

1 Thursday, 25 May 2023

2 (10.00 am)

3 LADY SMITH: Good morning.

4 Andrew, thank you for coming back this morning. Are
5 you ready for us to resume?

6 Professor Andrew Kendrick (continued)

7 A. Yes, indeed.

8 LADY SMITH: Mr MacAulay, when you're ready.

9 MR MACAULAY: My Lady.

10 Questions from Mr MacAulay (continued)

11 MR MACAULAY: Good morning, Andrew.

12 A. Good morning.

13 Q. Yesterday, when we had finished, we had been looking at
14 aspects in the section of the report on throughcare and
15 aftercare. I want to continue with that for a moment or
16 two, if I can begin by taking you to page 452.

17 A. Yes.

18 Q. You have here a section headed, "Sweet 16? The Age of
19 Leaving Care in Scotland". I think this is addressing
20 a report that was published by Scotland's
21 Commissioner for Children and Young People in 2008?

22 A. Yes, that's correct.

23 Q. The reason I think that she was looking at this was
24 because of her concern that many young people were still
25 being pushed out of the care system before they were

1 ready, often as young as 16?

2 A. Yes, 15 and 16, yes.

3 Q. Are you able to summarise what conclusions she came to?

4 A. Well, there was the concern that this was simply too
5 young an age for young people to be leaving care. They
6 sometimes felt pushed out of care, that there was
7 an expectation that they would leave care at 16, but
8 also there were feelings that they wanted to get out of
9 the system, finding the restrictions of being in care
10 too severe, as it were.

11 But there was real concern about young people, as
12 young as 16, then having to go out into the care system,
13 even if there were supports in place. You know,
14 compared to the more general population, who were
15 staying with their parents much longer than that.

16 Q. This was happening -- as she pointed out --
17 notwithstanding the fact that there was legislation and
18 guidance that pointed the other way?

19 A. That's right, and that we've seen earlier that there had
20 been concern about the age at which young people were
21 leaving care, but even though work had been done on
22 this, the practice continued.

23 Q. Can we read on page 452, this is a quote:

24 "There was also substantial evidence of neglect and
25 abandonment of young people."

1 A. Yes, that's right.

2 Q. And 10 per cent of young people, according to her
3 survey, experienced homelessness and a significant
4 proportion of young people were no longer in touch with
5 professionals?

6 A. I think we've, you know, covered the issue that young
7 people in care and particularly in residential care,
8 many have mental health problems, mental health issues
9 and it's a big ask for young people to become
10 independent at 15 and 16, but for those who have mental
11 health issues, who have not had a great deal of
12 stability in their lives, to then go out, even if there
13 is some support available, we did some work in Borders
14 Council, it was earlier than this but it was a similar
15 issue, of young people being supported into college, but
16 when the supports weren't there they often left, and
17 similarly with accommodation, they may be supported into
18 tenancies but if they don't have the independent living
19 schools to support that tenancy, they will often find
20 themselves then on the streets or sofa surfing or
21 whatever.

22 Q. One of the points she makes is that only half of the
23 young people that she was looking at had a pathway plan?

24 A. That's right. Again, this has been a consistent issue
25 in terms of the variability in practice in the

1 assessment and planning for young people at the point of
2 leaving care.

3 Q. If the guidance is saying that you should have a pathway
4 plan for aftercare, why are Local Authorities not
5 following that?

6 A. I think often it's about resources and about developing
7 practice in this particular area.

8 Q. On pages 453 through to 454, she sets out her
9 recommendations and we can read these for ourselves.

10 Just to pick up a couple of points on page 454, it's
11 the fourth-last bullet point:

12 "Young people should not have to be made homeless to
13 be regarded as a priority for housing."

14 Was that what was happening, you had to be out on
15 the streets --

16 A. That's right, yes, and rather than there being, again --
17 again, it comes up to joined-up thinking about this
18 process in terms of housing departments and suchlike and
19 that really this group should be given priority, in
20 terms of a flexible range of housing, such as supported
21 accommodation as well as, say, independent tenancies.

22 Q. Associated with that, she says:

23 "Young people should not be placed in hostels for
24 the homeless, nor bed and breakfast accommodation."

25 A. That's right, but again that happens.

1 Q. The next report I want to take you through is under the
2 heading, "Are Throughcare and Aftercare Services Meeting
3 the Standards?" This is a report, subsequent to the one
4 we have been looking at, by the Care Commission. It's
5 a bulletin that looked at the arrangements for
6 throughcare and aftercare services.

7 As we can see, it was based on inspections in
8 2007/2008 of 240 residential services, so it's quite
9 an extensive --

10 A. Yes, again, based on a range of the inspections that had
11 taken place.

12 Q. Can you tell me what conclusions the Care Commission
13 arrived at then in this particular study and in the
14 bulletin?

15 A. Well, at this point again it's that idea that one in
16 ten, just under one in ten, services still didn't have
17 a policy on throughcare and aftercare, so obviously when
18 guidance has been given that services should be
19 developing policies in this area and even where policies
20 had been made in a number of services staff were unaware
21 of the policies and so issues there about staff
22 understanding what needed to be done in terms of
23 throughcare and aftercare.

24 Also that in terms of the best practice publication,
25 how good is your throughcare and aftercare services,

1 this wasn't being used in a number of the services. So
2 the Care Commission was giving recommendations or
3 requirements for services that needed to be given
4 recommendations or requirements to ensure that these
5 gaps were filled.

6 Q. You go on to tell us about a framework, I think, with
7 the title "Our Family Firm" that was published by the
8 Scottish Government in January 2011. What was that
9 designed to do?

10 A. It was to pick up on the notion that young people in the
11 general population are often supported in terms of going
12 into employment by their families, so it's picking up on
13 the idea of corporate parenting in the sense that Local
14 Authorities are one of the biggest employers in the
15 country and so shouldn't they be providing opportunities
16 for young people in care to support them into work
17 situations, that might be through work experience,
18 through training, the possibility of apprenticeships,
19 you have careers advice services, well, should they not
20 be themselves providing support in terms of interviewing
21 skills? So in a whole range of ways how can corporate
22 parents support young people?

23 Q. We are still seeing -- notwithstanding the guidance,
24 indeed the legislation -- that there are these
25 inadequacies in the system?

1 A. That's right. The concept of the family firm had been
2 developed and they identified some early practice
3 examples of positive work that was being done by Local
4 Authorities. But generally it was identifying the
5 opportunities that Local Authorities have themselves to
6 provide these opportunities to support young people.

7 Q. Moving on in the report, and indeed in time, on
8 page 456, towards the bottom, you tell us that in 2013
9 CELCIS carried out a review of support for care leavers?

10 A. Yes.

11 Q. I think that was in anticipation of the Children and
12 Young People (Scotland) Act 2014?

13 A. That's right.

14 Q. Were you involved in this?

15 A. I wasn't actually involved in this particular piece of
16 work.

17 Q. But if we move on to the next page, 457, do you set out
18 there what was involved in the review?

19 A. Yes.

20 Q. Can you fill that out for us?

21 A. It looked at the context in terms of the number of young
22 people in Scotland who had left care, so at this time,
23 some 9,000 young people, aged 16 to 25, had left care,
24 but it highlighted that throughcare and aftercare
25 services continued to be patchy and variable --

1 LADY SMITH: Andrew, to what period did that figure of 9,000
2 relate?

3 A. It would be from 2013, the number who had left --

4 LADY SMITH: From a single year?

5 A. No, it wouldn't be for a single year. They were saying
6 approximately 1,000 leave care each year, so that from
7 16 to 25, in terms of the age span of the young people,
8 is a nine-year period, so that would be approximately
9 9,000. Given that most of them are leaving at 16.

10 LADY SMITH: Okay. I'm still not really following this --

11 A. Right --

12 LADY SMITH: I get -- hang on. I get that the review was
13 looking at the year 2013 and the review found that you
14 can assume that about 1,000 young people leave in every
15 period of 12 months.

16 A. Yes.

17 LADY SMITH: We then jump to care leavers, 16 to 19 years
18 old, 3,000, do you see what I mean, and there were some
19 3,000 care leavers aged 16 to 19 years and 9,000 aged 16
20 to 25 years, so the 9,000 absorbs the 3,000, right?

21 A. Yes.

22 LADY SMITH: Go to the 9,000, over what period have 16 to
23 25-year-olds left -- that doesn't make sense, actually,
24 because 25 years isn't leaving care.

25 A. No, but if you take young adults -- young care leavers

1 who are 25, they are most likely to have left care at
2 16, so they will have been out of care for nine years.
3 LADY SMITH: I see. It's maybe confusing --
4 A. It's cumulative.
5 LADY SMITH: It's maybe confusing because it's all in one
6 sentence. There are two different matters being covered
7 here.
8 One is the number of young people leaving every
9 year.
10 The other is that if you look all over Scotland for
11 young people who have previously been in care, also
12 during that year, 2013, you could find about 9,000 in
13 that 16 to 25-year-old age group, do I have that right?
14 A. Yes.
15 LADY SMITH: Thank you.
16 MR MACAULAY: The research would be able to obtain the views
17 of those young people as well?
18 A. This was contextual information, so the review wasn't
19 approaching these young people. It was just to show the
20 significant number of young care leavers at this point
21 in time.
22 Q. In any event, what we're told is that the review
23 highlighted that throughcare and aftercare services were
24 patchy and variable across Scotland?
25 A. Yes, that's right.

1 Q. Going on to talk about the range of barriers facing
2 young people then, can you tell us what the message is
3 here?

4 A. I think the review picked up on a number of the issues
5 that we have touched on previously, issues about lack of
6 educational qualifications, the impact then in terms of
7 employment. As we've said, the multiple disadvantages
8 that this vulnerable group have in terms of mental
9 health issues and suchlike.

10 In terms of those, it's about the barriers facing
11 young people, in terms of education, employment and
12 accommodation. But highlighting that despite the
13 knowledge of this and current legislation and guidance,
14 the average age of young people was still tending to be
15 very young.

16 LADY SMITH: Just thinking aloud, Andrew, going back to the
17 figure you had earlier for the number of residential
18 care institutions that were surveyed in Scotland, it was
19 over 200 -- for argument's sake let's just say 200-odd.
20 That would mean that each institution was actually only
21 having to allow for 50-odd young people every year,
22 assume they are leaving at 16.

23 That's not so unwieldy a number to find let's say
24 work experience for, help to learn interview skills, the
25 sort of independent living skills that you're talking

1 about. So it's not actually that many young people that
2 each area of responsibility, whether you think of the
3 institution itself or our 32 Local Authorities, have to
4 make provision for?

5 A. Yes.

6 LADY SMITH: Yes.

7 Mr MacAulay.

8 MR MACAULAY: You have a section headed, "Improving Social
9 Work in Scotland". This relates to a review of social
10 work inspections, I think covering the period
11 2007/2008 --

12 A. That's right.

13 Q. -- when it found that 45 per cent of young people
14 leaving care in that period did not have a pathway plan.
15 We have come back to this notion that the guidance on
16 that is not being --

17 A. That's right, again. That is a significant proportion.

18 Q. This review goes on to also say that there was a lack of
19 appropriate accommodation, that was the most frequent
20 concern?

21 A. That's right. Again, that idea of -- well, one --
22 a number of residential establishments have sort of
23 independence flats linked to the residential
24 accommodation, so that young people would in terms have
25 the support of the residential service and still be part

1 of the service, but be gaining independent living skills
2 and suchlike, but there were a range of others, such as
3 supported accommodation, rather than being thrown out
4 into the deep end, as it were.

5 Q. Moving on to page 458, where you have a heading,
6 "Staying Put in Scotland". I think we saw this
7 previously, that you tell us in 2013, relatively
8 recently, the Scottish Government published guidance on
9 children and young people remaining in care as part of
10 a staged transition towards adulthood and independence.

11 Can you just talk us through that?

12 A. Yes. This, again, is underlining the importance of not
13 just providing support, but encouraging young people to
14 remain in placements beyond 16, 17, 18 and that when
15 they do leave care for independence they should have the
16 independent living skills necessary for it to be
17 a successful transition.

18 Again, it's that all corporate parents should be
19 supporting the approach of young people staying put.

20 Q. You tell us in the report that -- this is on next page,
21 459 -- at the same time as the staying put guidance was
22 published, the Scottish Government published guidance on
23 housing options for care leavers?

24 A. Yes.

25 Q. You set out the aims of that guidance towards the bottom

1 of that page.

2 A. Yes. Again, it's that there should be a comprehensive
3 housing options protocol so that there should be, in
4 that sense, understanding of the opportunities available
5 for care leavers in terms of accommodation, that the
6 guidance would assist corporate parents to develop that
7 and again it's about ensuring consistency. We noted
8 above about the variability in practice across Scotland,
9 so it's about having consistency in the development and
10 implementation of protocols.

11 And highlighting that care leavers are regarded as
12 a priority group, so that they don't have to be on the
13 streets in order for priority to be given.

14 Q. You set out the Scottish Government's principles in the
15 guidance on page 460 and the principal themes and the
16 needs of care leavers. If I can take you to page 461,
17 towards the top of the page, does the guidance make it
18 clear that the prevention of homelessness is essential?

19 A. Yes.

20 Q. Is it apparent that the Scottish Government are aware of
21 the problem?

22 A. Oh, yes. That's right. As we've seen, previous
23 guidance as well. So this is about developing this work
24 and about underlining how important it is in terms of
25 the transition out of care and into independence.

1 Q. As we've gone through this section, can we see that
2 there have been repeated messages in relation to the
3 importance of throughcare and aftercare?
4 A. Yes.
5 Q. But at the end of the section of your report can we see
6 the problems still remain?
7 A. Yes, and leading up then towards what has been flagged
8 in terms that in a sense it doesn't need to be about
9 guidance, it needs to be about legislation to ensure ...
10 in the 2014 Act.
11 Q. Your conclusion on this section of the report, towards
12 the bottom of page 461, is it can be seen then that
13 throughcare and aftercare have attracted a great deal of
14 attention over this period and concern was expressed
15 that there were continuing gaps in services and practice
16 for care leavers.
17 A. That's right.
18 Q. As I mentioned yesterday, Andrew, I don't propose to
19 look at foster care, which is the next section.
20 If I can move on to page 478, you have a heading
21 here for "Residential Care" and in your introduction you
22 tell us that you are proposing to highlight a number of
23 important research policy and practice developments for
24 this period of the review.
25 A. That's right.

1 Q. If we look at the next paragraph, you have a heading,
2 "Scottish Institute for Residential Child Care", this is
3 a body that had been established -- I think what
4 happened, you tell us this, that following the Kent
5 Review the Centre for Residential Child Care, which had
6 been established in 1990 was replaced by the Scottish
7 Institute for Residential Child Care, SIRCC, in
8 April 2000?

9 A. That's correct.

10 Q. What was the aim of this particular body?

11 A. The Centre for Residential Child Care had been set up
12 after the Skinner Review of Residential Child Care in
13 order to undertake consultancy and research and address
14 important issues, but it was relatively small, just
15 a handful of staff.

16 Following the Children's Safeguards Review the
17 Scottish Institute for Residential Child Care was set up
18 to provide a range of services, to provide a range of
19 training opportunities, to carry out consultancy and to
20 undertake research in residential childcare.

21 Q. In the next section you give some statistics as to the
22 numbers of children and young people in residential care
23 in 2000, you provide some figures, and also for 2014?

24 A. That's right. Across this period, about 1,500 children
25 and young people were looked after in residential care

1 and indeed that figure has stayed pretty much constant
2 up until the present day.

3 Q. We can note now for example, looking at the percentages
4 of the children and young people in residential care in
5 2000, there were 42 per cent in Local Authority homes?

6 A. Yes, and Scotland has always had in a sense a mixed
7 economy in terms of the provision of residential
8 childcare.

9 LADY SMITH: Andrew, for completeness, we should note these
10 figures don't include foster care or boarding out, nor
11 boarding schools.

12 A. That's right.

13 LADY SMITH: Yes. Thank you.

14 MR MACAULAY: 40 per cent in residential schools, is that --

15 A. Yes.

16 Q. Then we contrast that to voluntary homes, where the
17 percentage is as low as 3 per cent?

18 A. Yes, that's right, because the voluntary sector tended
19 to be in the residential school sector.

20 Q. That's quite a change from the days of the Clyde Report?

21 A. That's right, yes, very much so.

22 Q. If we move on to page 480, you say there that in
23 April 2000, the Residential Child Care Health Project
24 RCHP, was set up to address the health needs of children
25 and young people looked after in residential care in

1 Edinburgh City, East Lothian and Midlothian Local
2 Authorities and published a report, "Forgotten
3 Children", in 2004.

4 Can you just summarise for us what this particular
5 body concluded in relation to health?

6 A. Yes. This was -- around in the 1990s, following Skinner
7 and the focus we had seen that there was
8 an identification of issues in terms of education of
9 young people in care, but also about concern about the
10 health provision for young people in care. That this
11 project was set up to look at the health of young people
12 and in a sense highlighted the gaps that had been in
13 place before. So health assessments were carried out on
14 young people and found that the vast majority, over
15 80 per cent, had problems with their physical health and
16 although that ranged from minor complaints, it also
17 identified significant health conditions and that in
18 three-quarters of these cases the problems hadn't been
19 recognised prior to this project carrying out the health
20 assessment and therefore the medical assistance hadn't
21 been forthcoming.

22 We have spoken previously about high levels of
23 smoking, alcohol use and substance misuse among young
24 people in residential childcare and this project also
25 confirmed that.

1 Q. Moving on to page 481, can we read towards the top that
2 most of the young people -- that's 97 per cent in this
3 study -- had emotional, behavioural or mental health
4 problems?

5 A. Yes, that's right, and again that underlines that as
6 with the move away from the wide use of residential
7 childcare, then and the falling numbers in residential
8 childcare, that this group tended to be a particularly
9 vulnerable and challenging group.

10 Q. You go on to say that -- I think you mentioned this
11 yesterday as well -- the health assessment identified
12 a range of incomplete screening and prevention activity,
13 for example incomplete routine immunisations and the
14 need for dental assessments?

15 A. Yes.

16 Q. Moving on on that page towards the final paragraph, can
17 we see that the Residential Child Care Health Project
18 made a number of key recommendations?

19 A. That's right, so it's about a comprehensive health
20 assessment when children enter the care system.

21 Again, the importance of collation of background
22 health information. We noted yesterday that multiple
23 moves in placement could mean that records don't keep up
24 with the child, that health assessment must be proactive
25 to inform the healthcare plan of the child. Really

1 underlined the importance of needing to develop and
2 prioritise mental health services to promote healthier
3 life ... and to promote healthier lifestyles.

4 LADY SMITH: Andrew, just one moment, is there a problem
5 with the transcript? Mine has stopped.

6 (Pause)

7 MR MACAULAY: Moving on then, Andrew, to what you say on
8 page 482, in connection with the heading, "Job
9 Satisfaction and Staff Morale in Residential Care".

10 A. Could I just make one comment in terms of health? It's
11 just the way the report is structured, sometimes we're
12 going back in time. It's just to make the comment -- to
13 pick up from yesterday -- that, as I said, this was
14 a really important piece of work and we saw that through
15 the 2000s there was the increase in looked-after
16 children's nurses and suchlike. So that there was the
17 Care Commission report on the physical health of
18 children towards the end of the 2000s, which actually
19 was quite positive about this. I think that marks how
20 important this piece of work was in flagging this up as
21 an issue.

22 Q. In flagging it up, the project also identified areas
23 that required particular attention --

24 A. Absolutely.

25 Q. -- looking to the future?

1 A. Yes.

2 Q. Looking at job satisfaction and staff morale in
3 residential care, what you tell us is that in 2004, the
4 Scottish Institute for Residential Child Care in
5 Scotland carried out research really to follow on from
6 an English study on this particular topic.

7 The research project seems to have involved quite
8 a number of residential managers and staff members, if
9 we look at the figures, 402 managers and staff members?

10 A. Yes, who completed a survey questionnaire.

11 Q. Can you tell us what the conclusions were?

12 A. Most staff were satisfied or very satisfied with their
13 jobs and I think that's important, in a sense that's
14 looking at their own role and they were sort of proud of
15 being proud residential workers and the support that
16 they give children and young people.

17 However, when asked about staff morale, so the more
18 general culture, just over half considered that it was
19 okay, but almost one-third considered it was low. The
20 factors that shaped that were in terms of staffing
21 resources, so the level of the staff complement of the
22 residential homes, relations between staff and
23 management and the quality of communication.

24 There was concern about resident young people's
25 behaviour and levels of violence and also about the

1 extent to which the residential staff felt valued and
2 supported.

3 Q. You move on to look at a topic that we touched upon
4 yesterday, and that is physical restraint.

5 A. That's right.

6 Q. That's on page 483. You devote quite a number of pages
7 to this particular topic and I'll try to go through it
8 quickly. But you do tell us that research carried out
9 between 2004/2005 by Professor Laura Steckley and
10 yourself --

11 A. That's right.

12 Q. -- collected the views and experience of children, young
13 people and residential staff members about physical
14 restraint. This is a very difficult topic, isn't it?

15 A. It is, indeed.

16 Q. As I say, we discussed it yesterday. You set out areas
17 of concern, one being for example inadequate reasons for
18 being restrained. Would that come from the children
19 rather than --

20 A. No, I think staff also recognised that in situations
21 physical restraint might be used when it really
22 shouldn't have been and there might have been
23 alternative ways of deescalating. So staff themselves
24 were very concerned about the use of physical restraint.
25 When we talk about the range of experiences and

1 emotions, young people talked about in terms of shock,
2 humiliation or horror, but staff members also spoke
3 about it in those terms, and the feeling that if staff
4 members had to resort to physical restraint then somehow
5 they had failed in their job, because they had not been
6 able to deescalate a situation.

7 So there was a great deal of ambiguity and confusion
8 about the role of physical restraint and when was
9 an appropriate need to do it. Young people did, as
10 well, though, talk about being hurt and about the very
11 negative consequences sometimes of physical restraint.

12 Q. As a consequence of that work, was some guidance made
13 available on physical restraint?

14 A. That's right. Again, the Scottish Institute for
15 Residential Child Care was asked by Scottish Government
16 to produce guidance on physical restraint.

17 Q. This, I think, was published in 2005?

18 A. That's right.

19 Q. You set out some of the aspects of that and if we move
20 on to page 485, towards the bottom of the page, again we
21 come back to appropriate training for those who might be
22 engaged in this?

23 A. Yes. At this point the training in relation to physical
24 restraint was -- there was the care system, there were
25 a number of different approaches and training programmes

1 for physical restraint which were being used by Local
2 Authorities and other establishments, so the guidance
3 didn't recommend specific techniques, but talked about
4 broader guidelines.

5 Q. If you look towards the bottom of page 485, that's what
6 it says and then you go on to say:

7 "Physical restraint should only be used when you
8 reasonably believe that.

9 "A child will cause physical harm to themselves or
10 another person;

11 "A child will run away and will put themselves or
12 others at serious risk of harm; or

13 "A child will cause significant damage, which is
14 likely to have serious emotional effect or create
15 a physical danger."

16 A. That's correct, yes.

17 Q. The restraining of a child running away, that's clearly
18 just to stop the child leaving?

19 A. Yes, and it depends how -- that can mean a wide range of
20 things. It may be just physical -- by spreading your
21 arms physically stopping a young person leaving, so
22 physical restraint itself can cover a range of actions.

23 Q. The guidance went on to identify what you describe as
24 three important parts in the process. How you think,
25 how you act and what you do?

1 A. That's right. It's about being in the right frame of
2 mind in terms of undertaking a physical restraint, so
3 that it's not about -- so that it's not about the
4 carer's reaction in terms of anger, it has to be thought
5 through in terms of a meaningful process, how you
6 actually act, so that again it's done in a reasonable
7 manner and not using aggression and it's done with --
8 that the activities are also -- that the process of the
9 physical restraint is considered and thought through in
10 a professional manner.

11 Q. Do you go on to say that part of the guidance, on
12 page 487, is that a detailed report must be kept of what
13 has happened?

14 A. That's right. Because, again, there was concern that
15 physical restraints, physical interventions with young
16 people weren't being recorded and again we've spoken
17 about the importance that -- I think it's important that
18 these records should be comprehensive in taking on board
19 the perspective of young people, as well as just
20 recording it as a physical restraint.

21 Q. Can I go back again to mental health issues and to take
22 you to page 494 of the report.

23 A. Yes.

24 Q. Here you have a heading, "Mental Health Care Needs
25 Assessment Research", we're now moving on to 2011, where

1 you tell us that the Scottish Public Health Network,
2 ScotPHN, published a report on the mental health needs
3 of looked-after children in residential care. So we're
4 still talking about residential care.

5 Can you explain what prompted this work?

6 A. Well, I think this was prompted by the ongoing concerns
7 about the role of the health boards in terms of their
8 responsibility for the health needs of looked-after
9 children.

10 There had long been concerns about poor access to
11 services, particularly child and adolescent mental
12 health services, lack of relevant guidance and also
13 issues around the funding of such services.

14 One of the issues in terms of child and adult mental
15 health services, that one of the criteria was often that
16 young people should be in a stable living situation.
17 Well, for young people in residential childcare, or who
18 had just moved into residential childcare, this often
19 wasn't one of the criteria and such criteria were
20 considered to create barriers to access to services for
21 young people. I think it's the fact that this is the
22 Public Health Network, so this is from the health side,
23 looking at the roles of the health service for this
24 group of young people.

25 Q. The review, we see, identified a range of policy

1 documents relating to the health and care of
2 looked-after children. And the documents are listed.

3 A. Yes.

4 Q. They identified three things that required further
5 action, I'll just read this out:

6 "The first was the need to implement Action 15 of We
7 Can and Must Do Better across the whole of Scotland.
8 This required each NHS Board to assess the health needs
9 of looked after children and young people and put in
10 place appropriate measures."

11 A. That's right. Again, we saw that the Residential Child
12 Care Health Project had flagged up at the start of the
13 2000s the importance of health assessment and the gaps
14 in health assessment at that time, so again this is ten
15 years later. Again, highlighting the gaps in those
16 health assessments.

17 Q. "The second was to embed Getting It Right for Every
18 Child as 'the overarching framework, to be used by all
19 agencies in improving the mental health of looked after
20 and accommodated children."

21 A. Yes, again that goes back to the ideas of interagency
22 working and collaborative working in relation to
23 looked-after children and young people.

24 Q. "The third action was to clarify the guidance of the
25 responsible Health Board and developing the NHS role in

1 the care of looked after and accommodated children."

2 A. That's right. Again, that's focusing on the health
3 services in terms of their role in relation to
4 looked-after children and young people.

5 Q. Was there a problem in relation to cross-boundary
6 issues, which you talk about on page 495, between health
7 boards, Local Authorities and self-service providers?

8 A. Yes, and partly this was to do with the placement of
9 children across different health boards and, as
10 I mentioned earlier, this was a particular issue in
11 terms of child and adult mental health services and the
12 issue of stable situations.

13 And other factors in terms of communicating
14 information and what the residential address might be.
15 One might consider relatively trivial bureaucratic
16 matters, but were impacting on the access to services.

17 Q. I think what you tell us is that CAMHS, that is Child
18 and Adolescent Mental Health Services, specialists were
19 reluctant to provide services to children unless they
20 were in a stable situation?

21 A. That's right, and often these young people weren't,
22 which is why they are trying to access mental health
23 services.

24 Q. Several recommendations were made. These are set out on
25 page 496 and they extend on to page 497. I think we can

1 see these ourselves.

2 Take the third bullet point:

3 "An integral role for children, young people and

4 families in assessment, planning and intervention."

5 That's not new?

6 A. No, again, I think it goes back to the listening to

7 children and young people in relation to this. Again,

8 it may be -- we mentioned different cultures, noted that

9 the focus on the rights of children and young people had

10 been central to social work and social care services for

11 children from back in the Children (Scotland) Act 1995.

12 I think education and health have perhaps not

13 embraced a similar rights-based approach. I'm not

14 saying it as a total situation, but there are different

15 ideas of the role of children and young people in terms

16 of assessment and planning.

17 Q. The next section that you set out in the report is

18 headed "Quality of Residential Care Services".

19 A. Yes.

20 Q. What you tell us is that over the period of the review,

21 the Care Commission published a number of reports based

22 on its inspection of residential care services, and also

23 Audit Scotland also carried out a review?

24 A. Yes.

25 Q. The first review you look at is the one by the Care

1 Commission in 2006/2007, based on its regulation and
2 inspection work?

3 A. Yes, that's right.

4 Q. What you tell us is that in this review the Care
5 Commission carried out a review of three areas of
6 practice in residential childcare services, protecting
7 children, planning for their care and physical
8 restraint?

9 A. That's right.

10 Q. Can we see it's quite a wide-ranging review, in the
11 sense of the sources that were captured?

12 A. Yes, again, drawing on information from inspection of
13 services.

14 Q. Just looking on to the general conclusion that the Care
15 Commission comes to at the bottom of that page, can you
16 just take us through that? What did they find?

17 A. It was just under half of services met expectations of
18 standards, regulations and good practice guidance. Many
19 services had effective child protection policies and
20 procedures in practice. Staff and young people knew
21 about the procedures. Good staff induction and training
22 and effective links across services. Personal plans
23 were in place and evidence of good care planning. And
24 that many of the services were using the Holding Safely
25 guidelines that we touched on previously.

1 However, improvements -- we are saying that just
2 under half -- were needed in at least one aspect of
3 these areas in over half, 52 per cent, of the services.
4 Q. In relation to physical restraint, for example, one of
5 the areas that we're looking at, I think they say in the
6 second-last paragraph:

7 "In relation to deescalation and physical restraint,
8 at least one improvement was needed in 22 per cent of
9 care homes, 16 per cent of residential special schools
10 and 40 per cent of secure accommodation services."

11 A. 40 per cent, I mean there were five, so that would be
12 probably two of the five secure accommodation services.

13 Q. Not all services were aware of the guidance?

14 A. That's right.

15 Sorry, I'm shrugging.

16 Q. The Audit Scotland review, if I take you to page 501,
17 this review was carried out on residential childcare
18 again in 2010 and sought to explore how effectively
19 Local Authorities used their resources on residential
20 placements for looked-after children and areas for
21 improvement were identified?

22 A. Yes. While the previous reviews were focused on
23 individual services, this was a broader strategic review
24 of the use of residential childcare services across
25 Scotland.

1 Q. On page 502, they give a figure for what was spent by
2 councils in 2008/2009 on residential childcare?
3 A. Yes.
4 Q. They say that in that period councils spent
5 approximately 250 million on residential childcare?
6 A. That's right. Residential childcare is an expensive
7 resource.
8 Q. What do they go on to say in that context?
9 A. Well, they again highlight the poor outcomes for
10 looked-after children leaving care, lack of educational
11 qualifications, instability and placement moves, the
12 need for better access to health services. So
13 conclusions which we've heard before.
14 I will say again that residential childcare is
15 dealing with a very vulnerable and challenging group of
16 young people, as we've mentioned before. And so I am
17 concerned that it makes out that it's the failure of
18 residential childcare which leads to these poor
19 outcomes, rather than the failure of the whole system
20 and society, that this group of young people are in
21 residential childcare often because of failures in the
22 system in the past, in terms of the broad range of
23 services.
24 Q. On corporate parenting, they discover that only 18
25 councils had a corporate parenting policy?

1 A. That's correct. Again, this is the development over
2 time of the approach and the audit found that
3 implementation was in its early stages, although, again,
4 as we've said, that interagency working had been going
5 on for many years prior to this.

6 Q. Did they also make the point that councils needed to
7 take more account of children's views?

8 A. Absolutely and I think that again is a message that --
9 and not -- I think an important part of that is not just
10 that children and young people are involved in their own
11 individual planning or planning about themselves, but in
12 the broader development of services.

13 Q. If I move on to the following page, 503, just to pick up
14 this point, it's the last paragraph where it seems to be
15 the case that few councils knew the cost per child of
16 their own residential services, which seems rather
17 surprising that that information wasn't available?

18 A. That's right. Also in that -- the cost per child can be
19 looked at in a range of different ways. It might not
20 just be the cost in terms of a particular service, but
21 the cost of other services which are inputting into
22 supporting children and young people. Nevertheless,
23 I think that -- and there's been research done down in
24 England about the importance of having a clear
25 understanding of the costs of services.

1 Q. Can I then take you on to page 505 of the report --

2 A. I think, just to finish off, I made the point about poor
3 outcomes, but that also I think that the Audit Scotland
4 conclusion that they cannot be assured that they're
5 achieving value for money, because there is that
6 insufficient clarity about quality of services and
7 outcomes and the costs of the range of provision,
8 I think that's valid, and I think that's important that
9 that is better understood.

10 LADY SMITH: That was referring to the costs of residential
11 care, excluding foster care?

12 A. That's right, and again there have been debates about --
13 how you measure, because often it is said that foster
14 care is cheaper, but it's how you measure those costs
15 and what additional supports might be needed for some
16 children and young people to enable them to be in foster
17 care.

18 LADY SMITH: But of course not everything that is needed is
19 being provided or has been provided in the past?

20 A. Absolutely.

21 It's to do with the costs in relation to -- the
22 needs of a baby or an infant in foster care are very
23 different to the needs of an adolescent with complex
24 health needs.

25 MR MACAULAY: But the conclusion by Audit Scotland in this

1 context is that councils cannot be assured that they are
2 achieving value for money --

3 A. Yes.

4 Q. -- as there is insufficient clarity about the quality of
5 services and outcomes and the costs of all types of
6 provision available?

7 A. That's right, yes.

8 I think that's important, that there needs to be
9 better understanding of the quality and outcomes, but
10 then looking at outcomes in a more nuanced way in terms
11 of if a young person has a poor educational history,
12 goes into residential childcare, then what are the
13 benefits? Rather than just measuring the end result.

14 Q. I was moving on to page 505, Andrew, where you have
15 a section headed "The National Residential Child Care
16 Initiative", what you tell us is:

17 "The National Residential Child Care Initiative,
18 NRCCI, was set up by the Minister for Children and Early
19 Years to deliver on the Government's commitment 'to work
20 with partners to make residential care the first and
21 best placement of choice for those children whose needs
22 it serves'."

23 I think this was in 2009?

24 A. That's right. This was an outcome of the Shaw Report,
25 where one of his recommendations was to look at current

1 services of residential childcare to ensure that the
2 abuses of the past were addressed.

3 Q. Can we see from what you tell us in that first paragraph
4 that this was an extensive project --

5 A. Yes.

6 Q. -- involving three working groups, to address different
7 issues?

8 A. That's right. Those were matching resources to needs.

9 So it's again: what are the needs of children and
10 young people? And: are the resources and services
11 available to meet those needs? At a number of points in
12 the past, there have been issues around the
13 commissioning of services, how do you know that there
14 are appropriate services in place and also in terms of
15 some of the financial arrangements between Local
16 Authorities and residential providers, to enable that to
17 be effective and efficient.

18 Also, the third work group was to look at the
19 residential workforce, to look at the needs and
20 requirements for the staff.

21 Q. We can read on and see that you say that a number of key
22 overarching messages were identified.

23 For example, assessment and care planning was seen
24 as essential for the effective care of children and
25 young people?

1 A. Yes.

2 Q. If we move on to the following page, 506, effective
3 collaboration is another key area?

4 A. That's right. Again, not new messages but underlining
5 these in terms of residential childcare services in the
6 middle of the 2000s.

7 Q. The third point relates to the quality of the
8 residential workforce. Something that is described as
9 being fundamental?

10 A. That's right. Again, we've spoken about the importance
11 of relationships and relationship-based care and this is
12 highlighting that the quality of the workforce is
13 fundamental in terms of having staff who can provide
14 that relationship-based care.

15 Q. Even from what we've seen, as we've been going through,
16 what's been happening during this period that we've been
17 looking at, the NRCCI also highlighted the need for
18 a culture change?

19 A. That's right, and again to address the negative
20 stereotypes of residential childcare and the
21 stigmatisation that young people and staff members feel
22 about residential care.

23 Q. Just picking up some discrete points.

24 On page 507, towards the bottom, there is some
25 discussion about placements and unplanned admissions.

1 Again, these are recurrent themes that we come
2 across throughout this whole period we've been looking
3 at?

4 A. That's right in terms of issues of crisis or unplanned
5 admissions, meaning that young people aren't prepared
6 for moves, that it's often done at very short notice and
7 also the impact of crisis or unplanned admissions on the
8 stability of the group of young people that are already
9 in the home, because that can create -- again, they're
10 not prepared for suddenly waking up and there's a new
11 person, a new young person has been admitted at short
12 notice.

13 Q. If we turn to page 509, just moving on, towards the top,
14 this review identifies a number of the trends in the
15 provision of care and there's a list, for example,
16 there's an increase in the number of providers, there's
17 a reduction in the size of residential units and the
18 introduction of very small units?

19 A. That's right. So where we have spoken about the fact
20 that over a relatively long period there's been about
21 1,500 children and young people, between 1,300 and 1,500
22 children and young people, in residential childcare but
23 over that period there's been the move from the large
24 residential schools in some of the -- Strathclyde
25 children's homes were 20/30 children and young people.

1 Now they tend to be much smaller, for four and five.
2 There has also been the introduction of very small
3 units. Sometimes residential care for a single child
4 who has very complex and challenging behaviour, so it's
5 a residential unit for an individual, so these have
6 developed over recent years.

7 Q. I think in another part of your report you identify
8 a unit I think with just two children?

9 A. Yes.

10 Q. If we go on to page 509, towards the bottom, we see that
11 the working group identified a set of principles for
12 residential care strategy and set out specific
13 recommendations.

14 As we move over the page, can we see they set out
15 what the principles are. Much of this is not new?

16 A. No. Again, this has been identified in Skinner and
17 identified previously, but it comes down to some of the
18 gaps in terms of the commissioning of services and how
19 services are provided.

20 Q. The second-last bullet point:

21 "Transitions into, during, and out of care ought to
22 be well planned, prepared for, and supported ..."

23 A. That's right.

24 Q. That's a regular theme?

25 A. That's right.

1 Q. Recommendations are set out on the following pages. If
2 we turn to page 511, this is a quote from the report:

3 "Many of our recommendations are not new. Some have
4 been repeated in reports on residential care over many
5 years and are already embodied in current legislation
6 and guidance, as well as good practice."

7 So although recommendations had been repeated over
8 many years and indeed embodied in current legislation
9 and guidance, these gaps were still there in the system?

10 A. That's right.

11 I think there's also -- it's recognition also of
12 some of the practicalities. Again, I remember doing
13 a workshop back in probably the 2000s on educationally
14 rich residential units. So the provision of
15 a residential care home providing all the support for
16 education that children and young people need.

17 I remember we identified as a model of good practice
18 a residential home in a Local Authority and the manager
19 gave an excellent presentation how they'd developed this
20 supportive environment for children and young people.

21 I remember then meeting him a couple of years later
22 and saying, "How's it going?" He said, "It's been
23 a real struggle, we have lost a number of staff, the
24 group of young people has changed, there have been other
25 forms of change", and although a model of good practice

1 had been established, the issues of staff retention, of
2 staff training and a different group of young people, he
3 said had made it a real struggle to carry on that good
4 practice.

5 I think this is sometimes an issue that we need to
6 understand. That we have to improve developments.
7 These are messages that we have to improve, but we also
8 need to recognise the very challenging work that is
9 being undertaken in residential homes and residential
10 schools across the country.

11 Q. You mentioned yesterday the Independent Care Review, did
12 you describe that as a root and branch?

13 A. Yes, that's what it was described as, a root and branch
14 review of the care system.

15 Q. From what you have been saying, is that one of the
16 reasons that prompted that root and branch examination?

17 A. I think it's the identification that there are still
18 issues with the care system. My concern with the
19 Independent Care Review is that it does recognise issues
20 of poverty, but again we have been underlining on many
21 occasions the issues of corporate parenting, of
22 interagency working ... I think you need to see the care
23 system as part of that broader systemic approach to
24 child protection and childcare for children and young
25 people.

1 I think as I mentioned yesterday, research has
2 consistently shown that children and young people tend
3 to do better in the care system than they would if they
4 had been left in a dangerous situation or in the home
5 setting. That's not to say that there doesn't need to
6 be improvement, and I think throughout this report we've
7 seen that, but it's about that broader look at the
8 issues that need to be addressed.

9 Q. If we look to see the response to the report of the
10 National Residential Child Care Initiative by the
11 Scottish Government, if I take you to page 512.

12 A. Yes. Again, that reiterates that these aren't new
13 messages.

14 Q. Can I indeed read what the quote taken from the Scottish
15 Government's response says:

16 "What is striking on first reading of the reports is
17 that while some of the recommendations call for fresh
18 approaches, many of the points are not new at all.
19 Views that we need a more highly skilled workforce; that
20 we should have better care planning; that the health
21 outcomes of looked after children are decidedly
22 unhealthy; and that we must do better when it comes to
23 improving the education outcomes of those in the care
24 system have been in circulation for a long time. Far too
25 long a time."

1 A. That's right.

2 LADY SMITH: That was 14 years ago?

3 A. That was 14 years ago.

4 LADY SMITH: You're telling us that the needs identified --

5 A. Well, the --

6 LADY SMITH: You are telling us that the needs identified

7 have still not all been met? That the recommendations

8 have not all been followed? In all these reports, which

9 go back more than 14 years in some cases?

10 A. That's right, yes. And have been picked up again in the

11 Independent Care Review and I think the messages of the

12 Independent Care Review do, in a sense, echo and reflect

13 the messages that have been made over many years.

14 MR MACAULAY: The Scottish Government, you tell us in your

15 report, has accepted the key proposals from the report

16 of the National Residential Child Care Initiative and

17 you set out what has been agreed with COSLA, that's the

18 Convention of Scottish Local Authorities, a number of

19 what are described as priority themes?

20 A. That's right. So, again, the idea of culture change,

21 the idea that residential childcare is fully integrated

22 into a continuum of services to meet their needs, rather

23 than as a last resort, that again we have discussed

24 training many times and that there needs to be

25 a residential childcare staff who are equipped to

1 support children and young people.

2 The issue of commissioning and the planning of
3 services is important. Improving learning outcomes,
4 education is vital and improving health outcomes, again,
5 we have identified that health outcomes have not been
6 adequately addressed.

7 Q. Then if we turn on to page 513, I think what you tell us
8 is that in order to take this forward and recognising
9 that the challenges for residential childcare were
10 linked to broader issues for looked-after children, the
11 Scottish Government proposed:

12 "A high-level governance group on improving outcomes
13 for looked-after children."

14 A. Yes.

15 Q. Through that group:

16 "We will develop and monitor an ambitious but
17 focused implementation programme."

18 The consequence of that was the Looked After
19 Children Strategic Implementation Group, LACSIG, was set
20 up and had its first meeting in May 2010?

21 A. That's correct. It was on the basis of that that the
22 Scottish Institute for Residential Child Care then
23 became the Centre of Excellence for Looked-after
24 Children, so that broadened its remit. It also changed
25 its role, because where the Scottish Institute for

1 Residential Child Care had been a direct provider of
2 training and consultancy and research, CELCIS couldn't
3 provide the training to the whole of the sector in the
4 same way, so there was a change in function as well.

5 Q. Just to understand from what you said. Because of this,
6 CELCIS eventually emerged?

7 A. That's right, CELCIS -- the idea that you had to look at
8 residential childcare within that broader issues for
9 looked-after children, so SIRCC had been focused on the
10 residential childcare centre, whereas CELCIS has been
11 addressing issues for all looked-after children,
12 including foster care.

13 Q. CELCIS, on a regular basis, obviously produces research?

14 A. Yes. It continues to do research.

15 Q. What happened next? What happens once that research is
16 produced? Is it expected that there will be some
17 response from the Government to that research?

18 A. Yes, and CELCIS is funded by the Government and
19 obviously there is close dialogue about the issues that
20 CELCIS will be addressing. We spoke yesterday about the
21 permanence team and the permanence work has been ongoing
22 and has expanded, because it's been seen as a priority
23 issue by Government to be taken forward.

24 Q. Notwithstanding all that, we still come to 2017, when
25 the Independent Care Review has to step into the breach

1 and do a root and branch review of the system?

2 A. That's right, but this has been a period again of
3 increasing austerity, of pressure on public sector
4 finance, on issues in relation to staffing, a whole
5 range of issues, so I'm not making excuses for the care
6 system, but these are ongoing issues.

7 Lady Smith, you mentioned yesterday in terms of
8 foster care and about issues of the crisis in terms of
9 the shortage of foster care. So the issues have been
10 well identified, but in a sense there are ongoing
11 problems more widely which impact on the care of
12 children and young people.

13 Q. The next section then in this part of the report is to
14 do with children's homes.

15 I'm looking at page 513, what you set out in the
16 second paragraph is how children's homes have continued
17 to reduce in size, and you mentioned that a few moments
18 ago.

19 For example, 90 per cent now accommodate between two
20 and nine people, so these are small units?

21 A. Yes, and it's been accepted that there is a need to
22 reduce the size of residential care homes and that the
23 large institutions of the past should remain in the
24 past.

25 Q. You set out a study that focused on I think two

1 children's homes, this is on page 514 through to 515.
2 I just want to pick up on one point as to what the
3 researcher found when dealing with the second home,
4 Brunswick.
5 It's towards the top of the page. Ruth Emond, who
6 was the researcher, identified the way in which young
7 people perceive themselves to be at the bottom of
8 society's hierarch of worth, do you see that?
9 A. Yes.
10 Q. We have seen this before:
11 "... being 'looked after' not only did they view
12 themselves as 'lesser' than other young people in the
13 community but by being placed in residential care this
14 banished them to the lowest position of care provision."
15 That's the perception, as it were, from within?
16 A. That's right. So the negative stereotypes are being
17 taken on by young people themselves.
18 Q. And --
19 LADY SMITH: That was talking about Brunswick when? In the
20 1990s or 1980s is she looking at?
21 MR MACAULAY: This is in 2000.
22 A. So the research would have been carried out at the end
23 of the 1990s.
24 LADY SMITH: Brunswick was still functioning then --
25 MR MACAULAY: Yes.

1 LADY SMITH: -- was it?

2 MR MACAULAY: Yes. I think it was part of the research
3 project.

4 LADY SMITH: Thank you.

5 MR MACAULAY: I think we're told that it accommodated
6 about -- aimed to have four full-time residents, it's
7 a small --

8 A. Yes.

9 Q. She goes on to say:

10 "Those who had elected to be placed in residential
11 as opposed to foster care were motivated by the
12 opportunity to live alongside others who had 'been in
13 the same boat'."

14 That is a message I think we saw yesterday as well?

15 A. That's right, yes, and again seeing residential care
16 almost as a more neutral setting in relation to the
17 their own family.

18 MR MACAULAY: My Lady, that might be a good point to have
19 a break.

20 LADY SMITH: We'll take the morning break just now, Andrew,
21 and I'll sit again in about a quarter of an hour.

22 Thank you.

23 (11.30 am)

24 (A short break)

25 (11.49 am)

1 LADY SMITH: Andrew, are you ready to carry on?

2 A. Yes.

3 LADY SMITH: Thank you.

4 Mr MacAulay.

5 MR MACAULAY: My Lady.

6 Before I continue with children's homes, can I just

7 go back to one point just for clarification. It's on

8 page 513 and it's in connection with the creation of the

9 Looked After Children's Strategic Implementation Group,

10 LACSIG, that we discussed just before the break.

11 You told us that it had its first meeting in

12 May 2010; what happened next?

13 A. It ran for a number of years, but I can't remember

14 exactly when that group came to an end, but it certainly

15 did.

16 Q. Did it produce anything of significance?

17 A. I think it moved a number of things along, yes,

18 certainly in terms of engaging with CELCIS and

19 addressing some of the wider issues. I think it was

20 positive and moved things along.

21 Q. Was it overtaken by CELCIS or just --

22 A. No, no, no, I mean this was a Government working group,

23 drawing on individuals. CELCIS were represented on this

24 group, but I can't remember the detail of when LACSIG

25 ended.

1 Q. If I pick it up again with children's homes and take you
2 to page 517, you have a section there headed, "Trends in
3 the Use of Local Authority Children's Homes". You are
4 looking here at a study or survey that you I think had
5 some involvement in 2005?

6 A. That's right, yes.

7 Q. What was the purpose of the survey?

8 A. This was generally to look at how children's homes were
9 being used by Local Authorities at that time, and so we
10 sampled 22 homes with 151 places in six Local
11 Authorities and looked at information on the children
12 and young people who were admitted to these homes, in
13 terms of age, legislation and suchlike.

14 Q. If you turn to page 518, you set out a table which pulls
15 together I think some of the information you gathered.

16 If we look at the table, you have a block that says
17 "Reasons for current admission to care", you have the
18 number and you have the percentage. If we look at the
19 first entry for example, the reason for admission was:
20 beyond parental control?

21 A. That's right, yes.

22 Q. That was 36 per cent?

23 A. That's right, so over a third of the young people that
24 was a reason for admission.

25 Q. If we go on to the next page, page 519, the fourth entry

1 down "Lack of parental care"?

2 A. That's right.

3 Q. That's 26 per cent?

4 A. Yes, so issues of neglect there.

5 LADY SMITH: Andrew, were these descriptors, descriptors

6 that were arrived at by your group or were these

7 standard descriptors being used in all homes?

8 A. No, from recollection, these would be reasons which were

9 included in the survey and then the respondents would

10 have been asked to identify which of these reasons were

11 relevant.

12 LADY SMITH: That was language that was used in the survey

13 itself?

14 A. Yes.

15 LADY SMITH: I see, thank you.

16 MR MACAULAY: On page 519, the third entry from the bottom

17 is "Breakdown of previous placement".

18 A. Yes.

19 Q. That's 28 per cent?

20 A. That's right.

21 Q. As far as offending behaviour by child is concerned,

22 which is the next entry, that's down at 13 per cent of

23 this group?

24 A. Yes.

25 LADY SMITH: Was there any double counting, if I can put it

1 that way? If you take that last line of aggressive or
2 violent behaviour by the child, that may also be a child
3 who is deemed to be beyond parental control, so numbers
4 in that line would also be included in the top line.

5 A. Could have been, that's right. There could have been
6 double -- this wasn't -- there can also be multiple
7 reasons why, which were identified by young people who
8 were being placed in care. So this tots up to more than
9 100 per cent.

10 LADY SMITH: It's bound to. A parent's mental health may be
11 so adversely affected that they're not in a position to
12 control their own child?

13 A. That's right, yes.

14 MR MACAULAY: If we look at the next paragraph in the
15 survey, you also looked at the placement of siblings in
16 the survey and you say 58 children and young people had
17 at least one other sibling admitted to care at the same
18 time. You go on to say:

19 "Of these, just over half (52 per cent) were all
20 admitted to the same children's home. However, this
21 also meant that siblings were split up in a significant
22 proportion of cases."

23 So we do have sibling separation here?

24 A. That's right, yes.

25 Q. In relation to planning for admission, I think you

1 discuss that in the next paragraph. What did you
2 discover from this survey?

3 A. Well, that over half of the admissions were unplanned
4 and so were taking place in a sense in emergency or
5 crisis situations. Most of these being admissions from
6 the family home or kinship placements.

7 Q. You go on to tell us that for 45 per cent of the
8 children the intended outcome of the placement was
9 either to remain in the placement or to move to another
10 care placement?

11 A. That's right, yes.

12 So for 55 per cent there was an intention, I think,
13 that the children would return home.

14 For 45 per cent, either this was to be a long-term
15 placement or, especially in the case of admissions in
16 emergencies, it may well be that the admission was
17 simply to find a place for the young person at that
18 time, but the plan would be for them to move on to
19 another care placement.

20 Sorry, I see the next line is that 44 per cent -- it
21 was intended that they return home.

22 Q. Do I take it from that, that there was 45 per cent who
23 would remain in care but be moved to another placement
24 and 44 per cent were to be returned home?

25 A. The plan was that they would be returned home.

1 Q. You also obtained information about 88 children who had
2 left the placement --

3 A. Yes.

4 Q. -- over the period of the study. That feedback I think
5 you obtained from managers and external managers?

6 A. That's right.

7 Q. When you talk about an "external manager", what do you
8 mean by that?

9 A. A manager in the Local Authority who would have
10 responsibility for possibly a number of residential
11 homes or for children's services.

12 Q. What feedback then did you get from these sources?

13 A. In terms of whether they had achieved the main purpose,
14 then about two-thirds of both children's homes managers
15 and external managers considered that it had achieved
16 its main purpose. A quarter had partly achieved its
17 purpose.

18 So, quickly doing the maths, it was a minority that
19 were felt hadn't achieved the purpose of the placement
20 at all.

21 Q. Their conclusion, at least, was that most residential
22 placements had benefited the children and young people?

23 A. Yes, that's right.

24 Q. If I can then move on to --

25 A. I think it highlights another important point about

1 often when we speak of the outcomes of looked-after
2 children and young people, we are speaking at the
3 outcomes for those who have remained in care or are in
4 care at 16 and 17 and their outcomes in terms of
5 education and suchlike. I think this highlights that
6 residential care and foster care has a much broader role
7 and function in terms of children and young people and
8 it may be in terms of some form of respite in crisis in
9 a family or, as we spoke about yesterday, where parents
10 can't look after the children because of physical or
11 mental health problems. A significant number of
12 children and young people in care do return home to
13 their parents and the family home before the age of 16,
14 17 or 18. And often those outcomes are not measured in
15 the same way.

16 Q. Moving on to page 522, where you consider one of the
17 Care Inspectorate triennial reviews. This would be the
18 review of children's homes?

19 A. Yes.

20 Q. In 2015 you say, "The care inspectorate triennial review
21 ..." That, I take it, would be for about three years
22 prior to 2015?

23 A. Yes.

24 Q. "Overall, the quality of care and support in care homes
25 for children and young people is high. As of

1 March 2014, over 60 per cent of care homes were
2 evaluated as very good or excellent for the quality of
3 care and support provided, and just over 1 per cent were
4 considered weak, with none unsatisfactory."

5 That looks like a positive statement?

6 A. Yes, I think it does highlight that overall there are
7 improvements in terms of the quality of care and support
8 in homes is positive.

9 Q. There is, as you pointed out yesterday, from time to
10 time, we have the "however"?

11 A. Absolutely.

12 Q. Here what were the qualifications that were introduced?

13 A. Again, there were -- although I just talked about
14 improving care, the proportion of service achieving the
15 highest evaluations for care and support had decreased
16 since 2012. But also considerable variability in access
17 to high-quality education and educational outcomes had
18 suffered, and so there were areas for improvement.

19 One focusing on health in terms of young people's
20 medication.

21 Issues of significant incident, such as going
22 missing from care.

23 And, again, need for improvements in terms of
24 assessment and planning.

25 Q. In relation to the care environment being safe and how

1 it protects children, what conclusions did this --

2 A. Well, again, the majority are considered good or

3 excellent, just under two-thirds, and there there had

4 been an improvement over the three years and only

5 a small percentage, 2 per cent, were considered to be

6 weak and unsatisfactory.

7 Q. I think they point out that significant investment had

8 been made by a number of Local Authorities in building

9 new or replacement care homes?

10 A. Yes. I think this is part of the trend that we spoke

11 about in terms of moving to smaller residential

12 establishments.

13 Q. The interesting point there is that young people had

14 been involved in their planning and design?

15 A. Yes. I think this is an important aspect and a message

16 that has been coming through, is about the involvement

17 of the young people, not just in terms of their own

18 individual care, but also in the broader design and

19 planning of services.

20 Q. Moving on to look at the question of staffing, this is

21 on page 523. Can we see towards the top that the Care

22 Commission's conclusion was that with regard to quality

23 of staffing, almost all care homes were evaluated as

24 being good or above --

25 A. Yes.

1 Q. -- for the period under review. But there were still
2 areas of improvement?

3 A. Yes. Again, the issue of the retention of staff. So
4 keeping staff was highlighted, the issue of unplanned
5 staff absence, but also issues around training, so lack
6 of confidence of staff in supporting young people with
7 challenging behaviour, such as self-harm or sexual
8 harmful behaviour. Linked to that, then the lack of
9 guidance from specialist services to support staff
10 themselves to support children and young people.

11 Q. Insofar as leadership or management is concerned, again,
12 that was evaluated by the Care Commission as at least
13 good?

14 A. Yes.

15 Q. Over half achieved grades of very good or excellent,
16 which was an increase of 36 per cent over the period of
17 the review?

18 A. Yes. Research over time has shown the crucial role of
19 managers in providing management and leadership and that
20 it's linked with the quality that services can provide.

21 Q. I think we've seen here that perhaps in comparison to
22 residential homes, that children's homes, Local
23 Authority children's homes, are much smaller units?

24 A. Much smaller units -- well, what do you mean by
25 "residential homes"? Do you mean --

1 Q. Well --

2 A. I suppose children's homes, residential homes without
3 education, so most of these are a Local Authority
4 provision, as we noted previously, rather than voluntary
5 or private, that the residential schools sector tend to
6 be larger.

7 Q. That is the sector we are coming to next.

8 A. Yes, that's right.

9 Q. That is at the bottom of page 523.

10 Again, you look at themes and trends in residential
11 school provision. We're looking at a work by Lloyd and
12 making reference to the continued belief in the moral
13 value of education, an uneasy relationship between State
14 and residential schools and treatment versus punishment.

15 You quote:

16 "At the end of the 1990s there is still a strong
17 professional consensus in Scotland over the importance
18 of inclusion of troubled and troublesome children in
19 mainstream schools ..."

20 What is the issue here? Was the policy to have as
21 many children as possible in mainstream schools rather
22 than in residential schools?

23 A. Yes, I think the policy was that every effort should be
24 made to support children and young people to remain in
25 mainstream schools. Gwynedd Lloyd, myself and another

1 colleague, Joan Stead, did work on this, again back in
2 the 1990s, looking at interagency work in trying to
3 support children and young people in mainstream schools,
4 because it was felt it would be better to keep young
5 people in the mainstream rather than moving on to
6 residential schools.

7 One of the conclusions was that by maintaining --
8 I remember one example exactly, that one young person,
9 in order to keep him in the mainstream school, he was
10 taught separately, had different break times, so in
11 a sense he was totally isolated within the mainstream
12 school, so it then becomes the balance: at what point is
13 it better that either children and young people are
14 educated in day-specialist provision or in residential
15 schools?

16 LADY SMITH: I think I'm right in saying, correct me if
17 I'm wrong, Andrew, that as the 21st century has
18 progressed care plans that are being written for
19 children with additional support needs for example have
20 become better and better, more detailed, targeting more
21 appropriately what the child needs. Then if you're
22 talking about a mainstream school, the big question is
23 whether they can meet the requirements of that care plan
24 and implement it properly and they may not be able to do
25 so?

1 A. That's right. Often it's been about the balance between
2 meeting the needs of the individual and meeting the
3 needs of the wider classroom as well.

4 MR MACAULAY: I think, as we see in this quote, there are
5 professionals in education and social work who would
6 argue for a few well-resourced high-quality residential
7 schools for the small number of children who cannot be
8 placed elsewhere.

9 A. That's right and I think this was in the context of
10 a reducing number of residential schools. Then it comes
11 back to that issue of a strategic overview of the
12 provision of services.

13 Q. Can I take you on to page 526, where you discuss the
14 independent inquiry into abuse at Kerelaw Residential
15 School and Secure Unit, in relation to which there was
16 a report in 2009.

17 A. Yes.

18 Q. I don't suppose to spend time on this, because the
19 Inquiry will be looking at this, but just in passing,
20 can we see that the inquiry was looking into
21 a significant number of allegations of abuse, emotional,
22 physical and sexual abuse?

23 A. That's right, yes, involving some 159 young people.

24 Q. As we go on we can see on page 528 that the Inquiry made
25 a number of recommendations to address the failings that

1 had been identified?

2 A. Yes.

3 Q. Can I take you on to page 529. What I want to look at
4 there is the Doran Review that you mention towards the
5 bottom of the page. This review, you tell us,
6 considered the role of residential schools and made
7 a number of general recommendations about cultures and
8 values, qualifications and training, planning and
9 decision-making and interagency working and
10 collaboration.

11 Was this a review that was carried out on behalf of
12 the Government?

13 A. Yes, I think the Doran Review was requested by
14 Government -- in fact, yes, sorry, the report, I note at
15 the bottom, has been published by the Scottish
16 Government.

17 Q. I see that. Published, as we see from the footnote, in
18 2012.

19 Can you tell us what came out of this review?

20 A. In a sense, it was looking at some of the issues we've
21 just been talking about. The desire to maintain
22 children and young people with their families and in
23 mainstream schools in the community, but the recognition
24 that sometimes residential placements are necessary and
25 because of the nature of the provision that they may be

1 at a distance from the family's community. I think it
2 recognised the need for flexible packages of care. So
3 not just children and young people being resident for
4 the 52 weeks of the year, but possibly in terms of just
5 in term time or indeed for short-term residential care
6 and education.

7 There has always been this issue about placing
8 children and young people at a distance from their
9 family and communities and, again, we have talked about
10 negative perceptions, issues about funding and
11 fundamental opposition to residential childcare on part
12 of some professionals.

13 Q. I'll take you to another Care Inspectorate triennial
14 review, page 531. This is dealing with the time in
15 2014, I think. Do we read that by and large school care
16 accommodation services were doing very well overall?

17 A. Yes. So overall, so again both private and
18 voluntary/not-for-profit sectors, over two-thirds were
19 considered to be very good or excellent for the quality
20 of care and support.

21 Q. In relation to staffing, in the next main paragraph, we
22 are told that the quality of staffing was of a high
23 standard?

24 A. Yes. Around or just over three-quarters achieving very
25 good or excellent level in relation to the quality of

1 staffing.

2 Q. Similarly, we're told in the next paragraph there were
3 significant improvements in the quality of leadership
4 and management in the private residential school sector?

5 A. Yes.

6 LADY SMITH: That is quite a jump in two years, 50 per cent
7 to 83 per cent.

8 A. Yes.

9 MR MACAULAY: Can I move on then, Andrew, to page 542 of
10 your report, where you have a chapter dealing with
11 secure care.

12 A. Yes.

13 Q. Can you just give us an overview, because you do begin
14 by saying that over the period of the review you have
15 been carrying out there were significant developments in
16 secure accommodation services in Scotland?

17 A. Yes. That's right. Because in the early 2000s there
18 was a major investment to increase the number of secure
19 places in Scotland and by a significant extent. I think
20 we'll come down later to the exact numbers in terms of
21 that increase.

22 Q. Was that controversial?

23 A. I think it was. We were carrying out, I mention it
24 later, research on secure care, Moira Walker and
25 colleagues, I was involved in a relatively minor role in

1 terms of that research, but was involved.

2 We were carrying out a three-year research project
3 to look at the role and function of secure care in
4 Scotland at the time, but halfway through that, during
5 that project, the decision was made based on, I think in
6 retrospect, data and information that was ambiguous
7 about the need for secure care.

8 Again, I think there was, around that time,
9 a political agenda in terms of youth offending and so
10 the decision was made to expand secure care and as
11 Mark Smith and Ian Milligan point out, with little
12 evidence to justify that.

13 Q. On professional grounds?

14 A. Yes.

15 Q. We read on, that this increased capacity was not in fact
16 fully utilised and created major financial issues?

17 A. That's right, because services had been set up to
18 operate in terms of a certain number of young people
19 using those services and when that didn't arise the
20 service providers were finding themselves in very
21 difficult financial straits.

22 Q. In the next paragraph, on page 543 the heading is
23 "A Secure Remedy", do you tell us:

24 "In 1996, the Social Work Services Inspectorate ...
25 (SWSI) completed a review of the role, availability and

1 quality of secure accommodation in Scotland."

2 This is where we are given some information about
3 what the units were?

4 A. That's right. Yes, so at that point there was --
5 again -- and this is going back to the start of this
6 period of the review, so then there were seven secure
7 units in Scotland, but there were three large units and
8 four of them were relatively small.

9 Q. As far as numbers, between 1990 and 1995, you give us
10 some sense of the number of young people going into
11 secure care. You say it ranged from 197 to 266?

12 A. Yes. That's right. On average just over 200 young
13 people -- well, I say young people, were going into
14 secure care, but also note that 24 of those were
15 children under the age of 12.

16 Q. SWSI in this review reviewed the quality of care and
17 education. What conclusions were arrived at here?

18 A. It concluded that in general standards of personal care
19 were high. Most young people spoke positively of their
20 experience. That while education had a positive effect
21 for many, there were three main concerns identified.

22 In terms of a lack of clarity about the aims of
23 education.

24 A lack of educational policy.

25 And poor management.

1 I think one of the issues here, and it covers other
2 aspects of secure care, was that the intention of secure
3 care is to be for as short a time as possible. So that
4 can limit the way in which education or mental health
5 services are provided when it's anticipated that young
6 people may leave after three months or four months and
7 suchlike.

8 Q. If we turn to page 544, it's the main paragraph just
9 below halfway. Do we read there that there were serious
10 issues with the buildings of the three major units?

11 A. Yes, that's right and a need for this to be addressed.
12 So concerns about Kerelaw and St Mary's in terms of the
13 design of those buildings, which were based on prison
14 designs.

15 Q. On the next page, 545, towards the top, is there some
16 reference to special training for staff in the secure
17 care environment?

18 A. Again, yes. Again, we are going back to the 1990s and
19 this is the point at which there is the start of the
20 recognition of the importance of addressing the
21 educational needs of children and young people.

22 Q. If we look on, on page 545, do we come across a research
23 study on secure accommodation that was funded by the
24 Scottish Government?

25 A. That's right.

1 Q. This was in 2001?

2 A. Yes, this is the study I mentioned earlier, carried out
3 by Moira Walker and colleagues.

4 Q. This study was carried out, you tell us, between 2002
5 and 2005?

6 A. Yes, that's right.

7 Q. And you set out the research methods?

8 A. Yes.

9 Q. Can I understand the next paragraph in relation to what
10 the original expectation had been and how things
11 developed.

12 A. The original method was to compare the outcomes of young
13 people admitted to secure accommodation and identify
14 another group of young people who had been considered
15 for secure care, but had been sustained in open
16 settings.

17 As we became more involved in the research, it was
18 seen that secure accommodation and alternatives to
19 secure were often being used as complementary services
20 and maybe sequential, rather than one group going into
21 secure care and one group going into alternative
22 services.

23 Rather than proceed with that route, we decided that
24 it was important to understand the pathways through
25 services, the care pathways that young people

1 experienced from alternative service into secure care or
2 into other provision and similarly as young people left
3 secure care.

4 Q. I think you also discovered that it became evident that
5 the use of secure accommodation and alternative,
6 differed across Local Authorities. I think this is
7 something we have discussed before?

8 A. Again, yes. A significant variation in the use of
9 secure care.

10 Q. Insofar as the functions of secure accommodation was
11 concerned, you received some input from the
12 professionals interviewed as to what the functions
13 should be?

14 A. Yes. So there was a broad consensus that secure care
15 was there to protect young people, but also to protect
16 the public, that it was to assess needs and allow young
17 people to take stock of their situation, to engage with
18 young people and effect change, in order that they are
19 then equipped to move back into the community.

20 Q. Insofar as seeking to see what the key features were
21 that influenced the decision-making process, what
22 conclusions did you come to?

23 A. The first was in terms of ease of access to secure
24 placements. I think yesterday we discussed that in
25 earlier research, where say an open residential service

1 is linked to a secure service as part of the same
2 overall management, then that could affect how people
3 young people access secure placements.

4 Whether a Local Authority has secure care placements
5 itself could affect ease of access.

6 Then, against this, how available are alternative
7 resources, which offer intensive support as
8 an alternative to secure care.

9 Differing professionals have different views about
10 the role of secure accommodation. Secure accommodation
11 often had to be approved by a senior manager, so the
12 perspectives of the senior manager could affect access
13 to secure care.

14 Different practices and attitudes to risk
15 management, different professionals may approach and
16 assess risk in different ways and there may be different
17 thresholds of risk.

18 All these then can affect the decision-making in
19 relation to individual children and young people being
20 placed in secure care.

21 LADY SMITH: Andrew, remind me, at the time of this survey,
22 were the residential secure placements taking children
23 in care and children who were being kept securely
24 pending trial?

25 A. Yes, that's right. So was there still the two routes

1 through the children's hearing system and through the
2 courts.

3 LADY SMITH: But they were all kept together?

4 A. Yes.

5 LADY SMITH: No separation?

6 A. No, no.

7 MR MACAULAY: The variables you've just mentioned, I think
8 you say led to different approaches from different Local
9 Authorities?

10 A. Yes, that's right.

11 Q. You then surveyed young people who had been made subject
12 to a secure authorisation between July and
13 December 2003. That indicated that most young people
14 who required a secure place had been placed within
15 a week?

16 A. That's right, yes. At that point that for most young
17 people there were places available.

18 Q. Interestingly, you go on to say that a lack of immediate
19 availability had given some young people a chance to
20 settle and so avoid admission?

21 A. That's right, yes. Sometimes the decision had been made
22 that secure was the most appropriate placement, but
23 because of lack of availability then you have to, in
24 a sense, address the needs of the young person in
25 another way, and in some situations that in itself meant

1 that there was in longer a need for secure
2 accommodation.

3 LADY SMITH: Of course if you're talking about the courts
4 making a decision that a child or young person facing
5 trial has to be kept in residential placement, you have
6 to find somewhere that day. You can't even wait a week.

7 A. That's right. That then creates some of the tensions
8 and I think that is part of some of the issues.

9 MR MACAULAY: It is ironic, as you say there, that ready
10 access to secure accommodation may result in some young
11 people being admitted who could have been supported in
12 an open, usually residential setting?

13 A. That's right.

14 Q. Moving on to the next page, 547. You tell us that there
15 were 53 young people that formed the secure sample. 28
16 girls and 25 boys and you give an age range from 12 to
17 16 at the date of admission.

18 When you look at their history, do you say that most
19 had known significant disruption in their family life?

20 A. Yes. Over half had been known to social work services
21 for a number of years. Ten young people had experienced
22 the death of a parent. They'd all been accommodated at
23 some point prior to admission or highlighted that young
24 people had long-standing difficulties that couldn't be
25 fully addressed in a short-term placement. Issues then

1 about that, that I mentioned earlier, in terms of how
2 that is sustained when young people leave secure.

3 Q. You draw attention to the rather sad statistic that over
4 half of the group had been known to social work services
5 before reaching the age of 10?

6 A. Yes.

7 Q. You then have a table where you set out the reasons for
8 the secure placements. This is material that I think
9 you drew from social work reports?

10 A. That's right, yes.

11 Q. You've coded that material into five categories, danger
12 to self, likely to abscond, danger to others, persistent
13 offending and serious offences.

14 The danger to self, we can see in the total column,
15 is the highest at 89 per cent?

16 A. Yes. That may be to do with risky and dangerous
17 behaviour that puts young people into risky situations.
18 Again, that may be to do with drug misuse and -- we have
19 spoken previously about potential for sexual
20 exploitation and issues as well such as self-harming
21 behaviour.

22 LADY SMITH: 89 per cent is quite striking, isn't it?

23 A. Yes.

24 MR MACAULAY: A danger to others is much lower at
25 34 per cent?

1 A. That's right, yes.

2 Q. Persistent offending is even lower at 11 per cent?

3 A. Yes, and then serious offending, again, is also low.

4 LADY SMITH: Would those be court disposals as opposed to

5 decisions prior to trial?

6 A. I think that this sample is in terms of through the

7 children's hearing and social work department rather

8 than the court.

9 LADY SMITH: Right. Okay. Thank you.

10 MR MACAULAY: One of the reasons likely to abscond, so that

11 suggests a child who is already in care --

12 A. Sounds right, yes.

13 Q. -- and has had a track record of absconding?

14 A. Yes, and if young people are likely to abscond then they

15 may well be placing themselves in dangerous and risky

16 situations on the streets.

17 Q. If we move on to page 548, no doubt this is a view

18 you've taken from the social workers, because you say:

19 "At the point when the placement ended, social

20 workers considered that all young people had benefited

21 from the secure placement in that all were considered to

22 have been kept safe and, with good personal care, to be

23 healthier than they had been when admitted."

24 That was the message you received from the social --

25 A. That's right, and in a sense that's at the point the

1 placement ends. So the social workers considered that
2 the young people had benefited from that placement at
3 the end of the placement. I think then we went on to
4 look at longer-term outcomes.

5 Q. What did you find there?

6 A. There it was much more variable. We looked at the
7 situation after two years and we looked in terms of
8 whether they were in a safe and stable placement, work
9 or education, issues of behaviour, and social worker's
10 rating of general well-being. There we had a quarter
11 was long-term outcomes were considered to be good, just
12 under half it was considered to be medium and for just
13 over a quarter, the long-term outcomes were considered
14 to be poor.

15 For most young people, still levels of difficulties
16 had continued. One of the factors, as well, that we
17 identified, that the worst outcomes were reported for
18 young people who had significant problems with drug
19 misuse prior to admission.

20 We also identified, and we have talked about again
21 this in other settings, the idea of a stepdown approach
22 that moving from secure care into potentially
23 an inappropriate placement, such as a bedsit or
24 something, would be much better if there was a gradual
25 decrease in terms of the level of support.

1 Q. Can I take you then to page 549, where you have
2 a heading, "Use of Secure Accommodation for Sexually
3 Exploited Young People". I think here you are relying
4 on research published by Barnardo's?
5 A. That's right, yes.
6 Q. That was in 2005 and it's to do with the use of secure
7 accommodation for -- as I've indicated -- sexually
8 exploited young people in Scotland. Can we just see
9 where this goes. At the time of the research you tell
10 us there were 96 secure places in Scotland, is that
11 correct?
12 A. Yes, that's right.
13 Q. You detail those: St Mary's, Kenmure, 31 places; Kerelaw
14 School, Stevenston, 24 places; and Rossie School in
15 Montrose, 24 places.
16 A. As I said earlier, these are the three large secure care
17 services.
18 Q. You can contrast those with: St Katherine's Centre,
19 Edinburgh, seven places; Howdenhall Centre, Edinburgh,
20 five places; and The Elms in Dundee, four places?
21 A. Yes.
22 Q. The expansion of the secure estate I think you talk
23 about in next sentence, because you say that in May 2003
24 the Scottish Executive announced an additional 29 places
25 by 2007?

1 A. That's right.

2 Q. Do you have any insight into why the places were
3 required? Simply there was a need?

4 A. Well, as I said, there was information looked at that
5 suggested that there was a need for more places. As
6 I mentioned earlier, I think there was also a political
7 agenda in terms of antisocial behaviour of young people
8 and youth offending.

9 I noted that Ian Milligan and Mark Smith had
10 questioned the evidence for this expansion and I agree
11 with them in relation to that, but the decision was
12 nevertheless made. It was made to expand the secure
13 estate and not just a few more places, but quite
14 a significant expansion.

15 Q. This expansion was to involve the redevelopment of the
16 units at Kerelaw and Rossie and then three new units at
17 St Philips School in Airdrie for 18 places, the Good
18 Shepherd in Bishopston for 12 places and Kibble in
19 Paisley for 18 places?

20 A. That's right.

21 Q. I think going back to the Barnardo's research, you go
22 back that in the next paragraph and that showed that
23 there was a significant variation in demand across
24 Scotland. Can you develop that?

25 A. Well, I think this picks up the issue of variability in

1 practice in relation to secure care more generally. But
2 also I think in relation to the use of secure
3 accommodation for young people who had been sexually
4 exploited. I think there may be issues do with urban
5 and rural differences in terms of the demand for places.

6 Q. You go on to narrate that from the research it can be
7 taken that the six secure units varied widely in the
8 conception of the role of the units and consequently in
9 the nature and focus of interventions for all young
10 people, including those for whom sexual exploitation was
11 a factor; is that right?

12 A. Yes, that's right.

13 Q. The report goes on:

14 "Interventions with sexually exploited young women
15 varied across the six units. However, 'there was very
16 little evidence of such interventions in relation to
17 young men'."

18 Then we look at what is recommended:

19 "The report recommended that 'secure units should be
20 encouraged to work in partnership to develop
21 a consistent and coherent model of provision for young
22 people who have been involved in sexual exploitation'.
23 This would involve placement needs, assessment, and
24 interventions."

25 We can see there were inconsistent approaches and

1 the recommendation was that there should be greater
2 coherence in the approach?

3 A. That's right, and I think a point to address is the
4 issue that interventions were focused on sexually
5 exploited young people. I think in previous evidence we
6 have spoken about the role of residential care over the
7 centuries even in terms of the sexual behaviour of young
8 women and being used as a means to control the sexual
9 activity of girls and women.

10 Q. We were also given some insight into the report's
11 conclusions in relation to staff. What did the report
12 conclude?

13 A. Again, a variation in terms of knowledge, confidence and
14 skills. We're in the mid-2000s here, there was still
15 many residential staff with no formal qualifications and
16 issues. Again, these particular topics have been
17 identified previously, so that staff had a lack of
18 confidence in dealing with mental health issues,
19 self-harm and sexualised behaviour.

20 Q. A recommendation was that the Scottish Institute for
21 Residential Child Care should develop training
22 programmes?

23 A. The Institute had a range of programmes and these were
24 some that it delivered in terms of short courses.

25 Q. Looking at variables, again, we see that the approaches

1 to assessment varied across units?

2 A. Varied. No universal assessment of involvement or risk
3 of involvement in sexual exploitation. Again, repeated
4 issues in terms of assessment.

5 Q. On aftercare, which is addressed on page 551, we read
6 that the aftercare of young people leaving secure
7 accommodation was also of concern?

8 A. That's right. Concerns about the -- this is a very
9 vulnerable group and the issues of continuity of care,
10 so if interventions are taking place in secure
11 accommodation, how can that be extended to support young
12 people and then the large gap in terms of what is
13 available in the community.

14 Q. As you say, it's a very vulnerable group of children who
15 have been sexually exploited. We're told that the
16 research found that there was limited information on the
17 outcomes of young people once they'd left?

18 A. Yes, that's right. Issues of follow up then were of
19 concern.

20 Q. If we move on to the next section, do you tell us that
21 in April 2007 the Scottish Executive set up the secure
22 transitions fund to:

23 "Help achieve better transitions for young people
24 leaving secure care' and to reduce the number of
25 readmissions to secure care."

1 That was to be developed through a number of key
2 issues; can you take us through that?

3 A. Yes, certainly. So this picks up on some of the
4 messages that had been identified previously and
5 highlighted in the research on secure care, that the
6 continuity of care was crucial for positive outcomes.
7 How you support continued relationships between
8 practitioners and young people, in terms of ongoing
9 engagement and again that has been raised previously.

10 The importance of supporting young people into
11 employment or education.

12 That services shouldn't just be reactive in terms of
13 young people's needs. So it needs to be proactive and
14 for there to be planning in terms of transition.

15 We identified the importance of stepdown approaches
16 and so identified that there was an inadequate range of
17 supported accommodation.

18 And poor pathway planning by throughcare and
19 aftercare social workers, which we have highlighted in
20 previous discussions about throughcare and aftercare
21 services.

22 Q. I think they also identify the need for additional
23 training that you have touched upon?

24 A. Yes.

25 Q. Also they mentioned there was a lack of family work?

1 A. Again, that has been touched on previously about how
2 support is given to the families.

3 Q. As you have already mentioned, in the 2000s there was
4 an increase in the secure care estate. By 2009 there
5 were seven units providing 124 places, representing
6 a 30 per cent increase from 2003?

7 A. That's right.

8 Q. We have looked at that. There is a description of the
9 type of units, small house units, usually of around six
10 young people?

11 A. Yes.

12 Q. Of the secure units, did some of them also have
13 residential care children who were not in the secure
14 care units?

15 A. Yes, some of the secure -- well, a number of the secure
16 units and indeed the new secure units were built by
17 providers who were providing residential care.

18 Q. In 2009 there was an initiative that you tell us about
19 with the label "Securing Our Future Initiative".
20 I'm looking at the footnote, who prompted that?

21 A. This was run parallel with the National Residential
22 Child Care Initiative, which the Scottish Institute for
23 Residential Child Care had been commissioned to take
24 forward by Scottish Government. Again the Securing Our
25 Future Initiative was taken forward by Scottish

1 Institute for Residential Child Care, but on behalf of
2 Scottish Government.

3 Q. This initiative was established to consider concerns
4 about overprovision of secure units?

5 A. That's right.

6 Q. The decision had been taken to increase the provision
7 and we're now concerned about overprovision?

8 A. That's right. So the new units were built,
9 a significant number of new placements, but these
10 placements weren't filled. So the secure care providers
11 were now running at a lower capacity and therefore were
12 facing serious financial difficulties, because the
13 running costs were still there, but the income wasn't
14 there.

15 Q. If we move on to page 553, we see that a number of
16 recommendations were made, including the development of
17 early and effective alternative interventions, a focus
18 on the health and well-being of young person in general
19 as well as those in secure care --

20 A. Yes.

21 Q. -- including alcohol and drug strategies, so that with
22 the promotion of good practice there could be a planned
23 reduction of 12 secure places?

24 A. That's right.

25 Q. You then set out the Scottish Government and indeed

1 COSLA's response that welcomed this initiative?

2 A. Yes, that's right. And so identified that this work
3 needed to be done urgently to address the concerns that
4 had sparked the initiative.

5 Q. If we turn over to page 554, do we see that as a result
6 of the initiative, 12 secure places were closed
7 temporarily until further work could be done on
8 monitoring secure bed use?

9 A. Yes, that's right. There has been a reduction now in
10 the secure estate.

11 LADY SMITH: Andrew, so far as the funding, which I assume
12 was allocated according to headcount, was concerned, are
13 these homes getting funding from both Central
14 Government, Scottish Government and Local Authorities or
15 was it all coming from the Scottish Government?

16 A. No, it would be coming from Local Authorities as well in
17 terms of individuals.

18 LADY SMITH: Hence COSLA's interests?

19 A. Yes.

20 LADY SMITH: And some Local Authorities, the ones that had
21 the greater increase in places, would be suffering
22 a bigger financial hit than the others, I suppose? Some
23 would have none because they didn't have one of these
24 residential units?

25 MR MACAULAY: You then have a chapter that looks at some of

1 the issues in the care services. That begins at
2 page 554.

3 The first issue you look at is recruitment and
4 selection. Can you give us an overview of what you are
5 seeking to cover here?

6 A. One of the major issues triggered by the inquiries and
7 by the Children's Safeguards Review, but also picking up
8 on the inquiries carried out in England as well,
9 concerned recruitment and selection of staff. How can
10 we ensure that staff in terms of residential care
11 workers, but also foster care workers, have the right
12 values, can be appropriately vetted in terms of their
13 role in caring for children and young people?

14 Previously we have seen that there might be very
15 little asked of residential staff members or foster
16 carers in terms of their attitudes towards children,
17 whether they have any qualifications, whether they have
18 any experience other than bringing up their own
19 children.

20 As in the mid-1990s with the increasing recognition
21 of the need to safeguard children and young people in
22 residential and foster care, there were a number of
23 initiatives to take forward the process of recruitment
24 and selection to ensure that staff were of the quality
25 and had the right values in order to look after

1 children.

2 Q. You make mention, for example, of the Protection of
3 Children (Scotland) Act 2003 that established a list of
4 individuals who were unsuitable to work for children,
5 because they had harmed a child or put a child at risk
6 of harm?

7 A. One of the things that was noted in the Fife Inquiry was
8 the way in which the individual who had abused children
9 and young people in residential units over a number of
10 years had actually been -- the warning flags had been
11 raised, but nevertheless he had gone on to work in other
12 residential establishments in Fife. So this is in
13 response to such issues to ensure that if somebody is
14 found to be unsuitable to work with children, then in
15 the future they wouldn't be able to come back into the
16 system.

17 Q. That created a disqualified from working with children
18 list?

19 A. That's right.

20 Q. But that Act I think was overtaken and repealed by the
21 Protection of Vulnerable Groups (Scotland) Act 2007?

22 A. That's right.

23 Q. With the exception of two sections?

24 A. Which brought in a wider range -- so it wasn't just
25 focused in terms of the protection of children, but also

1 vulnerable adults.

2 Q. Is this the legislation that would allow a prospective
3 employer to check to see for example whether the
4 prospective employee has previous convictions?

5 A. That's right, yes.

6 Q. How infallible is this? Does it work in practice?

7 A. We know that many abusers aren't convicted, so, yes,
8 it's certainly a step -- and important in terms that it
9 identifies those who have been convicted of abuse or
10 inappropriate behaviour, but nevertheless there still
11 need to be other mechanisms to try and ensure that
12 abusers don't get into positions where they can gain
13 access to children and young people.

14 I think as our knowledge has expanded, we know that
15 abusers have gone into a whole range of settings, where
16 they gain access to children and young people. Sports
17 coaches, uniformed organisations, so it's an issue that
18 doesn't just affect looked-after children and young
19 people, but is absolutely essential as part of ensuring
20 their safety.

21 MR MACAULAY: Thank you.

22 My Lady, that's probably a good time to break.

23 LADY SMITH: Yes.

24 Andrew, I'll rise now for the lunch break and sit
25 again at 2 o'clock.

1 Thank you.

2 (1.00 pm)

3 (The luncheon adjournment)

4 (2.00 pm)

5 LADY SMITH: Andrew, are you ready for us to carry on?

6 A. Yes, indeed.

7 LADY SMITH: Thank you.

8 Mr MacAulay.

9 MR MACAULAY: My Lady.

10 Before lunch we had been looking at recruitment and

11 selection. I just want to take you back to one point

12 that we did touch upon near the end of your evidence

13 then, that's on page 555.

14 LADY SMITH: Just while we're getting to the point you want

15 to refer to, Mr MacAulay, I think at one point shortly

16 before I rose for lunch we were talking about barring

17 lists, the Government list setting out who may not take

18 employment of this sort. You referred to of course us

19 having learnt that people may have had convictions, but

20 of course the 2007 Act goes beyond that --

21 A. Yes.

22 LADY SMITH: -- because whilst automatically a conviction of

23 any sort that's relevant will put you on the list,

24 there's also a discretionary inclusion that the Scottish

25 Government can make on the basis of just statutorily

1 other information, any other information. They have to
2 act reasonably of course in doing so.

3 A. Yes.

4 LADY SMITH: That's where the system of enhanced disclosure
5 has made quite a difference as regards the information
6 that can be gleaned.

7 A. Yes.

8 LADY SMITH: Mr MacAulay.

9 MR MACAULAY: The point I was going to take from you at the
10 top of page 555 follows on from that, because what you
11 say there is:

12 "... despite all these initiatives and no matter how
13 intensive the selection, assessment and vetting
14 procedures for residential staff and foster carers, it
15 is unlikely that they will ever be able to effectively
16 screen out all abusers ..."

17 I think that is a point you made yourself this
18 morning?

19 A. That's right and there's been work done on this looking
20 at that abusers can be very manipulative and they
21 manipulate systems, they manipulate agencies and they
22 manipulate individuals.

23 Q. Can I now take you to what is page 562 and here you have
24 a section headed, "National Residential Child Care
25 Initiative (NRCCI) Workforce Report".

1 A. Yes.

2 Q. This is a report that's dated 2009 and it's one that
3 sought to address a range of issues affecting the
4 residential care workforce?

5 A. That's right, yes.

6 Q. I just want to take you to a number of discrete points.
7 First of all, in the second paragraph -- this is
8 a recurring theme -- do the working group highlight the
9 views of young people about the qualities that they
10 value in residential care workers?

11 A. That's right. This work confirms a whole range of other
12 research, gaining the perspectives of young children,
13 young people, in terms of the values that they
14 themselves value in terms of staff being kind, caring,
15 honest, understanding, non-judgmental, is absolutely
16 a crucial issue, friendly, reliable, that idea that if
17 you say you're going to do something, you actually do
18 it, ability to listen, but also about being funny,
19 happy, easy to get along with. They're incredibly
20 important. It's through some of these values that staff
21 will be able to ensure that children feel safe and
22 secure in the care setting.

23 Q. Essentially these are personality traits and in some
24 cases no amount of qualifications would make somebody
25 kind for example?

1 A. No, absolutely.

2 Q. It's important, is it, in the selection process that
3 those that are doing the selecting can try and make some
4 assessment as to the personality of the recruit?

5 A. I think that's right, but I think that's also
6 an important role of education and training, that part
7 of that is about reflection on an individual's own
8 values, ethics, morals, and that that can be important.

9 As a social work educator I'm aware of instances
10 where, through the process of individuals undertaking
11 qualifications, it becomes apparent that they're not
12 appropriate for the work that they're going to
13 undertake.

14 Q. The other matter that the working group stressed, and
15 you'll find this on page 563, just about halfway, that
16 following recruitment and selection the group stressed
17 the importance of induction in a structured and
18 standardised way?

19 A. Yes. I think that this is important that in order for
20 new staff going into a situation that there is a plan,
21 a training plan, for that process.

22 Q. The other point that's made by the group relates to the
23 retention of staff, particularly I would imagine that
24 what they have in mind is good staff?

25 A. Absolutely. This comes down to a whole range of issues,

1 pay and conditions, but also, as we discussed in terms
2 of the research on residential childcare staff, that
3 they feel valued, they feel supported in what is a very
4 challenging position.

5 Similarly with foster carers, that they also feel
6 valued and supported by social workers in the work that
7 they're doing.

8 Q. Can I take you then to page 568, where you look at
9 training and supervision.

10 You begin by telling us -- we've seen this time and
11 time again -- that the training and development of
12 residential staff members and foster carers has been
13 a focus of attention for many years, but it's only since
14 2002 that residential care staff in Scotland have
15 required a particular level of qualification. Is that
16 correct?

17 A. That's right, yes.

18 Q. What is that level of qualification?

19 A. I'm trying to remember. Is it Level 3? And that can be
20 in terms of a number of training opportunities.

21 LADY SMITH: I think you are right. We explored this in the
22 boarding schools case study with the inspectorate, and
23 that was at a period when the schools didn't have to
24 comply but were starting to voluntarily comply for their
25 staff, I think.

1 MR MACAULAY: Level 9 is degree level, is that right?

2 A. Level 9 is degree -- so this would be -- gosh, I should

3 have this on my fingertips but I'm afraid I don't.

4 Q. We can check that out. If we put the standard at

5 Level 9 then we know it's somewhere down below?

6 A. We are talking about Scottish Vocational Qualifications

7 and suchlike.

8 Q. You mention the fact that there has been a long-standing

9 debate in the UK about the need to regulate the social

10 care workforce in line with other professions, do you

11 tell us that was taken through in Scotland by the

12 Regulation of Care (Scotland) Act 2001?

13 A. That's correct, yes.

14 Q. That set up the Scottish Social Services Council, that

15 we I think sometimes refer to as SSSC?

16 A. Yes.

17 Q. One of the tasks undertaken by SSSC is that of

18 developing standards of conduct and practice for the

19 workforce, is that correct?

20 A. Yes.

21 Q. Also establishing a register of social service workers?

22 A. That's correct, yes.

23 Q. Exercising essentially control over the profession?

24 A. That's right. Residential childcare workers were one of

25 the first groups that had to register with the SSSC,

1 along with social workers and others. Over the years
2 that list has expanded quite significantly and in the
3 case of inappropriate behaviour for example then
4 individuals can be deregistered and wouldn't be allowed
5 to work in the profession.

6 Q. You set out a list of those who would be registered. On
7 page 569 you give us quite an up-to-date statistic,
8 because you say in December 2020 168,459 individuals
9 were registered with the SSSC?

10 A. That's right, yes. Then 9,160 on the different parts of
11 the register for residential childcare services and
12 residential school care accommodation.

13 Q. Can I take you to page 570, it's the last heading on the
14 page, "Qualification and Training of Residential Care
15 Staff". You refer back to Skinner, 1992, and also to
16 Kent in relation to the recommendations that were being
17 made to improve training and in particular
18 recommendation to develop a national college level. Is
19 that right?

20 A. That's right, yes.

21 Q. If we turn over -- perhaps I could just ask you. Can
22 you give us an overview as to how this has developed
23 then and in relation to what levels of qualification and
24 training --

25 A. Yes, in terms of the national college, the Scottish

1 Institute for Residential Child Care was set up
2 Strathclyde University hosted part of the Scottish
3 Institute for Residential Child Care and degree level
4 qualifications for residential childcare was set up, as
5 well as a Masters qualification in advanced residential
6 childcare. Colleagues also did short courses, but
7 importantly Langside College, for example, provided
8 other qualifications such as the Scottish Vocational
9 Qualification for residential childcare staff.

10 Q. Just looking to figures for those who have obtained
11 qualifications, if we turn to page 573. It's the final
12 paragraph, where I think you set forth:

13 "The latest figure published on the SSSC website for
14 December 2020 give the percentage of staff with
15 a qualification condition, which means that they are
16 still to achieve the minimum qualification level."

17 What do we take from the figures that you set out?

18 A. Well, obviously one of the issues in terms of creating
19 a qualified workforce is you just can't start from
20 scratch. It would be impossible. Individuals don't
21 have the qualifications. So when the register was set
22 up, individuals would be registered with a qualification
23 condition, which would mean that they needed to achieve
24 the minimum qualification within a certain number of
25 years.

1 In 2020, it shows: 36 per cent, just over a third,
2 of managers still had a condition; 39 per cent of
3 supervisors; and 50 per cent of residential workers in
4 residential childcare services still had to achieve the
5 qualifications.

6 Similar figures for residential school care. About
7 a quarter of managers, 13 per cent of supervisors and
8 46 per cent of workers.

9 I go on to say that just over half of registered
10 residential childcare staff had achieved the minimum
11 qualification, while just under half were still working
12 to achieve it.

13 Even this is many years after the Scottish Social
14 Services Council had been set up, there were still
15 significant proportions of the workforce who didn't have
16 the minimum qualification.

17 Q. Can I take you to page 581 then of the report. Here you
18 have a section dealing with the standard for residential
19 care. Can you just give me an overview as to what
20 you're setting out in this section?

21 A. Just give me a minute.

22 Q. Page 581, it's to do with SSSC published guidelines --

23 A. Yes.

24 Q. -- in January 2013.

25 A. This was following the working group of the national

1 residential childcare initiative proposal that all
2 residential childcare staff should be qualified to
3 Level 9, which is ordinary degree level, in order to
4 work in residential childcare.

5 This was taken forward and the Scottish Social
6 Services Council published guidelines to support the
7 development of delivery programmes, to achieve the
8 degree-level qualification and development of
9 an integrated qualifications and professional
10 development framework for workers in residential
11 childcare.

12 A substantial amount of work had gone into take up
13 the proposal for this raising of the bar in terms of the
14 minimum qualifications of residential child care staff.

15 Q. Can I then move on to what is essentially the final part
16 of the report, and that's your discussion on current
17 developments in care services.

18 A. Yes.

19 Q. You begin looking at that at page 589. Perhaps you can
20 introduce us to this section?

21 A. Yes. So over the past seven or eight years, up until
22 the finishing of the report, there have been continuing
23 developments.

24 We have highlighted on a number of occasions issues
25 about throughcare and aftercare and the Children and

1 Young People (Scotland) Act addressed that in some
2 detail.

3 There had been further work in terms of Getting It
4 Right for Every Child.

5 We also discussed the permanence and care agenda and
6 the work that CELCIS had taken forward in order to
7 improve the timescales of decision-making for
8 permanence. This has been taken forward through the
9 Permanence and Care Excellence programme at CELCIS.

10 Finally, the setting up and completion of the
11 Independent Care Review has promised radical innovation
12 in the provision of children's services.

13 Q. You provide some context at the beginning of this
14 section by providing some statistics as to what numbers
15 of children may have been in residential care. I think
16 the final period is July 2019?

17 A. Yes. So had there been a slight fall, down by about
18 1,000, in terms of the number of children and young
19 people in care. About half of these were looked after
20 at home with their parents or with kinship carers.
21 There was a reduction in the number of children looked
22 after in foster care. I think that has been driven by
23 the priority given on developing kinship care in
24 Scotland and the number of children in residential
25 accommodation was sitting at about just under 1,500, and

1 this slightly decreased to 1,448 in July 2019.

2 Q. Can we note that those in secure accommodation, the

3 number is now down to 63 as compared to the higher

4 numbers we saw earlier?

5 A. That's right, yes.

6 Q. If we move on to page 590 and look at the next head,

7 which is, "Getting It Right for Looked After Children".

8 You say:

9 "In 2015, the Scottish Government published its

10 strategy for looked-after children and young people

11 which set out priorities for improvement, and stated: It

12 has relationships at its heart."

13 A. That's right.

14 Q. Can you just develop that for us?

15 A. I think picking up on what we have said previously is

16 the recognition that the relationships between children

17 and young people and their carers is at the absolute

18 core in terms of the quality of care and so Getting It

19 Right for Every Child had been a policy for a number of

20 years and in this strategy Getting It Right for Every

21 Child was focused on the needs of looked-after children

22 and young people. It's setting out that principle, that

23 relationship and relationship-based care is at its very

24 core.

25 Q. On that same page you list the Getting It Right for

1 Every Child principles and moving on to the following
2 page.

3 This Scottish Government publication, if you turn on
4 to page 591, also set out its vision of making Scotland
5 the best place in the world for looked-after children to
6 grow up?

7 A. Yes.

8 Q. Again, there are a number of issues there, including
9 matters we have looked at, for example the securing of
10 early permanence?

11 A. That's right, and that's building upon the work that had
12 been done to ensure that there wasn't drift in care and
13 that there wasn't delay in decision-making.

14 Q. You set out at the bottom of the paragraph three factors
15 that were identified as crucial in achieving the
16 strategy and seeing real progress. What are these?

17 A. These are listening to the views and experiences of
18 looked-after children and young people, developing
19 partnerships across systems and creating an improvement
20 culture that empowers practitioners, families and
21 communities. Three factors which have been stated
22 repeatedly in terms of their importance for the care
23 system and for children and young people looked after in
24 care.

25 Q. Over the next couple of pages you develop these ideas.

1 If we turn to page 594, you have a section headed,
2 "Integrated Children's Services".
3 A. Yes.
4 Q. Here you are drawing attention to the Children and Young
5 People (Scotland) Act 2014 and the Public Bodies (Joint
6 Working) (Scotland) Act 2014 and how they have impacted
7 significantly in children's services?
8 A. That's right. I think that the Children and Young
9 People (Scotland) Act brought into legislation the idea
10 of the corporate parent and expanded in a sense,
11 I think, the list of agencies that should consider
12 themselves to be corporate parents.
13 Q. I think that was also the legislation that raised the
14 issue of the named person --
15 A. That's right.
16 Q. -- which hasn't been followed through?
17 A. That wasn't taken forward, because of concerns about the
18 sharing of information.
19 Q. In relation to corporate parenting, if you turn to
20 page 596 you have a section here dealing with that. As
21 you've just mentioned, the 2014 Act formalised the role
22 of corporate parent in law?
23 A. That's right.
24 Q. I think we discussed yesterday that there is a whole
25 list of organisations that are named as corporate

1 parents?

2 A. Yes.

3 Q. There are some quite significant duties imposed on the

4 corporate parents?

5 A. That's right. I think one of the important aspects of

6 that in terms of being alert to matters, so it's being

7 proactive in relation to taking forward the best

8 interests of children, the importance of assessment is

9 highlighted. It's about seeking to provide a full range

10 of opportunities for children and young people in care,

11 to promote their well-being and to take appropriate

12 action. It's important that all the different agencies

13 that were considered as corporate parents are taking

14 forward these issues as a matter of priority.

15 Q. You say at the bottom of that page:

16 "They must publish plans on their corporate

17 parenting and provide information to Scottish Ministers

18 about how they are carrying out their corporate

19 parenting responsibilities."

20 A. Yes.

21 Q. So there is a check?

22 A. That's right, and these corporate parenting plans are

23 being produced and submitted to Scottish Ministers.

24 Q. If we turn to page 598, a little bit from the top you

25 draw attention to the first published report by Scottish

1 Government on corporate parents. I think this was, you
2 tell us, in 2018. Is that right?

3 A. That's correct, yes.

4 Q. What do we find from this publication?

5 A. Four main challenges were identified. I think corporate
6 parents, some had difficulties in identifying and/or
7 engaging with care-experienced children and young
8 people. This may be particularly agencies which in
9 a sense have not had in the past a hand-on role and may
10 not have considered the issue of looked-after children
11 and young people.

12 Inadequate IT and data collection, limitations of
13 staff or resources and then poor understanding of what
14 being a corporate parent is.

15 Q. Do we take it from this that there are real challenges
16 for this whole notion being a successful notion?

17 A. Absolutely, yes. I think particularly for -- as I said,
18 for those agencies that haven't previously -- the idea
19 of being corporate parents hadn't really crossed their
20 agenda.

21 LADY SMITH: The way it works, given the wide range of
22 potential corporate parents, there will be some who have
23 little to do actively in their corporate parenting for
24 months --

25 A. That's right.

1 LADY SMITH: -- and months, and then suddenly something
2 arises and they need to collaborate and engage and for
3 them it's not like getting on the bike and pedalling
4 because it's all familiar territory, they're learning
5 almost from scratch every time they're doing it,
6 I suppose?

7 A. That's right. I think that point about the poor
8 understanding is that this is something that needs to be
9 addressed. Again, the agencies as corporate parents
10 need to be proactive in doing that and in a sense
11 understand their lack of understanding of the role.

12 LADY SMITH: Yes.

13 MR MACAULAY: I think we mentioned yesterday that the Legal
14 Aid Board is on the list and they are probably starting
15 from a standing start as compared to Local Authorities?

16 A. Yes, that's right, yes.

17 Q. The report did identify areas to focus upon in taking
18 corporate parenting to the next level. If you turn to
19 page 599, around halfway down, can you see the four
20 areas that have been particularly focused upon?

21 A. Yes. Again, seeking the views of looked-after children
22 and young people is absolutely crucial in assessing
23 their needs. The issue of collaboration with other
24 corporate parents. In order to do that there needs to
25 be that support and understanding at senior levels of

1 each organisation.

2 Q. The family firm concept we looked at earlier you talk
3 about at the bottom of the page. I think you say that
4 little has been written about the developments of this
5 concept?

6 A. That's right. There's not been a great deal -- or
7 hadn't been a great deal of research done on that.

8 Q. You do draw attention to Barnardo's and what they've
9 done?

10 A. That's right. It was a small-scale piece of research,
11 but I think it highlighted the range of opportunities
12 that an organisation could provide, so Barnardo's for
13 example could offer work opportunities in terms of
14 hospitality, the creative industries and working with
15 people in caring and young people were surprised by the
16 range. I think, again, if you look across the range of
17 corporate parents and if they were looking at the ways
18 in which they could offer opportunities to children and
19 young people, I think that there would be a plethora of
20 opportunities that could be accessed.

21 Q. We then come to Champions Boards, you introduce us to
22 them halfway down that page. Can you just give us some
23 understanding as to what this involves?

24 A. At a number of points we have noted the importance of
25 the involvement of children and young people in care to

1 become involved in the design, planning and improvement
2 of services. Champions Boards were set up in order to
3 support young people with care experience to work
4 alongside those who are making decisions about the care
5 system.

6 It's a mechanism to gain the involvement and
7 participation of care-experienced young people in that
8 wider service design.

9 Q. You say that this really began in 2015, when the Life
10 Changes Trust began funding?

11 A. That's right, significant funding to -- I think
12 Champions Boards had been sort of piloted and
13 experimented with and there had been different models in
14 the way that it is taken forward and then the Life
15 Changes Trust put significant funding in to the
16 development of the boards across Local Authorities.

17 LADY SMITH: Andrew, what can you tell me about the Life
18 Changes Trust?

19 A. I should be able to tell you something, but --

20 LADY SMITH: They've put £4.5 million into this project.

21 A. I'm trying to mention who they are funded by and I can't
22 remember off the top of my head.

23 LADY SMITH: It's not so much what they're funded by, but
24 what they are and what their objectives are. Do you
25 know?

1 A. From memory, they had a number of priority areas to
2 which they would put funding. One of areas was to
3 improve opportunities for children and young people in
4 care.

5 LADY SMITH: Thank you.

6 MR MACAULAY: Notwithstanding the generosity of the Trust,
7 do you not tell us that the boards are operating in
8 uncertain times and there is a common challenge of
9 limited resources?

10 A. Yes.

11 Q. You do say, on page 601, that evidence from the first
12 two years of Champions Boards consistently demonstrates
13 positive impacts?

14 A. That's right. That they have been a positive mechanism
15 in supporting young people to be involved in discussion
16 making and to influence decision making. We have
17 highlighted the importance of listening to children and
18 young people and the young people themselves reported
19 that they felt listened to in the context of the
20 Champions Boards.

21 It was also considered that there were improvements
22 in terms of increased collaboration within council, with
23 other Champions Boards and across wider networks.

24 Q. Can I then take you to page 604 and look at a topic that
25 we certainly have touched upon, yesterday in particular.

1 The heading you have here is, "Attachment, Relationships
2 and Love in Care". I think we have discussed that
3 throughout your evidence, and you say throughout this
4 review, we have seen the increasing importance placed on
5 relationships with care-experienced children and young
6 people. You tell us a range of work has focused on
7 different aspects of such relationships and how they can
8 be developed and nurtured.

9 One of the developments you talk about there is
10 mentoring?

11 A. That's right.

12 Q. Can you just develop that for us?

13 A. Mentoring has been used in different contexts and I was
14 involved in an early pilot scheme of mentoring a number
15 of years back. This is where either an individual would
16 be matched with a young person in care and then they
17 would offer regular support to that young person to give
18 them advice, to assist them in terms of their life and
19 making decisions.

20 One such scheme was the MCR Pathways project, which
21 began in one school in Glasgow. At the time of the
22 writing it operated across schools in Glasgow and
23 a number across Scotland and it has since been rolled
24 out nationwide. The idea for MCR Pathways is that
25 volunteers would be matched with children and young

1 people in care, in the school setting and then would
2 provide support, they would meet with them regularly,
3 once a week, and they would commit to continue that
4 relationship for 12 months, to provide that additional
5 support that the young people need.

6 LADY SMITH: Andrew, what does MCR stand for, do you know?

7 A. I can't -- I don't know whether it stands for anything.

8 MR MACAULAY: I think two of the letters might be
9 "Mentoring" and "Programme", I'm not sure about the C.

10 LADY SMITH: I wondered if "M" would be "Mentoring".

11 A. I've never seen it spelt out fully and I don't know
12 whether it's just an acronym as a name.

13 LADY SMITH: Thank you.

14 MR MACAULAY: You mention there how this scheme would work.
15 I just wonder about the practicalities then of the
16 mentor going to the school and meeting the looked-after
17 child. Can you give any insight into how that practice
18 is working?

19 A. The idea is that employers would give their staff time
20 off during the working day to enable them to go and meet
21 with children and young people in the school. There are
22 practical issues about timetabling and suchlike to
23 ensure that young people weren't missing education, but
24 you are looking at maybe one hour a week, so there would
25 be discussion and negotiation about when is the most

1 appropriate time that that would happen, but it's the
2 idea that it's that regular meeting and support and over
3 an extended period of time.

4 Q. At the time of the writing of your report, you tell us
5 there had been 96 volunteers --

6 A. That's right.

7 Q. -- selected?

8 A. Yes.

9 Q. As at the time of the report, 54 had been matched with
10 a young person?

11 A. Yes.

12 Q. On page 605, do you set out towards the top
13 an evaluation carried out in 2019?

14 A. Yes.

15 Q. In 28 Glasgow schools. That evaluation identified
16 significant benefits from the mentoring programme?

17 A. That's right. So the young people had experienced
18 a number of educational improvements because of their
19 participation. They were more likely than
20 care-experienced non-participants to stay on at school,
21 to achieve a qualification and to move on to a positive
22 destination after leaving school.

23 It is partly because of this positive evaluation and
24 the success of the project that it's been rolled out
25 nationally.

1 Q. Can I then take you to page 608, where you look again at
2 permanence in care.

3 I think we looked at the Scottish Children's
4 Reporters research in 2011, and there was follow-up
5 research in 2015 to assess the progress in delivering
6 improvements in permanence since the implementation of
7 the Adoption and Children (Scotland) Act 2007, can you
8 tell us about that?

9 A. Yes. That shows that there had been some evidence of
10 progress in relation to the decision-making process and
11 that the permanence orders without authority to adopt
12 were being used across Scotland. Suggesting that there
13 was the potential that that could be used more widely.

14 Q. Do we distinguish between adoption per se and
15 permanence?

16 A. Well, adoption is one form of permanence.

17 Q. But does --

18 A. I think --

19 LADY SMITH: But you could sever the birth link and that is
20 a type of permanence, because you are permanently
21 severed from your natural parental link.

22 A. Yes.

23 MR MACAULAY: But permanence that is not a severed natural
24 link adoption, means that the child is still under Local
25 Authority care?

1 A. Yes, yes.

2 Q. Just looking at the study we were looking at, page 609,
3 it's the third paragraph down from the top, you say:
4 "While half the children in the study had relatively
5 few placements and moves, others 'had experienced the
6 instability of multiple moves and placements with
7 26 per cent having had five moves or more'."

8 Do you see that?

9 A. Apologies, which page?

10 Q. Page 609, it's the third paragraph.

11 A. Oh, right, yes.

12 Q. Even at this stage there are still problems with
13 placements?

14 A. That's right, yes. I think that's -- yes, and still
15 that instability in terms of movements and placements,
16 and for a quarter to have had five moves or more, that
17 is a significant number.

18 Q. Yes, 26 per cent, five moves or more. That clearly, on
19 the face of it, looks very disruptive?

20 A. Yes.

21 Q. I think you also say that there continued to be drift
22 and delay, is that correct?

23 A. Yes, that's what the research concluded, yes.

24 Q. Can we then move on to page 612, where you have
25 a heading dealing with education.

1 You draw attention here to a publication by CELCIS
2 in 2015 that outlined good practice in improving
3 looked-after children's educational attainment. It sets
4 out seven key areas for sustained improvement?

5 A. Yes.

6 Q. The first of these is a commitment to the designated
7 manager role?

8 A. That's right. The manager who would have responsibility
9 in terms of looked-after children and young people.

10 Q. If we move on to the main body of the text, what you say
11 is:

12 "Each school in Scotland should have a designated
13 manager for looked after children, and this role
14 emphasised the importance of meeting the needs of looked
15 after children."

16 You go on to develop that, but on the ground, do we
17 know what is happening now?

18 A. Off the top of my head, I don't know. My understanding
19 is that schools do have designated managers.

20 Q. You then have a section at page 613 that is headed,
21 "Care Experienced Children and Young People Fund". Can
22 you tell me what this is about?

23 A. Again, this is -- because the continued concern about
24 the need to support children and young people in care in
25 their education, and so this was to fund particular

1 initiatives and interventions to improve educational
2 outcomes for care-experienced children and young people.
3 Notably now following the 2014 Act, this is for young
4 adults up to the age of 26 as well.

5 Q. Turn to page 615, go to the heading near the top,
6 "National Ambition for Care-experienced Students". This
7 is from the Scottish Funding Council, publishing its
8 national ambition for care-experienced students. This
9 is looking at students who have been in the care system?

10 A. That's right, yes.

11 Q. What we see here is that the council has highlighted the
12 unacceptably large gap between looked-after children's
13 attainment and achievement in school compared to all
14 other children?

15 A. That's right. Although we discussed that there had been
16 some improvement over the years in terms of the
17 educational qualifications of children and young people
18 in care, there were still significant gaps in terms of
19 the wider population.

20 I think it's interesting to note that Scottish
21 Funding Council, although not itself a corporate parent,
22 is in a sense acting proactively in addressing the needs
23 of looked-after children and young people.

24 Q. If we move on to page 620, you revisit throughcare and
25 aftercare?

1 A. Yes, that's right. This is picking up on the work
2 CELCIS and the Scottish Throughcare and Aftercare Forum,
3 a report on services for Local Authority throughcare and
4 aftercare services.

5 Q. You tell us towards the top of page 621:
6 "The research highlighted different approaches and
7 how Local Authorities targeted and engaged care
8 leavers."
9 We then see the differences:
10 "... some offered support to all eligible young
11 people others prioritised those looked after away from
12 home. Similarly, there were variations in how
13 'engagement' with young people was described. Some
14 authorities counted sending a text ... as engagement
15 ..."

16 A. Yes.

17 Q. Which doesn't seem very much?

18 A. Although young people these days often respond to texts
19 in ways that we might not.

20 Q. In any event, I think the research concluded, if you
21 look at page 622:
22 "While many areas of practice were strong, there
23 were a number of problematic issues, such as the
24 prioritisation of some groups of care leavers, which
25 effectively 'excluded other groups of care leavers'."

1 A. Yes.

2 Q. Can you take you to the section on page 624, that's
3 headed, "Care Visions' Why Not?' Initiative".

4 This is to do with a young person having
5 a meaningful connection to a supportive adult --

6 A. That's right, yes.

7 Q. Can you just --

8 A. Again, Care Visions is a service provider and this was
9 picking up on the idea that there needed to be some form
10 of continuity once young people leave the care system.
11 We spoke earlier about the possibilities in terms of
12 secure care. So this was an initiative that Care
13 Visions had taken forward.

14 So that the relationship that has developed within
15 the care setting would then continue beyond and as the
16 young person leaves care and on into adulthood.

17 Q. You give an example on page 625 of precisely that, where
18 Nicola, a residential care worker, had maintained
19 a relationship with a young person when he moved on from
20 residential care?

21 A. That's right.

22 Q. Can you tell us what happened?

23 A. In that situation, an anonymous allegation was made that
24 that relationship was inappropriate and she was
25 investigated for misconduct, although no further action

1 was taken and details, the consequences on that on the
2 relationship with that young person. I think it
3 highlights some of the sensitivities and concerns about
4 appropriate boundaries once children and young people
5 leave care.

6 LADY SMITH: It's not just a matter of things being
7 misinterpreted by an anonymous person who made the
8 report, but it could be misinterpreted by the young
9 person themselves. That is the problem.

10 A. That's right, yes.

11 MR MACAULAY: You then move on, on page 625, to look at
12 homelessness and care experience. Here you draw
13 attention to a briefing report by CELCIS in 2019. That
14 focused on care-experienced young people and
15 homelessness. What conclusions did CELCIS come to at
16 that time?

17 A. Again, it underlined the evidence that care leavers are
18 more likely to become homeless or experience housing
19 instability. It discusses the age at which young people
20 leave care and whether they are ready and prepared for
21 leaving care.

22 The issues that young people need to deal with in
23 terms of instability and the importance of ensuring that
24 young people who leave care have suitable accommodation
25 and have the support.

1 Q. If I can take you to page 629 where you have a section
2 headed, "Developments in Addressing Historical Abuse".
3 What you are setting out here is the developments that
4 have happened in recent years to address the needs of
5 survivors?

6 A. That is right. From the commitments of the Scottish
7 Government through the interaction on historic abuse,
8 the commitments were made at the end of 2014 and this is
9 just -- this is sort of just an update in terms of the
10 developments since, such as the establishment of the
11 Inquiry itself. But also in terms of the establishment
12 of future pathways and also in terms of the commitment
13 for financial redress, which is now being taken forward
14 by Redress Scotland.

15 Q. On page 631 you have a section dealing with preventing
16 and responding to child sexual exploitation. I think
17 here you are drawing attention to a Care Inspectorate
18 report --

19 A. Yes.

20 Q. -- in 2018; is that correct? Top of page 631.

21 A. Sorry, I'm on the wrong page.

22 Yes, that's right. This is picking up in terms of
23 child sexual exploitation, yes, and the importance of
24 support services for young people.

25 Q. The conclusion in that first paragraph is that

1 77 per cent of care services had effective systems in
2 place to identify children at risk of sexual
3 exploitation?

4 A. That's right, yes.

5 Q. It also tells us that most services had staff training
6 plans?

7 A. Yes, and that generally staff were aware of the
8 responsibilities, although in a small number of services
9 that this didn't include all staff members.

10 Q. You have a section on the following page dealing with
11 children and young people going missing. That is
12 page 632.

13 A. Yes, that's right. This picks up on the long-standing
14 concerns about children and young people going missing
15 and then the possibilities that they place themselves in
16 danger and at risk. This was looking at a partnership
17 agreement developed between Police Scotland and Local
18 Authority partners in order to address a police response
19 in relation to reports that children have gone missing.

20 For example, identifying an absent category, where
21 a young person might have gone missing, but that it was
22 considered that there was no or little risk in that to
23 identify prevention plans, again to look at assessment
24 and assessment of risk, but also to identify through
25 a return interview to ensure that the young person's

1 needs were being met.

2 Q. Can we then return to secure care. You look at that at
3 page 650 in this part of the report.

4 What we read is that in 2015 the Scottish Government
5 commissioned a secure national adviser role to be hosted
6 by the Centre for Youth and Criminal Justice and this
7 project was tasked to do what you set out.

8 Can you just develop this for me?

9 A. The funding of the secure national adviser role, I think
10 it was a three-year project and it was to work with the
11 secure care sector to ensure effective delivery of
12 services to children, to review current trends,
13 achievements and risks and to make recommendations to
14 partners about the future configuration of the secure
15 estate.

16 In a sense this is following up some of the upheaval
17 that was identified earlier, where the secure estate had
18 been expanded and then had had to be reduced because it
19 wasn't being used. This was to, in a sense, revisit the
20 purpose and function of secure care and here it talks
21 about recent volatility and unpredictability in the use
22 of secure care across Scotland.

23 Q. The author, I think, highlights in the third paragraph
24 down that any one time 75 to 80 per cent of young people
25 in secure accommodation have been placed there for their

1 own safety. I think historically we have seen that to
2 be the case?

3 A. That's right. That continues to be the case, that
4 secure care is being used in order to protect children
5 from themselves and it's less about them having
6 committed offences.

7 Q. What you say is that most young children have been
8 placed by the children's hearings?

9 A. Yes, but again that's it in terms of that volatility,
10 but again the reduced use of secure care in Scotland,
11 such that many young children are now being placed from
12 Northern Ireland and England in secure care in Scotland.

13 Q. On page 652 you mention -- this is towards the very
14 bottom of the page -- the Kilbrandon Again Report?

15 A. That's right.

16 Q. Can you just help me with that?

17 A. The Kilbrandon Again Report was undertaken by the
18 Children and Young People's Commissioner for Scotland
19 and Action for Children and it's looking at 50 years on
20 from Kilbrandon. Here it identified a shortfall in
21 secure accommodation for young people in Scotland, but
22 the shortfall was caused by units accommodating young
23 people from England and Wales. So it's identifying that
24 issue of balance of in terms of provision of care.

25 So that at times there was unavailability of secure

1 care places.

2 Q. Can I just understand this. At a point in time, there

3 may be free places for whatever reason, so these are

4 filled in with children from England or Wales?

5 A. That's right.

6 Q. Then comes along a child that needs a space and there

7 isn't a space available?

8 A. Yes.

9 Q. The report goes on to say at the very bottom of the

10 page:

11 "Consequently about half of the secure care places

12 were unavailable to young people in Scotland."

13 That seemed rather a lot?

14 A. A significant number in the latest statistics for

15 children looked after away from home in terms of secure

16 care, I think a significant number of young people from

17 outwith Scotland continue to be placed.

18 Q. I had read that to mean that because the places were

19 occupied by children from England and Wales, half the

20 places, that children who should be placed from Scotland

21 could not be placed?

22 A. That's right.

23 MR MACAULAY: My Lady --

24 LADY SMITH: We'll break now for the mid-afternoon break,

25 Andrew, and then we'll get back to the final stretch

1 afterwards.

2 (3.05 pm)

3 (A short break)

4 (3.15 pm)

5 LADY SMITH: I have two lots of information for you, Andrew,
6 if they have not already been relayed to you.

7 MCR stands for "Motivation, Commitment and
8 Resilience". Thanks to my supporter on my left.

9 The Life Changes Trust was established in 2013 with
10 a GBP 50 million investment from the Big Lottery Fund.
11 Its purposes cover not just benefiting care-experienced
12 young people, but also dementia sufferers and carers of
13 dementia sufferers. Furthermore, their investment of
14 about 2 million and something in the Champions Board
15 project has been committed only until to this year,
16 I think?

17 A. Right.

18 LADY SMITH: I wouldn't like people to think I waste my time
19 during the breaks.

20 Mr MacAulay.

21 MR MACAULAY: My Lady.

22 Can I take you then, Andrew, to page 655 of this
23 section of the report, where you have a heading,
24 "Quality in Care Services". I think in the main this
25 looks at work carried out by the Care Inspectorate?

1 A. That's right.

2 Q. You begin by drawing attention to a Care Inspectorate
3 publication in 2019 of its review of services for
4 children and young people between 2014 and 2017. We're
5 told that the review found that a small number of
6 children and young people placed in care homes,
7 residential schools or foster care had been
8 inappropriately placed because of their age?

9 A. Yes.

10 Q. But generally I think what they say after that is quite
11 positive, isn't it?

12 A. That's right. I think they're identifying some of the
13 issues we discussed earlier in terms of the emergency
14 nature of placement or location of placement, that in
15 crisis situations it may be whatever placement is
16 available rather than the most appropriate placement.

17 Q. Moving on to page 656 and what they say about staffing,
18 in the second paragraph:

19 "However, 'deficits in staff numbers, skills or
20 capacity had the potential to impact on quality of care
21 and positive outcomes for people over the longer term'."

22 A. That's right and I think they highlight the importance
23 of consistent staff teams so that relationships can be
24 built up over a period of time and that enables positive
25 experiences. However, where staffing numbers are short

1 or where there isn't the quality of staffing, that that
2 impacts on the quality of care.

3 Q. Indeed, that's what I think is said in next paragraph:
4 "The quality of residential care homes was high
5 'with most services having evaluations of good or better
6 ..."

7 A. Yes.

8 Q. But where services -- because of staffing problems, then
9 the assessments could be adequate or worse?

10 A. Yes, that's right.

11 Q. If I could take you to 657, we have another "Review of
12 Joint Strategic Inspection of Services for Children",
13 again, this is in 2019, where the Care Inspectorate
14 published a review of joint inspections of services.

15 If I just pause for one moment to look at the team
16 that would be involved in the joint inspection. We have
17 Education Scotland, Healthcare Improvement Scotland, HM
18 Inspectorate of Constabulary and of course the Care
19 Inspectorate itself, so it's quite a large team of
20 people?

21 A. That's right. In a sense reflects the importance of
22 getting the perspectives of different professionals in
23 order to address issues of collaboration and integrated
24 working.

25 Q. In addressing the question how well are the lives of

1 children and young people and families improving using
2 three indicators, and they set these out, it found that
3 the first of these indicators demonstrated the most
4 improvement over the five-year period, with evaluations
5 gradually improving as the inspection programme
6 progressed?

7 A. Yes.

8 Q. There is also a suggestion -- we're told that the
9 improvement was not consistent across all groups?

10 A. That's right. And also highlighted issues of financial
11 constraint and austerity. It wasn't consistent in terms
12 of the positive destinations of looked-after children
13 and young people occur at a lower rate than the wider
14 population. There were issues again in closing the
15 outcomes gap in terms of education which existed between
16 looked-after children and young people in care in the
17 general population, but also in terms of the children
18 and young people placed in different care settings and
19 highlighted that children and young people looked after
20 in stable foster placements did better than other
21 looked-after children and young people and particularly
22 those placed at home, which is a point that we referred
23 to earlier.

24 Q. Of course the indicators that we were looking at here
25 was improvements in the outcomes of children and young

1 people?

2 A. That's right.

3 Q. The second indicator is the impact of services on

4 children and young people. In relation to that, just

5 below halfway, they say:

6 "... the review found that 'joint inspections

7 continued to show a richness of evidence about the

8 impact of the work undertaken by staff ...'"

9 And that appears to be a positive description --

10 A. That's right, yes. Again, in terms of building positive

11 relationships with children and young people.

12 Q. Another Care Inspectorate joint inspection you talk

13 about on page 660. Towards the bottom of the page can

14 we read:

15 "From April 2018 to March 2020, the Care

16 Inspectorate led joint inspections across eight

17 community planning partnerships."

18 A. Yes.

19 Q. Are you able to tell me what the overall picture was

20 from this inspection?

21 A. So again we focus on the findings for looked-after

22 children and young people, that again these inspections

23 found that the children and young people reported

24 trusting and supportive relationships, evidence of

25 strong and meaningful working relationships having

1 a positive influence on outcomes for most looked-after
2 children and young people and that most looked-after
3 children and young people had experienced at least some
4 improvement in their well-being, because of the support.

5 Q. Are we seeing in these inspections we have looked at
6 a more positive picture emerging from the way in which
7 children and looked-after children are being cared for?

8 A. That's how I interpret it, that through these
9 inspections over time that there is evidence of
10 improvement in the operation of care services.

11 Again, that children in foster care experienced most
12 improvement and again children and young people looked
13 after at home showed the least.

14 Q. Turn to page 664, where you have a chapter headed,
15 "Regulation, Recruitment and Training". I'll just look
16 at some aspects of this.

17 The first point I want to raise with you is the
18 reference to National Health and Social Care Standards.
19 What we are told is that in 2016 the Scottish Government
20 published a consultation paper on a new set of National
21 Health and Social Care Standards which would apply to
22 a diverse range of services, not just children in care.

23 We move on to read that the new standards were based
24 on the human rights and well-being of people using
25 services and subscribe to the following principles.

1 They list the principles, including dignity,
2 compassion, inclusion, responsive care and support and
3 well-being?

4 A. That's right.

5 Q. Were the new national standards then published?

6 A. That's correct. Previously the national care standards
7 had been developed in terms of individual sectors, so
8 there were standards in terms of foster care, standards
9 in terms of children in residential care. So this was
10 in a sense to provide a more overarching range of
11 standards, which would address a wider range of service
12 users and services, but still based very much on
13 principles that you have outlined.

14 Q. We're told that these come into effect in April 2019?

15 A. That's right, yes.

16 Q. Can I move on to page 666, and a topic that I think is
17 quite close to your heart and that's qualifications.

18 A. That's right.

19 Q. You begin by saying that CELCIS published a report on
20 the qualifications of the residential childcare
21 workforce in 2016. You provide some statistics. What
22 was CELCIS seeking to achieve in the area of
23 qualifications?

24 A. I think again this was to look at the progress being
25 made towards the qualification of the residential

1 childcare sector. As we noted previously, although
2 residential childcare staff were registered on the
3 Scottish Social Services Council, a significant
4 proportion still had conditions and this, in a sense,
5 updates that material.

6 Q. Was the ultimate aim to have qualified staff at the
7 Level 9 level?

8 A. At this point this was looking at what the
9 qualifications of the staff were at this point of time
10 in terms of trend, although the work was being done at
11 this time on the possibility of the minimum
12 qualification increasing to the Level 9 degree
13 qualification.

14 Q. Was there an expectation, I think, that the Level 9
15 qualification would be introduced in 2019?

16 A. Yes. So it was anticipated that this would be brought
17 in and it was looking at given the state of the level of
18 qualifications of the residential sector at that time,
19 what the priorities were to bring in the new Level 9
20 qualification.

21 Q. I think you mentioned yesterday, at least in passing,
22 that that has been put on hold pending the Independent
23 Care Review?

24 A. That's right.

25 Q. Can I just then really finally turn to that, to the

1 Independent Care Review. You make some points about
2 that on page 667 of this section of the report.

3 We touched upon this already, but at the SNP
4 conference in October 2016 the then First Minister
5 pledged to undertake an independent root and branch
6 review of the care system. Was that essentially the
7 remit for the review?

8 A. That's right, yes.

9 Q. As we see at the bottom of the page, it was officially
10 launched on 30 May 2017 and it was to take three years
11 to carry out its work?

12 A. Yes, that's correct.

13 Q. You set out the various stages.

14 If we turn to page 668, you have what's called the
15 discovery stage?

16 A. Yes.

17 Q. You set out what that stage was to do.

18 Then on the next page, 669, you have the journey
19 stage?

20 A. That's right, yes.

21 Q. Again, you provide some information on that.

22 If you turn to page 670, halfway down you make
23 mention to the work of the 1000 Voices Project. Can you
24 just tell what that was about?

25 A. That was Who Cares? Scotland and a pledge had been given

1 that they would gain the views of care-experienced
2 children and young people and that 1,000 children and
3 young people would be able to express their opinions in
4 relation to the Independent Care Review. Who Cares?
5 Scotland, they are long experienced in engaging with
6 children and young people in care and so they held
7 workshops, events, sessions, focus groups and other
8 methods to gain the perspective of care-experienced
9 children and young people.

10 Q. You tell us in the last paragraph on that page that the
11 Independent Care Review published its final reports in
12 February 2020?

13 A. That's right.

14 Q. Just counting, seven reports?

15 A. Yes.

16 Q. Were they all published at the one time?

17 A. Yes, they are all available online.

18 Q. Yes, they are.

19 If we look at the end of the section at page 671,
20 you make reference towards the bottom there to what you
21 refer to as The Promise team began to translate the
22 findings into the plan for change. That began in July?

23 A. That's right.

24 Q. What is that?

25 A. So the recommendations of the proposals identified by

1 the Independent Care Review were accepted and so The
2 Promise has been taken forward in order to implement the
3 proposals in relation to what they call the five
4 foundations of The Promise, in order to take that
5 forward. Funding has been allocated and is being
6 distributed to implement different aspects of The
7 Promise across Local Authorities and other service
8 providers.

9 Q. Has a Promise team been set up?

10 A. Yes.

11 Q. By the Scottish Government?

12 A. That's right.

13 Q. Does one assume now then The Promise team is hard at
14 work and in due course will publish its findings?

15 A. Yes, and I think has been making interim reports and
16 identifying areas for priority and identifying where
17 there are still gaps and obviously just following The
18 Promise, the pandemic hit, which had a significant
19 impact on care-experienced children and young people as
20 well, and impacted -- in reacting and dealing with the
21 results of the pandemic, some of the activities in order
22 to achieve The Promise have been delayed. So there have
23 been calls that it's important that the Local
24 Authorities move forward and not just Local Authorities,
25 Local Authorities and voluntary agencies and corporate

1 parents more generally, move forward to take The Promise
2 forward.

3 Q. Does this whole process highlight, we touched upon this
4 yesterday, that in this whole field there are clearly
5 gaps and work to be done?

6 A. Absolutely, yes. I think it's the balance between
7 positive improvement which have been identified but also
8 the gaps that still exist in relation to children and
9 young people in care and in order to support them to
10 achieve their full potential through the care system.

11 Q. You also have a short section at page 672 onwards
12 dealing with school hostels, which I think you described
13 as a distinctive form of residential care?

14 A. That's right.

15 Q. They have played and do still play a part in caring for
16 children?

17 A. That's right.

18 Q. You provided us with essentially what I think is
19 a factual history?

20 A. Yes, that's right. Just describing the development of
21 the first school hostels in the early 1900s, prior to
22 that children and especially I suppose young people who
23 are attending secondary school, would have to travel to
24 the secondary school, often they would be put up in
25 lodgings or with relatives and it was during the early

1 part of the 20th century that it was acknowledged that
2 other forms of provision needed to be developed, and so
3 school hostels were established.

4 At this time, most in terms of mainstream secondary
5 education, but more recently there are hostels for
6 specialist secondary provision, such as music.

7 Q. Initially it was to cater and still to cater for the
8 Islands?

9 A. Well, the Highlands and Islands, yes.

10 Q. You have provided us with a conclusion, which you'll
11 find on page 731, Andrew and if we just look at that.

12 I think if you could just summarise what your
13 thoughts are.

14 A. Yes, indeed, once I get there.

15 First of all, I think just acknowledging that this
16 covers over 200 years of the development of care
17 services. Over that time it's the real significant
18 changes from the institutions and boarding-out systems
19 of the 19th century. Some individual services have been
20 present over the whole of that period of time, in
21 a sense undergoing transformations. Early reformatory
22 schools became approved schools, became List D schools
23 and now often have a broader range of services for
24 children and young people as well as the residential
25 services.

1 Some services have come and gone, residential
2 nurseries for young children came in in the 1930s and
3 disappeared by the 1970s.

4 Increasing regulation to try and ensure good
5 standards of care. Undoubtedly the quality of care has
6 improved, but still some children and young people are
7 let down and have poor experiences.

8 Throughout we have seen the impact of poverty and
9 austerity on the lives of children and young people and
10 that was highlighted again by the Independent Care
11 Review.

12 Again, throughout I think, we have identified issues
13 of stigma and discrimination in terms of
14 care-experienced children and young people. You
15 commented earlier about children and young people in
16 residential care seeing themselves as the bottom of the
17 pile.

18 I think we have detailed the instances of serious
19 abuse. Obviously the Inquiry is focused on the abuse,
20 but also the happy memories of children and young people
21 in care. I think one -- I know when I first gave
22 evidence here I was identifying almost the haphazard
23 way, the random way in which the experience of children
24 could be impacted by choice of placement. Some had very
25 positive experiences. Some had very negative

1 experiences. Some who were abused but have also given
2 accounts of positive experiences in other care
3 placements. I think it's that variability over time in
4 terms of the quality of services that has been
5 highlighted.

6 LADY SMITH: I think we also have seen time and again,
7 Andrew, I'm sure you have too, of children having both
8 positive and negative experiences within the same
9 institutional placement at the same time?

10 A. Absolutely. Yes, that's right.

11 LADY SMITH: Which shows that it is possible to get it right
12 and was possible to get it right with a child.

13 A. Yes, I think that's a very important point.

14 The development of children's rights has been
15 incredibly important in highlighting the importance of
16 listening to children and young people. That has run
17 through the evidence, in a sense touching upon what
18 I said identifying the inconsistency and variation
19 within services, and between services identifying
20 excellent practice.

21 Then, at the end, saying that the impact of COVID
22 has been highly significant. I think that the --
23 I finished this review during lockdown, so when we all
24 had more time at home to focus on other things, as it
25 were.

1 I've said and I've recently had an article
2 published, drawing initially from this work on the
3 experience of children and young people in infection
4 hospitals and sanatoria in Scotland, children with TB
5 and polio could spend years in hospital. Those
6 disappeared through improved public health, through
7 sanitation, through vaccination and I'm saying here that
8 we hope soon we'll be able to say the same about COVID.

9 I think, fortunately, we are able to say that now
10 and can again focus on ensuring that care services do
11 provide children and young people to flourish and reach
12 their full potential.

13 MR MACAULAY: Thank you for that summary, Andrew.

14 Even more so, thank you for the powerful
15 contribution that you have made to the development of
16 children care services in Scotland and to this Inquiry.

17 A. Thank you.

18 Q. You have drawn together an enormous amount of research
19 material and other material and produced what must be
20 a magnum opus. I say that not because of the 730 pages
21 or the 4,000 footnotes, but the real powerful material
22 that is contained in it. I suspect not only will it be
23 of use to the Inquiry, but also to those who work in
24 this field. So thank you very much.

25 A. Okay. Thank you.

1 LADY SMITH: Andrew, let me echo everything that Mr MacAulay
2 has just said. You have done an enormous work, it's
3 hard to find words to capture what must have gone into
4 your report in terms of effort, time and trouble. You
5 have provided us with detailed research that's rich in
6 content that's relevant to our work, because the
7 development and quality of the care of children's
8 services is as important to the fundamentals of
9 establishing and maintaining places for children to be
10 cared where the risk of abuse will be minimised.

11 Whilst I'm not charged with looking at overall the
12 quality of care provided for children in Scotland past,
13 present or future, I am charged with looking how abuse
14 happened, what abuse happened and what we do about that
15 now and in the future. It's plain from everything
16 you've taught us that it's never going to be sorted if
17 we don't start with good-quality provision of children's
18 services of all types.

19 This is really, really very welcome work. Thank you
20 for that. You are now allowed to go and have a rest.
21 I don't think we can come up with another reason to call
22 you back. Well, maybe never say never, but I can't
23 think of one at the moment. Thank you.

24 A. Thank you.

25 MR MACAULAY: My Lady, that completes the evidence for this

1 week. We're back again on Tuesday with
2 Professor Levitt.

3 LADY SMITH: That's right.

4 We don't sit tomorrow because we mark the King's
5 birthday apparently. I hadn't realised until recently
6 that that was why tomorrow is a public holiday, but
7 I'm told on good authority that it is.

8 Thank you all for your interest so far and we will
9 look forward to hearing Professor Levitt on Tuesday.

10 Thank you.

11 (3.50 pm)

12 (The hearing adjourned until 10.00 am on
13 Tuesday, 30 May 2023)

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