Corporate parents would need to understand the knowledge and skills needed to respond to their new duties, and identify 'how many looked after children, young people and care leavers engage with their services.'³¹⁴³ Leadership would be required for implementation, particularly in giving priority to corporate parenting.

Kennedy recommended that each corporate parent should nominate an implementation lead.³¹⁴⁴ They should draft a corporate parenting plan and this would need 'a clear understanding of how your new duties as a corporate parent will fit in with your existing functions, systems and processes.'³¹⁴⁵ Each corporate parent would also need to assess the needs of looked after children and young people and care leavers.

...whatever the method and scope of a corporate parent's assessment, the objective is always the same: to provide the organisation with a detailed understanding of the wellbeing needs of looked after children and care leavers, including their aspirations and the challenges they face in their daily lives.³¹⁴⁶

³¹⁴¹ Lisa Ann Kennedy, *Corporate Parenting: Enabling Implementation of Part 9 (All Sections)* (Glasgow: CELCIS, 2015), 2.

³¹⁴² Kennedy, *Corporate Parenting*, 6.

³¹⁴³ Kennedy, 6.

³¹⁴⁴ Kennedy, 7.

³¹⁴⁵ Kennedy, 8.

³¹⁴⁶ Kennedy, 9.

Corporate parents should assess what they already do for looked after children, and what more they could do. Essentially, the first corporate parenting plan would be an implementation plan, and should illustrate:

- what each duty means for your organisation,
- how you will meet each duty, and
- who is responsible for ensuring it happens.³¹⁴⁷

In 2018, the Scottish Government published its first report on corporate parents in Scotland, based on some 124 corporate parenting plans.³¹⁴⁸ Four main challenges to meeting their responsibilities and duties were identified by corporate parents:

- difficulties in identifying and/or engaging with care experienced children and young people;
- inadequate IT and data collection;
- limitations of staff or resources; and
- poor understanding of what corporate parenting means.³¹⁴⁹

The report highlighted the importance of 'really listening to looked after children, young people and care leavers', and drawing on direct feedback from children and young people with care experience. However, some corporate parenting organisations have had 'limited levels of success, due to low engagement by children and young people'.³¹⁵⁰ Linking into existing forums such as a Champions Board or involving third sector organisations or Who Cares? Scotland improved the involvement of looked after children and young people.

The report noted that corporate parents were required to show how the outcomes for looked after children and care leavers were being assessed in order to measure improvement. A number of approaches were adopted. Some organisations already collected this information. Others, such as those with less front-facing roles,

³¹⁴⁷ Kennedy, 11.

³¹⁴⁸ Scottish Government, *Turning Legislation into Practice Together: First Report on Corporate Parenting Activity in Scotland, April 2015 – March 2018* (Edinburgh: Scottish Government, 2018), 4.

³¹⁴⁹ Scottish Government, *Turning Legislation into Practice*, 36.

³¹⁵⁰ Scottish Government, 9.

'reported difficulties in capturing specific views', and resources were put in place to support how to gain the views of children and young people.³¹⁵¹

Other organisations highlighted supporting staff in understanding the corporate parenting role through training, including that commissioned by the Scottish Government from Who Cares? Scotland and CELCIS.

The importance of collaboration was once again emphasised.

Where organisations deliver their corporate objectives in isolation, there is potential for ineffective communication, delayed decision making, poor assessment of an individual's needs and lack of person-centred support. This inevitably leads to inefficiencies and pressure on the system.³¹⁵²

On the other hand, where corporate parenting 'is embraced at a community or national level, it promotes more effective and transparent support for care experienced children and young people.'³¹⁵³

Looking to the future, the report identified four areas to focus on in taking corporate parenting to the next level:

- **seeking the views** of looked after children and young people and care leavers;
- **assessing** their needs and how you can address these;
- **collaborating** with other Corporate Parents to share learning and reach a wider care experienced population; and
- securing **support and understanding** at senior levels of each organisation.³¹⁵⁴

We saw that the Scottish Government set out a framework for developing the 'family firm' approach to support care-experienced young people into employment.³¹⁵⁵

While an increasing number of local authorities and agencies have been adopting the 'family firm' approach, little has been written about these developments. Barnardo's Scotland carried out a small scale piece of research 'to find out what

³¹⁵¹ Scottish Government, 17.

³¹⁵² Scottish Government, 36.

³¹⁵³ Scottish Government, 38.

³¹⁵⁴ Scottish Government, 43. Emphasis in original.

³¹⁵⁵ Scottish Government, *Our Family Firm*, 1.

young people thought of Barnardo's becoming a Family Firm – an Organisation that routinely offers employment and positive opportunities to young people who have been in care.'³¹⁵⁶

Young people were surprised at the range of jobs that Barnardo's could offer. They were interested in three main areas of work: hospitality, the creative industries and working with people and caring. Young people highlighted the importance of having a stable home life and accommodation, training to help them to be confident in doing a good job, a supportive manager, and a good mentor.³¹⁵⁷ Staff members raised the importance of being very well prepared, the need to be well supported themselves, and flexible working policies to give the best support to young people.³¹⁵⁸

Champions Boards

In 2015, the Life Changes Trust began funding Champions Boards across Scotland, with a view 'to create transformational and sustainable change for care-experienced young people in Scotland.'³¹⁵⁹ In the first two years, the Trust funded Boards in 21 local authority areas and invested almost £4.5 million.

Champions Boards support young people with experience of care to work alongside those who make decisions about the care system. Based primarily within Local Authorities, they are a vehicle for young people, Corporate Parents, and other professionals to come together with a shared goal.³¹⁶⁰

While each Champions Board would have different origins and structures, they all share common features, and they are 'characterised by genuine relationships being formed between young people, staff, and Corporate Parents.'³¹⁶¹ 'This shift in culture from consultation to participation, from 'doing to' to 'doing with' is key in a Champions Board approach.'³¹⁶²

³¹⁵⁶ Barnardo's Scotland, *Family Firm Action Research* (Edinburgh: Barnardo's Scotland, 2016), 1.

³¹⁵⁷ Barnardo's Scotland, *Family Firm*, 3.

³¹⁵⁸ Barnardo's Scotland, 4.

³¹⁵⁹ Life Changes Trust, *Champions Boards: Impact and Learning Report 2017-2018* (Glasgow: Life Changes Trust, 2019), 2.

³¹⁶⁰ Life Changes Trust, *Champions Boards*, 5.

³¹⁶¹ Life Changes Trust, 6.

³¹⁶² Life Changes Trust, 6.

Champions Boards have used a range of approaches and processes in order to:

- engage with young people with experience of care;
- engage with corporate parents;
- establish operational patterns of working; and
- build formal structures for accountability.³¹⁶³

Young people with care experience have been employed by Champions Boards to support engagement and participation. This has required flexibility in terms of HR policies, clarity of roles and purpose, and clear expectations of support.³¹⁶⁴

The sustainability of the Boards has been an important consideration, and the 'Boards that have the most evidence of culture change are the Boards that are most confident about their ability to be sustainable beyond Trust funding.'³¹⁶⁵ The Boards are operating in uncertain times and there is a common challenge of limited resources. Participatory budgeting involves local communities in deciding on the use of local funding and has given Boards access to additional funds. The benefits of having 'dedicated "coordinator" posts' within Champions Boards was highlighted, as was the role of the Champions Board Network in enabling the sharing of learning and supporting the voice care experienced young people.³¹⁶⁶

Evidence from the first two years of Champions Boards 'consistently demonstrates positive impacts.'³¹⁶⁷ Boards have been successful in 'supporting young people to have a strong voice and influence decision making.'³¹⁶⁸ 'Young people report feeling respected and listened to, having a sense of belonging, and feeling they have people they are close to and can talk to.'³¹⁶⁹ There were also improved outcomes for organisations and increased collaboration 'within Councils, with other Champions Boards, and with other organisations and networks.'³¹⁷⁰ There has also been evidence of a culture shift in the relationship between corporate parents and the young people in their care. 'Having relationships directly with young people who either are

³¹⁶³ Life Changes Trust, 10.

³¹⁶⁴ Life Changes Trust, 27-8.

³¹⁶⁵ Life Changes Trust, 30.

³¹⁶⁶ Life Changes Trust, 33.

³¹⁶⁷ Life Changes Trust, 35.

³¹⁶⁸ Life Changes Trust, 35.

³¹⁶⁹ Life Changes Trust, 36.

³¹⁷⁰ Life Changes Trust, 38.

or have been in care has commonly been noted by elected members and senior staff as having had an impact on how they approach policy and practice issues.³¹⁷¹

The report identified several areas Boards had been able to progress:

- films and multimedia productions;
- Council Tax exemption;
- leisure access;
- individual awards;
- Children's Hearings centres;
- changes to education; and
- changes to housing.

Two issues were identified as more difficult for Champions Boards to address:

- access to transportation; and
- mental health and NHS collaboration.³¹⁷²

Despite these challenges, Champions Boards are progressing well, forming the backbone of a movement to listen to young people with experience of care and make use of their expertise to create positive changes for others.³¹⁷³

Black, Asian and Minority Ethnic (BAME) Looked After Children

Rigby and colleagues stressed that there was continuing uncertainty about the number of unaccompanied asylum-seeking children in Scotland. Since 2010, 410 children had been referred to the Scottish Guardianship Service.³¹⁷⁴ 'Nearly 64% of these have been looked after by Glasgow City Council, over six times more than any other local authority area in Scotland. Twenty-five local authority areas have referred to the service.'³¹⁷⁵ Rigby and colleagues also found that local authorities were

³¹⁷¹ Life Changes Trust, 41.

³¹⁷² Life Changes Trust, 42.

³¹⁷³ Life Changes Trust, 51.

³¹⁷⁴ Paul Rigby et al., *Responding to Unaccompanied Minors in Scotland: Policy and Local Authority Perspectives* (Stirling: University of Stirling, 2018), 10. The Scottish Guardianship Service is a partnership between Aberlour and the Scottish Refugee Council to support refugee children and young people, and victims of trafficking who arrive in Scotland alone.

³¹⁷⁵ Rigby et al., *Responding to Unaccompanied Minors*, 10.

reporting higher numbers of unaccompanied asylum-seeking children 'coming into care'.³¹⁷⁶

The experience of local authorities working with UASC appears to be one of uncertainty, which was revealed by each of the respondents. This is particularly the case for those authorities that identified themselves as smaller or more rural.³¹⁷⁷

In 2018, the Scottish Government published updated guidance on age assessments.³¹⁷⁸ The guidance addressed: preparing to assess; planning the assessment; assessment, gathering information and analysis; and, action following assessment.

Ramsay highlighted the tension between social workers' role in ensuring access to services and 'their role in assessing the age of a young person where there is doubt that they are under 18'.³¹⁷⁹ While unaccompanied asylum-seeking children are legally 'looked after', 'they are also subject to immigration legislation,' and 'a young person's immigration status, particularly post 18, can significantly impact on their ability to plan for their future.'³¹⁸⁰

In 2017, Henderson, Woods and Kurlus explored issues in ethnic minorities' understanding of child protection and the Children's Hearings system. They again highlighted that the ethnicity of a 'substantial proportion of Scotland's looked after children are not recorded.'³¹⁸¹ The research identified a number of barriers to services engaging with ethnic minority families: language and communication barriers; fear and distrust of services; lack of knowledge of services and child

³¹⁷⁶ Rigby et al., 20.

³¹⁷⁷ Rigby et al., 21.

³¹⁷⁸ Scottish Government, *Age Assessment Practice Guidance for Scotland: Good Practice Guidance to Support Social Workers, Their Managers and Others Involved in Undertaking and Contributing to Age Assessments in Scotland* (Edinburgh: Scottish Government, 2018).

³¹⁷⁹ Anne Ramsay, *Social Work with Unaccompanied Asylum Seeking Children in Scotland* (Glasgow: IRIS, 2020), 4-5.

³¹⁸⁰ Ramsay, *Social Work with Unaccompanied Children*, 5.

³¹⁸¹ Gillian Henderson, Ruth Woods and Indiya Kurlus, *An Exploration of Ethnic Minority Communities' Understanding and Awareness of Child Protection and the Children's Hearings System in Scotland* (Stirling: Scottish Children's Reporter Administration, 2017), 6.

protection; culture-specific parenting; child welfare as a concern of the family rather than the state; and, the perception that services are racist or culturally insensitive.³¹⁸²

Attachment, Relationships and Love in Care

Throughout this review, we have seen the increasing importance placed on relationships with care-experienced children and young people. A range of work has focused on different aspects of such relationships and how they can be developed and nurtured.

One aspect of this which is being further developed is through the mentoring of care-experienced children and young people.

One such scheme is the MCR Pathways project, which began in one school in Glasgow, and 'now operates across Glasgow and in a number of schools throughout Scotland, in Aberdeen, Aberdeenshire, Edinburgh, North Ayrshire, South Lanarkshire and West Dunbartonshire, with many other local authorities committed to joining.'³¹⁸³

Fassetta, Siebelt and Mitchell reported on the first 18 months of the programme.³¹⁸⁴ At that time, the MCR Pathways programme was operating in six schools in Glasgow, and primarily targeting pupils in the third-year (S3) of secondary school who were looked after.³¹⁸⁵ A total of 96 volunteers had been selected and 54 had been matched with a young person.³¹⁸⁶

Feedback suggests that mentees and mentors have indicated they are happy with their pairings, that the relationships are developing well, and that the meetings and discussions are positive.³¹⁸⁷

³¹⁸² Henderson, Woods and Kurlus, *Ethnic Minority Communities*, 4.

³¹⁸³ Iain MacRitchie, "MCR Pathways' Relationship Based Practice at Scale: Revolutionising Educational Outcomes for Care-Experienced Young People," *Scottish Journal of Residential Child Care* 18, no. 2 (2019), 96-97.

³¹⁸⁴ Giovanna Fassetta, Lindsay Siebelt and Iain Mitchell, *Transforming Lives: The First 18 Months of the MCR Pathways Mentoring Programme* (Glasgow: MCR Pathways, 2014).

³¹⁸⁵ Fassetta, Siebelt and Mitchell, *Transforming Lives*, 6.

³¹⁸⁶ Fassetta, Siebelt and Mitchell, 8.

³¹⁸⁷ Fassetta, Siebelt and Mitchell, 15.

The programme has now expanded significantly and is collecting more substantial information about mentee outcomes.³¹⁸⁸

In 2019, an evaluation of MCR Pathways in 28 Glasgow schools identified significant benefits from the mentoring programme.³¹⁸⁹ Mentored care-experienced young people had better outcomes in terms of retention at school, attainment and moving on to a positive destination.

The evaluation has shown that care experienced young people in Glasgow have experienced a number of educational improvements as a result of their participation in MCR Pathways. The findings clearly indicate that MCR Pathways participants were more likely than care experienced non-participants to stay on at school, achieve one SCQF level 5 qualification and move on to a positive destination after leaving school.³¹⁹⁰

The Life Changes Trust drew together the learning from its peer mentoring initiative for young people with care experience. It funded six peer mentoring projects between 2015 and 2018.³¹⁹¹ The projects 'demonstrated that mentoring can play a significant role in improving the lives of young people with care experience.'³¹⁹²

The Trust funded projects reported numerous personal accounts of the positive impact on young people of developing a mentoring relationship. One such impact that was evidenced by these projects was the role of mentoring in supporting mentees to develop other positive relationships in their lives.³¹⁹³

Mentoring also increased the confidence of both mentors and mentees, and it reduced social isolation.³¹⁹⁴ 'Both mentors and mentees capitalised on their experience of mentoring to find new opportunities.'³¹⁹⁵

³¹⁸⁸ MacRitchie, "MCR Pathways" 101.

³¹⁸⁹ Biggs et al., *MCR Pathways Social Bridging Finance Initiative for Educational Outcomes: Evaluation Report* (Edinburgh: ScotCen Social Research, 2019), 72.

³¹⁹⁰ Biggs et al., *MCR Pathways Social Bridging*, 3.

³¹⁹¹ Life Changes Trust, *Peer Mentoring Impact and Learning Report* (Glasgow: Life Changes Trust, 2019), 6.

³¹⁹² Life Changes Trust, *Peer Mentoring*, 7.

³¹⁹³ Life Changes Trust, 8.

³¹⁹⁴ Life Changes Trust, 11-14.

³¹⁹⁵ Life Changes Trust, 18.

The report also detailed key learning in relation to the setting up and running of the projects, and this focused on: the value of the voluntary relationship; the importance of the Mentor Coordinator role; challenges of established a new mentoring project; and, recruitment and referrals.³¹⁹⁶

Horsburgh also highlighted relationships in her research on the educational experience of seven care-experienced children in primary school in Scotland.³¹⁹⁷ Children valued support from their friends in the classroom, and teachers engaged with the children 'in order to support children to work collaboratively.'³¹⁹⁸ When asked about who supported them in their learning, four of the children talked about the ways in which they supported other children, emphasising their capacity and abilities. The research stressed 'the importance of inter-personal relationships in providing a sense of connectedness and engagement with care experienced children in education.'³¹⁹⁹

Focusing on relationships in residential child care, Coady carried out a survey of 86 residential child care workers.³²⁰⁰ The questionnaire addressed 'boundary crossing' in eight areas of worker behaviour:

...physical contact, spending time alone with young people in their bedrooms, sharing personal information, lending and gifts, special relationships, contact via mobile technology or social media, extended contact with young people (outside working hours or after the end of placement) and contact with the worker's family and home.³²⁰¹

A small number of behaviours, such as physical contact or spending time in young people's bedrooms were widely practiced, and others, such as social media or text contact, very rarely occurred. However, in most areas there was a wide variety in the responses, 'indicating that clear lines separating professional and unprofessional

³¹⁹⁶ Life Changes Trust, 34.

³¹⁹⁷ Jacqui Horsburgh, "Care Experienced Children: What Can They Tell Us About Their Learning?," *Support for Learning* 34, no. 4 (2019), 421.

³¹⁹⁸ Horsburgh, "Care Experienced Children," 427.

³¹⁹⁹ Horsburgh, 431.

³²⁰⁰ Phil Coady, "Relationship Boundaries in Residential Child Care: Connection and Safety in Group Care Relationships – A Practitioner Research Study Exploring Boundary Decisions of Residential Workers in their Relationships with Young People," *Research, Policy and Planning* 31, no. 2 (2014/15), 83.

³²⁰¹ Coady, "Relationship Boundaries," 82.

behaviour do not appear to exist,³²⁰² and 'most areas of the survey elicited a wide range of responses without a normative behaviour emerging.'³²⁰³ Respondents reflected anxieties around 'safe caring' and 'professional distance', which led to a lack of flexibility. Coady considered that a more balanced position would facilitate 'the development of significant and enduring relationships within the context of team safety and accountability.'³²⁰⁴

Roesch-Marsh, Gillies and Green carried out action research on the role of Reviewing Officers in encouraging participation in child care reviews.³²⁰⁵ The research found that 'positive relationships were central to achieving any level of participation in reviews.'³²⁰⁶ Preparation for reviews varied, and Reviewing Officers 'highlighted that, even when the young person was well prepared and ready to share their views, it could still be a significant challenge to create a space for them to share their views in meetings.'³²⁰⁷ Roesch-Marsh, Gillies and Green concluded that 'for participation to be positive young people need people they know and trust to support them with every stage of the planning and review cycle.'³²⁰⁸

Helen Johnson described her experience of care in four foster placements which, as she acknowledged, provided her with 'material' care, protection and security. 'But the one thing they failed to offer me was the emotional side, emotional security, emotional protection, emotional care – and as such, it's something that I, like all people, have craved in my life.'³²⁰⁹ Importantly, Helen highlighted the significant role that foster siblings had played in her experience of care. 'In this whole time my foster siblings in each placement were the only people who I was able to let love me. They were my rocks and it's destroying me knowing they're not going to be part of my life.'³²¹⁰

³²⁰² Coady, 88.

³²⁰³ Coady, 89.

³²⁰⁴ Coady, 88.

³²⁰⁵ Autumn Roesch-Marsh, Andrew Gillies and Dominique Green, "Nurturing the Virtuous Circle: Looked After Children's Participation in Reviews, A Cyclical and Relational Process," *Child & Family Social Work* 22, no. 2 (2017), 904.

³²⁰⁶ Roesch-Marsh, Gillies and Green, "Nurturing the Virtuous Circle," 907.

³²⁰⁷ Roesch-Marsh, Gillies and Green, 910.

³²⁰⁸ Roesch-Marsh, Gillies and Green, 911.

³²⁰⁹ Helen Johnson, "The Importance of Love within the Care System: Love Should be a Right," *Scottish Journal of Residential Child Care* 17, no. 3 (2018), 75.

³²¹⁰ Johnson, "The Importance of Love," 77.

The point I'm making? It's simple: love may be just a four letter word to many, but to us? To children and young people growing up in care, it's everything. It's the one thing that can and does alter a young person's life...It's time we made love a right for all care experienced people.³²¹¹

Permanence in Care

Permanence Planning and Decision Making

We saw above that while permanence has long been highlighted as an issue, recent developments were triggered by the Scottish Children's Reporters Administration research published in 2011, which highlighted delays and drift in permanence decision-making.³²¹² In 2015, follow-up research was published that aimed to 'assess progress in delivering improvements in permanence processes since the implementation of the Adoption and Children (Scotland) Act 2007.'³²¹³ The research focused on 200 children whose supervisions requirements 'were terminated in 2013-14 and where a Children's Hearing had been held related to adoption or permanence.'³²¹⁴ These children were born between 1997 and 2013.³²¹⁵ Henderson and colleagues found that there was 'evidence of progress and that some aspects of the legislation are working well.'³²¹⁶ They found that Permanence Orders (without authority to adopt) were being used across Scotland to respond to children's individual circumstances.

However, at the same time, the number of children on compulsory measures of supervision for 5 or more years is increasing (2,324 children in 2013-14). It is therefore likely that more children could benefit from the legal security and stability provided by POs rather than remaining in the Children's Hearings system.³²¹⁷

³²¹¹ Johnson, 78.

³²¹² Henderson, Hanson and Whitehead, *Care and Permanence Planning*, 1.

³²¹³ Gillian Henderson et al., *Permanence Planning and Decision Making for Looked After Children in Scotland: Adoption and Children (Scotland) Act 2007* (Stirling: Scottish Children's Reporter Administration, 2015), 16.

³²¹⁴ Henderson et al., *Permanence Planning and Decision Making*, 25.

³²¹⁵ Henderson et al., 28.

³²¹⁶ Henderson et al., 10.

³²¹⁷ Henderson et al., 10.

Adoption and Permanence Panels were also found to be working well and providing 'a high level of scrutiny of the evidence and plans for children's permanent placements.'³²¹⁸

Other aspects of the legislation were less successful. The section 95 process to move children 'to another placement after the PO application has been made adds a layer of complexity, is not well understood or used often, and can add delay to court proceedings.'³²¹⁹ The number of reports that needed producing could add delay to the process.

While half the children in the study had relatively few placements and moves, others 'had experienced the instability of multiple moves and placements with 26% having had five moves or more.'³²²⁰ A third had experienced rehabilitation attempts to their parent(s) (with 21 children (10%) having more than one rehabilitation attempt) all of which ultimately were unsuccessful.'³²²¹

There continued to be drift and delay, and the research 'found that it is in the early stages of care and permanence planning following the child being accommodated that take the longest time in the overall process.'³²²² For almost three-quarters of the children, the time between children first being accommodated to the application to the court was over two years. 'In terms of timescales, there has been little change since SCRA's 2011 research and from the introduction of the 2007 Act.'³²²³

Changes in Care and Permanence Planning

Woods and Henderson used Scottish Children's Reporter Administration (SCRA) data to highlight the changes in the use of care and permanence planning for young children who experienced, or were at risk of experiencing, abuse or neglect.³²²⁴ The research compared two groups of children, 110 children born in 2003 and 117 born in 2013, all of whom were placed under compulsory measure of supervision before

³²¹⁸ Henderson et al., 11.

³²¹⁹ Henderson et al., 11.

³²²⁰ Henderson et al., 12.

³²²¹ Henderson et al., 12.

³²²² Henderson et al., 94.

³²²³ Henderson et al., 14.

³²²⁴ Ruth Woods and Gillian Henderson, "Changes in Out of Home Care and Permanence Planning among Young Children in Scotland, 2003 to 2017," *Adoption & Fostering* 42, no. 3 (2018), 282.

they were three years old. The study highlighted the recent policy focus on early intervention and early permanence for children who are deemed unable to remain in the care of their parents.

Overall, the findings suggest a system which is increasingly reluctant to leave young children with child protection concerns with their birth families. Children are increasingly likely to be removed at birth, and most of these were not returned to their parents at all in their first three years...Indeed, reunification was unlikely beyond three years as most had permanence plans in place.³²²⁵

Woods and Henderson also looked at the separation of these children from their biological siblings and found that 55 per cent of the 2003 cohort, and 69 per cent of the 2013 cohort had at least one sibling living elsewhere.³²²⁶

In conclusion, the study has found that out of home care for young children is rising in Scotland, as it is in England, Australia and Canada. It also documents increasing rates of early permanence in Scotland...While these trends will ensure a less disruptive path to permanence for many vulnerable children in Scotland, the dual emphasis on early removal and permanence planning can combine to cause enduring separation of young children not only from birth parents, but also from other birth family members, including siblings.³²²⁷

Permanence and Care Excellence (PACE)

As noted above, the GIRFEC Strategy prioritised permanence for looked after children. In 2010, the Scottish Government had defined permanence as 'a stable living situation for a child which meets his or her needs for consistent, sustainable, positive relationships, normally best achieved in a family setting.'³²²⁸ In 2014, the Scottish Government funded CELCIS to deliver the Permanence and Care Excellence

³²²⁵ Woods and Henderson, "Changes in Permanence Planning, 289.

³²²⁶ Woods and Henderson, 290.

³²²⁷ Woods and Henderson, 291.

³²²⁸ Scottish Government, *Guidance on the Looked After Children (Scotland) Regulations 2009 and the Adoption and Children (Scotland) Act 2007* (Edinburgh: Scottish Government, 2010), 24.

(PACE) programme with the aim of 'enabling more looked after children to experience permanence.'³²²⁹

The programme broadly addressed four aims:

Aim 1: Children who have been looked after at home for more than 2 years will have a 24-month review looking at their whole period of time being looked after at home on a Compulsory Supervision order (CSO).

Aim 2: Children who become looked after and accommodated will have a recommendation for Permanence (including a permanent return home) within 6 months of becoming looked after and accommodated.

Aim 3: Children who have had a recommendation for permanence away from home will have the decision ratified by the Agency Decision Maker within 14 weeks of the Looked After Review that recommended permanence.

Aim 4: Children whose plan has been approved by the Agency Decision Maker will have their application for a legal order lodged within 3 weeks of agreement of the recommendation.³²³⁰

In 2018, CELCIS and the Scottish Government published a range of examples showing how 'drift' was addressed, leading to a reduction in time-scales for decisions, priority being given to permanence, improved decision-making, a greater focus on multi-agency working, and improved communication and information for permanency planning.³²³¹ The PACE programme is currently being expanded with the ambition that all 32 local authorities will become involved.

³²²⁹ Scottish Government, "Looked After Children: Permanence and Care Excellence (PACE)," *Scottish Government* website. See also, Fiona Mitchell and Robert Porter, *Permanence and Care Excellence (PACE): Background, Approach and Evidence* (Glasgow: CELCIS, 2016).

³²³⁰ CELCIS and Scottish Government, *Tried and Tested: Local Changes that are Improving Children's Lives through the Permanence and Care Excellence (PACE) Programme* (Glasgow: CELCIS, 2018), 6.

³²³¹ CELCIS and Scottish Government, *Tried and Tested*, 7-30.

Education

Improving the Learning Journey of Looked After Children

In 2015, CELCIS published a booklet that outlined good practice in improving looked after children's educational attainment. It identified seven key areas for sustained improvement:

- commitment to the designated manager role;
- support for teachers;
- promoting resilience and positive attachments;
- planning for education;
- developing engagement between schools, and parents and carers;
- inclusive approach to education; and
- planning for improvement.³²³²

Each school in Scotland should have a designated manager for looked after children, and this role emphasised the importance of meeting the needs of looked after children. It highlighted inter-agency communication, the rights of looked after children to have their voice heard, and clear information about looked after children in school.³²³³ The designated manager could also provide practical support for teachers, 'helping them to know which children in their class are looked after children, and making appropriate links to ensure child and teacher get the support they need.'³²³⁴ 'A stable secure school environment, populated with nurturing staff, provides important protective factors for children and young people, helping them to build up their resilience.'³²³⁵

Planning for education needs to be central to decision-making and planning for looked after children throughout their time in care. This also involves engagement between the school and the child's primary care giver. 'There are a number of barriers to successful engagement, including poor parental experience of education, but where these barriers can be overcome, the potential benefits are great.'³²³⁶ The

³²³² CELCIS, *Looked After and Learning: Improving the Learning Journey of Looked After Children* (Glasgow: CELCIS, 2015), 3.

³²³³ CELCIS, *Looked After and Learning*, 4.

³²³⁴ CELCIS, 6.

³²³⁵ CELCIS, 8.

³²³⁶ CELCIS, 12.

need for an inclusive approach to education was also stressed, given the increased likelihood of looked after children being excluded from school.³²³⁷

Finally, the importance of planning for improvement and evaluating progress was highlighted, and the booklet included a template for evaluating educational provision.³²³⁸

Care Experienced Children and Young People Fund

In 2018, as part of the *Scottish Attainment Challenge*, the Scottish Government committed £33 million 'to fund initiatives and interventions aimed at improving educational outcomes for care experienced children and young people, **aged between 0-26**, with the overarching aim of closing the poverty related attainment gap.'³²³⁹ The guidance set out the key principles for the fund, eligibility, measurement of outcomes and impact, and resources for support.

Being a Student with Care Experience

In 2019, CELCIS published research on the views of care-experienced college and university students.³²⁴⁰ This highlighted that looked after children continued to have lower educational attainment and 'a much higher proportion (72%) leaves school at the minimum age compared with all pupils (28%).'³²⁴¹ The survey had 412 usable responses to an electronic questionnaire, 276 from college students and 137 from university students.³²⁴² Two-thirds of students who declared their care status at application, reported being contacted by a member of staff as a result. A small majority of those found the process of declaring their care status as a positive experience, but a notable minority had mixed or negative experiences.³²⁴³ Overall, a

³²³⁷ CELCIS, 14.

³²³⁸ CELCIS, 18.

³²³⁹ Scottish Government, *National Operational Guidance for Care Experienced Children School Attainment Funding 2019-2020* (Edinburgh: Scottish Government, 2018), 1. Emphasis in original.

³²⁴⁰ Linda O'Neill et al., *"Being a Student with Care Experience is Very Daunting": Findings from a Survey of Care Experienced Students in Scottish Colleges and Universities* (Glasgow: CELCIS, 2019), 14. See also, Peter Tormey, "Reaching Beyond or Beyond Reach: Challenges Influencing Access to Higher Education for Care-Experienced Learners in Scotland," *Scottish Journal of Residential Child Care* 18, no. 2 (2019).

³²⁴¹ O'Neill et al., *"Being a Student with Care Experience,"* 14-5.

³²⁴² O'Neill et al., 26.

³²⁴³ O'Neill et al., 36.

quarter of respondents 'reported difficulties with their transition into college or university.'³²⁴⁴

Three-quarters of respondents felt that they were doing well at university or college.

Respondents were most positive about having access to help with university/college work (35% strongly agreeing) and with their accommodation situation (36% strongly agreeing), although the latter also saw 9% strongly disagreeing with the statement. They were least positive about feeling part of the college/university/community, with only 52% of respondents agreeing or strongly agreeing with this statement and 20% disagreeing or strongly disagreeing.³²⁴⁵

Two-fifths of students were not coping financially, and many reported 'having no one to help them plan their budgets, to teach them to manage their money, or to help them when times are tough.'³²⁴⁶ Over half of students had considered leaving their course, and the reasons included 'academic expectations, financial strain, lack of belonging and support, illness and disability, sensitivities triggered by academic topics, and competing commitments.'³²⁴⁷

Care-experienced students had accessed a range of support provided by their university or college.

Students at university were more likely to have used a mentor, disability advisor and the wellbeing/counselling service than those in colleges, perhaps due to availability, but the use of financial advisors and student associations was more evenly distributed.³²⁴⁸

The report made a number of recommendations and these involved providing care-experienced students with a more proactive, personal contact from the institution's care-experienced student advisor, and better information from awarding bodies, universities and colleges. Universities and colleges should ensure dedicated support services, and consider how these can be accessed during holiday periods, and there should be year round financial support. Year round accommodation should be

³²⁴⁴ O'Neill et al., 39.

³²⁴⁵ O'Neill et al., 42.

³²⁴⁶ O'Neill et al., 51.

³²⁴⁷ O'Neill et al., 53.

³²⁴⁸ O'Neill et al., 55.

available for all care-experienced students. Information should be collated about care-experienced students feedback on support services, why they leave courses early, and good practice and effective support.³²⁴⁹

National Ambition for Care-Experienced Students

In January 2020, the Scottish Funding Council published its *National Ambition for Care-Experienced Students*. It highlighted the unacceptably large gap between looked after children's attainment and achievement in school compared to all children. 'Educational attainment is strongly linked to health and economic outcomes, such that, the disadvantage faced by care-experienced young people in receiving a disrupted education can profoundly shape their adult lives.'³²⁵⁰

Although the Scottish Funding Council was not legally defined as a corporate parent, they were 'committed to supporting care-experienced young people and adults through their educational journey.'³²⁵¹ It set out its vision for 'equal outcomes between care-experienced students and their peers by 2030.'³²⁵² In delivering the national ambition, the Scottish Funding Council sought to:

- enable more students from care-experienced backgrounds to realise their full academic potential by encouraging our institutions to provide targeted and tailored support;
- ensure HEIs' commitment to offer undergraduate places to care-experienced applicants who meet minimum entry requirements;
- contribute in the sector's discussions on widening access of care-experienced learners; and
- encourage employers, including our colleges and universities, to offer learning and employment opportunities to care-experienced young people and adults.³²⁵³

³²⁴⁹ O'Neill et al., 10-13.

³²⁵⁰ Scottish Funding Council, *SFC's National Ambition for Care-Experienced Students* (Edinburgh: Scottish Funding Council, 2020), 8.

³²⁵¹ Scottish Funding Council, *SFC's National Ambition*, 11.

³²⁵² Scottish Funding Council, 12.

³²⁵³ Scottish Funding Council, 12.

The latest statistics on education outcomes of looked after children showed that while there had been improvements over the last six years, there were still large gaps when compared to all pupils.³²⁵⁴ Looked after children and young people tend to leave school at earlier stages than other children, 42 per cent leave at Stage 4 or earlier.³²⁵⁵ While 70 per cent of looked after young people had gained at least one qualification at level 4 or better, this compared to 96 per cent of all school leavers.³²⁵⁶ 'Looked after leavers who were in foster care or with friends or relatives had higher attainment than other placement types.'³²⁵⁷ Again, although the proportion of positive destinations of looked after school leavers had improved over the years, it continued to be lower than the proportion for all school leavers.³²⁵⁸

Health

In 2015, Priestley and Kennedy reviewed the research on the health of looked after children. They concluded that while the review highlighted poor health outcomes, 'it has also illustrated how an individual's health needs to be contextualised.'³²⁵⁹ 'The implications for policy and practice that emerge have a common component in that they require an attendance to the diversity and individuality of looked after children.'³²⁶⁰ There consequently needed to be a review of data collected on children's health and health outcomes to ensure it took account of the differences in the looked after children population. They also urged that interventions and services that address health needs of looked after children are evaluated effectively 'to provide information about what works.'³²⁶¹ Such research should be designed and

³²⁵⁴ Scottish Government, *Education Outcomes for Looked After Children 2018/19* (Edinburgh: Scottish Government, 2020), 1.

³²⁵⁵ Scottish Government, *Education Outcomes*, 6.

³²⁵⁶ Scottish Government, 8.

³²⁵⁷ Scottish Government, 5.

³²⁵⁸ Scottish Government, 14.

³²⁵⁹ Andrea Priestley and Lisa Ann Kennedy, *The Health of Looked After Children and Young People: A Summary of the Literature* (Glasgow: University of Strathclyde International Public Policy Institute Centre for Health Policy, 2015), 14.

³²⁶⁰ Priestley and Kennedy, *The Health of Looked After Children*, 14.

³²⁶¹ Priestley and Kennedy, 14.

implemented in a way that takes account of all the relevant variables of the target population.

A local example of developing the focus on the well-being of looked after children was Lothian's 'Create Space' event, which was part of NHS Lothian's *A Sense of Belonging* joint mental health strategy. The event brought together some 45 people from across Lothian to address the mental health and well-being of looked after children, and 'to hear from people with different perspectives and to consider how these perspectives will inform...work moving forwards.'³²⁶² Key messages included: understanding critical moments in transition experiences, paying attention to the different domains of young people's lives, understanding the bounded agency of young people and hearing their voices in the context of limited options, understanding hidden resilience in the context of limited opportunities, and building trust based relationships as the basis of effective practice.³²⁶³

Clark and colleagues carried out a national demonstration project to test the feasibility of data linkage to monitor the health of looked after children and young people.³²⁶⁴ It showed 'the feasibility of monitoring population-based health outcomes of school-aged looked after and non-looked after children using linked routine administrative data.'³²⁶⁵ However, it also showed gaps in the recording of individual identifiers in looked after children's records.

Expanding the identifiers included on looked after returns to allow direct linkage to the CHI [Community Health Index] database, or indeed inclusion of a unique 'citizen number' on routine administrative data from all sectors would present further opportunities to explore the health and health care of these groups.³²⁶⁶

³²⁶² NHS Lothian Mental Health and Wellbeing Team, *Are We Listening and Responding? "Create Space" – Hear and Discuss Different Perspectives on the Mental Health Needs of Looked After and Accommodated Children* (Edinburgh: NHS Lothian Mental Health and Wellbeing Team, 2017), 2.

³²⁶³ NHS Lothian Mental Health and Wellbeing Team, *Are We Listening*, 16.

³²⁶⁴ D. Clark et al., "Linking Routinely Collected Social Work, Education and Health Data to Enable Monitoring of the Health and Health Care of School-Aged Children in State Care ('Looked After Children') in Scotland: A National Demonstration Project," *Public Health* 150, (September 2017), 101.

³²⁶⁵ Clark et al., "Linking Routinely Collected Data," 102.

³²⁶⁶ Clark et al., 110.

Barron and Mitchell looked at the impact of trauma on a sample of young people in secure accommodation.³²⁶⁷ The research found that the 'adolescents experienced extensive trauma exposure.'³²⁶⁸ 'Events disclosed included multiple sudden traumatic losses, endemic familial and community violence, and institutional traumas.'³²⁶⁹ The research also identified numerous subjective units of disturbance, suggesting that 'adolescents continue to experience high levels of emotional disturbance from past traumatic events.'³²⁷⁰

In order to address the needs of traumatized adolescents, staff in secure accommodation and childcare agencies need to have an understanding of trauma exposure, resultant symptoms, and how best to respond.³²⁷¹

The Health and Well-being of Children and Young People

In 2018, Vincent and Jopling published findings of research on the health and well-being of looked after children and young people in Glasgow.³²⁷² They carried out a survey of looked after children and young people and compared this to a previous study of the health and well-being of 11- to 16-year-olds in Glasgow published in 2010 (the GSS survey). A face-to-face questionnaire was used and 130 young people aged between 11 and 18 participated. Just over half the young people were boys (54 per cent) and most were aged between 13 and 15 (71 per cent). In terms of placements, about '43 per cent were in foster care, 15 per cent in residential care, 8 per cent lived at home and 33 per cent were in kinship placements.'³²⁷³

Participants were reasonably active, and a quarter reported at least 60 minutes of physical activity every day in the previous week; four per cent had not been active for 60 minutes on any day. This was similar to the GSS findings. 'Almost all participants (n = 129) reported they had participated in at least one sport in the previous

³²⁶⁷ Ian Barron and David Mitchell, "Adolescents in Secure Accommodation in Scotland: Exposure and Impact of Traumatic Events," *Journal of Aggression, Maltreatment & Trauma* 27, no. 7 (2018), 777.

³²⁶⁸ Barron and Mitchell, "Adolescents in Secure Accommodation," 789.

³²⁶⁹ Barron and Mitchell, 790.

³²⁷⁰ Barron and Mitchell, 787.

³²⁷¹ Barron and Mitchell, 791.

³²⁷² Sharon Vincent and Michael Jopling, "The Health and Well-being of Children and Young People Who Are Looked After: Findings from a Face-to-Face Survey in Glasgow," *Health and Social Care in the Community* 26, no. 2 (2018), 182.

³²⁷³ Vincent and Jopling, "Health and Well-being," 184.

week.³²⁷⁴ However, looked after children were less likely to eat five or more portions of fruit and vegetables a day (18 per cent compared to 35 per cent).

We have seen that previous research has found that rates of smoking and drug and alcohol misuse are higher among looked after children and young people. However, this study found similar rates between looked after children and the general population, and 71 per cent of looked after children had never smoked compared to 75 per cent. 'Almost three-quarters of participants ($n = 96$) said they never drank alcohol (compared to 61 per cent in the GSS).'³²⁷⁵ However, a higher proportion of looked after children had tried drugs, 17 per cent compared to nine per cent.

About a third of looked after children reported they had a long-term illness compared to a quarter of those in the GSS. Participants were asked to rate their health over the past year and 84 per cent rated it positively, compared to 71 per cent in the GSS.

About 88 per cent ($n = 104$) of 118 participants who responded to a question about sexual health and relationship education said they received this at school (compared to 83 per cent in the GSS). Most ($n = 109$) had someone they could talk to about relationships.³²⁷⁶

The research found that the self-esteem scores for looked after children were 'marginally higher' than those of the GSS children (20 compared to 19.8), and '8 per cent ($n = 10$) had a self-esteem score of less than 15 (considered to indicate low self-esteem), compared with 15 per cent in the GSS.'³²⁷⁷

With regard to mental health problems, Vincent and Jopling highlighted previous research that would suggest significantly higher levels among the looked after participants.

About 29 per cent of LACYP ($n = 38$) scored 16 or more indicating a high level of difficulties (compared to 22 per cent). They had higher scores for

³²⁷⁴ Vincent and Jopling, 184.

³²⁷⁵ Vincent and Jopling, 185.

³²⁷⁶ Vincent and Jopling, 186.

³²⁷⁷ Vincent and Jopling, 187.

conduct problems and hyperactivity but lower scores for emotional symptoms and on the prosocial scale.³²⁷⁸

About 17 per cent of looked after children had experienced bullying in the previous year. However, this was less than in the GSS group (22 per cent). 'Young people were also asked whether they had been treated in a way that they felt was offensive in the last year. A quarter (n = 32) said they had (similar to the 23 per cent in the GSS) with little variation according to placement.'³²⁷⁹

A smaller proportion of the looked after children had been involved in some form of antisocial behaviour in the previous year—20 per cent compared to 30 per cent. Similarly, a smaller proportion admitted to truanting in the previous year, a quarter compared to a third. However, looked after children had lower educational aspirations than their peers.

Vincent and Jopling, while acknowledging the low response rate and small sample size, concluded that the 'findings of this study are perhaps more positive than might have been expected considering the negative findings of previous research, especially those relating to mental health.'³²⁸⁰ On a number of issues, the health and well-being of looked after children was better than their peers. That said, Vincent and Jopling highlight that the health and well-being of those in residential care was not as good as those in other placements, and there were 'higher rates of smoking, alcohol use, drug-taking and truanting among LACYP in residential placements.'³²⁸¹

Throughcare and Aftercare

Throughcare and Aftercare Services National Study

In 2014, CELCIS and the Scottish Throughcare and Aftercare Forum published a national study of local authority throughcare and aftercare services.³²⁸² A survey gathered information about care leaver demographics, services and service structure,

³²⁷⁸ Vincent and Jopling, 187.

³²⁷⁹ Vincent and Jopling, 188.

³²⁸⁰ Vincent and Jopling, 188–9.

³²⁸¹ Vincent and Jopling, 189.

³²⁸² Kenny McGhee et al., *Throughcare and Aftercare Services in Scotland's Local Authorities: A National Study* (Glasgow: CELCIS, 2014). See also, CELCIS, *Housing Options and Care Leavers: Improving Outcomes into Adulthood* (Glasgow: CELCIS, 2015).

and interviews took place with 11 local authority representatives. Twenty-seven of the 32 local authorities participated in the research.³²⁸³

The research highlighted different approaches in how local authorities targeted and engaged care leavers. While some offered support to all eligible young people, others prioritised those looked after away from home. Similarly, there were variations in how 'engagement' with young people was described. Some authorities counted sending a text message as engagement, while for others engagement involved more intensive or sustained support.³²⁸⁴

Services were also structured in different ways. Fifteen of the authorities had a centrally organised specialist service for throughcare and aftercare. Other services included dispersed specialist services, looked after adolescent teams, and a specialist dual service. Some services involved 'centralised services for some aspects of delivery with dedicated or locality-based services for different groups of care leavers.'³²⁸⁵

Throughcare and aftercare services were subject to a significant amount of change, normally because of service reviews or wider organisational re-structuring. While some of this change was viewed positively, it could also raise uncertainty and anxiety, and have 'implications for the provision of a consistent, good quality service for care leavers.'³²⁸⁶

In some two-thirds of authorities, corporate parenting was raised as an important factor, but not all local authorities had 'active strategic corporate parenting programmes.'³²⁸⁷ '[T]hroughcare and aftercare teams often felt the need to adopt a championing role, informing agencies and organisations of their duties and the issues that care leavers face.'³²⁸⁸ Successful corporate parenting strategies were attributed to strong leadership.

The research identified concerns about data collection, monitoring, and recording of care leaver outcomes. There were three key areas:

³²⁸³ McGhee et al., *Throughcare and Aftercare Services*, 8.

³²⁸⁴ McGhee et al., 20-1.

³²⁸⁵ McGhee et al., 30.

³²⁸⁶ McGhee et al., 36.

³²⁸⁷ McGhee et al., 38.

³²⁸⁸ McGhee et al., 38.

- maintaining up-to-date accurate databases of care leaver information;
- providing data for Scottish Government Children Looked After Statistics; and
- measuring and recording information about care leaver outcomes.³²⁸⁹

It concluded that while many areas of practice were strong, there were a number of problematic issues, such as the prioritisation of some groups of care leavers, which effectively 'excluded other groups of care leavers.'³²⁹⁰

Implementing Staying Put and Continuing Care

McGhee carried out further research on the implementation of the Scottish Government's *Staying Put* guidance in the context of the *Children and Young People (Scotland) Act 2014*.³²⁹¹ He highlighted that legislation and policy only provide the context for change and 'there are inherent complexities involved in delivery and practice.'³²⁹² The research interviewed nine residential practitioners from five children's homes in three local authorities, in order to gain their perspectives.³²⁹³ 'The study found a consistent narrative of a complex, contradictory, nuanced context within which residential child care practitioners operate.'³²⁹⁴ This narrative involved 'five main inter-related themes: learning and development; leadership and management; culture and practice; resources and finance; and relationships and young people.'³²⁹⁵

There was a lack of knowledge and awareness about the detail of the legislation and policy, and a 'lack of coordinated development opportunities for the staff team with key colleagues was regarded as a major block to successful implementation.'³²⁹⁶ There were concerns about leadership and management and 'a lack of consistency

³²⁸⁹ McGhee et al., 43.

³²⁹⁰ McGhee et al., 52.

³²⁹¹ Kenny McGhee, "Staying Put & Continuing Care: The Implementation Challenge," *Scottish Journal of Residential Child Care* 16, no. 2 (2017), 1.

³²⁹² McGhee, "The Implementation Challenge," 2.

³²⁹³ McGhee, 5.

³²⁹⁴ McGhee, 6.

³²⁹⁵ McGhee, 6.

³²⁹⁶ McGhee, 7.

and clarity from managers', and 'it is clear that locally the old norm has not yet been challenged just as a new norm has not been championed.'³²⁹⁷

McGhee highlighted the constraints on local authority finances and resources.

Short-term pressures on budgets create challenges for local managers and decision makers. This, however, cannot absolve local authorities, and other corporate parents, of their legal and ethical responsibilities towards looked after young people and care leavers.³²⁹⁸

He also emphasised the prevailing culture of young people leaving residential care at 16. 'Participants regarded themselves as the champions of a new practice culture. However, to develop this, workers need clear leadership and direction, clarity around the primary task, and an open and supportive practice environment.'³²⁹⁹ Central to this was their commitment to relationship-based practice and they saw this as 'a key enabler to young people staying longer.'³³⁰⁰

McGhee concluded that there were four key factors needed for successful implementation of Staying Put and continuing care: workforce development, monitoring and accountability, long-term financial commitment, and leadership.³³⁰¹

Supported Accommodation for Care Leavers

A study of four independent supported accommodation providers found that they were 'primarily offering services for care experienced young people.'³³⁰² 'Even when moving on from care, a young person had to be regarded as 'homeless' to be referred into these services.'³³⁰³ Staff in the services felt that the young people were too young, and unprepared for the move, with a range of personal issues and challenges. The research identified a number of strengths: services took a person-centred approach and focused on the young people as individuals; there was individual staff commitment; and the accommodation was considered a 'home' and

³²⁹⁷ McGhee, 7.

³²⁹⁸ McGhee, 9.

³²⁹⁹ McGhee, 11.

³³⁰⁰ McGhee, 11.

³³⁰¹ McGhee, 12.

³³⁰² James Frame, *Supported Accommodation: A Study* (Glasgow: CELCIS (2018), 1.

³³⁰³ Frame, *Supported Accommodation*, 1.

not just a 'tenancy'.³³⁰⁴ However, the main challenges for the services included: the age at which care leavers came to the service; lack of guaranteed aftercare for young care leavers; lack of funding and resources for appropriate services; and lack of suitable accommodation to meet young people's needs.³³⁰⁵

Care Visions' 'Why Not?' Initiative

In 2014, Care Visions started the 'Why Not? Initiative with the aim of offering 'every young person leaving a Care Visions service a meaningful connection to a supportive adult, based on a relationship that has developed within the care setting and that is valued by the young person.'³³⁰⁶ It was intended that this relationship would continue throughout the transition and into adulthood. While based on a small sample, the research identified a number of issues.

The initiative built on developments in relationship-based practice, but there was a recognition that, until recently, such ongoing relationships would have raised concerns. The nature of the relationships, however, differed in terms of whether they might be considered 'familial' or 'non-familial', and in the frequency of contact.³³⁰⁷ It was also important to consider the expectations of these relationships and changes over time. Finally, there were some different views on the relationship as a right in itself or as a means of improving outcomes.

While these two ways of thinking about Why Not? are not mutually exclusive, there is clearly some tension between them and resolving the tension by deciding on a primary aim will be helpful in understanding and evaluating the success of the initiative.³³⁰⁸

In 2018, The Why Not? Trust for Care Experienced Young People was set up to promote long term connections and relationships.³³⁰⁹

³³⁰⁴ Frame, 6.

³³⁰⁵ Frame, 6.

³³⁰⁶ Vicki Welch and Kenny McGhee, *Initial Evaluation of the 'Why Not?' Initiative Developed by Care Visions* (Glasgow: CELCIS, 2018), 2.

³³⁰⁷ Welch and McGhee, *The 'Why Not?' Initiative*, 6.

³³⁰⁸ Welch and McGhee, 10.

³³⁰⁹ The Why Not? Trust, "Our Story," *The Why Not? Trust* website. See also, Danny Henderson and Nicki McLaughlin, "Relationships and Resilience in the Time of Coronavirus," *Scottish Journal of Residential Child Care* 19, no. 3 (2020).

The continuing issues in developing ongoing relationships with care-experienced young people were highlighted by Nicola, a residential care worker. She described how, with the support of her employer, she maintained a relationship with a young person when he moved on from residential care.³³¹⁰ An 'anonymous allegation' was made to the Scottish Social Services Council about her 'inappropriate' relationship with the young person. She was investigated for misconduct and was eventually informed that no further action would be taken.

A consequence of my experience, and more importantly, of having my practice scrutinised and my ability to continue working in my profession questioned, was that I reduced the contact I had with David over this period. David is now twenty years of age and is unaware of this investigation, but has on occasion made reference to the fact that he 'missed me' and 'didn't hear from [me] as much as [he] used to'. This has caused me immense guilt, as my care, support and if I'm being brave and honest, love, has on occasion provided David with an essential lifeline.³³¹¹

Homelessness and Care Experience

In 2019, CELCIS published a briefing about care-experienced young people and homelessness. The briefing pointed out that there were many forms of homelessness, both visible (such as rough sleeping) and hidden (such as 'sofa-surfing' where people are in informal or unstable housing situations).³³¹² It also pointed out that different statistics, for example the *Children's Social Work Statistics* and the *Homelessness in Scotland Statistics*, 'use different parameters to measure and record people's experiences, and therefore cannot be used together to draw precise conclusions.'³³¹³

However, there is consistent evidence that care leavers are more likely to become homeless or experience housing instability.

Many young people leave care before they are ready, and may have limited choice in the matter...This leads to young people who are coping with past trauma, loss, and disadvantage having to experience further change and

³³¹⁰ Nicola, A Residential Care Worker, "Appropriate and Inappropriate Relationships: David's Story," *Scottish Journal for Residential Child Care* 15, no. 3 (2016), 139. Names have been changed to preserve anonymity. See also, Andrew Kendrick and Mark Smith, "Close Enough?: Professional Closeness and Safe Caring," *Scottish Journal of Residential Child Care* 1, no. 1 (2002).

³³¹¹ Nicola, "Appropriate and Inappropriate Relationships," 142.

³³¹² CELCIS, *Homelessness and Care Experience: Beyond the Headlines* (Glasgow: CELCIS, 2019), 2.

³³¹³ CELCIS, *Homelessness and Care Experience*, 4.

instability, and manage the complexities of independent living long before they are ready.³³¹⁴

When care leavers have suitable accommodation, they have a more positive sense of mental well-being and feel better able to cope with life. However, 'despite a progressive and enabling policy and legislative context in Scotland, the experience of homelessness remains.'³³¹⁵

Youth Homelessness Prevention Pathway

In 2019, a national coalition—A Way Home Scotland—produced recommendations 'to improve the housing journey of care leavers in Scotland and prevent homelessness for people with experience of care.'³³¹⁶ The report highlighted that the homelessness experiences of some two-fifths of care leavers in Scotland were not known, in part because not all of were receiving aftercare services.³³¹⁷

A Way Home Scotland argued that 'the needs of Scotland's care experienced young people can be achieved through fully realising Scotland's excellent policy and legislative framework.'³³¹⁸ It outlined the policy and legislative framework in Scotland, and highlighted that despite 'having the most progressive and supportive legislative and policy context, Scotland has the lowest average age of leaving care in the UK (17 years).'³³¹⁹ It argued that there needed to be a focus on two main themes:

- practice and culture; and,
- systems and frameworks.³³²⁰

Leaders and managers needed to promote an innovative and creative culture 'by providing and sharing a vision and by enabling others to see that things can be different, by inspiring, motivating and empowering others to act.'³³²¹

³³¹⁴ CELCIS, 5.

³³¹⁵ CELCIS, 8.

³³¹⁶ A Way Home Scotland, *Youth Homelessness Prevention Pathway: Improving Care Leavers Housing Pathways* (Edinburgh: A Way Home Scotland, 2019), 4.

³³¹⁷ A Way Home Scotland, *Youth Homelessness Prevention Pathway*, 12.

³³¹⁸ A Way Home Scotland, 7.

³³¹⁹ A Way Home Scotland, 15.

³³²⁰ A Way Home Scotland, 24.

³³²¹ A Way Home Scotland, 25.

In relation to foster care, A Way Home Scotland recommended that 'fostering regulations should be aligned and amended to ensure Fostering Services can legally provide care for young people up to the age of 21 in line with the Continuing Care provisions within the 2014 Act.'³³²² The recommendation also addressed the need for foster carers to be recruited and supported to do this, and placements must be suitably funded.

A Way Home Scotland argued that the Scottish Government and Care Inspectorate should 'develop and undertake robust thematic integrated reviews of "transition services".'³³²³ These should focus on partnership working, outcomes, improved destinations and aftercare engagement. Corporate parents should specifically set out how they will 'plan and deliver integrated services for care leavers transitioning from care to adulthood.'³³²⁴ There should also be 'a more robust process to gather accurate useable data and qualitative measures of improvement, with the ultimate aim of making clear what progress is being made on a national basis.'³³²⁵

Highlighting that systems vary significantly across Scotland, A Way Home Scotland recommended that there should be an analysis of good aftercare that draws on the views of people with lived experience. 'An analysis of good Aftercare which sets out best practice examples should be developed as a valuable tool for local authorities and the young people under their charge to develop approaches which work effectively in their area.'³³²⁶

Finally, A Way Home Scotland addressed the financial circumstances of care leavers. It recommended that the Scottish Government and local authorities 'should continue to engage with DWP to ensure the advance claim facility is effective and made available across Scotland in a timely manner.'³³²⁷ The DWP should also extend further facilities to consider care leavers, including ensuring the same person in the local job centre is available. It also highlighted the complexity of financial supports.

Further work to streamline and communicate the variety of financial supports available to care leavers must be developed, to ensure these

³³²² A Way Home Scotland, 27.

³³²³ A Way Home Scotland, 27.

³³²⁴ A Way Home Scotland, 28.

³³²⁵ A Way Home Scotland, 28.

³³²⁶ A Way Home Scotland, 29.

³³²⁷ A Way Home Scotland, 30.

facilities work effectively together, and young people and their Corporate Parents are able to claim them in a straightforward way. In particular, this should consider DWP benefits, support available from the local authority, and other support.³³²⁸

Safeguarding and Protecting Children and Young People

Consultation on InterAction Action Plan Commitments

Following its commitments to the Scottish Human Rights Commission InterAction Action Plan, the Scottish Government commissioned CELCIS to carry out a consultation on the proposals for a public inquiry and other commitments to survivors of historical abuse. The consultation involved local and regional events, a telephone helpline, and an online and paper-based questionnaire.³³²⁹

The consultation with survivors of abuse and relevant organisations found that there was general agreement on the potential outcomes of the inquiry:

- hearing the experiences of individuals subject to abuse in institutional or other care settings;
- hearing the lifetime experiences of the consequences of abuse in childhood;
- hearing the perspectives of state and non-state providers of care on meeting their past duty of care;
- holding organisations and the Scottish Government to account;
- creating a national public record of historical child abuse; and
- raising public awareness and understanding.³³³⁰

Most of the people who responded considered that the timeframe should be 'within living memory'.³³³¹ There was general agreement that 'all types of abuse should be included: physical, sexual, emotional abuse and neglect', and some survivors

³³²⁸ A Way Home Scotland, 30.

³³²⁹ Andrew Kendrick and Julie Shaw, *Consultation on the Public Inquiry into Historical Child Abuse in Scotland and other Scottish Government Commitments to Survivors of Historical Child Abuse* (Glasgow: CELCIS, 2015), 5.

³³³⁰ Kendrick and Shaw, *Consultation on the Public Inquiry*, 36.

³³³¹ Kendrick and Shaw, 36.

highlighted medical abuse, spiritual abuse, systemic abuse and abuse of child migrants.³³³²

There were a range of views in respect of the types of care setting to be included in the inquiry. Some considered that abuse in institutional settings should be the focus, others included residential and foster care, and children looked after at home. A significant number felt that private/independent boarding schools or community groups such as sports clubs or uniformed organisations should be included.³³³³

The consultation also considered other commitments and, in particular, there was strong support for a survivor support fund to allow reparation for what had happened to survivors in their childhood. It was considered that a range of services should be available: advocacy; counselling, including specialised counselling which would address trauma and abuse, mental health problems, and addictions; physical health needs; and support for education, employment, benefits, legal advice, housing, and practical support.³³³⁴ There was general agreement that compensation should be part of the fund, and that it should be 'fair and proportionate and address the financial hardship of survivors, making up for missed opportunities.'³³³⁵

Developments in Addressing Historical Abuse

There have been a number of significant developments in recent years to address the needs of survivors of historic abuse. The remit and chairperson of the public inquiry into historical child abuse—Scottish Child Abuse Inquiry—was announced in May 2015, and the Inquiry was established in October 2015.

The Survivor Support Fund was also taken forward in 2015 and *Future Pathways* was set up to facilitate support for survivors of in care abuse.³³³⁶ Following registration with *Future Pathways*, a Support Co-ordinator would help to identify the survivor's support needs and a support plan would be tailored to each person, based on their circumstances and needs. Examples of the support people have accessed included: searching for records, psychological therapy for trauma, adult education classes, arts groups, travel to visit family, support to get into work, health, and fitness classes,

³³³² Kendrick and Shaw, 37.

³³³³ Kendrick and Shaw, 37.

³³³⁴ Kendrick and Shaw, 39.

³³³⁵ Kendrick and Shaw, 39.

³³³⁶ Future Pathways, "Examples of How We Can Help You," *Future Pathways* website.

driving lessons, and access to further education. *Future Pathways* could also provide one-off payments for items that would help achieve the support plan.

However, compensation or financial redress was not included within the remit of *Future Pathways*. In 2016, the Scottish Government set in motion a process of consultation and engagement about financial redress for abuse in care. This was taken forward by the InterAction Review Group in partnership with CELCIS. It involved extensive consultation with survivors of abuse, descriptive summaries of international schemes, and initial perspectives from care providers and relevant organisations. In September 2018, the InterAction Action Plan Review Group submitted its recommendations to the Scottish Government, calling for a financial redress scheme as soon as possible and making a number of recommendations about the preferred approach to redress.³³³⁷ It also recommended an advanced payment scheme to take account of the length of time that it would take to set up the redress scheme.³³³⁸

In October 2018, the Deputy First Minister committed to establish a financial redress scheme for survivors of abuse in care, and he also committed to setting up an Advanced Payment Scheme because of the length of time that the setting up of the redress scheme would take. The Advanced Payment Scheme began in April 2019 for those who suffered abuse in care in Scotland before December 2004 and who had a terminal illness or were aged 70 or over. The Scheme was reviewed in December 2019 and at the end of September there had been 230 payments made. On average, the applications were dealt with within 26 days.³³³⁹ It was also concluded that the age threshold for eligibility should be reduced from age 70 and over to age 68 and over.³³⁴⁰

On 13 August 2020, the Scottish Government introduced the Redress for Survivors (Historical Child Abuse in Care (Scotland) Bill ("the Bill") to the Scottish Parliament. The Bill seeks to establish a financial redress scheme for

³³³⁷ InterAction Action Plan Review Group, *Conclusion of the Consultation and Engagement on a Potential Financial Compensation/Redress Scheme for Victims/Survivors of Abuse in Care* (Glasgow: InterAction Action Plan Review Group, 2018), 3-5.

³³³⁸ InterAction Action Plan Review Group, *Conclusion of the Consultation and Engagement*, 6.

³³³⁹ Scottish Government, *Financial Redress for Survivors of Historical Child Abuse in Care: Information Note 4* (Edinburgh: Scottish Government, 2019), 1.

³³⁴⁰ Scottish Government, *Financial Redress*, 1.

survivors of historical abuse in relevant care settings in Scotland, and, in some circumstances, where the survivor has died, their next of kin.³³⁴¹

Preventing and Responding to Child Sexual Exploitation

In 2018, the Care Inspectorate reported on 'whether the foundations are in place to support care services to prevent and respond effectively to child sexual exploitation.'³³⁴² In the 2015 annual return, 405 care providers completed information on child sexual exploitation. In the following year, 332 services were inspected in relation to staff understanding and how well they were supporting and protecting children and young people.³³⁴³ Most services had a policy on child sexual exploitation, and there were good examples of training to support the implementation of these policies. Furthermore, '77% of care services had effective systems in place to identify children at risk of child sexual exploitation.'³³⁴⁴

Most services had staff training plans, particularly care home services. Generally, staff were aware of their responsibilities about child sexual exploitation, although, in a small proportion of services, only a few members of staff were aware of their responsibilities.³³⁴⁵

Almost all services (95 per cent) had 'care plans which contained effective and implemented strategies to maximise the safety of young people in connection with child exploitation.'³³⁴⁶ These were associated with 'appropriate identification of risk, very good risk management strategies, regular review, and collaborative work with other agencies.'³³⁴⁷ The Care Inspectorate also found that the involvement of children and young people could contribute to effective and innovative strategies to reduce or prevent harm. However, less than half of care services (45 per cent) had a specific policy or procedure to deal with young people absconding.³³⁴⁸

³³⁴¹ Scottish Government, *Financial Redress for Survivors of Historical Child Abuse in Care: Information Note 6* (Edinburgh: Scottish Government, 2020), 1.

³³⁴² Care Inspectorate, *Preventing and Responding to Child Sexual Exploitation: Evidence from Inspections of Care Services for Children and Young People* (Dundee: Care Inspectorate, 2018), 6.

³³⁴³ Care Inspectorate, *Child Sexual Exploitation*, 14.

³³⁴⁴ Care Inspectorate, 15.

³³⁴⁵ Care Inspectorate, 16.

³³⁴⁶ Care Inspectorate, 19.

³³⁴⁷ Care Inspectorate, 19.

³³⁴⁸ Care Inspectorate, 24.

Children and young people going missing from residential and foster care has long been a concern. In 2015, a partnership agreement was developed between Police Scotland and local authority partners—*Looked After Children who Go Missing from Residential and Foster Care in Scotland*.³³⁴⁹

The partnership agreement involved several changes to practice, including:

- an 'absent' category when it was considered that there was no or little risk to a young person going missing;
- prevention plans that included initial information relevant to the completion of the Missing Person Form;
- a risk assessment model including 'vulnerability', 'influences' and 'past behaviour';
- a return interview to help ensure that the young person's needs were met; and
- follow-up interventions including inter-agency referrals and supports.³³⁵⁰

From 2015 to 2016, three local authorities were involved in a year-long pilot of the partnership agreement, and subsequently continued to use this approach. Evaluation of the pilot 'indicated a reduction in the number of missing persons incidents for most of the children's houses involved in the pilot, including some substantial reductions.'³³⁵¹ One of the key strengths of the partnership agreement was 'its contribution to improvements in communication and the sharing of information.'³³⁵²

Interviews with 40 participants, including young people, residential staff and police officers, showed that whilst some participants had a good understanding of the agreement, 'others, including residential workers and police officers, indicated less familiarity', and were unclear about some of the terminology such as 'absent'.³³⁵³ Joint training on the introduction of the agreement was seen as valuable, although

³³⁴⁹ Leanne McIver and Vicki Welch, *Just Out Having a Good Time? Evaluation of the Pilot National Partnership Agreement for Looked After Child Who Go Missing from Residential and Foster Care in Scotland* (Glasgow: CELCIS, 2018), 2.

³³⁵⁰ McIver and Welch, *Just Out Having a Good Time*, 2-3.

³³⁵¹ McIver and Welch, 3.

³³⁵² McIver and Welch, 5.

³³⁵³ McIver and Welch, 6.

not all participants had received this training. 'Participants in "professional" categories described the introduction of regular liaison meetings as an important part of improving communications and information sharing.'³³⁵⁴ This was linked to the role of the Missing Persons Co-ordinator in the local police, and the importance of having a point of contact and someone who 'had the opportunity to develop relationships with residential staff and young people as well as the understanding and authority to feed issues and comments back to police colleagues directly.'³³⁵⁵

Issues were identified in providing information for the missing person report and while 'participants gave some clear examples of good practice, there appeared to be some inconsistency and misunderstanding around accessing and sharing information when a young person is reported missing.'³³⁵⁶ There were also issues regarding the 'return interviews' and how much young people might say in the interview, particularly if this, with the young person's permission, was to be shared with the police. 'A number of participants, including some of the young people, expressed doubts about the usefulness of the Return Interview.'³³⁵⁷

In terms of risk assessment, it was generally felt that the approach for residential workers was appropriate.

Some participants described the inclusion of risk discussions as part of a young person's routine planning as a strength of the Partnership Agreement, but there was limited evidence to indicate whether this was done consistently for all young people. There was also some indication that, for young people who moved frequently between placements, plans were not always reviewed or updated in good time.³³⁵⁸

In relation to professional roles and responsibilities, there remained 'some tensions around decision-making, particularly about considering a young person 'absent'.³³⁵⁹ There were issues raised about whether residential workers called the police too quickly in some instances, and about record keeping and procedures.

³³⁵⁴ McIver and Welch, 7.

³³⁵⁵ McIver and Welch, 8.

³³⁵⁶ McIver and Welch, 9.

³³⁵⁷ McIver and Welch, 10.

³³⁵⁸ McIver and Welch, 13.

³³⁵⁹ McIver and Welch, 15.

The evaluation acknowledged the focus on residential care and, that while the partnership agreement covered foster care, 'there was a sense from participants who discussed this that a young person going missing from foster care is much more unusual.'³³⁶⁰

The Evaluation Advisory Group acknowledged the benefits of the partnership agreement approach and argued that the 'adoption of this approach as best practice across Scotland would contribute to ensuring appropriate responses for individuals, and the promotion of safeguarding the wellbeing of children and young people in residential and foster care.'³³⁶¹ It recommended revisions to the partnership agreement, including:

- awareness of the partnership agreement should form part of standard induction processes for new staff, and there should be refresher training;
- partnership working, including the regular meeting of a local liaison group, is key;
- the use of return interviews should be reviewed;
- there should be consistency, understanding, and confidence around risk assessments;
- children's plans and risk assessments should be kept updated, and relevant information shared where appropriate; and
- training should be undertaken jointly to ensure shared ownership and accountability, and clarity of roles and responsibilities.³³⁶²

Developments in Foster Care

Good Practice in Foster Care

In 2015, Mackay and colleagues explored how foster carers could support the mental health needs of young children in their care, focusing on children aged up to five years who have been removed into foster care.³³⁶³

³³⁶⁰ McIver and Welch, 20.

³³⁶¹ McIver and Welch, 30.

³³⁶² McIver and Welch, 30-31.

³³⁶³ Kirsteen Mackay et al., *Formulating Foster Care in Scotland for Young Children's Emotional and Mental Wellbeing* (Edinburgh: The University of Edinburgh/NSPCC, 2015), 4.

Key factors identified which may equip foster carers to meet the mental health needs of infants in their care are: appropriate training and matching of the carer to the child; ongoing support for foster carers; and inclusion of the foster carers views when making arrangements for the looked after child.³³⁶⁴

Foster carers considered that the main issues in meeting the mental health needs of children in their care were: building attachment, modelling positive behaviour, and stimulating the child's mental and physical development.³³⁶⁵

The report concluded that there were a number of issues that could be addressed to better support younger children in foster care. It was not clear about the extent to which health assessments considered the mental health needs of younger children.³³⁶⁶ Emergency placements impacted on the matching of the foster carer to the child, and the provision of background information. There was also a need for more consistent training of foster carers.³³⁶⁷ Better access to support, particularly when dealing with challenging behaviours was highlighted.³³⁶⁸

Boyd, Balogun, and Minnis described the development in Glasgow of an intensive, multi-disciplinary, individualised intervention with birth families, which takes place while the child is in placement with foster carers.³³⁶⁹ Ideally, the foster carers would be willing to adopt the child if necessary. The model would involve a more rigorous assessment of children entering foster care, and while this would be more resource intensive in the short term, it would improve permanency planning and reduce longer-term commitments for social services and health services.³³⁷⁰

The *Permanently Progressing?* research project investigated children who were under the age of five when they became looked after at home, in kinship or foster care, or with prospective adopters.³³⁷¹ The outcome study involved 643 children who had

³³⁶⁴ Mackay et al., *Formulating Foster Care*, 15.

³³⁶⁵ Mackay et al., 25.

³³⁶⁶ Mackay et al., 30.

³³⁶⁷ Mackay et al., 31.

³³⁶⁸ Mackay et al., 31.

³³⁶⁹ Kathleen Anne Boyd, Mayowa Oluwatosin Balogun and Helen Minnis, "Development of a Radical Foster Care Intervention in Glasgow, Scotland," *Health Promotion International* 31, no. 3 (2016), 665.

³³⁷⁰ Boyd, Balogun and Minnis, "Radical Foster Care Intervention," 670-1.

³³⁷¹ Linda Cusworth et al., *Children Looked After Away from Home Aged Five and Under in Scotland: Experiences, Pathways and Outcomes* (Stirling: University of Stirling, 2019), 1.

become looked after away from home during 2012-13 and were looked after away from home or had been adopted/placed for adoption on 31 July 2014.³³⁷² A follow-up survey in 2016 provided information on 433 children.

Most of the children had experienced abuse and neglect (89 per cent), predominantly neglect and emotional abuse.³³⁷³ The parents of the children had had adverse experiences in their own childhoods, and experienced financial and housing difficulties. There were concerns about parental substance abuse and parental mental health problems.³³⁷⁴

'The majority of children were initially placed in foster care, either with kinship foster carers (36%) or unrelated foster carers (59%).'³³⁷⁵ Given the primary aim to reunify children with their parents, a range of supports were offered to parents, 'although there were some gaps in service provision which led to unmet needs.'³³⁷⁶

Reunification was the initial plan for a quarter of the children and for 17 per cent it was to live with a kinship carer outwith the looked-after system. For almost a third of children (29 per cent), the plan was for adoption and for 14 per cent it was for long term foster care.³³⁷⁷

At follow-up, just under one fifth of children (17 per cent) had been reunited with their parents. Fifteen per cent of children (65) were placed with kinship carers outwith the looked after system. Over one third of children (36 per cent) were on a pathway to adoption, including 25 per cent who had been adopted. The remaining 140 children (32 per cent) were still looked after away from home.³³⁷⁸ 'Three to four years after being looked after, almost three quarters (72%) were in placements intended to be permanent.'³³⁷⁹

Social workers reported a number of difficulties and delays in achieving permanence for children, including disruption of placements, difficulties in

³³⁷² Cusworth et al., *Experiences, Pathways and Outcomes*, 8. Nineteen local authorities took part in the research.

³³⁷³ Cusworth et al., 15.

³³⁷⁴ Cusworth et al., 19-25.

³³⁷⁵ Cusworth et al., 27.

³³⁷⁶ Cusworth et al., 32.

³³⁷⁷ Cusworth et al., 35.

³³⁷⁸ Cusworth et al., 37.

³³⁷⁹ Cusworth et al., 65.

finding suitable placements for a sibling group, children's disability or health needs, and the level of contact with birth family required by the Children's Hearing or sheriff.³³⁸⁰

The research found that children's 'early relationship experiences continued to have a profound effect on their physical and emotional health, their wellbeing and their relationships with adult care givers.'³³⁸¹ 'Put simply, children who were accommodated and placed with carers and adoptive parents earlier, and who remained there were generally doing better.'³³⁸²

The Standard for Foster Care

The Scottish Social Services Council published *The Standard for Foster Care* in April 2017.

The Standard has been developed to establish a framework for the learning foster carers need to undertake for the foster carer role, and to support a realistic level of standardisation and consistency in the ways learning is provided and used.³³⁸³

However, despite the previous commitment from Scottish Government, formal qualifications would not be mandatory for foster carers.³³⁸⁴ A range of different learning approaches should be used.

The standards were set out in terms of 19 learning areas:

- 1 The rights of children and young people.
- 2 Ethics, values and principles.
- 3 Law, policy and guidance.
- 4 Stages and areas of emotional, social, cognitive and physical development.
- 5 Keeping children, young people and others safe.
- 6 Building positive relationships.
- 7 Promoting wellbeing and resilience.

³³⁸⁰ Cusworth et al., 47.

³³⁸¹ Cusworth et al., 93.

³³⁸² Cusworth et al., 93.

³³⁸³ Scottish Social Services Council, *Standard for Foster Care*, 3.

³³⁸⁴ SSSC, 9.

- 8 Effective communication.
- 9 Assessment and planning.
- 10 Supporting children and young people with contact.
- 11 Health and wellbeing.
- 12 Education and achievement.
- 13 Recreation, leisure and play.
- 14 Safe use of social media, and online technologies.
- 15 Promoting positive behaviours and managing behaviours that challenge.
- 16 Managing conflict and crises.
- 17 Foster carers' development.
- 18 Leading and working with others.
- 19 Record keeping and information management.³³⁸⁵

Fostering Network State of the Nation

In June 2019, The Fostering Network in Scotland published its State of the Nation survey.³³⁸⁶ The survey ran from July 2018 for two months and '500 foster carers from Scotland took part.'³³⁸⁷ Two-thirds of the respondents fostered for a local authority (64 per cent) and one-third for an independent/voluntary provider (36 per cent). Almost half of the foster carers were looking after one child (46 per cent), one-third looking after two children (30 per cent), one in ten were looking after three children (11 per cent), and a small number were looking after four or more children (1 per cent).³³⁸⁸

The report highlighted that '[w]hile it is encouraging that 80 per cent of foster carers feel that they are treated as an equal and valued member of the team by their supervising social worker, it is concerning that 16 per cent say they do not.'³³⁸⁹ The Fostering Network called for foster carers to be recognised and valued as key members of the team around the child.³³⁹⁰

³³⁸⁵ SSSC, 16-7.

³³⁸⁶ Kate Lawson and Robert Cann, *State of Scotland's Foster Care* (Glasgow: The Fostering Network in Scotland, 2019), 3.

³³⁸⁷ Lawson and Cann, *Scotland's Foster Care*, 23.

³³⁸⁸ Lawson and Cann, 5.

³³⁸⁹ Lawson and Cann, 7.

³³⁹⁰ Lawson and Cann, 7.

While the report highlighted improvements in the proportion of carers with an agreed training plan, there were still gaps in training, particularly therapeutic parenting, behaviour management, mental health, specialised first aid, and attachment.³³⁹¹ The Scottish Government should review the learning and development standard for foster care.³³⁹² Foster care services should ensure that 'all foster carers should have an agreed annual training plan that addresses both the core and specialised training required to meet the needs of the children they are caring for.'³³⁹³

There were variations in the levels of support that foster carers felt they received, with 72 per cent considering that support from their supervising social worker was positive, compared to 61 per cent for their fostering service, and 44 per cent for the placing authority in general.³³⁹⁴ Fostering services should ensure that support for foster carers and other members of the household 'should be tailored to the individual needs of the children they are caring for and should be matched to the developmental stages of the child.'³³⁹⁵ All services should provide 'dedicated, responsive out of hours fostering support services' and provide 'clarity on the availability of short break provision and it should be delivered as agreed.'³³⁹⁶

Given the importance of stability, there was concern that too many fostered children were experiencing multiple moves and placement instability.³³⁹⁷ The Fostering Network recommended that local authorities should make an independent review of placement decisions mandatory, and 'with the exception of a child protection concern, placements should not end unless a review has been held and views of all concerned have been taken into account.'³³⁹⁸ Foster carers 'should always be given the opportunity to feed into referral information to ensure a smooth transition.'³³⁹⁹

The survey found that the Continuing Care policy was experiencing implementation issues, and 'insufficient funding combined with a lack of planning and promotion of

³³⁹¹ Lawson and Cann, 8.

³³⁹² Lawson and Cann, 9.

³³⁹³ Lawson and Cann, 9.

³³⁹⁴ Lawson and Cann, 10.

³³⁹⁵ Lawson and Cann, 11.

³³⁹⁶ Lawson and Cann, 11.

³³⁹⁷ Lawson and Cann, 12.

³³⁹⁸ Lawson and Cann, 12.

³³⁹⁹ Lawson and Cann, 12.

Continuing Care means that too many young people are forced to move on before they are ready.³⁴⁰⁰ The Fostering Network called for the proper funding of the Continuing Care policy with the introduction of minimum allowances for foster carers.³⁴⁰¹ Fostering services should have a Continuing Care policy in place and it 'must be introduced as an option in the pathway planning process...and should be raised with prospective foster carers during the assessment process.'³⁴⁰²

The survey identified wide variations in the fees received by foster carers, and the Fostering Network called on the Scottish Government to 'introduce and fund a minimum recommended allowance,' and foster carers should 'receive a fee payment which recognises their time and skills.'³⁴⁰³ Fostering services should ensure that fostering allowances are 'sufficient to cover the full costs of caring for a child', and foster carers should be 'paid for their time, skills and expertise, preferably via a tiered payment scheme.'³⁴⁰⁴

The survey found that over a half of foster carers had been asked to take 'children outside their age approval range' and one-third to take 'children outside their approved type of fostering.'³⁴⁰⁵ This highlighted the need, at national and local level, for needs analysis 'to inform targeted recruitment and commissioning'.³⁴⁰⁶ Fostering agencies should ensure that foster carers are only asked to take children within their approval, and where a foster carer's approval has changed, they should receive additional training and support.

The survey highlighted issues in the support that foster carers received in the case of allegations of abuse. Fostering services should ensure that foster carers are aware of the implications of allegations made against them, have in place a transparent framework for dealing with allegations, including 'the same HR, emotional and legal support that would be afforded their social work colleagues', and they should be given access to independent support.³⁴⁰⁷

³⁴⁰⁰ Lawson and Cann, 13.

³⁴⁰¹ Lawson and Cann, 14.

³⁴⁰² Lawson and Cann, 14.

³⁴⁰³ Lawson and Cann, 16.

³⁴⁰⁴ Lawson and Cann, 16.

³⁴⁰⁵ Lawson and Cann, 18.

³⁴⁰⁶ Lawson and Cann, 18.

³⁴⁰⁷ Lawson and Cann, 19.

Almost a third of foster carers said they had been prevented from keeping in contact with a child they had fostered, and two-thirds had received little or no support to maintain contact. Guidance was needed 'to ensure that children and young people in care are enabled to remain in contact with their former foster carers and other people who are significant to them.'³⁴⁰⁸

In launching the report, The Fostering Network was concerned that while the Independent Care Review was welcome, it has 'inadvertently stalled progress' where the need for change had already been clearly identified.³⁴⁰⁹ It therefore called for immediate action from the Scottish Government to: introduce and fund a minimum recommended fostering allowance, finalise and implement its draft guidance on decision-making for foster carers, and review and implement the learning and development standard for foster care 'to ensure it fully covers accredited and standardised pre- and post-approval training.'³⁴¹⁰

Developments in Residential Care

Good Practice in Residential Care

Building on previous work on storytelling in residential care, Simpson described a small-scale study which highlighted the benefits of bedtime reading to young people in residential care. The study sought the views of three young people, four residential workers, and a residential child care consultant.³⁴¹¹ Bedtime storytelling was important in creating rhythms and routines, and as part of wider bedtime rituals. Workers could also choose books and stories that have 'educational or developmental value for a child.'³⁴¹² Bedtime reading also enhanced the relationship between the young people and residential staff, and the 'young people all expressed feelings of enjoyment and closeness to the worker.'³⁴¹³ The research highlighted the

³⁴⁰⁸ Lawson and Cann, 20.

³⁴⁰⁹ The Fostering Network, "Urgent Action Required on Foster Care in Scotland, Charity Warns," *The Fostering Network* website, 2019.

³⁴¹⁰ The Fostering Network, "Urgent Action Required."

³⁴¹¹ Dawn Simpson, "Beware of the Big Bad Storyteller? An Exploration of the Therapeutic Potential of Bedtime Reading from the Perspective of Young People and Residential Workers," *Scottish Journal of Residential Child Care* 13, no. 1 (2014), 5.

³⁴¹² Simpson, "Beware of the Big Bad Storyteller," 8.

³⁴¹³ Simpson, 9.

need for support for residential workers in promoting educationally rich environments.

Hamilton highlighted how life story approaches can also be important in developing relationships in residential child care.³⁴¹⁴ However, she detailed how such approaches need to build on the knowledge and understanding of individual children and young people. 'In C's case, it was about knowing her, knowing how she thinks about things, how she processes, what upsets her, what makes her smile, what she needed to know and what purposes she thought it would serve.'³⁴¹⁵

It is our task to create environments in which [children and young people] can explore themselves, their stories, their relationships and question their understanding and development. Life story work can be used as a therapeutic tool to support a child/young person to make meaning from and share their story with others and it can be incorporated into daily life.³⁴¹⁶

Fowler built on her previous research on relationships in residential care, and carried out an ethnographic study of three residential houses between 2016 and 2017. This involved participant observation and interviews with staff and young people.³⁴¹⁷

'Bruceford, Stewarton and Wallacewells were local authority residential houses...housing five to six young people at a time and employing permanent and relief staff members working on different shift patterns.'³⁴¹⁸ Her study focused on the ways in which relationships were enacted and understood in residential care, and what role they play in everyday experiences of young people and staff members.³⁴¹⁹

Fowler showed that '[t]aking moments to share aspects of each other's personal lives was not uncommon for staff members and young people in the residential houses.'³⁴²⁰ However, bureaucratic processes and paperwork 'permeated life in all three houses, appearing to influence relational activities and emotional aspects of

³⁴¹⁴ Elaine Hamilton, "Life Story Approaches and Relationships within Residential Child Care: A Practice Reflection," *Scottish Journal of Residential Child Care* 18, no. 2 (2019), 59.

³⁴¹⁵ Hamilton, "Life Story Approaches," 62.

³⁴¹⁶ Hamilton, 65.

³⁴¹⁷ Nadine Helen Fowler, "An Ethnographic Study of Relationships in Residential Child Care" (PhD thesis, University of Stirling, 2018), 93.

³⁴¹⁸ Fowler, "Ethnographic Study of Relationships," 96.

³⁴¹⁹ Fowler, 122-3.

³⁴²⁰ Fowler, 124-5.

participants' interactions.'³⁴²¹ While they could provide opportunities for young people and staff to spend time together, they could also create barriers. Shift patterns also 'affected the ability of staff members to connect to young people, and each other, in the houses.'³⁴²² Concerns about child protection and young people's safety also placed constraints on developing relationships.

She concluded that 'while relationships in residential child care are complex entities in and of themselves, they are both hindered and facilitated by residential child care being a workplace and a homeplace.'³⁴²³ She also highlighted how routines and rituals such as mealtimes and bedtimes, and special occasions were central to developing relationships.

[The] many displays of intimacy...should be celebrated, especially given the barriers present, the main argument is that there is work to be done in facilitating loving and intimate relationships in residential child care and remove barriers to these relationships.³⁴²⁴

Staff members and young people related to one another by 'spending time together, sharing aspects of their lives, and seeking, giving and receiving advice'.³⁴²⁵ However, relationships in residential care are 'inherently ambivalent as a consequence of structural factors in residential care, as staff members and young people are always likely to feel some element of confusion around their connections to each other.'³⁴²⁶

... it was evident that young people themselves can be stuck between wanting close relationships with staff members and maintaining their distance, by either avoiding conversations where they were asked to share details of their life, or struggling with the conception of the residential house as a workplace and a homeplace.³⁴²⁷

³⁴²¹ Fowler, 123.

³⁴²² Fowler, 134.

³⁴²³ Fowler, 159.

³⁴²⁴ Fowler, 160.

³⁴²⁵ Fowler, 210.

³⁴²⁶ Fowler, 211.

³⁴²⁷ Fowler, 215.

Fowler concluded, however, that staff members and young people were able to 'form close, intimate relationships with one another, and that these relationships are not too dissimilar from 'traditional' family relationships.'³⁴²⁸

In taking opportunities to display and practice their relationships with one another, to show the outside world that they care about and for each other, the participants in this study demonstrate their resilience against these barriers. They are able to form meaningful connections with one another and appreciate these connections deeply. While it is accepted that not everyone had close relationships with everyone else, this mirrors what one might witness in 'normal' social relationships, where people do not feel as strongly for some people as they do for others. What is stressed, however, is that residential care, as a form of alternative care for 'looked after' children and young people, affords young people the opportunity to connect with a number of adults with different personalities, interests and mannerisms. As such, it is uniquely placed to offer young people as many opportunities as possible to form loving relationships with at least one person who cares deeply for them.³⁴²⁹

The Creative Consortium—a partnership between CELCIS and key stakeholders in the Scottish residential child care sector—carried out action research on the engagement of young people with music.³⁴³⁰ The research highlighted the value of music, and as well as 'its recreational use, music was recognised as having value in promoting emotional wellbeing, identity and belonging, inclusion and relationships.'³⁴³¹ Most of the children and young people were actively involved in musical activity, although few were learning to play instruments.³⁴³² A range of challenges and barriers to young people's engagement in music was identified. Young people's lives were marked by change and discontinuity, organisational issues could create barriers, and staff could lack confidence and experience.³⁴³³ In order to address these challenges, there needed to be proactive leadership and a strategic approach to engagement

³⁴²⁸ Fowler, 215.

³⁴²⁹ Fowler, 215-6.

³⁴³⁰ Charlie Gracie, Moyra Hawthorn and Michelle McCue, *Creative Consortium: Children and Young People in Residential Care Engagement in Music. Volume Two: Lessons for Practice* (Glasgow: CELCIS, 2018), 3.

³⁴³¹ Gracie, Hawthorn and McCue, *Creative Consortium*, 7.

³⁴³² Gracie, Hawthorn and McCue, 11.

³⁴³³ Gracie, Hawthorn and McCue, 20-21.

with musical activity. 'Where organisations gave musical tuition and access to musical experiences a high priority, funds were available.'³⁴³⁴

Quin also addressed environment and culture 'in the process of developing a therapeutic framework within a small residential care setting in Scotland.'³⁴³⁵

Working with the staff at Balnacraig Residential School, Quin set out a developmental framework through five layers of healing care: creating safety; building relationships; facilitating the safe expression and containment of emotion; building skills, and building resilience. 'Through consultation with adults and young people, we developed the fundamental features of each stage of the model in terms of practice, but also organisationally.'³⁴³⁶

Smart and Thorpe developed the themes of relationships, caring and love in their reflection on the development of the residential service, Lothian Villa, over the past 25 years.³⁴³⁷ They describe the journey as 'one where we have through trial and error recognised that, to help and heal we need to develop positive connections with young people that can lead to deep and enduring relationships of affection and support.'³⁴³⁸ Smart and Thorpe described the processes of 'creating trust', 'creating deep belonging', focusing on 'relationships' and 'hope, love and laughter'.³⁴³⁹ This goes beyond the time young people stay at Lothian Villa and 'should our former residents need support, practical or otherwise, we will be available to support.'³⁴⁴⁰ A Lothian Villa family community has been created.

In practice that means continued involvement of our former young people in the daily life of the Lothian Villa houses, celebrating birthdays and anniversaries with former residents, sustaining aftercare supports, sustaining relationships, support a pioneering closed aftercare Facebook page online for all ex-residents.³⁴⁴¹

³⁴³⁴ Gracie, Hawthorn and McCue, 22.

³⁴³⁵ Shona Quin, "Layers of Healing Care," *Scottish Journal of Residential Child Care* 18, no.1 (2019), 67.

³⁴³⁶ Quin, "Layers of Healing Care," 71.

³⁴³⁷ Max Smart and Andy Thorpe, "From 'Another Kind of Home' To 'A Different Kind of Family': Re-understanding How Residential Child Care Can Work," *Scottish Journal of Residential Child Care* 19, no. 1 (2020), 104.

³⁴³⁸ Smart and Thorpe, "A Different Kind of Family," 106.

³⁴³⁹ Smart and Thorpe, 110-113.

³⁴⁴⁰ Smart and Thorpe, 115.

³⁴⁴¹ Smart and Thorpe, 115.

The ways in which young people and staff 'find ways to show and feel love in the context of residential care' and how 'these deep bonds find expression in the everyday life of the children's home' was further explored by Emond.³⁴⁴² She set out how objects, food, music and sport can all be used to symbolise deep and lasting relationships.

Reflecting on my own practice and reading the work of others I have been struck by the extent to which children and staff in residential [care] are using symbolic means to reach out and make the deep connections. Children are offering the adults that care for them opportunities to make relationships and are doing so in ways that make sense to them.³⁴⁴³

Marshall also reflected on love and relationships in residential child care. She addressed 'issues of: personal and professional boundaries; power and abuse; people and systems; rights and expectations.'³⁴⁴⁴ She concluded that both systems and people are important.

You need an effective system to ensure safe recruitment practices and to monitor what is happening in interactions between carers and their charges, and you also need to ensure that those recruited are open to warm and loving relationships with the children and young people in their care.³⁴⁴⁵

Morison explored how residential child care staff made sense of, and used, attachment theory in practice. She interviewed 20 residential child care workers across eight local authority residential care services.³⁴⁴⁶ She described the major finding that workers were 'doing it naturally with theory in the background.'³⁴⁴⁷

All staff described their practice with young people as a natural process, as opposed to being explicitly theory driven. Staff often referred to building

³⁴⁴² Ruth Emond, "More Than Just a Bracelet: The Use of Material Symbolism to Communicate Love," *Scottish Journal of Residential Child Care* 15, no. 3 (2016), 34.

³⁴⁴³ Emond, "More Than Just a Bracelet," 45.

³⁴⁴⁴ Kathleen A. Marshall, "Legislating for Love," *Scottish Journal of Residential Child Care* 19, no. 1 (2020), 28.

³⁴⁴⁵ Marshall, "Legislating for Love," 37.

³⁴⁴⁶ Ailsa Morison, "A Systematic Review of Staff Training in Residential Childcare; And a Grounded Theory Study of How Residential Childcare Staff Make Sense of, and Use, Attachment Theory in Practice" (Doctorate in Clinical Psychology thesis, University of Edinburgh, 2018), 61.

³⁴⁴⁷ Morison, "Attachment Theory in Practice," 64.

relationships and parenting as being 'natural', 'automatic' or 'common sense'.³⁴⁴⁸

While staff 'only rarely spoke about attachment theory', they had 'a strong narrative in regards to a core, natural process of building relationships.'³⁴⁴⁹ Staff recognised the challenges of relationships with the young people they worked with, and the importance of 'being there "no matter what"'.³⁴⁵⁰

Throughout all interviews, staff provided vast examples of two parallel, overlapping processes, which occur in practice; more specifically, using awareness of their own experience and that of young people, to then work in a live space.³⁴⁵¹

Through such relationships and understanding of young people's situations, staff were consciously encouraging young people's development and progress towards independence. However, they also recognised some of the tensions and ambiguities in their role with young people in the residential context. 'In a final but predominant tension, many staff talked about the difficulty of creating belonging and claiming young people, alongside the tension of what happens when they need to leave residential care.'³⁴⁵² While some spoke about keeping in touch and welcoming young people back, others spoke about young people not being able to visit.

Moodie and Nolan addressed the ongoing concern about the criminalisation of young people in residential child care.³⁴⁵³ They explored policy and practice in two local authorities and the factors that influenced decision making in responding to offending by young people in residential care.

The research found that 'police incidents' took place both in the community and in the residential homes.

A larger proportion of incidents taking place within the children's house did not result in charges when compared to those taking place in the community. However, that the majority of allegations for incidents within the

³⁴⁴⁸ Morison, 65.

³⁴⁴⁹ Morison, 66.

³⁴⁵⁰ Morison, 68.

³⁴⁵¹ Morison, 68.

³⁴⁵² Morison, 74.

³⁴⁵³ Kristina Moodie and Deborah Nolan, *"Between a Rock and A Hard Place": Responses to Offending in Residential Childcare* (Glasgow: CYCJ, 2016), 3.

house were for “vandalism” may suggest further reflection is required regarding the police being utilised for challenging behaviour that could be managed by residential staff.³⁴⁵⁴

There were also concerns about the number of offences committed by a small number of young people, and the number of offences related to breach of bail.

Managers and residential staff in the two authorities were not always clear about whether policies and protocols were in place to respond to offending behaviour.³⁴⁵⁵

However, despite this it was evident that staff are very much aware of the responsibilities they hold as corporate parents and are well versed in understanding the young people they support. There are clear methods used to attempt to de-escalate situations and calling the police to deal with an incident would be the last resort when all else had failed.³⁴⁵⁶

A range of methods and positive strategies were evident in preventing offending behaviour and police involvement. These included: professional development, training and induction; de-escalation strategies; the importance of relationships with young people; and, positive relationships with the police.³⁴⁵⁷

Respondents were clear that, at times, police involvement could be necessary in responding to offending behaviour, with the police perceived as part of the wider team around the child, and indeed an important source of support for young people and staff members alike.³⁴⁵⁸

A number of dilemmas and tensions were identified, including: the nature of residential child care; the desire not to criminalise young people; rights and responsibilities; and the care and control balance.³⁴⁵⁹

In addressing offending behaviour in residential child care, Moodie and Nolan recommended:

- police involvement should remain the option of last resort;

³⁴⁵⁴ Moodie and Nolan, *Responses to Offending*, 12.

³⁴⁵⁵ Moodie and Nolan, 13.

³⁴⁵⁶ Moodie and Nolan, 14.

³⁴⁵⁷ Moodie and Nolan, 19-22.

³⁴⁵⁸ Moodie and Nolan, 23.

³⁴⁵⁹ Moodie and Nolan, 26-29.

- decision-making should be situated within a positive, shared, supportive, and respectful organisational culture and ethos;
- a wide range of formal and informal, managerial and colleague supports should be made available to residential workers;
- staff training, professional development, and high quality induction should continue to be prioritised;
- methods to build relationships, both between police and residential staff and with young people should be prioritised;
- the role of the Children's Hearings System, transitioning to the adult court system, and the impact for young people's outcomes should be considered;
- staff should provide young people with clear, accurate information on the impact of offences;
- everything possible should be done to support young people on bail to comply with their bail conditions; and
- multi-agency data gathering and monitoring on a local and national basis is essential.³⁴⁶⁰

In order to take forward the *Responses to Offending Report*, a project was set up 'which focused on supporting the implementation of these findings in practice and embedding this learning at local and national levels.'³⁴⁶¹

After the initial phase of the project, which trialled the approach across four houses in two local authorities and one third sector organisation, Nolan and Moodie identified several achievements, with particular benefits in a multi-agency approach. These included: the development of a programme for improvement, capacity building, and reflection on the challenges and implications of responding to offending.³⁴⁶²

³⁴⁶⁰ Moodie and Nolan, 32.

³⁴⁶¹ Deborah Nolan and Kristina Moodie, *Responding to Offending in Residential Childcare: Next Steps Progress Report* (Glasgow: CYCJ and Staf, 2018), 4. See also, Deborah Nolan and Joe Gibb, "Mind the Gap: Factors that Can Support Responses to Offending in Residential Child Care and the Challenges of Implementation," *Scottish Journal of Residential Child Care* 17, no. 3 (2018).

³⁴⁶² Nolan and Moodie, *Offending in Residential Childcare*, 8-9.

Secure Care

In 2015, the Scottish Government commissioned a secure national advisor role to be hosted by the Centre for Youth and Criminal Justice. The project was tasked with working with sector leads and other partners to:

- ensure the effective delivery of service to children in secure care;
- review current trends, achievements, and risks; and
- make recommendations to partners about the future configuration of the secure estate.³⁴⁶³

Drivers for the secure care national project included: the need to revisit the purpose, function, impact, and experience of secure care; recent volatility and unpredictability in the use of secure care; and the recognition that strategic direction is required to inform the commissioning process.³⁴⁶⁴

Gough highlighted that, at any one time, 75 to 80 per cent of young people in secure care have been placed there for their own safety, as opposed to being remanded or having committed an offence. Most young people have been placed by the Children's Hearings.³⁴⁶⁵

The 2014/5 Scottish Government figures show that overall there has been a downward trend in the numbers of young people secured in Scotland since 2011, though this trend was reversed in 2014/5. Available data for 2015/6 shows that dramatic and sustained spikes and dips in placement use have continued, but the overall trend is sharply downwards again from 2014/15 to date.³⁴⁶⁶

Gough noted the progress since the Securing our Future Initiative (SOFI) in 2009. 'In particular, SOFI called for a co-ordinated approach to the commissioning and purchasing of placements, alongside a planned reduction in the overall number of places, and this process was completed by 2012.'³⁴⁶⁷ Gough concluded that the contracts framework had 'brought far greater clarity and accountability to placement

³⁴⁶³ Alison Gough, *Secure Care in Scotland: Looking Ahead. Key Messages and Call for Action*, (Glasgow: Centre for Youth and Criminal Justice, 2016), 9.

³⁴⁶⁴ Gough, *Secure Care in Scotland*, 9.

³⁴⁶⁵ Gough, 6.

³⁴⁶⁶ Gough, 9.

³⁴⁶⁷ Gough, 10.

by placement purchasing arrangements.³⁴⁶⁸ However, it was also problematic in that '[p]lanning for the future should include consideration of preventative, alternative, complementary and step on services, within a strategic programme for the future development of new approaches to safe care, and close support services.'³⁴⁶⁹

While there had been progress in improving systems, services and early intervention for young people at risk, this was varied and there was a risk of a fragmented approach. Similarly, improvements in education, well-being support, and quality care in secure continued to be patchy.³⁴⁷⁰ 'There was some evidence of a lack of confidence and trust between some local authorities, some children's panel members, parts of the health service and the secure care centres.'³⁴⁷¹

Gough also identified a 'lack of connectivity and knowledge exchange activity across the care and youth justice "communities" in relation to young people in secure care and on the edges of secure care'.³⁴⁷² There was an important need for a strategic vision for the future. Gough highlighted that 'the vision for secure care has to include its place within the continuum of responses to young people who present the greatest risk to themselves or/and others and are the most vulnerable to harm, including those facing custody.'³⁴⁷³ However, there was a lack of clarity concerning the meaning and purpose of secure care in the context of the use of secure care for both those who have offended and those placed for their protection. Similarly, there was a 'lack of shared understanding and no clear definitions as to what is meant by 'alternatives to secure' and 'complementary services'.³⁴⁷⁴

Gough presented the views of young people in secure care. They described a lack of information and preparation before placement in secure care, and some were left distressed and unsupported through the admission process. Gough, however, considered that the secure centres themselves managed the process well.³⁴⁷⁵

³⁴⁶⁸ Gough, 13.

³⁴⁶⁹ Gough, 13.

³⁴⁷⁰ Gough, 10.

³⁴⁷¹ Gough, 11.

³⁴⁷² Gough, 11.

³⁴⁷³ Gough, 14.

³⁴⁷⁴ Gough, 15.

³⁴⁷⁵ Gough, 17.

Gough identified a continuing issue regarding children's rights in secure care, and the urgent need to address concerns about 'approaches to restraint, to cross border and distant placements and the impact on family relationships and contact of these placements.'³⁴⁷⁶

Preparation and support for moving on and throughcare support was 'inadequate'.³⁴⁷⁷ Successful transitions required:

- good relationships and young people feeling there was a team around them;
- purposeful planning involving the young person and identifying strengths and hopes for the future;
- preparation, including assessments of risk and need, preparation for future placement, and preparation and support of the young person;
- timing of transition and the young person's readiness to move; and
- resources for transition, including support from the secure care team.³⁴⁷⁸

Gough also highlighted the importance of the mental and emotional health and well-being of young people in secure care, and the need for positive containment and therapeutic care: 'The current structural arrangements, regulation and expectations of secure care do not necessarily support this model, and sometimes risk re-traumatising the most vulnerable young people.'³⁴⁷⁹ While there were examples of the development of specialist intervention services and 'highly effective "whole system" approaches in place,' there was variability in links between the secure sector and CAMHS, and in-patient psychiatric provision.³⁴⁸⁰

The *Kilbrandon Again Report* also considered secure care in its wider discussion of children and young people in trouble. The report identified a shortfall in secure accommodation for young people in Scotland.³⁴⁸¹ The shortfall was caused by units accommodating young people from England and Wales in order to maximise occupancy rates. Consequently, about half of the secure care places were unavailable

³⁴⁷⁶ Gough, 17.

³⁴⁷⁷ Gough, 18

³⁴⁷⁸ Gough, 19-20.

³⁴⁷⁹ Gough, 21.

³⁴⁸⁰ Gough, 21.

³⁴⁸¹ Children and Young People's Commissioner Scotland and Action for Children, *Kilbrandon Again: How Well Does Scotland Support Children and Young People in Trouble?* (Glasgow: Action for Children, 2018), 17.

to young people in Scotland. 'We are advised that the number of young people, boys under 18, in Polmont at any one time matches the number of places that are being occupied by children from many hundreds of miles away in England and Wales.'³⁴⁸²

Young Offenders Institutions

Nolan, Dyer, and Vaswani carried out research involving 14 young men aged 16 and 17 in a Scottish Young Offenders' Institution, exploring their journey into custody.³⁴⁸³

Nolan, Dyer and Vaswani emphasised that the route through adult courts for young people under the age of 18 was at odds with the principles of youth justice policy of maximum diversion, minimum intervention, and the use of alternatives to custody.

The authors argued strongly that when young people are removed from the community, they should not be placed in custody, but rather in 'a child-care establishment that promotes well-being and longer-term development.'³⁴⁸⁴

The young people had widely different views about their experiences in the Young Offenders' Institution, some 'reflecting that removal from their circumstances outside custody prevented the committal of further and more serious offences and/or serious harm coming to the young person, either through their own behaviours or that of others'.³⁴⁸⁵ Others, however, were much less positive. While a range of services were available, access to these services was constrained for a number of reasons.

Most of those young people who had experienced secure care 'reflected positively and spoke fondly about the environment provided and relationships with, and supports from, staff.'³⁴⁸⁶

Respondents advised that although secure care is still a locked building and offers similar programmes to YOIs, that they would prefer such a placement rather than custody...young people cited increased freedoms and material

³⁴⁸² Children and Young People's Commissioner Scotland and Action for Children, *Kilbrandon Again*, 17.

³⁴⁸³ Deborah Nolan, Fiona Dyer and Nina Vaswani, "'Just a Wee Boy Not Cut Out for Prison': Policy and Reality in Children and Young People's Journeys through Justice in Scotland," *Criminology and Criminal Justice* 18, no. 5 (2018), 536.

³⁴⁸⁴ Nolan, Dyer and Vaswani, "Just a Wee Boy," 544.

³⁴⁸⁵ Nolan, Dyer and Vaswani, 540.

³⁴⁸⁶ Nolan, Dyer and Vaswani, 539.

provisions, and better contact and links with family, education provision and preparation for release.³⁴⁸⁷

In 2017, a report for the Youth Justice Improvement Board provided details of the backgrounds and outcomes of children (aged 16 and 17) in custody.³⁴⁸⁸ The report highlighted that one-third of young men under the age of 21 in Polmont Young Offenders' Institution reported being in care as a child. 'The highest numbers of young people in both age ranges were from the most deprived 10% of communities (decile 1), with almost two-thirds of the 16 and 17 year olds and over half of 16 to 21 year olds living in the 20% most deprived communities in Scotland.'³⁴⁸⁹ The report pointed out that poverty could be an indicator of wider exclusion from opportunities and protective factors, and highlighted the correlation between offending and school exclusion. However, the report also noted the reduction in the level of offending by children and young people over the previous 10 years. 'Referrals to the Scottish Children's Reporters Administration (SCRA), court prosecutions and sentences have all followed the same downward trend over the last 10 years.'³⁴⁹⁰

In April 2017, there were 47 children aged 16 and 17 in custody: 45 young men and two young women.³⁴⁹¹ Sixteen of the young men and the two young women were on remand, that is, they were 'held in custody in secure care or in a Young Offenders Institution whilst awaiting trial or, having been convicted, awaiting sentencing.'³⁴⁹² The most common 'main' offences for 16- and 17-year-olds sentenced to custody in 2015-16 were crimes of violence and housebreaking, although when all crimes were taken into account, 'bail offences' was the most common.³⁴⁹³

The report stressed the need for quality throughcare support on release from custody. 'A number of principles of effective throughcare and examples of effective reintegration practice are evident...and recent improvements such as the introduction of SPS Throughcare Support Officers are having a beneficial impact.'³⁴⁹⁴ However,

³⁴⁸⁷ Nolan, Dyer and Vaswani, 539.

³⁴⁸⁸ Gill Robinson, Jenny Leishman and Claire Lightowler, *Children and Young People in Custody in Scotland: Looking Behind the Data* (Edinburgh: Youth Justice Improvement Board, 2017), 3.

³⁴⁸⁹ Robinson, Leishman and Lightowler, *Children in Custody*, 8.

³⁴⁹⁰ Robinson, Leishman and Lightowler, 10.

³⁴⁹¹ Robinson, Leishman and Lightowler, 15.

³⁴⁹² Robinson, Leishman and Lightowler, 16.

³⁴⁹³ Robinson, Leishman and Lightowler, 13-4.

³⁴⁹⁴ Robinson, Leishman and Lightowler, 20.

most 16- and 17-year-olds were released from custody for reasons other than that their sentence had expired: for example, release on bail or release from the court. 'In these instances, systematic support for the children's transition from custody might not be in place.'³⁴⁹⁵

Over three cohorts between 2012 and 2015, the reconviction rates after a year ranged between 47 per cent and 58 per cent.³⁴⁹⁶

Given what we have learned about the needs and circumstances of children and young people who come into custody, what do we need to do to preserve and sustain the best of current practice? How can we develop practice and policy further to promote better outcomes for children and young people in the justice system and, by doing so, reduce harm to communities and potential victims?³⁴⁹⁷

Quality in Care Services

A Review of Care Services

In 2019, the Care Inspectorate published its review of services for children and young people between 2014 and 2017.³⁴⁹⁸ The review found that a small number of children and young people placed in care homes, residential schools, or foster care had been inappropriately placed because of their age, the emergency nature of the placement, or the location of the placement. This 'was limiting the quality of their experience, choices and future potential.'³⁴⁹⁹

Most services were assessing and managing risk well through 'effective inter-agency working, highly detailed personal plans and effectively implementing strategies', and this supported children and young people's development through 'active lifestyles.'³⁵⁰⁰ Children's safety and well-being was considered of paramount importance, and collaborative arrangements meant that most services 'ensured that

³⁴⁹⁵ Robinson, Leishman and Lightowler, 21.

³⁴⁹⁶ Robinson, Leishman and Lightowler, 22.

³⁴⁹⁷ Robinson, Leishman and Lightowler, 24.

³⁴⁹⁸ Care Inspectorate, *A Review of Care Services for Children and Young People 2014–2017: Findings from the Care Inspectorate* (Dundee: Care Inspectorate, 2019), 5.

³⁴⁹⁹ Care Inspectorate, *A Review of Care Services*, 6.

³⁵⁰⁰ Care Inspectorate, 6.

necessary information was shared with other relevant agencies.³⁵⁰¹ They 'found that trusting relationships between staff and the children and young people they cared for led to more person-centred planning, support and improved experiences and outcomes.'³⁵⁰²

Consistent staff teams enabled positive experiences through 'secure relationships based on empathy, compassion, love and fun.' However, 'deficits in staff numbers, skills or capacity had the potential to impact on quality of care and positive outcomes for people over the longer term.'³⁵⁰³ 'Looked after children and young people and some young adults continue to experience inequalities in accessing their right to family life or to full-time education.'³⁵⁰⁴

The quality of residential care homes was high 'with most services having evaluations of good or better for all quality themes.'³⁵⁰⁵ Where services were evaluated as adequate or worse, 'it was mostly because staffing arrangements and poor planning were impacting negatively on the safety and wellbeing of children and young people.'³⁵⁰⁶ The Care Inspectorate worked with these services and this mostly led to improved experiences and outcomes.

A number of homes were caring for fewer children than they were registered for 'in consideration of the needs of the existing children placed, and in doing so minimised change and disruption in the home.'³⁵⁰⁷ However, the report also noted 20 larger care homes were registered and, while some had reduced the numbers of children, 'more recently we found larger groups of children being placed together again.'³⁵⁰⁸ 'We were concerned about the needs and rights of children to experience family life and when we found this we engaged in conversations with providers about suitability and longer-term plans for children.'³⁵⁰⁹ There were also larger numbers of primary-aged children being placed in some local authority areas.

³⁵⁰¹ Care Inspectorate, 6.

³⁵⁰² Care Inspectorate, 6.

³⁵⁰³ Care Inspectorate, 6.

³⁵⁰⁴ Care Inspectorate, 6.

³⁵⁰⁵ Care Inspectorate, 12.

³⁵⁰⁶ Care Inspectorate, 12.

³⁵⁰⁷ Care Inspectorate, 12.

³⁵⁰⁸ Care Inspectorate, 12.

³⁵⁰⁹ Care Inspectorate, 12.

For the most part, fostering services were evaluated highly, 'with almost all services having evaluations of good or better for all quality themes.'³⁵¹⁰

The quality of school care accommodation services was high 'with almost all services having grades of good or better for quality of care and support, environment and staffing.'³⁵¹¹ Two services which were graded weak in some themes had improved at following inspections.

In relation to secure care services, the quality of care and support and staffing was good or better. 'In 2016/17 one service was graded adequate for environment and for management and leadership and we continue to work with this service to improve in these areas. No services were evaluated as weak or unsatisfactory.'³⁵¹²

The Care Inspectorate also commented on its own collection of data and during the review 'identified some important gaps in our information gathering in relation to usage and the way we gather the views of children and families, including through complaint investigations.'³⁵¹³

Review of Joint Strategic Inspection of Services for Children

In 2019, the Care Inspectorate also published a review of joint inspection of services for children and young people between 2012 and 2017.

These joint inspections involved colleagues from Education Scotland, Healthcare Improvement Scotland and HM Inspectorate of Constabulary in Scotland. This joint approach contributed to a comprehensive and thorough consideration of the effectiveness of services to meet the needs of all children and young people, including those identified as most vulnerable.

³⁵¹⁴

The review addressed the question, 'How well are the lives of children, young people and families improving?' using three indicators:

- improvements in the outcomes for children and young people;

³⁵¹⁰ Care Inspectorate, 15.

³⁵¹¹ Care Inspectorate, 21.

³⁵¹² Care Inspectorate, 25.

³⁵¹³ Care Inspectorate, 6.

³⁵¹⁴ Care Inspectorate, *The Joint Strategic Inspection of Services for Children and Young People: Review of Findings from the Inspection Programme 2012-2017* (Dundee: Care Inspectorate, 2019), 7.

- the impact of services on children and young people; and
- the impact of services on families.³⁵¹⁵

It found that the first of these indicators 'demonstrated the most improvement over the five year period, with evaluations gradually improving as the inspection programme progressed, that is CPPs [Community Planning Partnerships] in the post 2016 group were able to demonstrate better outcomes overall than the pre 2014 group of partnerships.'³⁵¹⁶ These improvements were placed in the wider context of financial constraint and austerity.

However, the review also highlighted that this improvement was not consistent across all groups of children and young people.

Positive destinations and outcomes for looked after children and young people occurred at a lower rate of improvement than those of the wider population. Partnerships were unable to consistently or effectively demonstrate improvement in closing the educational outcomes gap. This gap existed both (a) between looked after children and young people and the general population; and (b) between children and young people looked after in stable foster placements and other looked after children and young people, particularly those placed at home.³⁵¹⁷

With regard to the second quality indicator, the review found that 'joint inspections continued to show a richness of evidence about the impact of the work undertaken by staff across services to build supportive and trusting relationships with children and young people and to support their wellbeing.'³⁵¹⁸

Looked after children and young people placed away from home were, in the main, provided with safe environments in kinship, foster, and residential care – sometimes in sharp contrast to those environments that they had previously experienced.³⁵¹⁹

However, some children and young people were left in situations of risk in their families for too long, and 'some services were not consistently recognising risk and

³⁵¹⁵ Care Inspectorate, *Joint Strategic Inspection*, 11.

³⁵¹⁶ Care Inspectorate, 11.

³⁵¹⁷ Care Inspectorate, 13.

³⁵¹⁸ Care Inspectorate, 16.

³⁵¹⁹ Care Inspectorate, 16.

neglect or intervening early and effectively enough to protect some children and young people from harm.’³⁵²⁰

Consideration of the health needs of looked after children was improving, ‘assisted by the increasing involvement over the five-year period of dedicated nurses for looked after children and young people.’³⁵²¹

Commitment to listening to the voices of children was evident in better performing partnerships.

In those partnerships which we evaluated as better performing, the views of groups such as looked after children and young people, young carers, LGBTI youth and members of pupil councils in schools were routinely sought and these groups were influential in shaping current and future policy and strategies.³⁵²²

However, this was not consistent across partnerships.

In addressing the quality indicator that considered partnership working with families to support children and young people, the review considered kinship care.

We saw an increase in kinship care arrangements and a growing recognition of the benefits of these placements for some vulnerable and young people. Despite this, the experiences and outcomes for this group of children and young people remained relatively unexplored.³⁵²³

The review also considered how well partners were working together to improve the lives of children, young people, and families. It highlighted the positive impact of GIRFEC, and over the period of the joint inspections, there were ‘more and more examples of integrated structures, joined up processes and common terminology, resulting in children and young people’s wellbeing needs being identified and addressed at an earlier stage.’³⁵²⁴

In terms of planning for individual children, the review found that the quality of plans were generally better ‘where children and young people were either looked after

³⁵²⁰ Care Inspectorate, 16.

³⁵²¹ Care Inspectorate, 18.

³⁵²² Care Inspectorate, 18.

³⁵²³ Care Inspectorate, 21.

³⁵²⁴ Care Inspectorate, 23.

away from home, or their names had been placed on the child protection register', but was more variable for those looked after at home, in kinship care or when they had been recently removed from the child protection register.³⁵²⁵

Participation of children and young people had 'steadily improved and became much more an embedded feature of practice over the course of the inspection programme.'³⁵²⁶

Many partnerships had begun to build clear systems and structures to support participation and engagement at a strategic level, for example, elected members had clear pathways within which to meet with looked after and care experienced young people to enable this group of children and young people to express their views and influence strategic service priorities.³⁵²⁷

The review found that those partnerships, 'which collected and jointly analysed outcomes-based performance data through a variety of methods were able to demonstrate the difference services were making', and staff members who were better able to demonstrate improved outcomes 'were those who were working in a culture which supported their learning, professionalism and delivery of effective outcomes for children, young people and families.'³⁵²⁸

Review of Joint Strategic Inspection of Services for Children in Need of Care and Protection

From April 2018 to March 2020, the Care Inspectorate led joint inspections across eight community planning partnerships. These addressed the differences that were being made to:

- the lives of children and young people in need of protection;
- the lives of the children and young people for whom community planning partnerships have corporate parenting responsibilities.³⁵²⁹

³⁵²⁵ Care Inspectorate, 28.

³⁵²⁶ Care Inspectorate, 33.

³⁵²⁷ Care Inspectorate, 34.

³⁵²⁸ Care Inspectorate, 41.

³⁵²⁹ Care Inspectorate, *Joint Inspections of Services for Children and Young People in Need of Care and Protection: Review of Findings from the Inspection Programme 2018-2020* (Dundee: Care Inspectorate, 2020), 8.

Focusing on the findings for looked after children and young people, the inspections found that 'almost all children and young people reported trusting and supportive relationships with their worker.'³⁵³⁰ Overall, there was 'evidence of strong and meaningful working relationships that were having a positive influence on outcomes for most looked after children and young people.'³⁵³¹

Most looked after children and young people had experienced at least some improvement in their wellbeing as a result of the support provided. Overall, children looked after in foster care experienced the most improvement in wellbeing and children looked after at home showed the least.³⁵³²

However, although there was some evidence of improvements in the wellbeing of looked after children, 'partnerships struggled to demonstrate concrete evidence of the differences their services were making to the lives of these children and young people.'³⁵³³ There had been some progress in narrowing the educational attainment gap but it still remained too large and continued to represent a significant challenge. 'Not all looked after children were getting the support they needed with their emotional and mental health,' and there were difficulties in accessing CAMHS services.³⁵³⁴

The inspections found that 'staff were more effective at supporting children and young people to maintain contact with their parents than they were in supporting them to maintain contact with their brothers and sisters.'³⁵³⁵

While most assessments of risk for looked after children and young people were done well, over a quarter of assessments needed improvement.³⁵³⁶ 'Looked after children were actively encouraged to participate in assessment, planning and review.'³⁵³⁷ However, independent advocacy was limited and there was a lack of clarity about accessing independent advocacy.

³⁵³⁰ Care Inspectorate, *Joint Inspections of Services*, 28.

³⁵³¹ Care Inspectorate, 28.

³⁵³² Care Inspectorate, 27.

³⁵³³ Care Inspectorate, 28-29.

³⁵³⁴ Care Inspectorate, 29.

³⁵³⁵ Care Inspectorate, 30.

³⁵³⁶ Care Inspectorate, 31.

³⁵³⁷ Care Inspectorate, 31.

Reviews were not always seen to be driving forward plans to meet the needs of looked after children and young people and information from reviews was not always being used systematically by managers to oversee standards and measure progress on intended outcomes. On the other hand, we came across positive signs that overall, this was an improving picture.³⁵³⁸

The inspections identified positive and committed approaches to corporate parenting. However, 'variable progress had been made in establishing corporate parenting structures, including **champions boards** where children and young people could be represented and heard.'³⁵³⁹

Finally, the inspections considered care experienced young people's transitions to adulthood. 'Care experienced young people reported positive relationships with staff and carers. We heard of many examples of trusting and caring relationships during our inspections.'³⁵⁴⁰

We saw an increasing number of young people achieving positive destinations across partnerships, however, we did not see consistent improvements in other aspects of their health and wellbeing outcomes. Some young people were prevented from moving on successfully to adulthood by difficulties they faced in the accessibility and availability of appropriate housing and mental health and wellbeing services.³⁵⁴¹

Most of the partnerships showed evidence of improvements care experienced young people entering positive destinations, and several had multi-agency programmes such as the 'Family Firm' and 'Opportunities for All'. There was also a growing awareness of corporate parenting responsibilities for continuing care.

In some partnerships we saw strong evidence of the positive impact of throughcare and aftercare teams in supporting young people to move on to independent living and increase young people's resilience in times of crisis...However, in other partnerships, where throughcare and aftercare teams or services were less embedded or not present, we saw evidence of

³⁵³⁸ Care Inspectorate, 32.

³⁵³⁹ Care Inspectorate, 32. Emphasis in original.

³⁵⁴⁰ Care Inspectorate, 35.

³⁵⁴¹ Care Inspectorate, 35.

the highly varied experiences of care leavers and, on many occasions, care leavers told us they experienced an inconsistent service.³⁵⁴²

Inpatient Psychiatric Services

It had been recognised for some time that access to appropriate mental health services for learning disabled children and young people had been patchy and inadequate. In 2017, the Scottish Government published the findings of a survey on the mental health needs of children and young people with learning disability and/or autism. It highlighted that such children 'have disproportionately high rates of mental health and behavioural difficulties, physical comorbidities, adverse life events and poverty.'³⁵⁴³ While there were four inpatient units for children and young people in Scotland, '*specialist* learning disability and autism spectrum disorder children and young people's mental health inpatient units do not exist in Scotland.'³⁵⁴⁴

The survey included 84 young people identified from a survey of clinicians and 10 young people from a survey of families, although the report identified a number of reasons for under-reporting. Just under a third of the young people were looked after and accommodated.

High rates of submissions for looked after and accommodated children were likely to be due in part to a significant proportion being accommodated with family agreement in residential schools and care settings...In addition, children with learning disability are known to be exposed to high rates of abuse.³⁵⁴⁵

The clinician questionnaires detailed the episodes of care in Scottish settings:

...56 in adult mental health wards, 30 in young people's (12-18 years old) mental health inpatient units (YPUs), 25 in adult learning disability (adult LD) wards, 7 in paediatric wards, and 5 in the National Child Psychiatry Inpatient Unit (NCPIPU).³⁵⁴⁶

³⁵⁴² Care Inspectorate, 40-41.

³⁵⁴³ Scottish Government, *5 Year Survey of Need for Mental Health Inpatient Care for Children and Young People in Scotland with Learning Disability and/or Autism: Full Report* (Edinburgh: Scottish Government, 2017), 13.

³⁵⁴⁴ Scottish Government, *5 Year Survey of Need*, 16. Emphasis in original.

³⁵⁴⁵ Scottish Government, 34.

³⁵⁴⁶ Scottish Government, 37.

In addition, 17 young people were admitted to units in England.

The report concluded that children and young people 'remained distressed and under-treated at home or in unsuitable units, sometimes with high use of sedative medication and restraint.'³⁵⁴⁷ Families were also highly stressed by having to manage 'self-injury, aggression and destructive behaviours in their children.'³⁵⁴⁸ There were better outcomes 'from admission to specialist units in England, but distance led to dislocation from family and local services.'³⁵⁴⁹

In addition to improving access to existing child and adolescent mental health inpatient units, additional training for their staff, and development of community services, the report recommended, 'a bespoke national learning disability child and adolescent mental health inpatient unit, with 9 beds, located in Scotland.'³⁵⁵⁰

Regulation, Recruitment and Training

National Health and Social Care Standards

In 2016, the Scottish Government published a consultation paper on a new set of National Health and Social Care Standards which would apply to 'a diverse range of services from childminding and daycare for children in their early years, housing support and care at home for adults, to hospitals, clinics and care homes.'³⁵⁵¹ The consultation paper noted the changes in policy and organisational structures, which meant that 'we need a single set of Health and Social Care Standards that apply across all care services we may use in our lifetime.'³⁵⁵² The new standards were based on the human rights and well-being of people using services and subscribe to the following principles:

- Dignity and respect;
- Compassion;
- Be included;

³⁵⁴⁷ Scottish Government, 3.

³⁵⁴⁸ Scottish Government, 3.

³⁵⁴⁹ Scottish Government, 3.

³⁵⁵⁰ Scottish Government, 4.

³⁵⁵¹ Scottish Government, *Consultation on the New National Health and Social Care Standards* (Edinburgh: Scottish Government, 2016), 5.

³⁵⁵² Scottish Government, *Consultation on the New Standards*, 6.

- Responsive care and support; and
- Well-being.³⁵⁵³

The new national standards were published in 2017.³⁵⁵⁴ Based on the principles outlined above, the standards had five headline outcomes:

1. I experience high quality care and support that is right for me.
2. I am fully involved in all decisions about my care and support.
3. I have confidence in the people who support and care for me.
4. I have confidence in the organisation providing my care and support.
5. I experience a high quality environment if the organisation provides the premise.³⁵⁵⁵

Each headline outcome is cross-matched against the five principles to create a set of descriptive statements that detail the expectations of people using services. 'The Care Inspectorate and Healthcare Improvement Scotland will take into account the Standards when carrying out their inspections and quality assurance functions.'³⁵⁵⁶

The new Health and Social Care Standards came into effect in April 2019.

Safer Recruitment Through Better Recruitment

In 2016, the *Safer Recruitment Through Better Recruitment* guidance was updated. The new guidance covered:

- the development of recruitment policy;
- defining the post;
- advertising and shortlisting;
- assessing applicants and offering the post;
- essential checks;

³⁵⁵³ Scottish Government, 6.

³⁵⁵⁴ Scottish Government, *Health and Social Care Standards: My Support, My Life* (Edinburgh: Scottish Government, 2017), 1.

³⁵⁵⁵ Scottish Government. *Health and Social Care Standards*, 3.

³⁵⁵⁶ Scottish Government, 4.

- other considerations, such as agency staff and reasonable adjustments for disabled applicants; and
- post-selection considerations.³⁵⁵⁷

Qualifications and Training

In 2016, CELCIS published a report on the qualifications of the residential child care workforce, based on the registration and qualifications data provided by the Scottish Social Services Council (SSSC).³⁵⁵⁸ There were 7,001 staff on the register (5,876 care workers, 751 supervisors, and 374 managers).³⁵⁵⁹ Over three-quarters of the workforce (77 per cent) had at least one qualification and almost half (45 per cent) had more than one qualification. A total of 4,303 staff members (61 per cent) met all the qualification conditions for their part of the register (69 per cent of managers, 70 per cent of supervisors, and 60 per cent of care workers).³⁵⁶⁰ However, 1,624 staff members—almost one quarter (23 per cent)—‘had no recorded qualification on the register.’³⁵⁶¹ Most of these staff members (97 per cent) had a qualification condition, meaning that they were in the process of gaining a qualification.

The report identified a number of priorities for the implementation of the new Level 9 qualifications in the light of the start date. The fifth of the workforce that have yet to achieve a Level 7 qualification ‘should be supported to reach this level by 1st October 2019 when the Level 9 requirement will be introduced for care workers.’³⁵⁶² Managers and supervisors who did not have a Level 9 qualification should be prioritised as the new requirements were due to be introduced on 1 October 2017. Those members of the workforce with a social work qualification should be supported to achieve the new qualification, and ‘consideration should be given as to how best to support this group in relation to the recognition of their prior learning and their continual professional development.’³⁵⁶³ ‘Learning providers and employers

³⁵⁵⁷ Care Inspectorate and Scottish Social Services Council, *Safer Recruitment Through Better Recruitment* (Dundee: Care Inspectorate, 2016), 3.

³⁵⁵⁸ Joanne McMeeking et al., *Residential Child Care Workforce Qualifications Summary* (Glasgow: CELCIS, 2016), 2.

³⁵⁵⁹ McMeeking et al., *Qualifications Summary*, 4.

³⁵⁶⁰ McMeeking et al., 4.

³⁵⁶¹ McMeeking et al., 6. The authors noted that as the SSSC only ask for qualifications relevant to a specific part of the register, some managers and supervisors may have lower-level qualifications.

³⁵⁶² McMeeking et al., 11.

³⁵⁶³ McMeeking et al., 11.

will therefore need to develop a broad range of strategies, supports, and learning to support individuals to meet the new registration requirements.³⁵⁶⁴

In 2016, the Scottish Social Services Council published an updated version of the *Standard for Residential Child Care*.³⁵⁶⁵

However, also in 2016, the Scottish Government announced the delay of the introduction of the requirement for residential child care staff to achieve a Level 9 qualification, pending the outcome of the Independent Care Review.³⁵⁶⁶

The Independent Care Review

At the SNP conference in October 2016, the First Minister, Nicola Sturgeon, pledged to undertake 'an independent, root and branch review of the care system.' The review was to 'look at the underpinning legislation, practices, culture and ethos' and would be 'driven by those who have experience of care.'³⁵⁶⁷ The First Minister also accepted Who Cares? Scotland's pledge to listen to 1000 care-experienced young people.

Between February 2017 and May 2017, an Orientation stage determined the way the Independent Care Review was to be carried out. This involved:

- being clear on why the Care Review is needed and who it is for;
- planning and recruiting the people needed to begin the work;
- identifying who the Care Review should involve and speak to; and
- organising meetings and activities to begin conversations with the people and organisations who wanted to be involved.³⁵⁶⁸

The Independent Care Review was officially launched on 30 May 2017, with a budget of some £5 million for the three years, 2017 to 2020.

³⁵⁶⁴ McMeeking et al., 12.

³⁵⁶⁵ Scottish Social Services Council, *The Standard for Residential Child Care 2015* (Dundee: Scottish Social Services Council, 2016).

³⁵⁶⁶ CELCIS, "Standard for Residential Child Care," CELCIS website, 2017.

³⁵⁶⁷ Nicola Sturgeon, "Nicola Sturgeon's Address to #SNP16," SNP website, 2016. See also, Nicola Sturgeon, "The 15th Kilbrandon Lecture (University of Strathclyde, 23 November 2017," *Scottish Journal of Residential Child Care* 17, no. 1 (2018).

³⁵⁶⁸ Independent Care Review, *A Journey: Imagined with Care* (Independent Care Review, 2018), 7.

The second stage of the Care Review was the Discovery stage and this ran from May 2017 to May 2018.

Discovery involved listening to people from across Scotland and gathering views and important information about care.

The Care Review wanted to hear from as many people with care experience as possible, and started off with two big questions:

- what would the best 'care system' in the world look like?
- what should a 'root and branch' review look at?³⁵⁶⁹

The Discovery stage was used to develop 12 'intentions' that were to guide the third stage of the Review, the Journey stage. The 12 intentions were:

Families on the edge of care will get the support they need to stay and live together where safe to do so.

Scotland's infants, children, and young people will be nurtured, loved, and cared for in ways that meet their unique needs.

Relationships which are significant to infants, children and young people will be protected and supported to continue unless it is not safe to do so. This recognises the importance of brothers and sisters, parents, extended family and trusted adults.

Care experienced infants, children and young people will thrive in supportive and stable learning and work environments, ensuring they have the same opportunities as others.

Aftercare will be designed around the needs of the person leaving care supporting them to lead a fulfilling life, for as long as they need it.

Infants, children and young people's voices will have a visible and meaningful impact on decision making and care planning.

Infants, children and young people's rights will be part of normal everyday life, practice and decision making.

Scotland's care services will plan and work better together, sharing information more easily to ensure we understand the what and how of

³⁵⁶⁹ Independent Care Review, *A Journey*, 8.

supporting infants, children, young people and their families from a local through to a national level.

All adults involved in the care of infants, children and young people are empowered, valued and equipped to deliver the best 'care system' in the world.

Scotland will understand the financial and human cost of care, including what happens when people don't get the help they need.

The words used to describe care will be easily understood, positive and not create or compound stigma.

There will be no stigma for infants, children and young people in care because Scotland will understand why our children need care.³⁵⁷⁰

The Journey stage involved a strength-based and appreciative approach to encourage and stimulate things that are already working well. Taking forward the Journey stage 10 working groups were set up:

Stop:Go: endeavouring to deliver transformational change within the care system prior to the concluding recommendations of the review.

Love: learning about what love really means to infants, children and young people in care and how to make sure their daily lives are filled with it.

Stigma: exploring ways to understand what causes stigma and what must be done to combat it.

Rights: making sure that the rights of children and young people who experience care are known to them, respected and upheld.

Edges of care: to properly understand what happens at each end of the 'care system'.

Components of care: understanding the impact of each of the components of the 'care system', the journeys between them and mapping the life of a young person in care.

³⁵⁷⁰ Independent Care Review, 13.

Justice and care: exploring how the justice system contributes to entry into care, the experience of secure care, and how the 'care system' can criminalise children and young people.

Workforce: giving full consideration to the entirety of the care workforce, paid and unpaid, and how they are trained and supported to act in the interests of infants, children and young people.

Health and wellbeing: understanding health and wellbeing in the 'care system', the conditions that result in entry into care, what happens when infants, children and young people leave care and the impact on the health and wellbeing.

Best place in the world: scoping out the best of what works in other parts of the world and give full consideration to what Scotland can learn and do to be the best place to grow up in.³⁵⁷¹

Central to the work of the Care Review was the work of the 1000 Voices Project. 'As an integral part of the Care Review, 1000 Voices gave those with care experience a unique, dedicated space to share their views independently and safely, gathering evidence from care experienced people at every stage.'³⁵⁷² Who Cares? Scotland has taken forward the 1000 Voices to engage with care-experienced children and young people through workshops, events, 1-to-1 sessions, focus groups, using online methods, and over the phone.

In February 2020, the Independent Care Review published its final reports: *The Promise*,³⁵⁷³ *The Pinky Promise*,³⁵⁷⁴ *The Plan*,³⁵⁷⁵ *The Money*,³⁵⁷⁶ *Follow the Money*,³⁵⁷⁷ *The Rules*,³⁵⁷⁸ and, *Thank You*.³⁵⁷⁹ The review called a fundamental shift in the balance of power in listening to children, families, and the workforce.³⁵⁸⁰ There must be a focus on building loving, supporting, and nurturing relationships.³⁵⁸¹

³⁵⁷¹ Independent Care Review, 14-5.

³⁵⁷² Independent Care Review, "1000 Voices," *Independent Care Review* website.

³⁵⁷³ Independent Care Review, *The Promise*, *Independent Care Review* website, 2020.

³⁵⁷⁴ Independent Care Review, "The Pinky Promise" (Independent Care Review, 2020).

³⁵⁷⁵ Independent Care Review, *The Plan* (Independent Care Review, 2020).

³⁵⁷⁶ Independent Care Review, *The Money* (Independent Care Review, 2020).

³⁵⁷⁷ Independent Care Review, *Follow the Money* (Independent Care Review, 2020).

³⁵⁷⁸ Independent Care Review, *The Rules* (Independent Care Review, 2020).

³⁵⁷⁹ Independent Care Review, *Thank You* (Independent Care Review, 2020).

³⁵⁸⁰ Independent Care Review, *The Promise*, 32.

³⁵⁸¹ Independent Care Review, 6.

Children and young people must feel the benefit of Scotland's good parenting.³⁵⁸²
Wherever possible, and where it is safe to do so, families must be kept together.³⁵⁸³

The Review identified five foundations for the Promise.

Voice: Children must be listened to and meaningfully and appropriately involved in decision-making about their care, with all those involved properly listening and responding to what children want and need. There must be a compassionate, caring, decision-making culture focussed on children and those they trust.

Family: Where children are safe in their families and feel loved they must stay – and families must be given support together to nurture that love and overcome the difficulties which get in the way.

Care: Where living with their family is not possible, children must stay with their brothers and sisters where safe to do so and belong to a loving home, staying there for as long as needed.

People: The children that Scotland cares for must be actively supported to develop relationships with people in the workforce and wider community, who in turn must be supported to listen and be compassionate in their decision-making and care.

Scaffolding: Children, families and the workforce must be supported by a system that is there when it is needed. The scaffolding of help, support and accountability must be ready and responsive when it is required.³⁵⁸⁴

In July 2020, *The Promise* team began work to translate the findings of the Independent Care Review into *The Plan* for change and to drive the change needed to implement *The Plan* at pace.³⁵⁸⁵

³⁵⁸² Independent Care Review, 11.

³⁵⁸³ Independent Care Review, 15.

³⁵⁸⁴ Independent Care Review, 9.

³⁵⁸⁵ The Promise, "#Keep the Promise," *The Promise* website.

School Hostels

Introduction

A distinctive form of residential care for children has consisted of school hostels or halls of residence, which have allowed children and young people to attend schools at some distance from their own home. With the expansion of schooling in the early part of the 20th century, there was difficulty of providing education to children whose home was some distance from the nearest school. The *Education Acts* of 1908, 1918 and 1946 gave education authorities permission to provide pupils with board and lodgings. In many cases, education authorities would provide suitable travel arrangements to address this issue, but in very rural areas, the solution was often to provide board and lodgings.³⁵⁸⁶ For example, before World War I, children from remote areas of Ross and Cromarty would board with relatives, friends, or private lodgings in Stornoway or Dingwall during term-time, often with bursaries from the Education Authority.³⁵⁸⁷ However, the supply was often inadequate and unsatisfactory, and the need for suitable accommodation was increasingly recognised.

This chapter will describe the development of school hostels. There has not been a lot of research carried out on this type of residential care, and we will draw on a range of materials, including government documents, school histories, and the experience of individuals who have stayed in the hostels.

Development of School Hostels

The first school hostel opened in Dumfries in 1908, quickly followed by another in Stornoway.³⁵⁸⁸ In a history of Oban Academy, MacArthur mentioned that in the 1910s, children who attended the school from the islands and other rural areas

³⁵⁸⁶ James Scotland, *The History of Scottish Education Volume Two, From 1872 to the Present Day* (London: University of London Press, 1969), 92.

³⁵⁸⁷ George Thomson, *Residential Education in Ross and Cromarty: A Report on Residential Schools, School Hostels, and Associated Developments in Ross and Cromarty* (Dingwall: County Council of Ross and Cromarty Education Committee, 1956), 6.

³⁵⁸⁸ Scotland, *History of Scottish Education*, 92.

stayed in lodgings or with relatives.³⁵⁸⁹ However, in 1919, the Argyll Education Authority resolved to 'to provide school hostels for Argyll County Bursars in the three main schools – Campbeltown, Dunoon and Oban.'³⁵⁹⁰ By 1920, a hostel for girls was open in Oban, but 'no provision was made for boys who lived in lodgings until over thirty years later.'³⁵⁹¹

MacArthur gave a brief glimpse of life for the boys from rural areas in lodgings in Oban and he wrote that they 'played a great deal of football, on their own or with the town bank clerks etc and occasionally some of the local pupils joined them.'³⁵⁹² They also attended local political meetings and 'attended as many meetings as possible, mainly to listen to the heckling, an art which has now been lost.'³⁵⁹³

Many of the country boys were invited to small dances in the Hostel, between the two grand parties, held there in the first and second terms. Mr Milne, the English Master, seemed to play piano for three-quarters of the evening in the same type of dark suit which successive generations saw in Room 12 for over thirty years.³⁵⁹⁴

Lake Falconer also gave a brief account of the girls' hostel at Craigard in the 1940s. 'Not everyone was happy there, but there was an element of compulsion and a girl who declined to stay at Craigard and elected to go into digs would find her bursary cut.'³⁵⁹⁵ There was a curfew and discipline, 'but on Saturday evenings the girls were allowed a late pass, and on those nights, as curfew hour approached, every dark corner of Craigard Road and the Hostel grounds would be occupied by a resident and her consort for the night, and they weren't discussing Tolstoy.'³⁵⁹⁶

During the 1920s, there was a further move towards residential education in the Highlands and Islands, and Osborne observed that this process was financed partly by the education authorities and partly by the Carnegie Trust.³⁵⁹⁷ In 1920, the Ross

³⁵⁸⁹ Dugald MacArthur, "From 1910 to World War II," in *Oban High School: The First 100 Years*, ed. Robert A. Reid (Oban: Oban High School, 1993), 69.

³⁵⁹⁰ MacArthur, "From 1910 to World War II," 75.

³⁵⁹¹ MacArthur, 75.

³⁵⁹² MacArthur, 77-8.

³⁵⁹³ MacArthur, 78.

³⁵⁹⁴ MacArthur, 78.

³⁵⁹⁵ Lake Falconer, "World War II to 1950," in *Oban High School: The First 100 Years*, ed. Robert A. Reid (Oban: Oban High School, 1993), 98.

³⁵⁹⁶ Falconer, "World War II to 1950," 98.

³⁵⁹⁷ Gerald S. Osborne, *Scottish and English Schools*, 236-7.

and Cromarty Education Authority opened the first school hostel in the county. The hostel was staffed by a matron and domestic staff, and could accommodate 24 girls.³⁵⁹⁸ In collaboration with the Carnegie Trust, another girls' hostel was opened in Stornoway two years later. This hostel accommodated 50 girls. A boys' hostel opened in Dingwall in 1930, which could accommodate 30 boys. During the inter-war years, hostels were built in Lerwick, Breadalbane, Hawick, and Portree, and by 1934 there were three in the county of Ross and two in Inverness.³⁵⁹⁹

Thomson noted that by the 1930s the demand for hostel places was greater than could be accommodated, and many children and young people were once again accommodated in private lodgings or lived with relatives. However, acquiring suitable buildings to house the hostels proved difficult and was delayed further by World War II.³⁶⁰⁰ Scotland also found that in 1948, pupils from Knox Academy lodged in a village in East Lothian at the education authority's expense.³⁶⁰¹

In 1949, the Scottish Education Department identified 18 secondary schools in Scotland with hostel accommodation: Argyll (1), Dumfries (3), Inverness (4), Kirkcudbright (1), Orkney (1), Perth and Kinross (2), Ross and Cromarty (2), Roxburgh (1), Sutherland (1), and Shetland (2). Further hostels were planned in Inverness, Orkney, and Sutherland. In 11 schools, accommodation was available for boys and girls, five hostels were for girls only, and two were for boys only.³⁶⁰²

The history of St Ninian's Church in Inverness gave some information on Hill Park School Hostel for Catholic Girls. It was not clear when this hostel first opened and it was run by the Sisters of Notre Dame to accommodate 'Catholic schoolgirls from outside Inverness who attended Inverness Royal Academy or Inverness High School.'³⁶⁰³ The Sisters also ran the local Convent School. In 1953, the hostel was handed over to the Order of La Sagesse, who continued to run both the school and hostel until a major fire destroyed the hostel on 12 June 1959, injuring two—a nun

³⁵⁹⁸ Thomson, *Residential Education in Ross and Cromarty*, 23.

³⁵⁹⁹ Scotland, *History of Scottish Education*, 92.

³⁶⁰⁰ Thomson, *Residential Education in Ross and Cromarty*, 27.

³⁶⁰¹ Scotland, *History of Scottish Education*, 94.

³⁶⁰² Scottish Education Department, *Education in Scotland in 1948: A Report of the Secretary of State for Scotland* (Edinburgh, His Majesty's Stationery Office, 1949), 26.

³⁶⁰³ Saint Ninian's Church, "Saint Ninian's Church, Inverness: A Brief History," *St Ninian's Church* website.

and one of the residents.³⁶⁰⁴ The other seven girls who were resident in the hostel were led to safety by an Inverness High School teacher. It was not clear where the girls were accommodated thereafter.

Bertha Fiddler: Regulations Must Be Observed!

A rare account of living in a school hostel is provided in Bertha Fiddler's book about her experience in Orkney School Hostel.³⁶⁰⁵ Bertha lived on the island of Stronsay and left the island to undertake her secondary education at Kirkwall Grammar School. She described in detail the routine of the hostel and what it felt like to live there in the 1950s.

Bertha Fiddler: Regulations Must Be Observed!

Bertha lived in school hostel accommodation in Kirkwall during her school years. She recalled that up until 1947 children stayed in lodgings while they attended Kirkwall Grammar School. In 1947, the Scottish Education Department acquired former army barracks for use as school hostels.

At 11 years old, Bertha left home to live in one such school hostel in Kirkwall between 1951 and 1956. Thinking retrospectively, Bertha mentioned that she found it striking that in the list of requirements provided to them for life at the hostel, which included clothing items, hairbrush, clothes brush, boot polish, soap etc., there was no mention of anything about personal care, even though as new-starts, they would soon be reaching puberty:

It was obvious that our mothers had been expected to have dealt with this subject which was largely an unspoken topic at that time. Having no mother, my father had asked the lady in town...to explain the changes which were about to happen to my body...even showed me sanitary towels.

The routine at the hostel was timetabled and Monday to Friday the routine at the school hostel was:

³⁶⁰⁴ Saint Ninian's, *A Brief History*.

³⁶⁰⁵ Bertha M. Fiddler, *Regulations Must Be Observed! Life in a 1950s School Hostel* (Kirkwall: The Orcadian (Kirkwall Press, 2013), 1.

7.30am:	Rise
8.00am:	Breakfast
8.40am:	School
5.30pm:	Tea
6 - 9pm:	Study
9pm:	Supper
10pm:	Retire
10.15pm:	Lights out.

Facilities at the hostel were basic and bare, the room Bertha occupied had two army camp beds and the bedding was changed weekly. After 10pm, the children were locked in their blocks. Food was basic and she remembered often feeling hungry. This was in stark contrast to the glowing reports that were being reported locally in the Orkney Herald when the school hostel first opened. Bertha included a reminiscing email she received from a friend about their time in the hostel:

Food, never of great quality, always seemed to be in short supply and we were often hungry. Who can forget the one small mealy pudding or two small sausages and nine beans that was tea on two nights most weeks.

Two teachers lived in the hostel with the girls, each having a small flat consisting of a sitting room, bedroom, and bathroom. One teacher would supervise them during their study time, or 'prep time' as they referred to it.

Keeping in contact with home was not particularly easy and Bertha described how the girls would take turns to run back to the hostel during school lunchtime to check whether there was any mail from their families, particularly on a Friday. Mail was generally received from the Isles on Mondays, Thursdays, and Fridays, and sometimes included parcels, including food, from home. Bertha also mentioned their post-exam midnight feasts using the contents of their food parcels sent from home.

The timetable at the weekends was more relaxed and they were allowed more freedom, but they were unable to return home. Friday night freedom was at the

approval of the Matron of the School Hostel and the Head Girl. However, at the weekend, pupils were allowed to venture off campus without seeking special approval as long as they were back in time for meal times.

Saturday was great. No school. No Prep. No school dinners. No imprisonment. Often we took a walk down the town as (a) it was a little exercise and fresh air and (b) it was just so good to feel free to do that!

Although conditions at the hostel were experienced as bleak and basic, and the timetable was strict, students enjoyed their time, particularly at the weekends. Bertha concluded:

In general, life at KGS hostel could be boring, dull, definitely unexciting, and even dreich, but at least having such an amount of homework to do every night gave us occupation. We certainly made the most of any free time and the big plus point to it all was that we all had a great deal of company, looking back, we all agree that we would not like to have missed the experience. It did knock the corners and taught us much more than at home. I think we would all do it again!

Bertha M. Fiddler, *Regulations Must Be Observed: Life in a 1950s School Hostel* (Kirkwall: The Orcadian (Kirkwall Press), 2013).

The Expansion of School Hostels

By 1960, the number of schools providing hostel accommodation had increased to 20, most located in the Highlands and Islands.³⁶⁰⁶ This figure would remain static until 1965, when a new programme of hostel building in the Highlands and Islands was initiated by the Scottish Education Department to meet the raising of the school-leaving age and centralisation of secondary education.³⁶⁰⁷

While the hope is that the new hostels will be run in such a way as to provide some of the benefits of boarding education, the main purpose at present conceived for them is not to provide boarding education as such but to cater as comfortably and informally as possible for the residential

³⁶⁰⁶ Scottish Education Department, *Education in Scotland in 1959: A Report of the Secretary of State for Scotland* (Edinburgh: HMSO, 1960), 27.

³⁶⁰⁷ Gerald S. Osborne, *Scottish and English Schools: A Comparative Survey of the Last Fifty Years*. (London: Longmans, 1966), 237.

needs of children who are obliged to leave home in order to attend suitable central day schools.³⁶⁰⁸

The programme was planned in three, two-year stages. The initial phase of the programme, which consisted of nine hostels, began in 1967. It included hostels located at Dunoon, Oban, Inverness, Portree, Daliburgh, Kirkwall, and Stornoway.³⁶⁰⁹ The overall plan was to build between 20 and 30 hostels, providing accommodation for an additional 1,700 secondary school boarders. The programme was based on a 'more informal "family unit" atmosphere and approximation to home conditions, and the careful selection and training of suitably sympathetic and knowledgeable people as wardens.'³⁶¹⁰

Financial constraints in the early 1970s led to later phases of the school hostel building programme being deferred, and the *Education in Scotland in 1974* report, was the last one to provide information on school hostels, stated that there were 32 hostels providing accommodation for 1,872 pupils.³⁶¹¹ In areas where no hostels or boarding schools were available pupils as young as 11 would continue to lodge with families near the school.³⁶¹²

In the history of Oban High School, McCulloch discussed the strain on hostel accommodation in the early 1960s. Craigard Hostel for girls had 45 places, and Kilbowie Hostel for boys, which had opened in 1956, had 34 places. However, in 1963, there were 65 boys and 59 girls in lodgings, and by 1964 this had increased to 72 boys and 74 girls.³⁶¹³ In 1961, a full-time Attendance Officer was appointed to assist with lodgings and to support pupils.

There were a few lodgings where pupils felt somewhat regimented but most landladies treated the pupils well and many have kept in touch over the

³⁶⁰⁸ Public Schools Commission, *The Public Schools Commission: First Report*, Newsom Report (London: Her Majesty's Stationery Office, 1968), 201.

³⁶⁰⁹ Scottish Education Department, *Education in Scotland in 1966: A Report of the Secretary of State for Scotland* (Edinburgh: Her Majesty's Stationery Office, 1967), 63.

³⁶¹⁰ Ian Findlay, *Education in Scotland* (Newton Abbot: David & Charles, 1973), 85.

³⁶¹¹ Scottish Education Department, *Education in Scotland in 1974: A Report of the Secretary of State for Scotland* (Edinburgh: Her Majesty's Stationery Office, 1975), 19.

³⁶¹² Osborne, *Scottish and English Schools*, 237.

³⁶¹³ Ann McCulloch, "The Years 1960-1972," in *Oban High School: The First 100 Years*, ed. Robert A. Reid, (Oban: Oban High School, 1993), 127.

years. The Attendance Officer made regular visits and even used to bring grapes for anyone who was ill.³⁶¹⁴

A new extension to the Kilbowie Hostel was opened in 1968 with accommodation for an additional 80 boys. 'The new extension was built to a standard design promoted by the Scottish Education Department to speed up the process of building hostels in places they were needed desperately.'³⁶¹⁵ A new girls' hostel, Glencruitten, was built to the same plan and opened in 1971.³⁶¹⁶

McCulloch also gave an account of life in Craigard Hostel and Kilbowie Hostel. She described the strict timetable in the hostels. In Craigard, there was a rota for the ringing of the bell at 7.30 a.m. on the weekdays and 8 a.m. at the weekend.

They made their own beds and Saturday mornings were not allowed out until they had changed their beds and cleaned their rooms, which were sometimes inspected. They also had a rota for corridor duty and pantry duty, where they had to help the maids with the dishes etc.³⁶¹⁷

The girls had to be back at the hostel by 5 p.m. and there would be two hours' study after tea. On Saturdays, the girls were allowed out in the mornings and afternoons until 8.30 p.m. On Sundays, the girls had to attend church. 'As one might expect there was the occasional rebellion, usually minor rather than major. From time to time there would be a "beanfeast" after "lights-out" (9.30 pm for juniors, 10.30 pm for seniors). Sometimes girls sneaked down the fire escape.'³⁶¹⁸ Punishments included being 'gated' on the following Saturday, or being reported to the Rector.

McCulloch described Craigard as 'spotlessly clean' if 'somewhat spartan'. 'The food was really quite adequate. Sometimes in the evenings the girls would make toast on the electric fire in the lounge and spread it with butter surreptitiously removed from the kitchen.'³⁶¹⁹

³⁶¹⁴ McCulloch, "Years 1960-1972," 131.

³⁶¹⁵ McCulloch, 127.

³⁶¹⁶ Craigard Hostel and the old Kilbowie Hostel closed in 1986, and the new Kilbowie closed in 1990. Glencruitten Hostel continues to accommodate pupils.

³⁶¹⁷ McCulloch, 127.

³⁶¹⁸ McCulloch, 128.

³⁶¹⁹ McCulloch, 128.

The routine in the boys' hostel, Kilbowie was very similar. However, the distance from the town meant that 'the temptation to sneak out by the fire escape was not so great.'³⁶²⁰

When the new extension opened in August 1968 it seemed luxurious compared to the old Hostel. The boys were now in three-bedded rooms, while the prefects had their own rooms. The prefects also had a room where they could make their own cups of tea.³⁶²¹

The new building also had a laundry room and a games room.

In 1973, Sewel and colleagues researched the migration of children for education in the Highlands. The areas considered in the study were: West Sutherland, Cross and Uig in Lewis Islands, Barra, Sanday, and Ronsay in the Orkney Islands, Southwest Ross, Mallaig, and Ullapool. There was concern that the introduction of comprehensive secondary education meant that almost all children from the Highlands and Islands had to leave their homes for their education, although there was actually a variety of provision.³⁶²² In some areas, such as West Sutherland, Uig on the Isle of Lewis, Rousay, Egilsay and Wyre in the Orkneys, pupils lived away from home from the start of their secondary education. In others, such as Cross on the Isle of Lewis, Sanday in the Orkneys, and Mallaig, pupils attended a local secondary school for the first two years and then moved away from home.³⁶²³ In the area of Argyll, secondary education was provided via a combination of three six-year secondary schools and five four-year secondary schools. The six-year secondary schools were situated in Oban (school role of 1,100 pupils of which 225 lived in lodgings or hostels); Dunoon (school role of 900 pupils with 76 living in lodgings); and Campbeltown (700 pupils with 17 living away from home).³⁶²⁴

³⁶²⁰ McCulloch, 129.

³⁶²¹ McCulloch, 129.

³⁶²² John Sewel et al., *Education and Migration: A Study of the Migration and Job Expectations of Young People and their Parents in the Highlands and Islands of Scotland* (Aberdeen: University of Aberdeen, 1975), 1.

³⁶²³ Sewel et al., *Education and Migration*, 12-3.

³⁶²⁴ Sewel et al., 42-3.

Sewel and colleagues concluded that the structure of secondary school provision was not a crucial factor in migration and this tended 'to be influenced by general social and economic conditions, rather than by specifically educational considerations.'³⁶²⁵

A 1976 House of Commons written response from the Secretary of State for Scotland listed the 20 schools that provided hostel accommodation. These were:

- Highland Region
 - o Dingwall Academy
 - o Drummond School, Inverness
 - o Golspie High School
 - o Inverness High School
 - o Inverness Royal Academy
 - o Lochaber High School, Fort William
 - o Millburn Secondary School, Inverness
 - o Plockton High School
 - o Portree High School
- Tayside Region
 - o Breadalbane Academy, Aberfeldy
- Central Region
 - o McLaren High School, Callander
- Strathclyde Region
 - o Dunoon Grammar School
 - o Oban High School
- Dumfries and Galloway
 - o Dumfries Academy
 - o Kirkcudbright Academy
- Orkney
 - o Kirkwall Grammar School
 - o Stromness Academy
- Shetland
 - o Anderson High School, Lerwick
- Western Isles
 - o Sir Edward Scott Secondary School, Tarbert

³⁶²⁵ Sewel et al.,126.

- The Nicholson Institute, Stornoway.³⁶²⁶

Regulation and Inspection

Following the introduction of the *Regulation of Care (Scotland) Act 2001*, the terms 'school care accommodation' and 'school hall of residence' is being increasingly used. For example, the Care Commission used 'school care accommodation' as an umbrella term that included school hostels and other school related residential accommodation:

School care accommodation services are those described in Section 2(4) of the Act which:

- 'are provided for the purpose of the pupil being in attendance at a public, independent or grant-aided school'; and
- consist of 'the provision, in a place in or outwith the school, of residential accommodation'.³⁶²⁷

In 2014, there were six local authority school hostel services and one private sector hostel, the latter having been newly registered in 2014. The Care Inspectorate considered these to have performed well in the triennial review, with the majority evaluated as good for the quality of care and staffing. In 2014, all services were graded as good or very good for their management and leadership.³⁶²⁸

In 2020, the seven hostels or halls of residence registered with the Care Inspectorate as school care accommodation services were:

- Aberdeen City Music School Halls of Residence, Aberdeen
- Anderson High School Halls of Residence, Lerwick
- Dunoon School Hostel, Dunoon
- Glencruitten Hostel, Oban
- Highland Council School Care Accommodation Service
 - Plockton
 - Portree

³⁶²⁶ Hansard, "Schools (Hostel Accommodation)," HC Written Answer, 14 June 1976, Vol 931, Col. 39.

³⁶²⁷ Scottish Executive, *National Care Standards: School Care Accommodation Services* Edinburgh: Scottish Executive, 2005), 4.

³⁶²⁸ Care Inspectorate, *Inspecting and Improving Care*, 50.

- Mallaig
 - Ullapool
 - Ardnamurchan
- Knightswood Halls of Residence, Glasgow
- Papdale Halls of Residence, Kirkwall.³⁶²⁹

³⁶²⁹ Care Inspectorate, "Care Services," *Care Inspectorate* website, 2019.

Private and Independent Boarding Schools

Introduction

Finally, in this report, we will discuss private and independent boarding schools that were included in the terms of reference of the Scottish Child Abuse Inquiry. Over the period of the review, this group has comprised a highly diverse group of schools with considerable overlap with other establishments and institutions. Endowed schools, for example, had their roots in the charitable ‘hospitals’ that were essentially residential institutions for orphans. Many of these became day schools, although some carried on as residential establishments. Private and independent schools have been funded in different ways over the years, and types of funding have overlapped with schools that do not fall within the remit of the Inquiry such as kindergartens and day schools. Some establishments were only partly boarding and also had day pupils. In addition, there has been a lack of consistency in the use of the term ‘independent schools’.

Many schools were established in the 19th century. We saw that Fettes College was originally an endowed hospital, but established as a fee-paying school in 1870. Other schools were: The Edinburgh Academy (1824), Glasgow Academy (1845), Glenalmond (1847), Loretto (1827), Merchiston Castle (1833), St Leonards (1877), St George’s (1888), and Esdaile School (formerly the Edinburgh Ministers’ Daughters’ College) (1863). Strathallan School was established in 1913 and Gordonstoun in 1934.

In the context of a history of secondary education in the 19th century, Anderson wrote that in Scotland, ‘opposition to boarding seems sometimes to have struck an ideological chord, and to have reflected a feeling that children should not be cut off from the general life of the community.’³⁶³⁰

In the 1960s, the *Newsom Report* noted that, in Scotland, independent schools were a much smaller part of educational provision than in England and Wales.³⁶³¹ Similarly, in the 1970s, Neave noted ‘the insignificant influence of Public and boarding schools’

³⁶³⁰ Anderson, “Secondary Schools,” 189. This reflects comments about the later development of residential institutions in Scotland.

³⁶³¹ Public Schools Commission, *The Public Schools Commission*, 199.

in Scotland compared to England.³⁶³² In this, he was referring to the numbers of children educated in such schools. Walford, however, highlighted that in 1986 in Scotland, '41 per cent of a wide ranging sample of "people of influence" had a private school background.'³⁶³³ Forbes and Weiner argued that this influence appears to have been sustained over the years.³⁶³⁴

We will focus on those boarding schools that have provided mainstream education for pupils. Residential schools primarily for disabled children and for children in care have been dealt with in previous chapters.

The Structure of Private and Independent Schools

In 1969, Highet described the structure of schools in Scotland, including private and independent schools.³⁶³⁵ He identified four main administrative types of schools.

- *Public schools* were managed by education authorities and most were day schools and co-educational. However, they included a small number of 'special-purpose residential schools'.³⁶³⁶
- *Grant-aided schools* were managed by 'boards of governors' and received grants from the Scottish Education Department.³⁶³⁷
- *Demonstration schools* were administered by Colleges of Education and received grants from the Scottish Education Department and local authorities. There were only five of these schools.³⁶³⁸
- *Independent schools* were 'schools which are conducted by boards of governors without any aid from public funds and at which full-time education is provided for five or more pupils of school age.'³⁶³⁹

³⁶³² Guy Neave, "The Development of Scottish Education 1958-1972," *Comparative Education* 12, no. 2 (1976), 131.

³⁶³³ Geoffrey Walford, *Privatization and Privilege in Education* (London: Routledge, 1990), 39.

³⁶³⁴ Joan Forbes and Gaby Weiner, "'Independent' in Scotland: Elite by Education?," in *Elite Education: International Perspectives*, ed. Claire Maxwell and Peter Aggleton (Abingdon: Routledge, 2016), 31. See also, David McCrone, "What School Did You Go To? Education and Status in Edinburgh," *Scottish Affairs* 29, no. 1 (2020).

³⁶³⁵ John Highet, *School of One's Choice*, 1.

³⁶³⁶ Highet, 9.

³⁶³⁷ Highet, 9.

³⁶³⁸ Highet, 9.

³⁶³⁹ Highet, 10.

It is the schools in this last group, and to these alone, that the terms *private* or *independent* apply. (The latter is the official term, the one used by the Scottish Education Department.) In Scotland, as in practically all English-speaking countries except England itself, the term 'public school' is not used for a type of private school but (with manifest logic) for a school under the management of an education authority.³⁶⁴⁰

However, cutting across this categorisation of schools, there was the issue of schools charging fees. In 1969, 26 of the public (education authority) schools were fee paying, as were two of the demonstration schools.³⁶⁴¹ Over half of the grant-aided schools were also fee-paying and these included a number of boarding schools.³⁶⁴² Slightly over half of the fee-paying independent schools were boarding schools, being 'residential or partly-residential'.³⁶⁴³

Grant-Aided Schools

Findlay noted that prior to 1923, grant aid to schools was given in a 'haphazard way'.³⁶⁴⁴ In 1923, the Scottish Education Department introduced the grant system, whereby 16 schools outside education authority control would receive financial assistance directly from the Government.³⁶⁴⁵ Over the years, the number of schools receiving grants fluctuated slightly (increasing by two and decreasing by three transfers to state control), and there were 15 in 1959. Not all of these schools, however, took in boarders. Osborne noted, however, that some of the day schools had acquired boarding facilities in the years after World War II.³⁶⁴⁶

In 1959, new grant arrangements came into being 'for these 15 schools, together with 14 former independent schools, making the current total of 29'.³⁶⁴⁷ Although requiring to conform to state school legal requirements, the grant-aided schools were managed by an independent board of governors, rather than education authorities. The Public Schools Commission reported that there were 1,492 boarding

³⁶⁴⁰ Highet, 10.

³⁶⁴¹ Highet, 11-13.

³⁶⁴² Highet, 13.

³⁶⁴³ Highet, 15.

³⁶⁴⁴ Findlay, *Education in Scotland*, 89.

³⁶⁴⁵ Highet, *School of One's Choice*, 51.

³⁶⁴⁶ Osborne, *Scottish and English Schools*, 135.

³⁶⁴⁷ Findlay, *Education in Scotland*, 89.

places available in grant-aided schools in 1967. Most of these were for boys (979), with just over a third for girls (513).³⁶⁴⁸

Highet identified 49 grant-aided schools in 1968, and 29 were secondary schools (all of which had a primary department), and 27 were also fee-paying schools. While 15 of the grant-aided schools were partly residential, Highet considered that the boarding numbers were 'small'.³⁶⁴⁹ He provided details of the number of boarders in the 15 grant-aided schools in 1968:

- Albyn, Aberdeen (girls), 60;
- Benedictine Convent, Dumfries (girls), Dumfries, 4;
- Convent of the Sacred Heart, Aberdeen (girls), Aberdeen, 80;
- Daniel Stewart's, Edinburgh (boys), 46;
- Dollar Academy, Dollar (mixed), Dollar, 192 boys and 42 girls;
- George Watson's, Edinburgh, (boys), 105;
- John Watson's, Edinburgh (mixed), 32 boys and 26 girls;
- Melville, Edinburgh (boys), 31;
- Morrison's Academy, Crieff (boys), 165;
- Morrison's Academy, Crieff (girls), 98;
- Robert Gordon's College, Aberdeen (boys), 54;
- St Bride's, Dumbarton (girls), 122;
- St Columba's, Renfrew (girls), 25;
- St Joseph's College, Dumfries (boys) 334; and
- St Margaret's, Aberdeen (girls) 57.³⁶⁵⁰

Over the period 1960-67, there were 1,013 boarding education allowances awarded to pupils by the Scottish Education Department to attend a grant-aided or independent school as a boarding pupil. The number each year varied from 117 in 1965-66 to 174 in 1963-64, with an average of 155 per year. Of these, 382 pupils attended a grant-aided school and 631 an independent school.³⁶⁵¹

Warnock discussed the 13 grant-aided residential special schools open in 1976. Increasingly, grant aid has been focused on special schools, and in 2019, there were

³⁶⁴⁸ Public Schools Commission, *The Public Schools Commission*, 204.

³⁶⁴⁹ Highet, *School of One's Choice*, 13.

³⁶⁵⁰ Highet, 72, 87 and 91.

³⁶⁵¹ Public Schools Commission, *The Public Schools Commission*, Appendix 17.

eight grant-aided schools, and seven were special schools, six of which were residential (one provided residential short-breaks), and one provided day care. The other was a mainstream day school.³⁶⁵²

Independent Schools

The *Education (Scotland) Act 1946* required independent schools to register with the Scottish Education Department, and this came into force in 1957.³⁶⁵³ The *Education (Scotland) Act 1980* required independent schools to register with the *Registrar of Independent Schools*.

Currently, independent schools must register with the *Registrar of Independent Schools*, and are defined as 'a school at which full-time education is provided for pupils of school age (whether or not such education is also provided for pupils under or over that age), not being a public school or a grant-aided school.'³⁶⁵⁴ Many of these, however, do not provide residential accommodation.

Highet identified 122 fee-paying independent schools listed by the Scottish Education Department in May 1968.³⁶⁵⁵ He described this as an 'extremely diversified group' that included nursery or kindergarten schools, primary and secondary schools. 'Two of the schools on the list are for handicapped pupils, one is for mentally handicapped pupils, one for maladjusted pupils, one for children in need of special care, and a sixth for educationally retarded children.'³⁶⁵⁶ Over half of the independent schools were residential: 33 were fully residential, and 33 were partly residential. Apart from the small number of residential schools for 'handicapped pupils', 'residential schools are all one-sex schools—chiefly boys' schools.'³⁶⁵⁷

However, Highet gave some detail on a number of other independent schools in Scotland. In Edinburgh, there were several 'private schools for girls', some of which were partially residential: St Margaret's School, Newington; St Denis; Cranley; and St.

³⁶⁵² Emma Seith, "Call to Change 'Crazy' Funding of Special Schools," *Times Educational Supplement*, 17th April 2019.

³⁶⁵³ Highet, *School of One's Choice*, 106.

³⁶⁵⁴ *Section 135 of the Education (Scotland) Act 1980*, as amended.

³⁶⁵⁵ On page 106, Highet stated that there were 123 fee-paying independent schools at May 1968.

³⁶⁵⁶ Highet, 107-8.

³⁶⁵⁷ Highet, 108.

Hilary's. Highet also mentions Cargilfield, in Edinburgh, a residential preparatory school for some 120 boys aged between 7 to 14 years.³⁶⁵⁸

Highet identified other residential schools in Scotland. St Vincent's College, Langbank, is 'a residential school taking, for the first two years or so of the secondary course, boys who are trying to see if they are suitable candidates for the priesthood.'³⁶⁵⁹ It had 110 pupils in 1968. Blairs College in Kincardineshire 'accepts as pupils only those who intend to aim at the priesthood as their calling', and has some 150 boys.³⁶⁶⁰ There was also the residential secondary school at Fort Augustus, which had 20 boys when it started in 1921 and 145 in 1968.³⁶⁶¹ Highet also mentions Keil School, Dunbarton, a residential secondary school for 171 boys, and Wellington School, Ayr, a partly residential school for girls, with some 100 boarders in 1968.³⁶⁶² Three relatively new residential schools for boys were also mentioned: Dunrobin, Golspie (93 boys), Templars, Glencarse (22 boys), and Rannoch School, Perthshire (185 boys).

Limond described the development of girls' Catholic boarding schools in Scotland with a number opening in the 19th century. However, he noted the lack of accounts of the experiences of boarders in these schools in the first half of the 20th century.³⁶⁶³ The convent boarding schools tended to teach older girls or had sections for younger and older girls together.

Most consistent in the provision of boarding places were the Ursulines (principally at St Margaret's Convent in Edinburgh) and the Sisters of Mercy (St Catherine's, also in Edinburgh) but the latter ran their boarding school in Dundee only in conjunction with a day school.³⁶⁶⁴

Other schools were the Notre Dame convent school in Glasgow and the Notre Dame school in Dumbarton, but there were only a limited number of boarders.

³⁶⁵⁸ Highet, 116-8.

³⁶⁵⁹ Highet, 120.

³⁶⁶⁰ Highet, 120.

³⁶⁶¹ Highet, 120.

³⁶⁶² Highet, 121-2.

³⁶⁶³ David James Limond, "The Female Experience of Schooling in Scotland, 1872-1945: Lassies o' Pairs or Lassies Apart?" (PhD thesis, University of Glasgow, 1996), 96.

³⁶⁶⁴ Limond, "The Female Experience of Schooling," 97.

Holland, in her brief history of the Faithful Companions of Jesus in Scotland, wrote that by 1909, there were some 300 day and boarding pupils in St Margaret's Convent School in Paisley. Holland noted that the boarding school of St Margaret's closed in 1967.³⁶⁶⁵ 'The status and efficiency of the school attracted pupils from all the surrounding districts, and boarders came from as far as Highlands and Islands.'³⁶⁶⁶ In 1942, Limond identified 11 female secondary schools and seven mixed schools, of which only five took in boarders (St Catherine's, St Margaret's, the Convent of Mercy in Dundee, Elmwood, and the Sacred Heart Convent in Girvan).³⁶⁶⁷

Bridgeland also discussed Kilquhanity House, set up by John Aitkenhead in 1940 and which ran until its closure in 1997. Influenced by the work of A.S. Neill at Summerhill, Kilquhanity was 'an internationalist, pacifist school dedicated to an ideal of complete free expression.'³⁶⁶⁸

This idealistic declaration of intent has been considerably modified in the light of both individual and community needs. Although children are free not to attend lessons they are not free to leave a course once they have started it. Although all children are part of the council they are not free to disregard its decisions. Freedom is seen as something relative to the needs of others. On matters such as the prohibition of drinking or smoking, Aitkenhead is prepared to exercise his authority as headmaster.³⁶⁶⁹

There was a stress on the creative arts, including painting, music, theatre, woodwork and crafts, and on outdoor activities. 'And there was a small farm, with the children being encouraged to get involved in handling the animals and helping to make the school as self-sufficient in food as possible.'³⁶⁷⁰ A flavour of the school and the voices of some of the children and young people and staff can be seen in a short film from 1968.³⁶⁷¹

³⁶⁶⁵ Mary Clare Holland, "The Faithful Companions of Jesus: A Centenary Look at the Apolstolate in Scotland 1889 – 1989", *Faithful Companions of Jesus* website.

³⁶⁶⁶ Holland, "Faithful Companions of Jesus".

³⁶⁶⁷ Limond, "The Female Experience of Schooling," 98.

³⁶⁶⁸ Bridgeland, *Pioneer Work*, 310. See also, Walter Humes, "A.S. Neill and Scotland: Attitudes, Omissions and Influences," *Scottish Educational Review* 47, no. 1 (2015), 78.

³⁶⁶⁹ Bridgeland, 310.

³⁶⁷⁰ A. Lawson, "50 Years Young: The Story of a Free School," *Radical Scotland* 47, Oct/Nov (1990), 16.

³⁶⁷¹ Jordanhill College Film & TV Unit, *Children Growing: Report from Kilquhanity House*, (Glasgow: Jordanhill College, 1968). Available at <http://movingimage.nls.uk/film/4194>.

In 1972, Hunter commented that there had been very little published on independent schools in Scotland, 'apart from a few histories of individual schools.'³⁶⁷² She wrote that there were 120 independent schools, of which 35 were residential and 32 were partly residential.³⁶⁷³ Of these, eight were members of the Association of Governing Bodies of Public Schools, and six were members of the Association of the Governing Bodies of Girls' Public Schools.³⁶⁷⁴

Private Schools calling themselves 'Public Schools'³⁶⁷⁵

The general barometer of a 'public school' has been whether the head teacher is a member of the Headmasters' Conference or the equivalent Association of Governing Bodies of Girl's Public Schools. Eligibility for entry to these bodies depends upon the degree of independence enjoyed by the Head and upon academic standards.³⁶⁷⁶ Highet described eight private schools, modelled on English 'public schools' and which were members of the Headmasters Conference and the Association of Governing Bodies of Public Schools. These were: Fettes College, Glasgow Academy, Gordonstoun, Loretto, Merchiston Castle, Strathallan, The Edinburgh Academy, and Trinity College, Glenalmond.³⁶⁷⁷ Highet also discussed the three girls' schools that adopted the English 'public schools' model: St Leonard's, St George's, and Esdail.³⁶⁷⁸

We saw that many of these had been established in the 19th century. Anderson discussed the debates in Scottish Education between the advocates of the secondary day schools and the public school model. While he wrote that 'Scottish landed families had long favoured the Public Schools' there were only 'four or five Scottish Public Schools, and they were quite small', and relatively small numbers of children were sent to schools in England.³⁶⁷⁹ 'It seems reasonable to conclude, therefore, that there was a real difference between the educational habits of the Scottish and English elite.'³⁶⁸⁰

³⁶⁷² Hunter, *Scottish Educational System*, 184.

³⁶⁷³ Hunter, 185.

³⁶⁷⁴ Hunter, 190.

³⁶⁷⁵ This heading is taken from Highet, 111.

³⁶⁷⁶ W. Bain, "Information Paper 4: Independent and Grant-Aided Schools in Scotland," *Scottish Educational Review*, 11, no. 2: 1979, 152-4.

³⁶⁷⁷ Highet, *A School of One's Choice*, 111.

³⁶⁷⁸ Highet, 115.

³⁶⁷⁹ Anderson, "Secondary Schools," 187.

³⁶⁸⁰ Anderson, 188.

In the late 1960s, the Secretary of State for Education and Science established the Public Schools Commission to ‘advise on the best way of integrating the public schools with the State system of education.’³⁶⁸¹ It followed the definition of ‘public school’ noted above and, provided details on the schools in Scotland in 1967.³⁶⁸²

Table 12: Independent Schools in Scotland Modelled on English ‘Public Schools’ in 1967					
Public Schools Commission, Appendix 17.					
Name of School	Gender	Type of School	Boarding or Day	Number of Boarders	Total Roll
Fettes College, Edinburgh	Boys	Secondary	Boarding only	447	447
Edinburgh Academy	Boys	Primary and Secondary	Mainly day	145	1,104
Glasgow Academy	Boys	Primary and Secondary	Mainly day	36	925
Glenalmond (Trinity College, Perthshire	Boys	Secondary	Boarding only	343	343
Gordonstoun School, Morayshire	Boys	Secondary	Mainly boarding	373	377
Loretto School, Midlothian	Boys	Primary and Secondary	Boarding only	294	294
Merchiston School, Edinburgh	Boys	Secondary	Mainly boarding	287	295
Strathallan School, Perthshire	Boys	Secondary	Boarding only	357	357
St George’s School for Girls, Edinburgh	Girls	Primary and Secondary	Mainly day	84	582

³⁶⁸¹ Public Schools Commission, *The Public Schools Commission*, vii.

³⁶⁸² Public Schools Commission, Appendix 17.

St. Leonard's and St. Katherine's, St Andrews	Girls	Nursery, Primary and Secondary	Mainly boarding	419	496
Esdaile School (Ministers' Daughters' College), Edinburgh	Girls	Secondary	Mainly boarding	98	140

Educational Authority Agricultural and Technical Schools

Although there is very little information on these local authority residential schools, they are referred to in the Scottish Education Department *Annual Reports* of the 1950s and 1960s. In the 1955 report, for example, it stated that '[e]ight boarding schools, providing full-time agricultural, technical, or home-craft courses, are conducted by Education Authorities.'³⁶⁸³ By 1970, there were only three such schools remaining, in Ayrshire, Dumfriesshire and Ross and Cromarty.³⁶⁸⁴ The last two schools closed in 1973.

Histories and Experiences of Independent Schools

Centenaries and other significant dates have led to a range of histories on independent boarding schools. These are mostly congratulatory texts and have to be read as such.³⁶⁸⁵ They range in the detail they give on the experience of boarding at the schools and their focus on broader activities in the school such as sports, trips, entertainments, as well as the comings and goings of staff and pupils, former pupils, developments in teaching, buildings, and the impact of national events. However, they provide some information about the development of this sector of residential boarding facilities, and some of these are outlined below. Autobiographical accounts of the schools also give a flavour of individuals' experiences over the years, and at times, have provided contrasting or contradictory versions.

While some of these accounts addressed discipline and bullying, little has been written specifically about schools in Scotland. Some of the more general accounts of

³⁶⁸³ Scottish Education Department, *Education in Scotland in 1955*, 48.

³⁶⁸⁴ Scottish Education Department, *Education in Scotland in 1970*, 25.

³⁶⁸⁵ David McCrone, "What School Did You Go To?" 39.

independent and public schools address issues of bullying and abuse, and refer on occasions to Scottish schools.³⁶⁸⁶

Albyn School

In 1967, Albyn School published its centenary celebration.³⁶⁸⁷ Albyn School in Aberdeen was established in 1867 by Harriet Warrack, with 'her pupils including not only scholars belonging to the city, but many from the country, who attended her school as boarders.'³⁶⁸⁸ Little was said about the experience of boarders, but in 1967, the 520 pupils included 60 boarders, and the history spoke about the unbroken tradition from Miss Warrack's time.

Boarders' activities these days include ski-ing, hill-walking, riding, youth-hostelling, skating and swimming. They still celebrate November 5th, have a Fancy Dress party and hold secret feasts in the Dorms. They each have their own hobby or craft and periodically indulge in interior decorating and upholstery.³⁶⁸⁹

Ardvreck School, Crieff

Ardvreck School opened in 1883 and moved to its current site in 1885.³⁶⁹⁰ Over the years, the school expanded, and additional accommodation was built, including new dormitories in the 1920s. One former pupil commented on the opportunity for 'companionship and making friends'.³⁶⁹¹ He also recalled a variety of social activities, games, school plays, and expeditions.

During World War II, an additional house—the Heugh—was acquired and the number of boys at the school increased to 80. In addition, 16 girls from Glasgow were evacuated to the school Sanatorium.³⁶⁹² Despite rationing following the war,

³⁶⁸⁶ Nick Duffell, *The Making of Them: The British Attitude to Children and the Boarding School System* (London: Lone Arrow Press, 2000); Mark Peel, *The New Meritocracy: A History of Independent Schools 1979-2015* (London: Elliott and Thompson Limited, 2015); Alex Renton, *Stiff Upper Lip: Secrets, Crimes and the Schooling of a Ruling Class* (London: Weidenfeld & Nicolson, 2017).

³⁶⁸⁷ G.I. Duthie and H.M.E. Duncan, *Albyn School Centenary, 1967* (Aberdeen: Aberdeen University Press, 1967).

³⁶⁸⁸ Duthie & Duncan, *Albyn School*, 33.

³⁶⁸⁹ Duthie & Duncan, 70.

³⁶⁹⁰ Simon J. Ireland, *"The School that We Love on the Hill": Ardvreck 1883-1983* (Dundee: Burns & Harris Ltd., 1983), 1-2. Until 1894, the school was known as Dalvrek.

³⁶⁹¹ Ireland, *Ardvreck 1883-1983*, 69.

³⁶⁹² Ireland, 77.

former pupils spoke fondly of the school, and one recalled that the 'post-Second World War atmosphere at Ardvreck was entirely friendly, largely thanks to David Smythe. He was a jovial figure with whom we did not take liberties, but of whom we were not afraid.'³⁶⁹³ Cold baths and the slipper were also remembered.

The first day pupils were admitted in 1968, and the school became co-educational in 1976.³⁶⁹⁴ By its centenary year in 1983, Ardvreck had over 100 pupils, and with plans to build a new boarding house.³⁶⁹⁵

Croftinloan Academy

The opening of Croftinloan in May 1936, with three boys, is described by the first headmaster, Hugo Brown. 'On that day, three small, apprehensive boys arrived at Croftinloan to begin a new life and to make new history.'³⁶⁹⁶ The school expanded over the following years, assisted, as Brown wrote, by the start of World War II, and in 1941 had no vacancies.

I do not think the boys complained of there being too little to do. Apart from a variety of activities which were largely self-organised, they made good use of the tennis-court and putting-green. We climbed the local peaks; went on expeditions; vied with each other as to who could cultivate the best garden or, when increased numbers made it possible, took part in paper chases or treasure hunts.³⁶⁹⁷

Because of the number of inquiries during the war, the building was adapted to provide an additional eight-bedded dormitory. Along with the renting of Ballyoukan Lodge in 1948, the school had grown to 55 boys by 1950.³⁶⁹⁸ Brown detailed the range of activities the boys were involved in, which included farming and gardening, riding, scouting, sports, music, and art. The recollections of 'old boys' were generally positive, particularly about the staff. There was some discussion of corporal punishment. For example, one former pupil recalled being beaten for a misdemeanour. 'Just occasionally the unruly found themselves at the end of the

³⁶⁹³ Ireland, 89.

³⁶⁹⁴ Ireland, 120.

³⁶⁹⁵ Ireland, 132.

³⁶⁹⁶ Hugo Brown, *Gladly Lerne, Gladly Teche*, 7.

³⁶⁹⁷ Brown, 17.

³⁶⁹⁸ Brown, 37.

notorious hairbrush; on more than one occasion it was 'lost' and a slipper had to be substituted.³⁶⁹⁹

Daniel Stewart's College, Edinburgh

Daniel Stewart's was set up in 1855 as a hospital for the 'relief, maintenance and education' of poor boys in Edinburgh.³⁷⁰⁰ Following the Argyll Commission of 1868, Daniel Stewart's became a day school, although a number of foundationers continued to be accommodated in a boarding house in Saxe-Coburg Place, until this too closed in 1880.³⁷⁰¹ Pupils did not board again at Daniel Stewart's until 1963, and in 1972, Daniel Stewart's merged with Melville College³⁷⁰²

Edinburgh Academy

Following a complex debate about the location and building of a new school, Edinburgh Academy formally opened in October 1824.³⁷⁰³ Although there had been early consideration of providing boarding houses, '[i]t would be the end of the century before they came into being at last with the opening of the first two Houses in 1899.'³⁷⁰⁴ That said, boarders were put up by individual masters in their own homes. As with other schools, a company was formed, and two new boarding houses were built, and 'each house could hold twenty-eight boys in rooms ranging from single bedrooms to dormitories sleeping seven.'³⁷⁰⁵ A junior boarding house was added in 1910, and in 1922, a fourth boarding house was bought in Kinnear Road.³⁷⁰⁶

During World War II, some pupils from Edinburgh Academy were evacuated to Hartree House, Biggar, but numbers dropped significantly. However, the 'Academy accepted six Austrian refugees as pupils, and later eight Poles', and the return of the

³⁶⁹⁹ Brown, 44.

³⁷⁰⁰ John Thompson, *A History of Daniel Stewart's College, 1855-1955* (Edinburgh: Daniel Stewart's College, 1955), 16.

³⁷⁰¹ Thompson, *A History of Daniel Stewart's College*, 22.

³⁷⁰² B.T Bellis, "Views from the Top: Reflections from the First Principal," in *Stewart's-Melville: The First Ten Years*, ed. Bryan Lewis and John Robertson (Edinburgh: David Macdonald, 1985), 8.

³⁷⁰³ Magnus Magnusson, *The Clacken and the Slate: The Story of the Edinburgh Academy 1824-1974* (London: Collins, 1974), 83.

³⁷⁰⁴ Magnusson, *Clacken and the Slate*, 110-12.

³⁷⁰⁵ Magnusson, 258.

³⁷⁰⁶ Magnusson, 259.

preparatory school in 1940 and increasing numbers through to 1945, ensured the future of the school.³⁷⁰⁷

In 1951, the boarding house company was liquidated and taken over by the school. 'Today the Houses have all been renovated and modernised, as one would expect, and hold about 160 boarders. They come from all over the world'.³⁷⁰⁸

The school stopped boarding in 2008.

Fettes College, Edinburgh

William Fettes, who died in 1836, left an endowment 'for the maintenance, education and outfit of young people whose parents have either died without leaving sufficient funds for that purpose, or who, from innocent misfortune during their lives, are unable to give suitable education to their children.'³⁷⁰⁹ However, we have seen that it was not until 1870 that Fettes School opened as a boarding school with places for non-fee paying 'Foundationers', the 'orphans or sons of needy parents' and fee-paying boarders. Over the following years, there was concern expressed that the Foundationers were mostly from the 'professional classes'.³⁷¹⁰ This led to constitutional changes and a new governing body, but the day-to-day running of the school was unaffected, 'and its reputation and its numbers continued to grow', and there were 173 boys in 1897.³⁷¹¹ At the start of the 20th century, 'each house was its own kingdom still, and life, grim and hard in your first year, improved as you went up the rungs of the house ladder to become, first of all, a 'dook', and then a prefect.'³⁷¹²

By 1919, the roll of the school had increased to 235 boys.³⁷¹³ A new headmaster 'set about improving the quality of life.'³⁷¹⁴ Central heating was put in and food was improved.

The drive to civilise the community went on...Ashcroft had no time for the bullying and sexual experimentation which seemed so inevitable a feature of

³⁷⁰⁷ Magnusson, 360.

³⁷⁰⁸ Magnusson, 259.

³⁷⁰⁹ Robert Philp, *A Keen Wind Blows*, 2.

³⁷¹⁰ Philp, 26. See also, McCrone, "What School Did You go To?," 27,

³⁷¹¹ Philp, 30.

³⁷¹² Philp, 45.

³⁷¹³ Philp, 53.

³⁷¹⁴ Philp, 53.

boarding schools...The inhumanity of boy to boy could not be banished at a stroke, but Ashcroft consciously dispensed a gentler ethos.³⁷¹⁵

During the 1930s, because of a failure to develop the curriculum to include science and modern languages, the roll of the school fell, from a high of 270 to a low of 166 in 1942.³⁷¹⁶ However, upgrading of buildings continued throughout the 1930s, and 'the boarding houses had their changing rooms and bathrooms overhauled.'³⁷¹⁷ 'Foundationers (who paid no fees) were still all put in School House, and the intellectual distinction it derived from this combated any unsavoury prejudice which might surface towards them as 'free feeders'.³⁷¹⁸

Following the war, there was a push to expand numbers and in 1946 there were 311 boys, and 'Kimmerghame House, which had been closed to boys during the War and was built to take 49, reopened with 64 boys, later to rise to 76.'³⁷¹⁹ Two houses in Inverleith Place were purchased in the early 1950s, and by 1958 the school roll had risen to 459. 'Life at Fettes in the 1950s was no longer exactly Calvinistic, but it was still very rigorous.'³⁷²⁰ In 1967, a new boarding house was built.

Philp noted that aside from the political stance of the Labour Government, 'the threat to the stability of traditional public school structures from changing social mores was much more menacing.'³⁷²¹ While some minor things were changed, the headmaster at the time 'was always worried that change would undermine some essential principle. This seems to have stopped him ending things like personal fagging which by now were not the real world.'³⁷²² However, 'he was ahead of many schools in ending beating of boys by boys.'³⁷²³

³⁷¹⁵ Philp, 54.

³⁷¹⁶ Philp, 61.

³⁷¹⁷ Philp, 62.

³⁷¹⁸ Philp, 73.

³⁷¹⁹ Philp, 68.

³⁷²⁰ Philp, 79.

³⁷²¹ Philp, 86.

³⁷²² Philp, 88-9.

³⁷²³ Philp, 89.

Peel noted that Tony Blair, in his time at Fettes College, 'had fallen foul of its rigid disciplinary regime during the heady days of the late 1960s when youthful idealism was on the march.'³⁷²⁴

At the start of the 1970s, a new headmaster 'reported to the Governors that he intended to relax discipline.'³⁷²⁵ 'The liberal stance of the Headmaster was now at odds with the conservatism of some prefects.'³⁷²⁶ However, Philp noted that while he 'was closer to the boys than any other Fettes headmaster', the 'root cause for his fondness for the cane remains unclear.'³⁷²⁷ Corporal punishment was finally stopped in the mid-1980s.³⁷²⁸

The first day girl entered the school in 1970, and at this time the school roll was 436.³⁷²⁹ In 1972, Fettes opened a junior school which took day pupils, 'though "in appropriate cases" boys could board with masters' families.'³⁷³⁰ In 1975, the senior school began to accept day boys. Philp noted the failure to develop buildings in the 1970s and recalled 'the ordeal of conducting parents in the late 1970s around Carrington House where a Dickensian aura still hung around the bare floorboards and acres of dark brown varnish.'³⁷³¹

In the early 1980s, the demand for boarding places was declining, partly to do with the school's falling reputation, and in the early 1980s, it became fully coeducational, with Arniston House converted to become the first girls' boarding house.³⁷³² Over coming years, the proportion of girls increased significantly.³⁷³³ In the early 1990s, numbers continued to slump, but a decision to integrate the junior school with the main school was a factor in changing this. As numbers rose, there was 'a lavish reconstruction of Mordun, Glencorse and Carrington...smart, comfortable boarding

³⁷²⁴ Mark Peel, *The New Meritocracy*, 17.

³⁷²⁵ Philp, *A Keen Wind Blows*, 98.

³⁷²⁶ Philp, 99.

³⁷²⁷ Philp, 104-5.

³⁷²⁸ Philp, 117.

³⁷²⁹ Philp, 93-4.

³⁷³⁰ Philp, 100.

³⁷³¹ Philp, 103.

³⁷³² Philp, 110.

³⁷³³ Philp, 119.

houses with first-class sanitation and study bedrooms.³⁷³⁴ This was followed by the refurbishment of Kimmerghame and a new boarding wing at Inverleith House.

Lieutenant-Colonel Ian Douglas Harvey attended Fettes in the 1920s and, in his autobiography, provided a positive account of his life at Fettes. 'I can truthfully say that I enjoyed my life at Fettes from the moment I arrived until the moment I left. For this reason, amongst others, my account of it will be very short.'³⁷³⁵

Harvey's education at Fettes was paid for by the Fettes Foundation and we have seen that the pupils who had their fees paid for them were referred to as 'Foundationers'. Ian Harvey framed the difference between fee-paying and foundation-supported pupils in terms of 'segregation'; he wrote that whilst the mixing of boys with very different backgrounds was wholly right, and well in advance of its time, in the field of education, it did lead to difficulties. This, he considered, was largely due to the mistake in administration that resulted in all the Foundation Scholars and Foundationers being segregated in the School House whilst the rest lived in the other boarding houses.

Although overall, Harvey provides a brief and mainly positive account of his experience at Fettes, he does indicate that it was not necessarily the case for all boarders. Harvey mentions an instance at Fettes when a rich Canadian boarder asked him to get a hold of a copy of *The Spectator* magazine and proceeded to describe an event that followed that request:

it transpired that there was a letter in it on the subject of the disgraceful conditions of fagging and bullying which prevailed at public schools...the great offence which this letter committed was that it was signed by the boy who had asked me to find *The Spectator* and he had given the name of his house at Fettes...I do not propose to describe the form of punishment meted out to him because it would have enlightened a qualified member of the Gestapo and it was not at all creditable. The boy left the next day.³⁷³⁶

³⁷³⁴ Philp, 123.

³⁷³⁵ Ian Harvey, *To Fall Like Lucifer* (London: Sidgwick & Jackson, 1971), chap. 1, Google eBook.

³⁷³⁶ Harvey, chap. 1.

Glasgow Academy opened in 1846. 'Even in those very earliest days some of the Academy's pupils lived too far away to be able to travel daily to and from school. A number therefore boarded with one or other of the masters.'³⁷³⁷ In the 1850s, one master boarded 14 Academy pupils. In 1912, the Academy acquired 12 Belmont Crescent to accommodate boarders.³⁷³⁸ In the 1920s, there was concern that the boarding house only had small numbers of boarders, 10 boys in 1925, was not contributing to the school financially, and should be sold. However, it was reprieved, and extended with 13 Belmont Crescent acquired in 1940.³⁷³⁹

In the 1960s, the boarding house required renovation, particularly when 'there was serious storm damage in January 1968 when a chimney fell through a roof into a dormitory injuring one of eight boys sleeping there.'³⁷⁴⁰ There were also questions about the future of boarding at the school. It continued, however, despite poor finances, and the acknowledgement that 'boys who would not have been accepted as day boys had been accepted as boarders.'³⁷⁴¹ There were 13 boarders in the final year of boarding in 1976.

Ian Saint-Yves described his time boarding at Glasgow Academy in the 1940s. Returning from India, he entered the boarding house in Belmont Crescent in 1944. Ian wrote about the boarding house being a 'relatively happy place' and about the positive relationships with the house-parents and staff.³⁷⁴² Dormitories accommodated between four and seven pupils, with two-bedded rooms for senior boys. Meals were formal but were good home cooking in the face of wartime rationing. Outside of school, there was homework and sports, playing in Belmont Crescent, the cinema and the swimming baths, and bags of chips from Byres Road.³⁷⁴³ Ian described the boarders as seeing themselves as an 'elite group' in the school.³⁷⁴⁴ There was a hierarchy, and the Head Boy could administer corporal

³⁷³⁷ Iain MacLeod, *The Glasgow Academy: 150 Years* (Glasgow: The Glasgow Academicals' War Memorial Trust, 1997), 7.

³⁷³⁸ MacLeod, *The Glasgow Academy*, 77.

³⁷³⁹ MacLeod, 139.

³⁷⁴⁰ MacLeod, 178.

³⁷⁴¹ MacLeod, 178.

³⁷⁴² Ian F.M. Saint-Yves, *Snapshots on a Journey: Home at Last* (London: Abacus, 2011), 13.

³⁷⁴³ Saint-Yves, *Snapshots on a Journey*, 14-16.

³⁷⁴⁴ Saint-Yves, 15.

punishment, 'a slipper across your bottom'.³⁷⁴⁵ However, it was a 'home from home'.³⁷⁴⁶

Glenalmond College, Glenalmond

Glenalmond College opened in 1847 as a boarding school along the lines of English public schools at this time, and linked to the Episcopal Church of Scotland.³⁷⁴⁷ The school opened with 14 boys, and by 1902, this had increased to 127 boys. At the end of the 19th century, 'Glenalmond had prospered as never before. With less and less need to worry about numbers, the Warden had been able to extend and embellish the buildings.'³⁷⁴⁸ By 1913, there had not been much further progress, and numbers had fallen.

...boys still lived by Forms in the rooms where they were taught. Supervision in the dormitories and out of school generally was inadequate. Methods of maintaining discipline and preserving traditions would not be thought very enlightened by modern standards: there was much beating by masters and prefects.³⁷⁴⁹

During the 1920s, the aim was to expand, and by the end of 1929, there were 213 boys.³⁷⁵⁰ Extensive building work took place over this period, including remodelling boarding accommodation. Further reconstruction and changes took place in the 1930s.

Following the war, there was a major restructuring, with the sale of land, and repurchasing The Cairnies as a boarding house for Junior boys. 'The four Senior Houses were enlarged to contain from 40 to 50 boys.'³⁷⁵¹ 1947 saw the centenary of the school.

³⁷⁴⁵ Saint-Yves, 15.

³⁷⁴⁶ Saint-Yves, 15.

³⁷⁴⁷ G. St. Quintin, *The History of Glenalmond: The Story of a Hundred Years* (Glenalmond: Trinity College, 1956), 1.

³⁷⁴⁸ St. Quintin, *History of Glenalmond*, 157-8.

³⁷⁴⁹ St. Quintin, 184.

³⁷⁵⁰ St. Quintin, 210.

³⁷⁵¹ St. Quintin, 279.

Gordonstoun, Elgin

Gordonstoun School was founded in 1934 by Dr. Kurt Hahn following his flight from Germany in 1933.³⁷⁵² Central to his educational philosophy was a focus on health and physical training and community service.

The non-academic elements of Gordonstoun life have been labelled by the school as 'the broader curriculum', which encompasses expeditions, sailing training voyages, seamanship, services to school and community, and after school sports and activities.³⁷⁵³

By the time World War II broke out, it was 'a school of 135 boys with 35 boys and girls in addition at Wester Elchies, the preparatory school.'³⁷⁵⁴ As a number of the staff and boys were German, some were interned at the start of the war.

Gordonstoun also had to evacuate as the army took over the buildings and moved to Wales. 'By the end of the war we were a much larger school than at the beginning, were much more widely known, particularly in Wales and the Midlands, and our reputation was much more securely established.'³⁷⁵⁵

Following the return to Gordonstoun, additional accommodation was needed, and initially army huts were converted to classrooms, workshops and accommodation.

The Preparatory School had started in Duffus House, and then, in 1937, it moved to Wester Elchies, which was 22 miles away. It remained in Scotland during the war, and 'after the war a new house was obtained and a new Company was formed to look after the divided Preparatory School: Aberlour House Ltd.'³⁷⁵⁶ The Preparatory School was united in Aberlour House, when Wester Elchies had to be demolished in about 1963.³⁷⁵⁷

³⁷⁵² Henry L. Brereton, *Gordonstoun: Ancient Estate and Modern School* (Edinburgh: W & R Chambers Ltd, 1968), 148.

³⁷⁵³ Simon Beames, Chris Mackie and Roger Scrutton, "Alumni Perspectives on a Boarding School Education Programme," *Journal of Adventure Education and Outdoor Learning* 20, no. 2 (2020), 123. See also, Nick Veevers and Pete Allison, *Kurt Hahn: Inspirational, Visionary, Outdoor and Experiential Educator*, (Rotterdam, Sense Publishers, 2011).

³⁷⁵⁴ Brereton, *Gordonstoun*, 153.

³⁷⁵⁵ Brereton, 155.

³⁷⁵⁶ Brereton, 205.

³⁷⁵⁷ Brereton, 226-7.

Hopeman Lodge was bought in 1945, Dunkinty in 1948, and Laverock Bank in 1949. Attyre Lodge was bought by Gordonstoun in 1951, replacing Dunkinty and Laverock Bank. The school expanded to some 400 pupils. 'Altyre lasted for nine years till we were able to make room for the whole school at Gordonstoun in 1960.'³⁷⁵⁸ The school achieved this by purchasing barrack huts and additional equipment from an American naval air station, and three boarding houses were built: 'Windmill Lodge was completed and brought into use in 1959, Bruce and Altyre in 1960.'³⁷⁵⁹

Peel commented on Prince Charles' time at the school, and 'the revelation that he was bullied remorselessly at Gordonstoun.'³⁷⁶⁰

John Watson's College, Edinburgh

John Watson's Institution opened in 1828 as a hospital for 50 destitute children aged between six and 11 years old.³⁷⁶¹ In 1867, to increase the number of 'good candidates', the Institution advertised for the 'fatherless and destitute children of the better classes' such as clergymen, lawyers and doctors.³⁷⁶² Despite the Commissions of the 1860s, 70s and 80s, John Watson's continued as an Institution for the 'fatherless boys and girls of the professional middle class' into the 20th century.³⁷⁶³ Improvements were made to the buildings, electricity installed and bathrooms upgraded.³⁷⁶⁴

In the 1930s, the Elgin Commission again addressed endowments. Eventually a scheme was accepted that continued education at John Watson's, including the admission of fee-paying day pupils and a maintenance grant from Edinburgh education authority. The name was also changed to John Watson's School.³⁷⁶⁵ Following this decision, major changes were made to modernise the building and dormitories. During World War II, the school evacuated to Marchmont House in the

³⁷⁵⁸ Brereton, 171.

³⁷⁵⁹ Brereton, 172.

³⁷⁶⁰ Peel, *The New Meritocracy*, 38.

³⁷⁶¹ Wallis, *John Watson's School*, 36.

³⁷⁶² Wallis, 83.

³⁷⁶³ Wallis, 94.

³⁷⁶⁴ Wallis, 104.

³⁷⁶⁵ Wallis, 111.

Borders, and Wallis noted several internal crises alongside the difficulties caused by the wartime conditions.³⁷⁶⁶

Following the end of the war, the return to Edinburgh was delayed because the army was using the school building. The school returned to its buildings in 1947. It now accepted fee-paying boarders, a practice that had started at Marchmont. In 1950, the school roll stood at 82 boys, including 48 boarders and 43 girls including 32 boarders. They were aged from nine to 15, and 64 were foundationers funded by the John Watson Trust.³⁷⁶⁷

In 1956, the school opened additional accommodation for the girl boarders in a house adjacent to the school grounds.³⁷⁶⁸ In the 1950s, the school also opened an infant department and raised the leaving age to 18. 'In September of 1957 John Watson's School began its Senior Secondary career with the required complement of fully qualified staff throughout and with a roll of three hundred and forty-six pupils, seventeen in the first ever Fourth Form.'³⁷⁶⁹ By 1965, there were more day pupils than boarders, and the number of foundationers had dwindled because of a lack of finances.

Although development of the school's buildings began in 1974, the Government's intention to phase out grants to grant-aided schools led John Watson's School to announce that it would close in 1975. Most of the pupils transferred to 'the three Merchant Company Schools (the Mary Erskine School, George Watson's College and Daniel Stewart's and Melville College).'³⁷⁷⁰

Keil School, Dumbarton

Keil School initially opened as Kintyre Technical School in Southend, Argyll, as a 'residential Technical School to provide a suitable pre-vocational training to boys who intend to follow out pursuits connected with Agriculture and Engineering.'³⁷⁷¹

³⁷⁶⁶ Wallis, 122.

³⁷⁶⁷ Wallis, 127.

³⁷⁶⁸ Wallis, 131.

³⁷⁶⁹ Wallis, 133.

³⁷⁷⁰ Wallis, 136. See also Elma Munro, "That Other Lesser Merger," in *Stewart's-Melville: The First Ten Years*, ed. Bryan Lewis and John Robertson (Edinburgh: David Macdonald, 1985), 18.

³⁷⁷¹ Roddy MacAskill, *Keil School: A History* (Edinburgh: Old Boys Club & The MacKinnon-MacNeill Trust, 1993), 11.

The first 18 boys arrived at Keil House in November 1915.³⁷⁷² Over the next two years, more boys arrived to make 53 boys for the three-year course.³⁷⁷³

The school divided the boys into squads, each headed by a chief and a deputy chief.

All the domestic duties in the school, with the exception of cooking, were carried out by the boys. Sweeping and dusting, scrubbing and polishing, making their own beds and washing, mending and ironing their own clothes...But the boys' chores did not end there; they also had outside work to contend with. This consisted of sawing felled trees into logs for the fires, cultivating the vegetable garden and helping the 'Orra' man out in the fields where the potatoes and oats were grown.³⁷⁷⁴

Besides this, there was a full teaching schedule, with six hours of classes and two hours of 'prep' in the evening.

In 1924, a fire destroyed Keil House, and the school moved to Helenslee House in Dumbarton, which was purchased and became Keil School.³⁷⁷⁵ The organisation of the school remained the same and the 'chiefs ran the school under the benign guidance of, in the main, non-interventionist masters. Day to day discipline was administered by senior boys.'³⁷⁷⁶ The school grew and increased to 90 boys.

During World War II, the school was evacuated to Balinakill House, Argyll, although the 'daily routine changed little from that established at Helenslee.'³⁷⁷⁷ The school returned to Dumbarton in 1946. In 1950, there were 'fifty fee paying boys and forty three on the foundation.'³⁷⁷⁸ At this time, it was noted that 'faults in discipline are dealt with by a system of conduct marks and by Natural History (NH), outdoor work in the Grounds and Gardens in the boy's own time. There is no corporal punishment.'³⁷⁷⁹

³⁷⁷² MacAskill, *Keil School*, 13.

³⁷⁷³ MacAskill, 29.

³⁷⁷⁴ MacAskill, 29.

³⁷⁷⁵ MacAskill, 38.

³⁷⁷⁶ MacAskill, 42.

³⁷⁷⁷ MacAskill, 59-60.

³⁷⁷⁸ MacAskill, 72.

³⁷⁷⁹ MacAskill, 73.

The school expanded again in 1959, and 'a new class of 12 year old boys would be added, bringing the School Roll up to 125 boys.'³⁷⁸⁰ While the school converted two old dormitories into classrooms, three new dormitories were also built. In 1963, with plans to increase the size of the school, the school purchased Dunstane to provide additional accommodation. Renamed Islay Kerr House, it provided accommodation for 21 boys, and was 'clearly a most comfortable boarding house and possibly provided the pattern for the future.'³⁷⁸¹

In the late 1960s, with falling rolls, the school took in day pupils. In the late 1970s, the school accepted its first girl pupils, although numbers were low.³⁷⁸² In the 1980s, the school roll was still low and there was a concerted effort to save the school. This led to an expansion in numbers and further developments to boarding accommodation, and a three story dormitory block—McKinnon House—was completed in 1986. This was alongside Mason House for juniors, Islay Kerr House for senior boys, and Schoolhouse for a small group of 6th year boys.³⁷⁸³ Although there had been a small number of girls at the school, in 1989, the school decided to move to full coeducation, including boarders.³⁷⁸⁴

Keil School closed in 2000.

Lomond School, Helensburgh

Lomond School opened in 1977 because of the amalgamation of St Bride's School and Larchfield School.³⁷⁸⁵ 'In 1979, there were 107 boarders spread across five houses, (Larchfield, Taybank, Ashmount, Burnbrae and Lansdowne).³⁷⁸⁶ Larchfield was closed because it was 'considered unsuitable in the modern age', and the 'Governors were also aware of the existing disparity between boarding facilities for girls and boys, ("...comparative luxury of the girls and the bare necessities of the boys").'³⁷⁸⁷

³⁷⁸⁰ MacAskill, 80.

³⁷⁸¹ MacAskill, 96.

³⁷⁸² MacAskill, 116.

³⁷⁸³ MacAskill, 131.

³⁷⁸⁴ MacAskill, 132.

³⁷⁸⁵ Martin Everett, *A Hundred Years at St Bride's: The History of St Bride's and Lomond Schools, with Many Larchfield Photos* (Helensburgh: Lomond School, 2003), 107.

³⁷⁸⁶ Everett, *Hundred Years at St Bride's*, 128.

³⁷⁸⁷ Everett, 128.

The school amended its boarding accommodation, with a new dormitory created for girls at Lansdowne.

As 2001 began, plans were being made to sell Lansdowne Park and to demolish Burnbrae in order to build a new boarding-house for both boys and girls on the Burnbrae site. Since the closure of Keil School in the previous year, Lomond had become the only boarding-school in the west of Scotland, and this position was to be consolidated by the provision of modern boarding facilities.³⁷⁸⁸

The new accommodation opened in 2003.³⁷⁸⁹

Loretto School, Musselburgh

Loretto House School was established in 1827 with a roll of 69 pupils. 'Several of the earliest boys must have been boarders and this tendency was to grow until within only a year or two there were no day boys left.'³⁷⁹⁰ Until 1872, the numbers of pupils fluctuated, but they then increased 'until the turn of the century when they attained and then exceeded 130.'³⁷⁹¹ As numbers increased, there was a need for additional accommodation and houses in High Street and Linkfield Place were bought, along with an extension to provide extra dormitories. In the 1890s, the school bought Newfield and extended it to provide three dormitories for younger boys.³⁷⁹² In the 1900s and 1910s, major restructuring and improvements of buildings and accommodation was carried out, including the installation of electric light.³⁷⁹³ Some properties were sold and others acquired.

By 1925, the roll of the upper school had reached 140. 'Dormitory accommodation was not the only shortage now. With more boys in the School some of the other existing facilities started to burst at the seams.'³⁷⁹⁴ At that time, there were five houses: Schoolhouse North, Schoolhouse South, Linkfield, Holm House, and

³⁷⁸⁸ Everett, 175.

³⁷⁸⁹ Everett, 186.

³⁷⁹⁰ Frank Stewart, *Loretto One-Fifty: The Story of Loretto School from 1827-1977* (Edinburgh: William Blackwood & Sons, 1980).

³⁷⁹¹ Stewart, *Loretto One-Fifty*, 78.

³⁷⁹² Stewart, 92-3.

³⁷⁹³ Stewart, 145.

³⁷⁹⁴ Stewart, 192.

Newfield. In 1926, the school acquired an additional building to increase the numbers in the junior school.³⁷⁹⁵

The school continued to grow, and by 1951, the upper school had 206 boys, and 'apart from the strain on dormitory accommodation there were three main bottlenecks, the Chapel, the Dining Hall and the Classrooms.'³⁷⁹⁶ Regarding boarding accommodation, Pinkie House was bought and adapted to provide dormitories for up to 50 boys.³⁷⁹⁷

In 1961, the school introduced a House system which would involve four houses of 60 boys. The school built two new boarding houses, Hope House and Seton House. They also adapted Pinkie House and Schoolhouse to increase the boarding accommodation. These changes were completed in 1965.³⁷⁹⁸ The junior school also expanded, and in 1967, Newfield was used to accommodate 27 boys. There was a further increase in numbers in 1975, to 95 boys.³⁷⁹⁹

The school became fully co-educational in 1995.

Melville College, Edinburgh

Melville College opened as the 'Edinburgh Institution' in George Street in 1832.³⁸⁰⁰ However, it was not until 1919, that it purchased a boarding house in Buckingham Street. 'Previously various Masters and Headmasters had taken boys into their houses as boarders, and there had regularly been a demand for such facilities.'³⁸⁰¹ When the Institution moved to Melville Street in 1920, 'a convenient house was found less than five minutes' walk from the new site, to serve as a School Boarding-House.'³⁸⁰² 'The School Boarding House, at 12 Buckingham Terrace, was purchased in 1922 and was

³⁷⁹⁵ Stewart, 234.

³⁷⁹⁶ Stewart, 300.

³⁷⁹⁷ Stewart, 304.

³⁷⁹⁸ Stewart, 324-6.

³⁷⁹⁹ Stewart, 367.

³⁸⁰⁰ J.R.S. Young, *The Edinburgh Institution: 1832-1932* (Edinburgh: George Waterston & Sons, 1933), 5.

³⁸⁰¹ Young, *Edinburgh Institution*, 96.

³⁸⁰² Young, 96.

controlled by The War Memorial Trust.³⁸⁰³ It could accommodate 32 boys, aged eight to 18.

The day began for the boys at 6.50 am. After washing and dressing and making their beds—come rain, snow or sun they all walked around the block, Buckingham Terrace and Belgrave Crescent...Breakfast was at eight o'clock and at 8.30 am the boys left for school, after first passing a tidy uniform and shiny shoes inspection.³⁸⁰⁴

Authorities evacuated the school during World War II to Brocklehurst, a mansion house near Dumfries.³⁸⁰⁵

One former pupil in the boarding house just after World War II recalled that 'as a boarding house for approximately 30 boys it was far from ideal, by modern standards, and yet despite its limitations it still holds many happy memories for me (and some not so happy).'³⁸⁰⁶ Another former pupil who was in the boarding house in the 1960s, 'felt totally discarded and abandoned by my parents and it took a couple of years to fully settle both in the boarding house and school, after which I never looked back and left with happy memories.'³⁸⁰⁷ He went on to recall the extremely cold dormitory in the winter, as well as dancing lessons, smoking and drinking.³⁸⁰⁸

Morrison's Academy

Morrison's Academy opened in 1860 following the bequest of Thomas Morrison for an institution 'having a particular regard to the Education of Youth and the diffusion of useful knowledge.'³⁸⁰⁹ In the early years, there were only a few boarders, 'about ten altogether, were accommodated in the Rector's residence.'³⁸¹⁰ However, over the

³⁸⁰³ The Melville College Trust, *Edinburgh Institution and Melville College 1932-1973: A History and School Register* (Edinburgh: The Melville College Trust, 2003), 36.

³⁸⁰⁴ The Melville College Trust, *Edinburgh Institution and Melville College*, 38.

³⁸⁰⁵ The Melville College Trust, 28.

³⁸⁰⁶ The Melville College Trust, 40.

³⁸⁰⁷ The Melville College Trust, 42.

³⁸⁰⁸ The Melville College Trust, 51-5.

³⁸⁰⁹ John Williamson, *A History of Morrison's Academy, Crieff: 1860-1980* (Auchterarder: Garrie & Son, 1980), 7.

³⁸¹⁰ Williamson, *History of Morrison's*, 11.

coming years, there were tensions with the local community about the numbers of boarders at the school.

Williamson described the situation for boarders in Academy House until the 1940s and wrote:

Academy House was capable of taking some forty boarders, but in the early years numbers were much smaller than this, usually about fifteen or sixteen. The two main dormitories, the "Big Doss" and the "Wee Doss" were fitted out with hospital type beds, bedside tables, basins and water jugs: they were entirely unheated.³⁸¹¹

The history described how boarders were confined to school grounds during the week until World War I, when special permission might be given to go 'down town'. 'House rules were strict and rigidly maintained as far as possible.'³⁸¹² However, the annual day outing by 'four-hand-brake' was 'enormously enjoyed.'³⁸¹³

Of course there were lighter moments in boarding house life. Stories of madcap schemes and boarders' orgies abound in all the houses: many of these have been exaggerated down the years, others have been remembered by generations of boarders, like the ghost of "Red" Anderson in Dalmhor.³⁸¹⁴

The demand for boarding places at Morrison's continued to expand, and the school set up a 'Boarding Houses Association' in 1931, that was independent of the board of governors. In 1933, there were 32 boarders.³⁸¹⁵ The school gained further houses in the 1930s and 1940s. In 1950, 'the four houses belonging to the Association, Academy House, Ogilvie House, Dalmhor and Glenearn, could now accommodate some one hundred and fifteen boys annually.'³⁸¹⁶ Morrison's lodged other boarders in small private houses independent of the Association.

Two female teachers accommodated the first girl boarder in 1927. As Morrison's needed more places, the boarders moved to successively larger houses, until Benheath was opened in the early 1930s and accommodated 12 girls. During World

³⁸¹¹ Williamson, 40.

³⁸¹² Williamson, 93.

³⁸¹³ Williamson, 41.

³⁸¹⁴ Williamson, 42.

³⁸¹⁵ Williamson, 93.

³⁸¹⁶ Williamson, 42.

War II, there was a demand for more boarding places, and 'Benheath...was packed to capacity and arrangements had to be made for some girls to sleep elsewhere, or to board in the Children's Hotel at Newstead or to live with local residents.'³⁸¹⁷ In 1958, the Boarding Houses Associations took on Benheath.³⁸¹⁸ There were also privately run boarding houses for girls, such as Knockearn and Newstead. At the start of the 1960s, there were 94 boarders in the girls' school roll of 426.³⁸¹⁹ The Association bought Knockearn in 1964, and it was linked to Dalmhor with the girls moving to Ogilvie. Newstead closed in 1974 and the girls moved to Academy House—renamed as Knox House.³⁸²⁰ In 1977, Croftweir became an additional boarding house for girls.³⁸²¹

There was a continuing need to increase boarding accommodation, and in the early 1960s, there were 'about 230 day boys and 180 boarders.'³⁸²² The school bought Ardenmhor in 1964, and it was linked to Glenearn. Morrison's built a new Academy House in the Dalmhor area, to accommodate 36 boys in the 1970s. In the late 1970s, the 'realignment of house and the transfer of catering to the Refectory allowed accommodation to be made available for about forty extra boarders.'³⁸²³ During this period, Morrison's wound up the Boarding House Association as it moved to independence, and the governing body took on responsibility for the boarding houses.³⁸²⁴

The last boarding house—Dalmhor—closed in June 2007, and Morrison's became a day school.

Queen Victoria School, Dunblane

Queen Victoria School's establishment commemorated Scottish soldiers and sailors who fell during the Boer Wars, and it opened in 1908. It became fully coeducational

³⁸¹⁷ Williamson, 50.

³⁸¹⁸ Williamson, 42.

³⁸¹⁹ Williamson, 72.

³⁸²⁰ Williamson, 97.

³⁸²¹ Williamson, 98.

³⁸²² Williamson, 73.

³⁸²³ Williamson, 98.

³⁸²⁴ Williamson, 98.

in 1996. The Ministry of Defence funds the school to provide for the children of UK Armed Forces families.

In 1929, at nine years of age, John T. MacKenzie enrolled as a boy piper at Queen Victoria School, Dunblane. 'Initially I was very homesick, going to bed at nine o'clock in a dormitory of thirty—all in their "goonies" (nightshirts).'³⁸²⁵ John described a very disciplined life and mediocre teaching, although many of his memories were of the boys' run-ins with the local gamekeeper. He also described the pipe bands' training and trips to pipe on the teams at the Scotland versus Wales rugby match.³⁸²⁶

Robert Gordon's College

Robert Gordon's Hospital opened in 1750, and the 'first fourteen boys were decked out in a uniform of tailed coat and waistcoat of blue cloth with yellow metal buttons, knee breeches and leather caps.'³⁸²⁷ In 1882, the last boys left Robert Gordon's Hospital, and Robert Gordon's College opened as a day and evening school.³⁸²⁸

In 1928, the suggestion for the return of boarding was raised in the school but finances were not available at the time. A new headmaster prioritised boarding in the 1930s, and, through the 'Robert Gordon's College Boarding House Company Ltd.', houses in Albyn Terrace were bought and converted. Sillerton House opened in 1937, with 13 boys initially.³⁸²⁹ The 'new breed of "Sillerton Loons" ...were more likely to be the sons of well-heeled tea planters in Assam, rubber planters in Malaya or jute men in Calcutta, mixing with farmers' sons from Buchan and beyond.'³⁸³⁰ The school acquired a third, adjoining property, and after World War II, it was integrated to provide accommodation for 54 boys, 33 seniors and 21 juniors.³⁸³¹

By the 1980s, the number of boarders was falling and 'the directors decided to sell off No. 14 Albyn Terrace and use the proceeds to refurbish Nos 15 and 16 in

³⁸²⁵ John T. MacKenzie, *There was a Piper, A Scottish Piper: Memoirs of Pipe Major John T. MacKenzie* (Toronto: Natural Heritage/Natural History Inc., 2001), 5.

³⁸²⁶ MacKenzie, *There was a Piper*, 6.

³⁸²⁷ Jack Webster, *The Auld Hoose: The Story of Robert Gordon's College* (Edinburgh: Black & White Publishing, 2005), 31.

³⁸²⁸ Webster, *The Auld Hoose*, 70.

³⁸²⁹ Webster, 214, See also Brian R. W. Lockhart, *Robert Gordon's Legacy: A History of Robert Gordon's Hospital and College* (Edinburgh: Black & White Publishing, 2007), 192-3.

³⁸³⁰ Webster, 214.

³⁸³¹ Webster, 215.

1989.³⁸³² The move to being a coeducational school, with girls boarding, did not stop the decline in numbers, and Sillerton House was closed in 1995, having provided a home for over 600 pupils.³⁸³³

In an oral history project, Skingley compiled the recollections of over 70 ex-pupils, who attended the school between 1926 and 1998.³⁸³⁴ We have seen that boarding was re-established at Sillerton House in 1937. During World War II, some 'boarders didn't see their parents "for the duration".³⁸³⁵ Food rationing and austerity were a feature of life into the 1950s, and one ex-pupil described boarding life.

Eight to ten younger boys would share a dormitory and sleep in beds with metal springs and horse hair mattresses. Corporal punishment would be administered "*...with a gym shoe on the bottom*". During the week the boarders would walk back from Schoolhill to have lunch at Sillerton House – a tradition which continued until the closure of the house.³⁸³⁶

During the week, pupils completed homework in the evenings, and most boys were involved in sports on Saturday mornings, with free-time on Saturday afternoons.

Former pupils, both boarders and non-boarders, have commented on the fact that the Sillerton boys were perceived as "*being different*" although there was a strong and recognisable 'esprit de corps' among the boys – and later girls – of "*the bunk*", as the boarding house came to be called.

Over time, the boarding accommodation became less severe, and while there 'were inevitably examples of unhappiness, through home-sickness or occasional bullying...much of positive value was derived from boarding.'³⁸³⁷ However, during the 1980s, boarding numbers dropped steadily, and in 1995 Sillerton House closed.

³⁸³² Webster, 222.

³⁸³³ Webster, 223.

³⁸³⁴ Philip Skingley, *Div Ye Myn Lang Tam? An Oral History of Robert Gordon's College* (Aberdeen: Robert Gordon's College, 2000), 6.

³⁸³⁵ Skingley, *Div Ye Myn Lang Tam*, 55.

³⁸³⁶ Skingley, 55.

³⁸³⁷ Skingley, 56.

Royal High School Edinburgh

The Royal High School has a history of over 800 years. The abbey, with which the High School was linked, was founded in 1128.³⁸³⁸ Barclay noted that in the 19th century, pupils came from England, Ireland and further afield. Until 1927, pupils boarded with masters, and it was only with the purchase of a house in Royal Terrace that a boarding house for boys attending the school was opened.³⁸³⁹ In 1941, the boarding house was handed over to the Royal High School Club, and in 1962, 'the boarding-house which at times was inconvenient and too small moved to a larger house at 13 Royal Terrace.'³⁸⁴⁰ The boarding house was closed in 1970.

St Bride's School, Helensburgh

The education of women and girls in Scotland was an increasing issue of equality in the 19th century. 'The Girls' School Company was thus founded in Glasgow in 1879 with the aim of establishing in the city a Public School for girls that would rival similar prestigious Schools for boys such as Eton and Winchester south of the border.'³⁸⁴¹ The first school established was The Park School, which was an independent day school, and the second was the High School for Girls in Helensburgh, which opened in 1895. The High School took over a previous boarding school, which had been established some 20 years previously—Miss Nichol's Ladies' Boarding School. As the school expanded, the original site became the senior girls' boarding house, and Ardenlee House was purchased, itself the site of a former boarding school. The reconstructed building was formally opened as St Bride's School in 1902.³⁸⁴² The number of pupils expanded over following years and additional boarding accommodation was purchased or rented, and by 1918 the school had some 80 boarders, out of a roll of 200.³⁸⁴³

In the 1930s, the 'boarding-houses were advertised as possessing "airy and sunny" bedrooms, which were "comfortably and daintily" furnished.'³⁸⁴⁴ It also referred to

³⁸³⁸ J.B. Barclay, *The Tounis Scule: The Royal High School of Edinburgh* (Edinburgh: The Royal High School Club, 1974), 137.

³⁸³⁹ Barclay, *The Tounis Scule*, 69.

³⁸⁴⁰ Barclay, 70.

³⁸⁴¹ Martin Everett, *Hundred Years at St Bride's*, 13.

³⁸⁴² Everett, 21.

³⁸⁴³ Everett, 43.

³⁸⁴⁴ Everett, 68.

the close attention given to the health of the girls through the employment in each house of 'a lady experienced in all matters connected with health.'³⁸⁴⁵ Over the following years, there were further changes and expansion of boarding accommodation, and in 1964, there were 120 boarders.³⁸⁴⁶

During the 1970s, there were increasing financial pressures, and in 1975 it was agreed that St Bride's School and Larchfield School would amalgamate. In 1977, the new Lomond School opened.³⁸⁴⁷

Helen Holland, who was at St Bride's with her sister, provided an account of boarding in the 1950s.

The school was run by Miss Auchterlonie and Miss Coventry. One was fat and one was thin. They were "terribly severe": Miss Coventry poked the girls in their ribs with her stick if they weren't standing up straight while lining up to wash.³⁸⁴⁸

Helen described a letter being read aloud and at the close of the letter, 'Lots of love from Mummy'; "That's ridiculous!" snapped Miss Auchterlonie. 'Who would love a wicked wee girl like you?'³⁸⁴⁹ Helen also described the isolation she and her sister felt because of their skin colour as they were 'half-Jamaican'.³⁸⁵⁰

St Columba's School, Kilmacolm

St Columba's School was the third school opened by the Girls School Company in Glasgow and opened in 1897.³⁸⁵¹ From the start, the school made provisions for boarders, 'Miss Paterson of Kilmacolm informed the Directors that she intended to open a private boarding house at Newhall...Some girls boarded with her from the time of the School's opening until 1909, when Miss Paterson gave up the work because of ill-health.'³⁸⁵² In 1910, the boarding house moved to Craigrowan, which

³⁸⁴⁵ Everett, 68.

³⁸⁴⁶ Everett, 101.

³⁸⁴⁷ Everett, 126.

³⁸⁴⁸ Ysenda Maxtone Graham, *Terms & Conditions: Life in Girls' Boarding-Schools 1939-1979* (London: Abacus, 2016), chap. 7, Kindle.

³⁸⁴⁹ Maxtone Graham, *Terms & Conditions*, chap. 7, Kindle.

³⁸⁵⁰ Maxtone Graham, chap. 8, Kindle.

³⁸⁵¹ Susan Milligan, *Variety Without Disorder: A History of St Columba's 1897-1977* (Glasgow: St Columba's School, 1998), 19.

³⁸⁵² Milligan, *Variety Without Disorder*, 145.

the Company leased. Over the following years, the school acquired other houses as the number of boarders increased. Some of these were temporary, such as Parkhill, High Tor, and Southpark. St Columba's purchased Sheildhall in 1918, and this became the boarding house for younger pupils. The school also acquired Oakdene in 1920, and this was the home for senior boarders who were studying domestic science.³⁸⁵³ 'The younger boarders of Shieldhall were often invited up to Craigrowan on Sunday evenings to join in an evening of fireside games, and they all foregathered at Craigrowan to set out to church on Sunday mornings.'³⁸⁵⁴

Although the boarding prospectus of 1926-27 extolled the virtues of the food, which was 'good, abundant and varied', and that 'great care is taken to guard against infection', in 1930, the Company acknowledged that the boarding accommodation was 'unsatisfactory' and of a poor 'standard of comfort'.³⁸⁵⁵ It purchased Shallot, a large house in grounds, to provide all the boarding accommodation for the school.

The number of boarders in the 1930s reached a gentle peak in the middle of the decade at twenty-four. At the outbreak of War the number having dropped to sixteen, immediately doubled. During the War there were never more than thirty-six St Columba's girls at Shallott, but the number rose to forty-five in the 1945-46 session with the admission of a new group of girls, and it remained fairly constant for the next ten years.³⁸⁵⁶

The boarders were seen as a distinct group, both by themselves and by the rest of the school. During World War II, some boarders were from the Colonies, others had been displaced from the South of England, many had parents serving abroad or in prison camps, and some had no parents. 'It made an extraordinary mix of individuals, with the potential for much unhappiness. One boarder from those years attributed the avoidance of this outcome to the insight of the two Headmistresses.'³⁸⁵⁷

In the 1950s and 1960s, 'boarding house life still reflected the manners of pre-War Society.'³⁸⁵⁸

³⁸⁵³ Milligan, 147.

³⁸⁵⁴ Milligan, 149.

³⁸⁵⁵ Milligan, 151.

³⁸⁵⁶ Milligan, 152.

³⁸⁵⁷ Milligan, 153.

³⁸⁵⁸ Milligan, 161.

The dress code was still strictly enforced...Punctuality and correct appearance at meals continued to be of the highest importance...It was obligatory to make suitable conversation, and it was not permitted to ask for anything to be passed. One had to wait for salt and sugar and suchlike to be offered. It was forbidden to go out on one's own. Each girl was allowed to go out on a visit once a fortnight, but never on a casual basis...Boarders' time was as highly structured as ever.³⁸⁵⁹

That said, there were still accounts of 'practising vaulting in the dorms after lights out, and leaping from the mantelpiece onto beds.'³⁸⁶⁰

Towards the end of the 1950s, it was decided to 'let the boarding side of St Columba's come to a gradual end', but boarding continued with reduced numbers until 1970.³⁸⁶¹

St Georges' School, Edinburgh

St George's School for Girls was founded in 1888 as part of a broader system for women's education in Scotland.

The three elements of the organisation—high school, adult extension classes and teacher training college—offered a full academic education for girls and women which had been denied to earlier generations. It was a hard won success, and even in 1888 women had still four years to wait for acceptance by the Scottish Universities.³⁸⁶²

At first, however, it was a day school and boarding did not start until 1912, when a boarding house in 15 Ravelston Park was opened.³⁸⁶³ 'For some years the boarding house seemed to be almost a school within a school. There was only limited contact between the two types of pupils; they shared little but the content of lessons.'³⁸⁶⁴ One of the original boarders recalled that:

We slept in bedrooms—pink, blue, red: each named by its colours, each sleeping two girls. We played hockey in winter, lacrosse in the spring, cricket

³⁸⁵⁹ Milligan, 161–163.

³⁸⁶⁰ Milligan, 159.

³⁸⁶¹ Milligan, 1960.

³⁸⁶² Nigel Shepley, *Women of Independent Mind: St George's School Edinburgh and the Campaign for Women's Education, 1888–1988* (Edinburgh: St George's School for Girls, 1988), 1.

³⁸⁶³ Shepley, *Women of Independent Mind*, 58.

³⁸⁶⁴ Shepley, 58.

and tennis in summer. I enjoyed my schooldays and that's why I can never understand people who aren't happy at school.³⁸⁶⁵

In 1914, the school moved to a new building in Ravelston. The school purchased a second boarding house in 1918, and the number of boarders doubled. Shepley wrote of the 1930s, that the 'impression given by old girls is of a rich and varied school life', although he did question the role of nostalgia in these memories.³⁸⁶⁶

In September 1939, pupils from the school were evacuated to three houses near Hawick, and by 1942, the number of pupils increased to 91. The school returned to Edinburgh in 1942, but to temporary accommodation because the army had taken over the Ravelston site. The school returned to Ravelston in 1944.³⁸⁶⁷

Shepley noted that for many years 'the boarding houses had been seen as little more than a convenience for parents living at a distance. Boarders had sometimes felt themselves to be second class pupils.'³⁸⁶⁸ In the 1970s, the headmistress considered that boarders should 'as far as possible have the same privileges and freedoms as day schools. Spartan austerity was transformed...into an Athenium civilisation.'³⁸⁶⁹

St Leonards School and St Katherine's School, St Andrews

We have noted the focus on the education of women and girls in Scotland in the second half of the 19th century, and 'the real founders of St Leonards were the members of the Ladies' Educational Association.'³⁸⁷⁰ St Leonards opened as the St Andrews School for Girls in 1877, with 34 day girls and 10 'house girls'.³⁸⁷¹ In 1883, the school Council purchased 'the house and grounds of St Leonards', and 'the school opened in its new surroundings and under its new name of St Leonards.'³⁸⁷² There were 34 boarders in the new school, with 22 accommodated in St Leonards House and 12 girls in a second house in Queen's Terrace.³⁸⁷³ Over the following

³⁸⁶⁵ Shepley, 60.

³⁸⁶⁶ Shepley, 92.

³⁸⁶⁷ Shepley, 107.

³⁸⁶⁸ Shepley, 121.

³⁸⁶⁹ Shepley, 121.

³⁸⁷⁰ J.S.A. Macauley, *St Leonards School 1877-1977* (St Andrews: St Leonards School, 1977), 3.

³⁸⁷¹ Macauley, *St Leonards School*, 1.

³⁸⁷² Macauley, 6.

³⁸⁷³ Macauley, 7.

years, three new houses were acquired, and in 1896, two houses were 'built for the purpose, each designed to hold twenty-four girls.'³⁸⁷⁴

In 1894, the Council of St Leonards opened St Katherines preparatory school in a house in North Street, St Andrews.

House girls were accepted from the age of seven and a kindergarten was provided for day children from five years old. St Katherines had its own boarding houses and so Priorsgate transferred its younger girls and became a House for St Leonards School.³⁸⁷⁵

The two schools worked closely together, and from 1923, they were united under one head mistress. 'This pattern continued until the transfer of St Katherines in 1970 to the former Sanatorium inside the Priory walls.'³⁸⁷⁶

By 1902, 'there were 255 girls in St Leonards and seven Houses.'³⁸⁷⁷ The school added additional houses after World War I, and through the 1920s and 1930s. One former pupil wrote of the school in the 1920s:

Our life was very restricted—Market Street and North Street were out of bounds (naughty students or lice in our hair?)—no shopping, no cinemas, no concerts in the town, no University lectures; in fact apart from walks along the sands, cliffs and Lade Braes, and Church on Sundays, we had no contact with the outside world...Our life was lived with Prior Hepburn's wall and I for one asked for nothing better.³⁸⁷⁸

Following World War II, the two schools were full and St Katherine's had 80 boarders in its two houses.³⁸⁷⁹ At St Leonard's, '[h]ouse life continued very much on traditional lines, although House order was modified; at the beginning of the period at least, "fagging" continued as did concentration of all the girls in the schoolroom.'³⁸⁸⁰ One senior girl wrote that, 'we were still expected to supervise prep, play games, coach games, go to bed early, not work on Sundays and study in a room with forty other

³⁸⁷⁴ Macauley, 13.

³⁸⁷⁵ Macauley, 10.

³⁸⁷⁶ Macauley, 23.

³⁸⁷⁷ Macauley, 13.

³⁸⁷⁸ Macauley, 29-30.

³⁸⁷⁹ Macauley, 44.

³⁸⁸⁰ Macauley, 45.

people.³⁸⁸¹ In the 1960s, alterations to the houses 'reflected the general trend towards providing more space for the older girls for study and recreation.'³⁸⁸² In addition, a 'general friendship throughout the House had superseded the hierarchy of fags, tablers, deskers and Monitors and House Order had virtually disappeared.'³⁸⁸³

As mentioned, St Katherine's moved inside the Priory walls in the 1970s and the school in North Street and the two boarding houses were sold. '[T]he Sanatorium was to be adapted to become a boarding house.'³⁸⁸⁴ In addition, a new dining hall meant that cooking and dining no longer took place in the houses, freeing up additional space.³⁸⁸⁵ 'The Houses inevitably lost something of their identity but in some respects a gradual change of emphasis from House to School had been increasing for many years.'³⁸⁸⁶

More leave is given, with extra privileges for the lower sixth and sixth forms. Girls may walk about in town, shop on certain days and the older ones may go to the theatre or cinema on a limited number of occasions each term.³⁸⁸⁷

Stewart's Melville College

In 1972, Daniel Stewart's College and Melville College merged to become Stewart's Melville College.³⁸⁸⁸ An immediate issue was 'the consolidation of boarding facilities', and the new school sold the Melville boarding house, and expanded Dean House Park.³⁸⁸⁹ '[T]he regime tended to be a fairly spartan one, with plenty of fresh air and exercise and good, filling food. The House itself retained its grandeur but there was a feeling of decayed elegance.'³⁸⁹⁰

³⁸⁸¹ Macauley, 45.

³⁸⁸² Macauley, 52.

³⁸⁸³ Macauley, 57.

³⁸⁸⁴ Macauley, 53.

³⁸⁸⁵ Macauley, 63.

³⁸⁸⁶ Macauley, 66.

³⁸⁸⁷ Macauley, 67.

³⁸⁸⁸ Bellis, "Views from the Top," 8.

³⁸⁸⁹ Bellis, 11.

³⁸⁹⁰ C. Oliver "Boarding House: Life at Stewart's Melville," in *Stewart's-Melville: The First Ten Years*, ed. Bryan Lewis and John Robertson (Edinburgh: David Macdonald, 1985), 155.

The school carried out improvements in 1978, including a games room and central heating in the dormitories, and later added a new study library.

The biggest change in the history of Dean Park House came about with the invasion by girls in the Autumn of 1981, when Erskine House was opened 'next door'. There are now 26 girls and 65 boys eating in Dean Park House and the walls are beginning to bulge. Girls of course generate home comforts and the hall is now carpeted and is lit by a number of chandeliers.³⁸⁹¹

Strathallan School, Forgandenny

Strathallan School was established in 1913 with 14 pupils, seven boarders and seven day pupils. It expanded rapidly over the next five years and there were 112 pupils in 1918. 'To cater for these increasing numbers more accommodation was required, and by the end of 1915 the School used one villa for classes, one for meals, and three more for dormitories.'³⁸⁹² More expansion in the 1920s included additional dormitories in the Simpson Wing.³⁸⁹³

Following World War II, the school had 170 pupils, and 'within a year it became apparent that the School was ceasing to remain financially viable. Further changes to accommodation and further capital expenditure were inevitable.'³⁸⁹⁴ During the 1950s, there was significant development of the buildings and facilities, and the numbers of pupils almost doubled.

There was some further expansion in the 1960s and 1970s, and by the end of the 1970s, there were more than 430 staff and pupils.³⁸⁹⁵ At this time, the school also admitted girls, initially 'to stay with masters' families within the grounds.'³⁸⁹⁶ In 1982, Woodlands House was completed, with accommodation provided in 60 single rooms.

³⁸⁹¹ Oliver, "Boarding House," 155.

³⁸⁹² J.D. Aldridge and P.R. Spurgin, *The Story of Strathallan School* (Forgandenny: Strathallan School, 1983), 11.

³⁸⁹³ Aldridge and Spurgin, *Story of Strathallan School*, 12.

³⁸⁹⁴ Aldridge and Spurgin, 24.

³⁸⁹⁵ Aldridge and Spurgin, 34.

³⁸⁹⁶ Aldridge and Spurgin, 35.

Research on Private and Independent Boarding Schools

There has been very little research focused on boarding schools in Scotland. This section details a small number of studies on different aspects of the boarding experience. Lingard and colleagues, for example, noted that '[c]ontact with the independent school sector proved difficult initially and raised doubts about whether research access to the sector as a whole was feasible.'³⁸⁹⁷

Teaching in an Independent Girls' School—St Luke's

In 1970, Delamont carried out research at 'St Luke's' independent girls' school in Edinburgh.³⁸⁹⁸ Most of the girls were day pupils and boarders lived in several large houses in the school's vicinity.³⁸⁹⁹ 'A few of the boarding places are available for girls entering at nine, but the majority of boarders come to the school at eleven.'³⁹⁰⁰ Delamont focused on two forms of third-year pupils.

The school stressed high academic achievement, and while there were opportunities for a range of sports and games, 'the general atmosphere of the school is not very hearty,' and 'I found that team games were relatively unpopular in the senior forms, except among the boarders, for whom playing in school teams is an "escape" from the boarding house.'³⁹⁰¹ There were also opportunities for non-sporting activities, particularly music.

Delamont noted that in relation to the strictness of the regime, staff mostly emphasised academic matters, and while some staff picked up on appearance or deportment, they were relatively lax about clothing and behaviour.

The boarders were free to change into their own clothes in the evenings, and there were no restrictions about what sort of garments they chose.

³⁸⁹⁷ Bob Lingard et al., "Multiple Capitals and Scottish Independent Schools: The (Re)production of Advantage," in *Social Capital, Children and Young People: Implications for Practice, Policy and Research*, ed. Julie Allan and Ralph Catts (Bristol: Policy Press, 2012), 184.

³⁸⁹⁸ Katherine Sara Delamont, "Academic Conformity Observed: Studies in the Classroom" (PhD thesis, University of Edinburgh, 1973), 50. See also Sara Delamont, "Debs, Dollies, Swots and Weeds: Classroom Styles at St Luke's," in *British Public Schools: Policy & Practice*, ed. Geoffrey Walford (Lewes: Falmer Press, 1984). St Luke's was a pseudonym but McCrone noted that the 'distinctive features' of St George's were 'not hard for any reader to spot.' McCrone, "What School Did You Go To?," 31.

³⁸⁹⁹ Delamont, "Academic Conformity Observed," 64.

³⁹⁰⁰ Delamont, 65.

³⁹⁰¹ Delamont, 63.

When I interviewed them in the boarding house their clothes ranged from twinsets through jeans to pyjamas without any comment from the staff. At weekends they were allowed into the city in their own clothes, complete with 'maxis' and make-up.³⁹⁰²

In the sample of pupils she studied, Delamont identified six cliques which 'were partly voluntary associations of pupils, and partly caused by the organisation of the school.'³⁹⁰³ The first clique she described comprised all the girls who lived together in the boarding house.³⁹⁰⁴

The girls in Clique 1 are an interesting example of a 'coping' behaviour. They are organised into a group by the school, and once put together, have developed shared strategies for living together. The most striking was participation in sport. Every year the boarding house won all the school sports trophies, and boarders made up the backbone of all school teams. Playing games served to unite them...Also, playing in teams got them away from the school in a socially sanctioned way – games served as a unifying focus and an escape route.³⁹⁰⁵

Homesickness and Health in Boarding School Children

In the 1980s, three studies were carried out about homesickness in boarding school children.³⁹⁰⁶ The first study involved 117 pupils aged between 11 and 14 years in two Scottish boarding schools; one was an all-female school, and the other was predominately male with a few girls.³⁹⁰⁷ It 'showed the incidence of homesickness to be 71%; there were 83 homesick and 34 non-homesick individuals.'³⁹⁰⁸ The second study involved 17 pupils aged between 13 and 17 years in a mixed sex boarding school, and they kept a diary over a two-week period.³⁹⁰⁹ Thirteen of the pupils 'reported at least one period of homesickness.'³⁹¹⁰ 'There were a total of 90 reports of homesickness across all subjects for the 14 days, and 201 worry units

³⁹⁰² Delamont, 73.

³⁹⁰³ Delamont, 103.

³⁹⁰⁴ Delamont, 103-105.

³⁹⁰⁵ Delamont, 400-401.

³⁹⁰⁶ Shirley F. Fisher, Norman Frazer and Keith Murray, "Homesickness and Health in Boarding School Children," *Journal of Environmental Psychology* 6, no. 1 (1986), 35.

³⁹⁰⁷ Fisher, Frazer and Murray, "Homesickness and Health," 39.

³⁹⁰⁸ Fisher, Frazer and Murray, 40.

³⁹⁰⁹ Fisher, Frazer and Murray, 39.

³⁹¹⁰ Fisher, Frazer and Murray, 41.

associated.³⁹¹¹ The third study was another diary-based study, but in a different format, and involved 21 boys aged between 12 and 16 years in an all-male school.³⁹¹² Fifteen of the boys reported homesickness. The research concluded that:

An environmental move is likely to be a necessary but *not a sufficient* condition for a homesickness experience. Of all the factors so far examined it appears that previous experience of boarding school has ameliorating effects and that problems created by the new environment may be augmenting.³⁹¹³

Land, Identity, and the Experience of Boarding School

Bull and colleagues explored the effects of boarding school on women landowners' identity, and their relationship to the land.³⁹¹⁴ The research involved 11 women in Scotland who left their home and attended boarding school between the ages of seven and 11 years.³⁹¹⁵ While a minority of the women spoke positively about their boarding school experience, most did not.

For these, a generative theme was the challenge of being faced, very suddenly, with the multiple demands of full-time institutional living at a very young age, without the relative safety of home – of 'Mum' – to retreat to.³⁹¹⁶

Most of the women spoke of developing survival tactics and strategies 'to avert a sense of powerlessness felt in the face of emotional uncertainty.'³⁹¹⁷ Many also 'felt ashamed and embarrassed to admit that they had found boarding school emotionally and psychologically demanding.'³⁹¹⁸ Another finding of the study was that many of the women acknowledged being socially isolated and avoiding close relationships.

...with few exceptions, the privileged women interviewed felt possessive and territorial over their land, space and privacy, in ways that arguably could be

³⁹¹¹ Fisher, Frazer and Murray, 42.

³⁹¹² Fisher, Frazer and Murray, 40.

³⁹¹³ Fisher, Frazer and Murray, 46.

³⁹¹⁴ Chriss Bull, Alastair McIntosh and Colin Clark, "Land, Identity, School: Exploring Women's Identity with Land in Scotland through the Experience of Boarding School," *Oral History* 36, no. 2 (2008), 75.

³⁹¹⁵ Bull, McIntosh and Clark, "Land, Identity, School," 81. It was not clear whether the women attended boarding schools in Scotland or England.

³⁹¹⁶ Bull, McIntosh and Clark, 82.

³⁹¹⁷ Bull, McIntosh and Clark, 82.

³⁹¹⁸ Bull, McIntosh and Clark, 83.

understood as compensatory for their childhood and boarding experiences.³⁹¹⁹

Scottish Independent Schools Project (SISP)

Lingard and colleagues carried out research in the three independent schools that agreed to take part in the project, one girls' school, one boys' school and one coeducational school.³⁹²⁰

...the independent sector in Scotland is differentiated, with each school developing a distinctive set of norms linked to an institutionally based emphasis, for example, concerning particular philosophies and ideas on liberal feminism, new or softer forms of masculinity, provision of English or Scottish curricula and examinations, and so on.³⁹²¹

The research identified several themes across the three schools. Tradition 'was characterised by the swift induction of new staff and pupils into the particular school networks, norms and ways of doing things.'³⁹²² Although the schools were autonomous, they were 'reliant on the legitimisation/legitimising functions of the state regarding, for example, inspections of care, boarding accommodation and examinations', and each school's reputation depended on good inspection reports.³⁹²³

Privilege was normalised, and 'social class reproduction is a strong, though varying feature of the case study schools.'³⁹²⁴ The research also found that opportunities and relationships were gendered in different ways across the three schools.³⁹²⁵ 'The three schools displayed a cosmopolitanism and internationalism of outlook, as well as much skill in creating and developing the full range of capitals, the all-embracing nature of which was much in evidence.'³⁹²⁶

³⁹¹⁹ Bull, McIntosh and Clark, 86.

³⁹²⁰ Lingard et al., "Multiple Capitals and Scottish Independent Schools," 184. See also, Joan Forbes and Gaby Weiner, "Understated Powerhouses: Scottish Independent Schools, Their Characteristics and Their Capitals," *Discourse: Studies in the Cultural Politics of Education* 29, no. 4 (2008).

³⁹²¹ Lingard et al., 186.

³⁹²² Lingard et al., 188.

³⁹²³ Lingard et al., 188-9.

³⁹²⁴ Lingard et al., 189.

³⁹²⁵ Lingard et al., 189.

³⁹²⁶ Lingard et al., 191.

In 2015, Forbes and Lingard considered in more detail 'the intensive academic and extra-curricular work of an elite girl's school in Scotland in the production of a particular privileging habitus.'³⁹²⁷ Most of the students were day students, and 'around 50 girls board annually.'³⁹²⁸ Forbes and Lingard noted that 'when asked to complete the sentence, '[s]chool is like', many girls responded with 'home', 'second home' or 'family'...'³⁹²⁹

Our research at Dalrymple suggested a felicitous and smooth relationship between the girls as agents and the school as field, and also an alignment between family capitals and those embedded in the school's cultures and practices.³⁹³⁰

Given the school's excellent academic results, there was a strong likelihood that the girl's expectations to attend university and become professionals would be achieved, leading to 'a matching of aspirations and probabilities', an 'assured optimism'.³⁹³¹ This was linked to 'the production of global citizens and global professionals', and articulated through the school's 'international education programme'.³⁹³² The research explored how different aspects of the school engendered and supported this: the school's physical space; socialising and friendship; and, activities and opportunities outwith the formal curriculum.

We have shown assured optimism to be central to the habitus of Dalrymple girls. This habitus is about living the future in the present and being confidently assured about navigating futures, now stretched to take in global labour markets.³⁹³³

³⁹²⁷ Joan Forbes and Bob Lingard, "Assured Optimism in a Scottish Girls' School: Habitus and the (Re)production of Global Privilege," *British Journal of Sociology of Education* 36, no. 1 (2015), 116. See also, Joan Forbes and Bob Lingard, "Elite School Capitals and Girls' Schooling: Understanding the (Re)production of Privilege through a Habitus of 'Assuredness'," in *Privilege, Agency and Affect: Understanding the Production and Effects of Action*, ed. Claire Maxwell and Peter Aggleton (Basingstoke: Palgrave Macmillan, 2013). Note that the school has different pseudonyms in the different publications.

³⁹²⁸ Forbes and Lingard, "Assured Optimism in a Scottish Girls' School," 119.

³⁹²⁹ Forbes and Lingard, 117.

³⁹³⁰ Forbes and Lingard, 122. Dalrymple is a pseudonym.

³⁹³¹ Forbes and Lingard, 122.

³⁹³² Forbes and Lingard, 122.

³⁹³³ Forbes and Lingard, 134.

Likewise, Lingard, Mills and Weaver-Hightower gave further information on Balfour School, which is 'an elite, high-fee, high academically performing, all boys' mainly boarding school in Scotland.'³⁹³⁴

In school documentation and interviews with all stakeholders, the global reach and aspirations of Balfour were obvious manifestations of how elite education and the production of elites had been globalised with a focus on producing a cosmopolitan habitus.³⁹³⁵

This was also reflected in a discourse of sensitive and caring masculinity in the school, acknowledging the changes in the gender order beyond the school.

Lingard, Mills and Weaver-Hightower noted that, in the questionnaire, 'the boys' comments were overwhelmingly positive', and the only negatives were 'from three boys concerned about how a boy would cope in the school if he did not like rugby.'³⁹³⁶

Think, for example, of the tensions at Balfour between creating new sensitive young men and the dominance of rugby, between an acceptance that masculinities can and should be remade and the essentialised discourse of boys will be boys and need for myriad playing fields to run off their energies. It must be said, though, that the boys and teachers were aware of these tensions, accepting them as a necessary part of a new and globalised work order.³⁹³⁷

Regulation and Inspection

We have seen that independent mainstream boarding schools fall under the *Regulation of Care (Scotland) Act 2001*. School care accommodation services are those described in Section 2(4) of the Act which:

- 'are provided for the purpose of the pupil being in attendance at a public, independent or grant-aided school'; and

³⁹³⁴ Bob Lingard, Martin Mills and Marcus B. Weaver-Hightower, "Interrogating Recuperative Masculinity Politics in Schooling," *International Journal of Inclusive Education* 16, no. 4 (2012), 409.

³⁹³⁵ Lingard, Mills and Weaver-Hightower, "Interrogating Recuperative Masculinity Politics," 410.

³⁹³⁶ Lingard, Mills and Weaver-Hightower, 413. For a more detailed comparison on how sport plays a role in each school, see, John Horne et al., "'Capitalizing on Sport': Sport, Physical Education and Multiple Capitals in Scottish Independent Schools," *British Journal of Sociology of Education* 32, No 6 (2011).

³⁹³⁷ Lingard, Mills and Weaver-Hightower, 417.

- consist of 'the provision, in a place in or outwith the school, of residential accommodation'.³⁹³⁸

However, little has been reported specifically on this category of school accommodation services.

Current Independent Boarding Schools

The Care Inspectorate review of services stated that there were 21 independent mainstream boarding schools registered in 2017.³⁹³⁹ At the time of writing, there were 19 boarding schools listed on *Scotland's Boarding Schools* website.³⁹⁴⁰

These were:

- Albyn School, Aberdeen. Five boarders – 12 to 18 (< 7 per cent of upper school);
- Ardvreck School, Crieff. 28 boarders – 7 to 13 years (28 per cent of school);
- Belhaven Hill School, Dunbar. 63 boarders – 7 to 13 years (62 per cent of school);
- Cargilfield Prep School, Edinburgh. 50 boarders – 8 to 13 years (16 per cent of school);
- Dollar Academy, Dollar. 90 boarders – 10 to 18 years;
- Erskine Stewart's Melville Schools, Edinburgh. 10-18 years (3 per cent of school);
- Fettes College, Edinburgh. 418 boarders – 7 to 18 years
- Glenalmond College, Perth. 306 boarders – 12 to 18 years (79 per cent of school);
- Gordonstoun, Elgin. 394 boarders – 8 to 18 years (74 per cent of school);
- Kilgraston, Bridge of Earn. 87 boarders – 8 to 18 years;
- Lathallan School, Johnshaven. 38 boarders – 10 to 18 years (16 per cent of school);
- Lomond School, Helensburgh. 39 boarders – 9 to 18 years (11 per cent of school);

³⁹³⁸ Scottish Executive, *National Care Standards: School Care Accommodation Services* (Edinburgh: Scottish Executive, 2005), 4.

³⁹³⁹ Care Inspectorate, *Review of Care Services for Children*, 20.

³⁹⁴⁰ Scotland's Boarding Schools, "The Boarding Schools," *Scotland's Boarding Schools* website. Information on the website is slightly different for the different schools.

- Loretto School, Musselburgh. 218 boarders – 11 to 18 years (57 per cent of senior school);
- Merchiston Castle School, Edinburgh. 289 boarders – 7 to 18 years (64 per cent of school);
- Queen Victoria School, Dunblane. 257 boarders – 10 to 18 years (100 per cent of school);
- St George's School for Girls, Edinburgh. 50 boarders – 10 to 18 years;
- St Leonards School, St Andrews. 130 boarders – 10 to 19 years (24 per cent of school);
- St Mary's Preparatory School, Melrose. 71 boarders – 8 to 13 years (40 per cent of school);
- Strathallan School, Perth. 324 boarders – 9 to 18 years (56 per cent of school).

Conclusion

This review of care services in Scotland has covered over 200 years. It has looked at the development of a wide range of services that have cared for children and young people.

Over this time, the nature of children's services has changed markedly. Some services have been present over the whole of this time, others have come and gone. There has been increasing regulation to try and ensure good standards of care, and to protect and safeguard children and young people. Undoubtedly, the quality of care services has improved, but still some children and young people are let down and have poor experiences of children's services. We have seen the impact of poverty and austerity on the lives of children and young people, along with stigma and discrimination.

We have detailed instances of serious abuse and neglect, and also happy memories of care. There has been an increasing focus on the importance of deep and enduring relationships, although across time some children and young people have reported such positive relationships and their importance in creating a sense of stability and belonging. The development of children's rights and the importance of listening to children and young people has been increasingly highlighted.

We have identified inconsistency and variation within services and between services. We have also identified excellent practice, which has successfully supported children and young people, and provided them with the resources to succeed.

In the closing months of writing this review, Covid-19 has affected the world, and has had a significant impact on care experienced children and young people and those in other residential accommodation. This review has shown how serious infectious diseases affected children and young people in the past, and how advances in medicine brought these diseases under control. We hope that soon we will be able to say the same about Covid-19, and that we can focus again on the continuing journey to improve care services and ensure that children and young people can flourish and reach their full potential.

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