

| Executive Summary
Development of Children's
Care Services in Scotland

Report for the Scottish Child Abuse Inquiry

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May 2021

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Executive Summary

Introduction

This review aims to describe the establishment, nature, and development of child care services in Scotland from 1900 to the present day. Specifically, those named in the terms of reference of the Scottish Child Abuse Inquiry:

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

It will explore the changing nature of the child care population and children's changing needs over the period under review. It will also address the recruitment and selection of staff and carers, and their training and supervision. The review will identify systemic weaknesses in care services over time, as well as developments in good practice.

Development of Children's Services and Schools Before 1900

The foundations of the Scottish child welfare system were laid long in the past, and the boarding out of children with families was central to this. However, the 19th century also saw the development of residential institutions for children. Prior to this, young people were not separated from adults in prisons, hospitals and poorhouses.

Boarding Out, Foster Care and Baby Farming

The boarding out of children with families was central to Scottish child care. Initially, children could only be fostered with parental consent but increasingly, they were boarded out against their parents' wishes because the parents were considered unfit. Boarding out in country districts provided guardians with cash payments, and labour for crofts and small farms. Despite cases of abuse and overwork, there was general support for the practice.

A related issue was 'baby farming', where mothers who were refused relief paid for other women to wet-nurse and wean their babies. There were numerous cases of abuse of this system including the murder of babies.

Hospitals, Alms Houses, and the Poorhouse

In the 19th century, a number of charitable hospitals catered for poor children, but there were increasing concerns about finances and the quality of care. Eventually, the welfare and educational elements of the hospitals were separated. Some continued as orphanages while others became day schools. Children, including disabled children, were also placed in poorhouses alongside destitute adults. Overcrowding, insanitary conditions, poor diet and poor medical care were rife. Corporal punishment was often used to enforce discipline.

Orphanages and Children's Homes

There was a rapid expansion of voluntary homes and orphanages in the second half of the 19th century. There were three main factors to this. The first related to the opening of Catholic orphanages in response to immigration from Ireland. Secondly, children aged 14 and over were no longer supported by Poor Law relief, and a

number of homes were set up for this purpose. Finally, there was an increase in philanthropic concerns about vulnerable children, in the context of economic slumps.

Prisons

Before the 19th century, prisons were used mainly for custody of offenders awaiting punishment, rather than as punishment itself. Two correction houses opened in Scotland by the beginning of the 19th century. Correction was through labour and discipline. Many children were in prison and endured repressive regimes, solitary confinement, harsh punishments, poor conditions, and hard labour. This led to many cases of insanity and suicide.

Reformatories and Industrial Schools

In the 19th century, institutions were opened to divert children from prisons. Refuges for juvenile delinquents were set up in Edinburgh and Glasgow, and reformatories were opened. Industrial feeding schools took in children not yet involved in crime. Legislation in the 1850s formalised a dual system of reformatories and industrial schools. Although alternatives to prison, these were repressive institutions with regimes of hard work, severe punishment, and poor diet and living conditions.

Institutions and Hospitals for Disabled Children

Also in the 19th century, there was an increasing focus on institutional responses to disabled children. In the early 1800s, institutions for blind children and deaf children were opened. Two institutions for children with learning difficulties were opened in the mid-1800s, at Baldovan and Larbert. In 1874, East Park Home, Glasgow, was the first residential provision for physically-impaired children. However, many disabled children were also in poorhouses, asylums, industrial schools and prisons.

Magdalene Asylums and Institutions, and Lock Hospitals

The Magdalene Asylums and Institutions addressed prostitution and the sexual exploitation of girls and women. They varied in their methods and most were run by lay committees. Reform was through religious education, habits of hard work, humility and obedience, and training in typical household duties. Lock Hospitals were separate institutions but worked interdependently with the Magdalene Asylums, and treated venereal disease through segregation of girls and women.

Development of Children's Services and Schools Between 1900 and 1948

This period was marked by the major influence of two world wars and economic recession. Poverty, overcrowding, and poor housing dominated the lives of many children. Poor health led to high infant mortality rates. In 1906, some 8,700 children were under the care of the Poor Law: over 1,800 were in the poorhouse, almost 900 were in other residential institutions, and almost 6,000 were boarded out.

Over this period, there was a significant change in why children were placed under the Poor Law: the number of orphaned children dropped from 46 per cent to 11 per cent, and deserted children fell from 19 per cent to ten per cent; while the number of children separated from their parents rose from 35 per cent to 79 per cent.

The loss of life in World War I impacted greatly on children through death of fathers or desertion. Significant numbers of children were placed in care because of poverty or shame, or parents and carers were persuaded to do so in the best interest of the child. There was also an increasing focus on the health of children and keeping children with their mothers.

In the 1920s and 1930s, Scotland suffered from the Great Depression and some 9,200 children were placed in care under the Poor Law in the peak year of 1933.

World War II led to an unprecedented period in the boarding out of children and residential care. Thousands were evacuated to the countryside from the major cities. In addition, children from Europe were displaced to Scotland. While many evacuated children were placed with families, a significant number were housed in evacuation hostels and camps. Evacuation also impacted on existing residential establishments.

The Clyde Committee

In Scotland, the Clyde Committee (the *Committee on Homeless Children*, 1946) carried out a systematic examination of the care of 'homeless children', excluding residential care for young offenders. There were 17,607 children and young people in care in 1945. Although there was a focus on the boarding out of children in Scotland, especially for those placed in care under the Poor Law, most children and young people (55 per cent) were in different types of residential care.

Foster Care

The boarding out and foster care of children continued as an important element of the Scottish child care system. Central to this was the separation of children from their families. Children were sent from the cities to rural and crofting communities across Scotland, and had a wide range of experiences. Some thrived, while others experienced ill-treatment and exploitation. Many experienced the consequences of separation from their birth families and the denial of information about their origins.

There was variability in the support from local authorities for boarded-out children, and limited support when young people left care. Inspection of foster placements was haphazard, particularly during World War II. Despite the criticisms of boarding-out, and the need for improved selection and inspection of foster parents, the value of the family in addressing the issue of homeless children continued to be stressed.

Residential Care

Most children were placed in residential care. The poorhouse continued to be a significant provider of care. The poorhouses provided a harsh environment for children with limited facilities, poor diet, and lack of health provision. The Clyde Committee was clear that placement of children in the poorhouse must cease.

Orphanages, Children's Homes and Training Homes

At the start of the 20th century, there was a wide range of orphanages and children's homes. Some were very large (Quarrier's Homes catered for up to 1,000 children). Other homes were smaller, and typically would look after up to 50 or so children. Life in residential care involved rigidly enforced rules, physical punishment, inflexible schedules, and hard work doing cleaning and chores. Children were not treated as individuals and were marched to breakfast, school, church, and bed. Religious education was pervasive. Brothers and sisters were separated from each other. Children, however, could have widely differing experiences of care, even within the same home. Some recalled carers with affection, friendships with other children, and they enjoyed special occasions and trips. Others were treated with indifference and experienced physical, sexual, and emotional abuse.

Some residential establishments were set up specifically to train young people for emigration abroad. Training farms equipped boys in basic agriculture and the care of stock, in preparation for emigration to Canada. Other training homes for girls

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focused on gardening, laundry work, housewifery and cooking, to prepare them as domestic servants.

The Clyde Committee acknowledged the contribution made by children's homes, and the general improvement in conditions. Whilst it was clear in its criticism of large institutions, it recognised the continuing need for residential care. Some of its recommendations were that homes should not be too large, and they should be located near towns to prevent social isolation.

Hostels for Working Boys and Girls

Hostels for working boys and girls were opened to support them into employment. These were in the cities and young people were often from rural areas. The hostels provided accommodation at a rate the young people could afford on their low wages as apprentices or students. Some of these hostels continued into the 1970s.

Industrial Schools, Reformatories and Approved Schools

By the start of the 20th century, there had been a rapid rise in the numbers of reformatories and industrial schools. There was criticism of the schools for their punitive and repressive regimes. In 1920, a new funding mechanism led to a fall in the number of children placed in industrial schools, and, increasingly, the distinction between reformatories and industrial schools had become obsolete.

In 1932, legislation replaced these schools with 'approved' schools which were open establishments for young offenders and those beyond parental control. However, the new approved schools retained many of the characteristics of the earlier schools and many were in the same buildings. During World War II, a number of new approved schools were opened but there was still a lack of capacity. There were concerns about the mixing of different groups of children in the schools, including children with learning difficulties. At the end of 1947, there were 26 approved schools in Scotland.

The lack of capacity in approved schools had a knock on effect in relation to remand homes. Remand homes were criticised for their penal regimes, lack of educational facilities and, again, for the mixing of different groups of children.

There were also some radical developments in the care of young delinquents who needed to be evacuated, and one example of this was the Barns Evacuation Hostel which adopted a therapeutic approach to care.

Borstals

Scotland's first borstal institution was opened at Polmont in 1908. The daily regime of the borstal system included education, physical training, and work training. There was strict discipline, and in some borstals, a points system operated and these could lead to financial rewards and privileges. Some of the borstal institutions were part of adult prisons, and this was raised as a concern in the 1930s. Cornton Vale Open Borstal opened in 1946, and Castle Huntly in 1947.

Homes and Institutions for Disabled Children

In 1900, there were only two national institutions for learning disabled children, at Larbert and Baldovan, and the numbers of children in the two institutions continued to rise. Further institutions for learning disabled children were opened: for example, Waverley Park Home, Dunclutha Home, St Charles' Institution, and at Woodilee Asylum and Stoneyetts Hospital. By 1936, 11 institutions were known to provide accommodation for children with a learning disability.

Children experienced a range of training activities, as well as recreation and leisure activities. However, there was abuse and extreme forms of discipline, such as experienced by Jimmy Laing as a child in the Baldovan Institute. He remained in institutions for 47 years.

There was also an increase in the number of institutions for deaf children and blind children. While there were improvements on leisure and recreational activities, these were still in the context of institutional regimes.

Long Stay Hospitals, Sanatoria and Convalescent Homes

Children in hospital faced separation from parents and siblings, and the same issues of institutionalisation. This period saw the rise of infectious disease and fever hospitals, and tuberculosis hospitals such as Mearns Kirk Hospital. Convalescent homes in the country facilitated recovery from physical illness or injury. By 1900, there were seven convalescent homes for children in Scotland, and more homes opened. Fresh air and a healthy environment were central to therapeutic regimes.

Magdalene Asylums and Institutions, Lock Hospitals, and Hostels for Venereal Disease

Magdalene Asylums continued to operate throughout this period. There was criticism of their repressive regimes and their focus on laundry and domestic work. There was

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also outrage at the number of victims of child sexual assault who contracted venereal diseases and were placed in Lock Hospitals. However, these children were still viewed as a sexual danger and they were often sent to Magdalene institutions, industrial schools, or children's homes. The Glasgow Lock Hospital continued to operate throughout this period, and closed in the 1940s with the advent of the NHS.

Residential Nurseries and Mother and Baby Homes

A number of homes for unmarried mothers were opened. Over time, there was a change in the purpose of mother and baby homes from saving 'fallen' women, to a focus on maternal and child health, and providing a place for effective adoption.

During the 1930s, residential nurseries for babies and young children were developed. The Clyde Committee accepted the need for such nurseries.

Issues in Care Services

Recruitment and Selection

Very little had been written on the recruitment and selection of residential and foster carers before 1948. The Clyde Committee called for adequate salaries and equitable superannuation schemes for residential care staff. It also highlighted the poor standard of selection of foster carers, and called for minimum payments for foster carers.

Training and Supervision

Again, there was little focus on training prior to 1948. The Clyde Committee recommended a basic training course for all future residential staff members. It also called for a 'new conception' of foster carers but did not propose formal training.

Systemic Weaknesses and Good Practice

Perhaps, the most serious systemic weakness over this period was the wide variability in the quality of care, both across different care settings, and within institutions and residential establishments. Children and young people could experience both positive placements and abusive placements.

There was also little focus on the individuality and development of children. Institutional regimes had rigid structures and strict rules. Child guidance services did

begin to focus on emotional well-being, and there were some radical, therapeutic approaches to care. However, placements could be emotionally warm, or emotionally stilted and abusive.

Children's rights were not really on the agenda. Good basic care focused on a clean and healthy environment. However, there was wide variability. Large institutions were criticised for poor environments and the food provided, as were some foster placements.

There was recognition of the need for basic education, but in many situations, the focus was on training for menial employment. Physical health was seen as important and there was an increasing focus on maternal and child health.

The idea of partnership with parents was limited, and separation of children from their parents was seen as appropriate. Similarly, siblings were often separated. There was limited collaboration between different agencies and organisations.

There were a wide range of punishments which could be routine and random. There was clear evidence of physical, sexual, verbal, and emotional abuse. Some children did experience safe and stable care placements that catered for their needs.

Development of Children's Services and Schools Between 1948 and 1968

The *Children Act 1948* emphasised the child's best interests. It also set up new organisational structures for children in care, and Children's Committees and Children's Officers were appointed. The *Children and Young Persons (Scotland) Act 1937* continued to deal with 'children in trouble': juvenile offenders, children in need of care and protection, children and young people beyond parental control, and truants.

After World War II, there was an extended period of austerity with food rationing and shortages. Following this, however, there was a period of relative prosperity and unparalleled rise in the standard of living for most Scots.

The number of children in care rose to 13,340 in 1952 and then fell to 11,221 in 1969. These figures included children placed by courts naming the local authority as a 'fit person', and in 1958, 264 of these were offenders and 1,732 were non-offenders. The number of children placed in care by their parents fell from about 4,000 to just over 400 over this period. In addition, young people were placed in approved schools by the courts. In 1959, 1,431 young people were placed in approved schools: 1,057 offenders, 162 truants, and 212 in need of care and protection.

A Study of Children in Care in Glasgow

Over 200 children born between 1943-45 and placed in care were studied at the age of 18. Half of the children were illegitimate and this was a major factor in going into care. Other reasons included illness or death of parent, child desertion, neglect, and 'care and protection cases'. Poverty was also highlighted as an issue. One in six were placed with relatives, two-thirds were boarded-out and one in six were placed in residential care. Most boarded-out children were sent to distant rural communities. Generally, the educational progress of the children was 'not unsatisfactory'. Most were employed after leaving care, reflecting the economic conditions at the time.

The Kilbrandon Committee

In the 1960s, the Kilbrandon Report marked a watershed in decision-making for young offenders and children in need. Its focus reflected the preponderance of juvenile offenders compared to those in need of care and protection. This was a

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different, although overlapping, population to that covered by the *Children Act 1948*. Kilbrandon identified the individual needs of the child as the basis for intervention. It focused on residential care and identified: insufficient variety in approved schools; shortage of hospitals for children with a 'mental defect'; a need for residential schools for seriously maladjusted children; inadequacies in local authority children's homes; and a need for short-term residential training facilities.

The White Paper—*Social Work and the Community*—took forward the recommendation of the Kilbrandon Report for Children's Panels. However, generic 'Social Work Departments' were proposed rather than 'Social Education Departments' as recommended by Kilbrandon.

Foster Care

Fostering as substitute parenting continued to predominate. However, there was an increasing recognition of the role of natural parents in the life of children in care, and that children should be reunited with their family where possible. Similarly, there was increasing recognition that there should be regular contact between brothers and sisters.

The advantages of living in a town were put forward, rather than boarding out children in rural areas—although some local authorities continued this practice into the 1960s. There were concerns about foster homes caring for six or seven children because of a shortage of foster carers, and the need for the development of temporary foster carers was recognised. The importance of selecting good foster parents was stressed, as well as matching the foster home with the needs of the child.

Children in foster care in the 1950s and 1960s had very mixed experiences. While many children had positive and warm relationships with their carers, others experienced harsh conditions, serious physical punishment, over-work, and abuse. Helen Tennent's experiences of foster care over this period, exemplified both positive and negative experiences of care. Josephine Duthie's account of boarding out, however, threw a spotlight on the worst excesses of the system.

Residential Care

Orphanages, Children's Homes and Hostels

At the start of this period, voluntary homes provided the bulk of residential care but there was an increasing move to the use of foster care and away from large institutions. There was significant variation in the standards of buildings, equipment, and child care generally. A shortage of residential accommodation led to overcrowding of homes.

Experiences of children's homes were varied. Margaret Irvine gave a very positive account of her time in care in the 1950s in Tenterfield House. She enjoyed everyday life at the home and at school, and wrote fondly about the members of staff. In contrast, survivors of sexual abuse in Fife gave very mixed views of care in St Margaret's Home, Elie. While there were some positive aspects, there were also very abusive experiences, including sexual abuse, beatings, and isolation.

Hostels for Working Boys and Girls

Hostels for working boys and girls provided accommodation for young people transitioning to employment. A report in 1950 was critical of the lack of support from local authorities, of overcrowding, and the lack of privacy. The resources of these hostels varied a great deal. Such homes continued to operate into the 1960s.

Residential Schools

Over this period, residential schools were separate from approved schools, and primarily cared for 'maladjusted children'. One such school was St Ninian's in Falkland, opened by the Christian Brothers in 1951. Education addressed the gaps in children's education and learning difficulties, with a special emphasis on remedial work. The boys were accommodated in dormitories with four beds. Discipline was enforced by a range of punishments. Nerston Residential School was opened during World War II by Glasgow Child Guidance Service. There was a wide range of activities, sports, and entertainment. Psychotherapeutic approaches were used, and group work and dramatisation. Discipline was a central feature of the school, with rigid rules and punishments. Other residential schools included Naemoor House in Rumbling Bridge which in 1961 became Lendrick Muir School for highly intelligent maladjusted children. In the 1950s, Harmeny House and Craigerne opened for primary school-aged children.

Secure Care

Little was written about the secure care units that opened in the 1960s. Rossie Farm School opened in 1962, and St Mary's Kenmure opened a secure unit in 1967.

Homes for Disabled Children, Hospitals and Psychiatric Units

There was limited information on homes for disabled children over this period. Infectious diseases and fever hospitals were overtaken by the success of vaccination and chemotherapy. There was much less need for children to remain in hospital for long periods of time. Similarly, most convalescent homes closed.

At the start of this period, the Advisory Council on Education in Scotland carried out a review of the education provision for disabled children. It published eight reports addressing the educational needs of particular groups of disabled children. The review considered that disabled children should not be removed from home to residential institutions unless they would clearly benefit from such a move, or unless their education in a day school would be prejudicial to other pupils.

There was an expansion of 'mental deficiency' hospitals which continued into the 1960s, even though there was a recognition of the need for more care in the community. There were over 1,500 children in such hospitals at the end of the 1960s.

In this period, a new resource, the inpatient psychiatric unit for children and young people, was developed. The first unit opened at the Crichton Royal Hospital in 1951. Liff House Children's Unit in Dundee, for example, aimed to provide a therapeutic milieu with individual therapy and a range of activities: occupational therapy, school work, physical education, and games. It had a multi-disciplinary staff team.

Approved Schools and Assessment Centres

In the early 1960s, there were 1,322 boys and 244 girls in 22 approved schools. There was a shift in some approved schools towards more personal-oriented approaches, and a move towards psychiatric intervention. Attempts were made to improve the accommodation and move away from large dormitories. The pressure of demand limited reductions in size, and by 1968, there were 26 approved schools.

There were a number of criticisms about approved schools, such as sending children under 12 to the schools; mixing of young offenders and children in need of 'care and

protection'; and sending children to the schools unnecessarily, particularly disabled children. Other concerns included the regimented life with little privacy, and excessive punishment. There were also high reconviction rates.

Borstals, Remand Homes and Detention Centres

Along with approved schools, there were a number of other custodial institutions: borstals, remand homes, and detention centres. The 1950s and 1960s saw improvements to borstals: Polmont Borstal was rebuilt and Noranside Borstal opened in 1963. A psychiatric service was set up. While a therapeutic approach was difficult in the context of the authoritarian regimes, it was considered important to integrate into the day-to-day work with the young men. However, there had been little change in training methods, which focused on teaching the value of regular work, often through dull and repetitive tasks. Given the high rates of reconviction, the *Committee of the Scottish Advisory Council on the Treatment of Offenders* argued that training should fit the needs of young offenders, and should be taught by qualified teachers.

In 1961, there were eight remand homes in Scotland which accommodated 158 boys and 47 girls, mostly in the same homes. They provided temporary custody for those awaiting court cases who had not been given bail, and were also used as a 'place of safety'. Provision was seen as insufficient and there were concerns about the inadequacy of premises, lack of equipment, and the poor quality of management and staff.

The *Criminal Justice (Scotland) Act 1949* gave powers to commit an offender aged between 14 and 21 to a detention centre for a maximum of three months. This was seen as a 'short, sharp shock' approach with implications of purely punitive treatment. The first detention centre in Scotland was opened in 1960 and various centres opened and closed. Physical training took place twice a day and work opportunities tended to be dull and repetitive.

Jimmy Boyle spent time in various institutions, and recounted disciplinary and violent regimes, bullying, and the routine and monotony. He spoke of their role in his criminal development through the links with other offenders across Scotland.

Towards the end of this period, Young Offenders' Institutions were opened in Scotland, and this has been described as a haphazard and unsatisfactory process.

Magdalene Asylums and Institutions

Magdalene Asylums continued into the 1950s and female delinquency continued to be stereotyped in sexual terms. There was little change in the regimes, with a continued focus on laundry work. There were mass breakouts from one home, and allegations of ill-treatment and beatings. It was closed down some months later.

Residential Nurseries and Mother and Baby Homes

The impact of John Bowlby's work on attachment resulted in the closure of residential nurseries. A small number, however, continued into the 1970s. Mother and baby homes were seen as increasingly outmoded. As public perception of unmarried mothers changed, new types of accommodation were opened.

Issues in Care Services

Recruitment and Selection

The regulatory framework was vague on recruitment and selection of residential staff and foster carers, and formal requirements were limited. Interviews took place and references were required for residential staff. The selection of foster carers stressed the importance of seeing all members of the family.

Training and Supervision

Although training courses such as the Certificate in Residential Care of Children had been set up, there was little focus on training and qualifications. Residential workers highlighted their lack of experience and training. Similarly, there was very little consideration of the training of foster carers.

Systemic Weakness and Good Practice

There were significant advances in the understanding of child development, and the impact of institutionalisation on that. There was a move to smaller children's homes and family group homes, and the closure of residential nurseries. However, there continued to be marked variation in the quality of care.

There was an increased consideration of individuality and child development. However, there continued to be strict and authoritarian regimes in some residential

settings, particularly those for young offenders. In foster care, there continued to be wide differences in the experiences of children and young people.

Children's rights continued to have little impact on policy and practice. Good care was increasingly seen as more than just a clean and healthy environment. There were improvements in accommodation, and more emphasis on leisure and activities.

While there was increasing focus on the education of children, and significant developments in the education of disabled children, there was a continuing emphasis on vocational training. The physical health of children in care continued to be seen as important, but limited attention was paid to systemic barriers to promoting health. There was also an increasing focus on emotional and mental health and well-being.

Partnership with parents continued to be limited, with clear differences across children's services, education, criminal justice services, and health services.

Children's feelings of safety were very varied. Corporal punishment continued along with a range of other sanctions. Children in care experienced physical, sexual, and emotional abuse. Other children experienced safe and stable care placements.

1968—1995: Social Work (Scotland) Act 1968 to Children (Scotland) Act 1995

The introduction of the *Social Work (Scotland) Act 1968* and local government reorganisation saw significant change in care services. There was a marked move away from the use of residential child care. The increasing recognition of child protection issues led to significantly more referrals of children. The issue of the abuse of children in care was also highlighted. The 1980s saw children's rights come increasingly to the fore, particularly as the Convention on the Rights of the Child was being drafted. The *Children (Scotland) Act 1995* included a range of children's rights.

In 1973, there were 20,703 children in care. However, 8,230 of these were on supervision at home, a new category of children in care introduced by the 1968 Act. The 12,473 children looked after away from home were placed as follows:

- 5,500 in foster care,
- 2,592 in local authority home or hostel,
- 1,865 in voluntary home or hostel,
- 1,617 'List D' school,
- 130 in private lodgings,
- 81 in residential employment, and
- 527 in other accommodation/not known.

The numbers of children in residential and foster care fell to 5,667 in 1995. The numbers in residential care dropped by over two-thirds, from 6,304 in 1971 to 2,042 in 1995. The numbers in foster care fell by half, from over 7,000 in 1971 to 3,626 in 1995.

Research Study on Residential and Foster Care

Research on the use and outcomes of foster and residential care was carried out in the early 1990s. Three-fifths of the children were placed in foster care and these tended to be younger children; all those placed in residential care were aged 12 years or over. Almost a third of the children had three or more placements in a 12 month period. Just under two-thirds of placements were considered to have achieved their aims and a further quarter were thought to have partly achieved their aims. Almost three-quarters of placements achieved their intended outcomes and there was little difference between the residential and foster placements.

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Foster Care

In the 1970s, there was a focus on local, community-based foster care. Permanency planning policies aimed to counter drift in care. Specialised, professional foster schemes were developed, and foster care for teenagers was set up as an alternative to residential care. Respite care services for disabled children were also established. An important issue linked to the policy of reunification of children with families was the promotion of ongoing contact with parents when children were in foster care. A constant issue, however, was the recruitment and retention of foster carers.

Research on Foster Care in the 1970s and 1980s

Research on children's length of stay in care highlighted the importance of contact between birth parents and children, and the barriers to contact such as the exclusion of parents. Poverty was highlighted, as was the impact of illegitimacy, homelessness, and long term psychiatric illness. It was also noted how the distance of placements impacted on parental contact. A study of temporary foster care found that the quality and consistency of support to foster carers varied. However, two-thirds of the placements were relatively successful.

Residential Care

This period saw a dramatic reduction in the number of children and young people who were placed in residential child care. By and large, residential care became a service for young people in their teens.

In the early and mid-seventies, three surveys of residential provision were carried out in the North-East, South-East and North of Scotland. In 1973, a survey in North-East Scotland identified 777 children placed in 44 separate residential establishments. There were 18 small children's homes, eight large children's homes, three residential special schools, one List D residential school, four hospitals, a reception and assessment centre, a respite home for 'mentally-handicapped' children, and a number of hostels and mother and baby homes.

The second survey was carried out in 1974 and identified 1,050 children placed in 65 residential establishments in Fife, Lothian and the Borders. Residential provision included: general purpose homes with 12 or fewer places; general purpose homes with 13 or more places; homes for pre-school children; homes for younger

emotionally disturbed children; hostels for children aged 12 or more; reception and assessment centres; and, other specialised units.

The third survey, in 1976, covered the Highland Region and the Western Isles. It identified 134 children in foster care, 89 children in ten children's homes, 26 children in a residential special school, and 97 children in hospitals for more than three weeks. There were 645 children in 19 school hostels, and 22 in 'educational lodgings'.

In the early 1990s, Angus Skinner, then Chief Social Work Officer, carried out a review of the 154 registered residential homes and schools in Scotland. In the resulting report, *Another Kind of Home: A Review of Residential Child Care*, Skinner recommended that residential care should be seen as a positive option when it offered: emergency care; longer-term care where family placement is inappropriate; additional specialist, therapeutic or educational services are required on the same site; respite and shared care where there are complex care and educational needs; to keep sibling groups together.

Skinner highlighted the central importance of relationships, and that children and young people should have their rights respected, and be treated with respect and dignity. He identified a set of eight fundamental principles that should underpin residential child care. These were: individuality and development; rights and responsibilities; good basic care; education; health; partnership with parents; child centred collaboration; and a feeling of safety.

Children's Homes

Children's homes formed the basis of residential child care. Parents were increasingly welcomed into children's homes, and relations with outside organisations were generally good. Research in the 1990s described the positive role of children's homes in returning children and young people to their families, in preparing young people for independence, and keeping sibling groups together.

However, there continued to be a lack of care planning and a lack of focus on the emotional development of children. In larger homes, there was an issue in addressing the different needs of a wide range of children. The village model of children's homes, such as Quarriers Homes, was seen as increasingly old-fashioned. In smaller homes, there was an issue about reconciling the needs for staff members' training, with expectations of consistent commitment to the children in long-term placement.

Experiences of children's homes continued to vary markedly with some having very positive placements, while David Whelan recounted physical, sexual and emotional abuse in Quarriers Homes.

Approved Schools, List D Schools and Residential Special Schools

In 1969, three-quarters of the 1,681 children and young people committed to the 26 approved schools by the courts were young offenders. There were concerns about the regimes and quality of care in the schools, and the high rates of re-offending. From 1971, approved schools became known as List D schools with central government funding and oversight. List D schools developed in different ways in terms of facilities, and care and educational regimes. In 1986, after failing to reach agreement on the future of these schools, the designation of List D was removed from these schools, and central government funding withdrawn.

Research in one List D school found that the young men's perceptions of their behaviour and problems were at odds with the treatment-based philosophy of the school, and staff members were limited in what they could achieve. Another study compared young men placed in a List D school and its attached secure unit. The offence histories of the two groups were similar, as were family circumstances. Most of the young men from both groups ended up in custody following release, and the research concluded that any benefits of placement did not carry through on release.

A study of five List D schools for girls found that they varied markedly in their methods and approach; some focusing on developing relationships with a minimum of rules, while others were highly regulated with inflexible routines. Success, measured in terms of social adjustment, was found to be linked to the stability of the school and the integration of the various aspects of belief and practice.

An overview of residential special schools in the 1980s described 39 residential special schools, and three secure units. The smallest school accommodated eight children and the largest had 175 children. Most of the residential special schools catered for boys aged between 14 and 16 years and while they emphasised control and conformity, there was a range in size, facilities, and methods. A final group of schools were those that provided alternative communities.

Allan Weaver's experiences of residential schools in the 1970s highlighted a brutal environment with bullying, and systematic emotional and physical abuse.

Secure Care

By 1984, there were three secure units attached to List D schools, providing 67 secure places. In addition, four local authorities opened smaller secure units. By 1992, places had increased to 83. In the 1980s, research was carried out in a secure unit at St Mary's Kenmore school. The secure unit was used heavily by the attached school. Referrals were most frequently for absconding, offending, and glue sniffing. While there were attempts to promote a therapeutic regime, concerns for security and control were paramount. Generally, young people viewed staff positively, and stressed conformity as a means to their release. Follow-up studies found that most young people seemed to have enjoyed their placement, and considered that they had benefited from involvement with staff. However, most became criminally involved again.

Homes for Disabled Children, Long Stay Hospitals and Psychiatric Units

There was an increasing overlap between residential care for disabled children and residential special schools, and a decline in the number of children in long stay hospitals. In the 1970s, there were over 1,000 disabled children in some 26 residential special schools. However, in 1984, there were still 632 children in 13 'mental handicap hospitals'. By 1992, there were some 70 children with multiple special needs in long-stay hospital care.

Little was written about psychiatric inpatient units in this period. One study described education in the Lothian in-patient unit. The unit had a multi-disciplinary team and drew on behavioural, cognitive and psychodynamic approaches, and family therapy.

Borstals, Remand Homes, Detention Centres and Young Offender Institutes

At the start of this period, there were three types of alternative prison settings for juvenile offenders: borstals, detention centres, and young offender institutions. Remand homes continued to operate throughout this period.

In 1980, there were 466 young people in borstals: Polmont (272), Castle Huntly (105), Noranside (63), and Cornton Vale Girls Borstal (26). In 1983, the provisions of the *Criminal Justice (Scotland) Act 1980* in respect of young offenders were implemented and borstals were re-designated as young offenders' institutions.

Allan Weaver described his time in remand centres and borstals as brutal and soul destroying, with routine violence, and a militaristic orientation of drills and parades.

Residential Nurseries and Mother and Baby Homes

Research in the 1970s found that while there was a move away from nurseries, those that remained continued to be health-oriented with a lack of focus on relationships and individuality. The closure of a residential nursery in 1979 prompted a statement by the Under-Secretary of State for Scotland, responding to a parliamentary question, that the best interests of babies and young children were met in foster care.

Issues in Care Services

Recruitment and Selection

Recruitment and selection of residential staff was an increasing concern. In the 1970s, there were no formal requirements for qualifications. Shortage of residential staff was a problem, with high turnover and difficulty in recruiting due to low pay and poor conditions. In the 1990s, the Skinner *Review of Residential Child Care* highlighted the importance of staff to the delivery of care. The Review highlighted the need for improvements in pay and conditions, as well as more rigorous selection and recruitment procedures.

In relation to foster care, there were moves toward the professionalisation of foster carers, and developments in the recruitment and retention of foster carers.

Training and Supervision

Most residential workers did not have relevant qualifications. In the 1970s and 1980s, a number of colleges ran courses for residential workers, and some organisations provided training. The Skinner *Review of Residential Child Care* emphasised the importance of training and qualifications of staff. It recommended national training targets, and support to enable these targets to be met. The review marked a serious shift in the attention given to the recruitment, selection, and training of residential staff. There was no similar focus on the training of foster carers.

Systemic Weakness and Good Practice

There continued to be marked variation in the quality of care. Rigid and authoritarian regimes persisted in some settings and children experienced abuse and neglect. Children, however, could experience positive and stable placements with a focus on child-centred relationships and practice.

There was increasing attention to the individuality and development of children, and a growing understanding of child abuse and neglect. There was increasing criticism of authoritarian regimes in residential care, and a clear shift towards foster care and working with children in their own homes. Children and young people were increasingly involved in decision-making.

There was a growing awareness and implementation of children's rights in policy and practice. Who Cares? Scotland was set up and promoted the voice of children in care.

There were improvements in accommodation, but some was not fit for purpose. Young people in residential care were well fed, though there was scope to improve development of life skills in relation to food. There was an increasing understanding of the importance of leisure and recreational activities.

There was a growing awareness of the educational barriers for children in care, including the low expectations of teachers and residential staff. Supporting children's schoolwork was highlighted, as was the impact of exclusion from school.

There was growing awareness of the barriers in accessing health services, and the need to pay greater attention to children's health needs and promote healthy lifestyles.

There was an increasing focus on partnership with parents. However, they could feel excluded, and could feel they were not involved in decision-making.

There was increasing attention on collaboration between social work and education services, particularly in relation to child protection. While the need for collaboration was articulated in policy, child-centred collaboration was patchy.

There was an increasing awareness of the issue of abuse of children in care. Corporal punishment continued until the 1980s. Instances of physical, verbal, emotional, and sexual abuse continued to occur. However, children and young people could experience safe, stable, and supportive care placements.

1995—2014: Children (Scotland) 1995 Act to Children and Young People’s (Scotland) Act 2014

There were unprecedented developments in child care services in this period. Children’s rights and safety drove developments in the regulation of services and care workers. There was growing attention to the historic abuse of children in care.

The *Children (Scotland) Act 1995* changed the terminology and children in care were now to be referred to as looked after children. Between 1995 and 2005, the number of looked after children was fairly constant, at about 12,000. The number in residential care continued to fall, while those in foster care and other community placements increased. Thereafter, there was a significant increase in the number of looked after children, with up to 15,600 looked after children in 2014. The number in residential care during this period was stable, at about 1,500. Those in foster care continued to rise, up to 5,522 in 2014; while those in kinship care rose even more markedly, up to 4,268 in 2014. Between 2005 and 2014, Scotland had substantially higher rates of children in out-of-home care than the other UK nations, particularly England and Northern Ireland.

Developments in Collaborative and Joined-Up Working

In the 1990s, despite the duty for local authorities to draw up Children’s Services Plans, organisational changes increased the fragmentation of services. In 2001, *For Scotland’s Children* set out the framework for the collaboration of agencies to effectively provide services targeted at vulnerable children. Over following years, *Getting It Right for Every Child* (GIRFEC) became a central plank in the approach to children’s services. In 2006, the *GIRFEC Implementation Plan* involved a three-pronged approach: practice change, legislation, and removal of barriers. Children were to be at the centre of activity and barriers broken down.

Safeguarding Children in Care and Responses to Abuse of Children

There was an increasing recognition of the need to protect children in care, and also of the historic abuse of children in care. In 1996, the *Children’s Safeguards Review* addressed the protection of children cared for away from home. It outlined a range of issues, including: physical, sexual, and emotional abuse; bullying; racial issues; and

sexual exploitation. Self-inflicted harm, poor practice, and systemic issues were covered as well. There was a lack of knowledge about the scale of abuse.

The *Safeguards Review* stressed the importance of listening to children. It recommended that complaint procedures should be child and parent friendly; and that other ways of listening to children, such as ChildLine, Who Cares? Scotland, and Children's Rights Officers, should be supported.

In 1997, Who Cares? Scotland published *Feeling Safe?*, a report on young people's views about safety in care. Young people identified a range of issues. Bullying was a very real concern, and staff responses to bullying varied. The issue of children, particularly those who had experienced abuse, being placed with those who have perpetrated abuse was also a concern. Abuse by staff was another serious concern, and raised issues about recruitment, training, staffing levels, and the quality of staff. Young people were especially concerned about the use of physical restraint. Children highlighted the importance of needing to be able to talk to people about their safety and well-being. Children's homes with serious control problems were likely to be poorly managed, lack clarity of purpose, and have inadequate staff training.

The *Children's Safeguards Review* identified the issue of young people who sexually abused others in care. One-third of residential units in Scotland were caring for young people known to have sexually abused others and most of these were caring for young people known to have been abused. In 1997, *A Commitment to Protect* concluded that young people's sexual offending must be more effectively addressed. In 2000, an inspection of the management of sex offender cases highlighted issues in the management of risk and in the placement of children and young people who sexually offend. In 2006, a multi-agency inspection of four residential schools providing services for young people with harmful sexual behaviour found that, while not all the schools provided an environment that brought together needs for care, education and health, they provided young people with good personal care and attended to individual needs, and offered a range of interventions.

In 1997, two residential workers were convicted of serious sexual abuse against children in Edinburgh children's homes from 1973 to 1987. The subsequent Inquiry identified a number of issues. Children in the homes were isolated because of lack of external supervision. They did not tell anyone about the abuse because of their age, stigma, fear, and threats from the abuser. There was a lack of awareness of the possibility of sexual abuse. Reports about the abuse were handled poorly. The Inquiry

highlighted the unacceptable material quality and ethos of some residential units. It considered that there should be a fully qualified residential child care workforce. Staff supervision should be given a higher priority, as should external managers' monitoring and supportive roles. The role of Children's Rights Officers was highlighted.

In 2001, an Inquiry was held to investigate a residential worker convicted of sexual abuse of children in two Fife residential establishments over a 30-year period. The Inquiry detailed the failure to listen to children and the failure to respond fully to allegations. The Inquiry discussed the work done to ensure that adequate procedures were now in place, particularly in relation to listening to children. The Inquiry also detailed a range of measures which focused on improving the quality of residential care in Fife.

In 2014, a UK study of the abuse of children in care found that the figures from Scotland were significantly lower than those for England and Wales. Substantiated allegations of abuse ranged between 0.14 and 0.23 per 100 children in foster care over the three years of the study. Substantiated allegations ranged between 0.66 and 0.92 per 100 children in residential care over the same period.

Historical Abuse of Children in Care

In 2002, a survivor of historic abuse lodged a petition calling for an inquiry into past institutional abuse. Consequently, in 2004, Scotland's First Minister issued an apology on behalf of the people of Scotland and outlined proposals to address this.

The *Historical Abuse Systemic Review* investigated the regulatory framework of residential child care, and how these operated between 1950 and 1995. It highlighted the complexity and vagueness of requirements. However, the review acknowledged there would have been less abuse and better experiences of care if regulations had been followed. It highlighted the lack of information on compliance, monitoring and inspection, and the gaps in record-keeping and availability of records.

In 2008, the *In Care Survivors Service Scotland* (ICSSS) was established. The service offered counselling and support, advocacy, friendship, and help in accessing records.

In 2009, the Scottish Human Rights Commission produced a human rights framework addressing historic abuse. Parallel to this, a Pilot Forum tested the effectiveness of a confidential forum and, following this, the *National Confidential Forum* (NCF) held its

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first hearing in 2015. It created a safe space for care-experienced people to share their experiences in a dignified way. By 2018, over 150 people had provided evidence and had identified a range of issues.

In 2013, the Scottish Human Rights Commission asked CELCIS to facilitate an *InterAction on Historic Abuse of Children in Care*. This brought together victims/survivors of abuse, Scottish Government, local authority and voluntary providers of services. In December 2014, the Scottish Government made a commitment to take forward the *InterAction Action Plan* and set up a public inquiry into historical abuse of children in care.

Quality of Care Services

Research found that while entering care was an anxious time for children, there were advantages such as removal from familial abuse. Many young people preferred residential to foster care because of their commitment to their own parents, and residential care was viewed as less intense. However, young people sometimes felt stigma, and placement moves created disruption and impacted on schooling.

In 2003, in the *Let's Face It! Report*, young people highlighted relationships with carers and staff, and the quality of care as key issues. They spoke of negative attitudes from staff and carers, and discrimination. Positive relationships were based on listening, trust, and respect. Stability was impacted by turnover of staff. There were concerns about bullying, and physical restraint. Young people expressed concerns about their mental health. Contact with family was important, as were friends.

Five years later, in *Caring about Success*, 189 young people considered that success involved happy and caring relationships, earning money and having a job, or staying in school. Most felt that that they were being supported in achieving success.

The start of the 21st century saw major developments in the regulation and inspection of care services. The Care Commission was established in 2002 as an independent regulator of certain care services. In 2011, the Care Inspectorate (Social Care and Social Work Improvement Scotland) took over from the Care Commission, the Social Work Inspection Agency, and the child protection unit of Her Majesty's Inspectorate of Education. In relation to this review, the Care Inspectorate regulates: care homes for children and young people, foster care services, school care accommodation, and secure care accommodation. Services have to be registered and

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they are inspected against the relevant care standards. The Care Inspectorate has powers of enforcement and, ultimately, the service's registration may be cancelled if it is found breaching the relevant care standards.

The *Children (Scotland) Act 1995* placed a duty on local authorities and relevant agencies to pay attention to children's race, religion, language and culture in decision-making and service provision. However, ethnicity was often not recorded for looked after children and young people. Structural barriers prevented Black, Asian and Minority Ethnic (BAME) looked after children accessing services in an equitable manner. There was a need for culturally competent approaches to address the needs of children's cultural, religious and spiritual needs. Research also highlighted the experience of unaccompanied asylum-seeking children and young people in Scotland, and the wide variation of services across Scotland.

In 2006, *Extraordinary Lives* discussed the risks to children and young people in residential and foster care, and noted that abuse in foster care had received less attention. Central to children's safety and well-being was a positive relationship with carers and staff members. Promoting the resilience of children and young people was highlighted, as was ensuring that they experienced emotional warmth. Long-term stability and permanence for looked after children was needed, as was continued support for children leaving care. The physical and mental health needs of looked after children needed to be addressed. Similarly, the education of looked after children was identified as a concern. The review identified the importance of treating children and young people with respect, and involving them in decision-making.

In 2008, *These Are Our Bairns* highlighted the importance of collaborative practice, and developed corporate parenting—the formal and local partnerships required between those responsible for meeting the needs of children and care leavers. It addressed a range of agencies and services and focused on their role as corporate parents.

In 2010, the Social Work Inspection Agency published a report on its Performance Inspection Programme between 2005 and 2009. It highlighted good practice of listening to children, representing their views, and working in partnership with parents and families. However, there were issues in the quality of assessments, drift in care planning and reviewing, and slow progress in strategic commissioning. While there was slow improvement across performance indicators, this varied widely.

In 2015, the Care Inspectorate published its first Triennial Review of social services, for 2011 to 2014. A key success was that many services designed to support looked after children's needs were performing well. Foster care maintained a consistently high level of quality, and there were examples of excellent residential care.

Education of Looked After Children

There was increasing concern about the poor educational performance of looked after children and young people. In 2001, *Learning with Care* highlighted a lack of assessment of children's educational needs. Most children were underachieving in comparison to their peers. While working relationships between school staff and carers were generally positive, educational support was variable, particularly in residential care. A package of support materials, including training resources and an information booklet, was commissioned.

In *Care to Learn?*, young people identified a range of issues that impacted on attendance: placement changes, difficult transport arrangements, and poor support. They commented on the negative attitudes of teachers and other pupils. However, for some young people school was a welcome respite from the care environment. Key issues to address included support in the care environment and support in developing positive feelings about school.

We Can and Must Do Better identified five key themes in addressing educational outcomes: working together; becoming effective lifelong learners; developing into successful and responsible adults; being emotionally, mentally and physically healthy; and feeling safe and nurtured. It argued that residential care should provide educationally rich environments.

A range of initiatives were developed to support the education of looked after children and young people. The Scottish Government also published a *New Reporting Framework* for educational outcomes.

Health of Looked After Children and Young People

In the 1990s, research identified high levels of mental ill-health among looked after children in Scotland. In 2003, the first national survey of the health and mental health of looked after children found that 45 per cent had a mental disorder. Although most children's health was good or very good, two thirds of looked after children had at least one physical complaint. Many of the young people had lifestyles that presented

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major threats to their wellbeing. Other research highlighted the barriers to effective practice, and the need for a broad, strategic programme of action to address looked after children's health.

Permanence Planning

The issue of the need for stability and permanence had been highlighted for a number of years with concerns about 'drift' in care. In response to research in 2011, the Scottish Government identified five key areas to lever improvement: assessment tools, care standards, child's plan, dissemination of good practice, and a whole systems approach. Central to this, the CELCIS Permanence and Care Team (PaCT) was established in 2012 and a programme plan set out.

Throughcare and Aftercare

Research highlighted the poor outcomes for young people leaving care to independence, and gaps in providing a planned throughcare programme and aftercare services. The Throughcare and Aftercare Working Group, set up in 1999, noted considerable variations in arrangements across Scotland. Services should include: a nominated key worker, clear written policies, minimum service standards, inter-agency and partnership agreements, accessible complaints procedures, and a designated senior manager. In 2004, the Scottish Executive published regulations and guidance, and the aim of the throughcare and aftercare service was to enable young people to make a successful transition to independent adult living. The guidance outlined the duties of local authorities to assess needs and provide support.

In 2008, however, Scotland's Commissioner for Children and Young People found that most young people left care at 16. While the report identified good practice, there was also substantial evidence of abandonment of young people. The following year, the Care Commission found that, generally, staff members were aware of the planning process. However, it made requirements or recommendations in half of services inspected because they were not adequately helping young people leave care. The Scottish Government published a framework to support the development of the *Family Firm* that aimed to offer young people and care leavers a range of support to help achieve a positive economic destination.

In 2013, CELCIS highlighted that services for care leavers continued to be patchy and were variable across Scotland. There was little progress on the age at which young people leave care.

Staying Put Scotland highlighted the need to provide a supportive environment for as long as young people need it. Young people should be encouraged, enabled, and empowered to remain in positive care settings until they are ready to move on. No young person should leave care without the skills and support necessary for success. Corporate parents should make explicit their commitment to the Staying Put approach.

Foster Care

Over this period, there was increasing professionalisation and specialisation of foster care, and a focus on training of foster carers. For example, research found that in certain circumstances foster care could be used as an alternative to secure care, and care for young people whose behaviour is very challenging. In 2003, researchers reported that children and young people identified the discrimination of being in care and some identified discrimination in the foster care household. There was a great deal of instability in placements. Almost one-third wanted more contact with their families. Others, however, highlighted positive aspects, including: relationships with foster carers; the importance of feeling included in the family; feeling safe and loved; stability; being listened to; and getting support when you need it.

The Quality of Fostering Services

In 2007, the Care Commission published a review of the quality of fostering and adoption services in Scotland. In total there were 2,871 foster carers, 2,321 in the local authority sector and 550 with independent fostering agencies. They provided care placements for 3,719 children in March 2006: 1,572 in short term care, 1,400 in long-term/permanent care, 498 in short breaks, and 249 in other placements.

Most foster carers were very positive about link worker support. In general, they felt valued and received good support and training. There were high standards in safer recruitment practice for foster carers. However, a range of issues needed to be addressed: foster carer reviews and unannounced visits, completion of assessments, foster care agreements, information about fostering panels, and staff recruitment.

In 2007, *Getting It Right for every Child in Kinship and Foster Care* confirmed the paramountcy of the needs of the child, which include taking account of the child's preferences. It recommended that the first option of care should be within the wider family. If that is not possible, the child should be placed in foster care with a specific plan for: a planned short-term arrangement; a planned return home or more suitable care arrangement; or permanence. The strategy set out the role of foster care as a key element in the range of services. The following year, *Moving Forward in Foster Care* set out a vision for foster care including: a range of skilled foster carers; availability of different placements; foster care supporting children to become happy and achieving; skills of foster carers being suitably recompensed; services being available; and collaboration across sectors. In 2012, a *National Foster Care Review* focused on three main areas: the organisation and management of foster carers, carers' learning and development, and the financial and practical support offered to carers.

Residential Care

Following the *Children's Safeguards Review*, the Scottish Institute for Residential Child Care (SIRCC) was established to ensure that residential child care staff throughout Scotland had access to the skills and knowledge they needed.

A number of studies addressed different aspects of residential care. *The Residential Child Care Health Project* identified high levels of unrecognised health needs. There were major gaps in health screening and prevention. Research on physical restraint found that almost all young people and residential staff considered that it was sometimes necessary. However, there was ambiguity about the circumstances for the appropriate use of restraint, and concern about inadequate reasons for its use. Research on food practices described how residential workers tried to create an environment that resembled family life. However, institutional practices could be imposed because of rules and regulations. Research also highlighted the importance of relationships in residential care, both as a positive experience and as a mechanism for change. This involved relationships between young people and residential staff members, and between the young people themselves.

Quality of Residential Services

It was increasingly recognised that the look and feel of where young people live was an important aspect of their safety and well-being. Residential services should not be

large and institutional, and homes should be in good repair. Decoration and fittings should feel 'homely', and young people should be involved in the design of homes and in personalising their own space. Research found, however, that there was no clear guidance or knowledge base for the design of residential care homes.

Guidance on physical restraint was published in 2005. Restraint should only be part of a wider approach to de-escalating interventions, and in the context of a positive culture and ethos. Guidance stressed the need for appropriate training, risk assessment, and planning.

In 2006-07, a Care Commission review of child protection, care planning, and physical restraint, found that just under half of services met expectations of standards, regulations, and good practice guidance. In 2008, it addressed food and nutrition and four-fifths of services met care standards. In the following year, it reported on mental health and well-being. It found that while assessment of mental health was problematic, the quality of services was generally good.

In 2008, the Care Commission found that most residential services met standards in relation to food and nutrition but was concerned that one-fifth of services had a recommendation or requirement imposed. A Who Cares? Scotland consultation with young people also identified issues such as not taking individual preferences into account and the poor quality of food. It also identified good practice in food, healthy eating and nutrition. In 2011, the Scottish Government published nutritional guidance for children and young people in residential care.

Audit Scotland found that in 2008/09, councils spent some £250 million on residential care. It highlighted poor outcomes for care leavers, and the early stage of corporate parenting strategies. There was insufficient clarity about quality of services, outcomes, and the costs of provision.

The National Residential Child Care Initiative (NRCCI) addressed: matching resources to needs, commissioning services, and the residential workforce. Assessment and care planning were essential for effective care of young people. Residential care should be highly flexible, responsive, and an integral part of children's services. It should address the needs of particular groups such as the under 12s, and develop specialist programmes for sexually harmful behaviour, trauma, anger management and self-harm. In accepting the NRCCI recommendations five priority themes were agreed between the Scottish Government and COSLA: culture change involving a

fully integrated and positive approach; an equipped and motivated workforce; a transparent and effective commissioning process; improving learning outcomes; and improving health outcomes.

Children's Homes

In 2005, research found that over half of the admissions to children's homes were unplanned. Managers, however, considered that a minority of young people were placed inappropriately, and that the placements were beneficial in most cases. Local authority residential care was being used for diverse purposes.

In 2015, the Care Inspectorate Triennial Review found that overall, the quality of care and support in care homes for children and young people was high. Over three-fifths of care homes were evaluated as very good or excellent for the quality of care and support provided, and the quality of care environments. Areas for improvement fell into three main areas: the management of young people's medication; recognition of significant incidents that may compromise the safety of young people; and the need for improvement in outcome-focussed assessment and planning. The Lothian Villa service in East Lothian was highlighted as an example of good practice.

Residential Schools

At the end of the 1990s, there was a consensus on the importance of inclusion of young people in mainstream schools, and the need for some high quality residential schools for those who cannot be placed elsewhere. There was a trend into the 2000s for residential schools to diversify in terms of their range of provision.

In 2009, the inquiry into abuse at Kerelaw residential school and secure unit detailed physical, emotional and sexual abuse of young people. It described a culture that stressed control, poor supervision, and a lack of leadership and management.

The Care Inspectorate triennial review found that two-thirds of residential school services were considered to be very good or excellent in their care and support of young people. The quality of the environment in residential schools was very positive. The quality of staffing was of a high standard.

Homes for Disabled Children and Hospitals

Since the 1970s, a reduced number of disabled children were in hospitals. In 1999, research identified two or three children still being brought up in a hospital. Further research in 2003 identified 1,399 children with complex needs who had stays in hospital of more than four weeks. Most children stayed less than two months but over a quarter stayed between three and five months.

Research on psychiatric inpatient units found a lack of understanding about the aims of admission and treatment on the part of both young people and parents. Other studies found that young people's relationships with doctors and health service staff were generally positive. They valued being listened to and supported by staff and other young people. They were less positive about living with other young people's difficulties, not being believed or understood, and with boredom.

In 2004, there were four inpatient units in Scotland with 44 places, down from 125 places in 1994. The units were in high demand and it was considered that the number of places should be kept at the same level. In 2014, a review of the Child Inpatient Psychiatry Service considered that a continued inpatient facility was vital.

Secure Care

In 1996, seven secure units provided 89 secure places. The quality of assessment varied and was below standard. Programmes of care, education, and treatment needed extensive development. In general, standards of personal care were high and young people mostly were positive about their experience. There were serious issues with the buildings of the three major units. The safety of young people was highlighted, including issues of bullying, absconding, and managing very difficult behaviour.

Research in the early 2000s found that four key features influenced decision-making on secure care: ease of access to secure placements; availability of alternative resources; views about the role of secure accommodation; and practice in and attitudes towards risk management. These led to different approaches. At the end of placement, social workers considered that all young people had benefited from the placement. However, long term outcomes were: good (26 per cent), medium (45 per cent), or poor (28 per cent). Better outcomes were achieved by using a 'step-down' approach. A good relationship with key workers was also a protective factor.

In 2009, there were seven secure units providing 124 places. The *Securing Our Future Initiative* (SOFI) considered concerns about over-provision. It proposed a planned reduction of 12 secure places.

Issues in Care Services

Recruitment and Selection

Over this period of the review, there was an increasing focus on the recruitment and selection of residential care workers and foster carers, along with legislative safeguards to prevent unsuitable people from working with children. A 'Toolkit' for safer selection of staff and carers who work with children was developed with 18 elements for a safer selection process. A report on the quality of recruitment practice in 2008 found that, in the different children's services, between half to four-fifths met the legal standards. In 2007, *Safer Recruitment through Better Recruitment*, detailed a Foundation Level of safer recruitment practice to meet existing requirements and a Higher Level which provided best practice to promote continuous improvement. The NRCCI also highlighted rigorous and safe recruitment processes.

Getting it Right for Every Child in Kinship and Foster Care identified the need to transform the current arrangements for attracting foster carers. Key elements of good practice in recruitment were identified, as were factors to improve the retention of foster carers.

Training and Supervision

The training and development of residential staff members and foster carers has been a focus of attention over many years. It is only since 2002, however, that residential care staff in Scotland have required a particular level of qualification. In 2014, the Scottish Government made a commitment to bring in mandatory training for foster carers. The Scottish Social Services Council (SSSC) developed standards of conduct and practice for the workforce and established a Register of Social Services Workers in 2003. The registration of foster carers was not taken forward.

In 1997, the *Children's Safeguards Review* made a number of recommendations to improve the training and qualifications of residential care staff. SIRCC took forward the education and training of residential care workers through a range of courses. Linked to the registration of social work services staff, minimum qualifications criteria

for residential child care staff were established. By 2013, two-thirds of residential staff had achieved the minimum qualifications.

Over this period, there was an increasing interest in alternative approaches to the education and training of residential child care staff and other professionals. In the 1990s, attention was drawn to the potential of the European approach of social pedagogy. Similarly, consideration was given to North American child and youth care approaches

The NRCCI Working Group highlighted the increasing complex needs of children and young people, and recommended that all new workers should be required to hold, or be working towards, a relevant care qualification at SCQF Level 9 (as the minimum). In January 2013, the SSSC published the standard for the Level 9 qualification in residential child care.

While there have been various forms of training and education for foster carers over the years, it was only with the *National Foster Care Review* that a national *Learning and Development Framework for Foster Carers* was recommended and accepted.

Systemic Weakness and Good Practice

This period saw major developments in care services for children, and in children's rights. An increasing focus on regulation and inspection saw the setting up of the Care Commission (later the Care Inspectorate) and the SSSC. The focus on collaborative working was emphasised through GIRFEC and corporate parenting. Finally, this period saw the acknowledgement of the historic abuse of children in care, and interventions to address the consequences of such abuse.

Care standards focused on the individual needs of children. There has been a growing understanding of child and adolescent development, and child abuse and neglect. GIRFEC championed a child-centred approach to planning. However, children and young people continued to have variable experiences in residential and foster care settings.

Children's rights became more embedded in policy, practice, and legislation. Rights to protection and provision were central to the development of service standards, and there was a focus on the participation of children and young people.

The regulation and inspection of services have led to an improvement in basic care, and overall, care was found to be good. There continued, however, to be variation across services. There have also been concerns about the impact of defensive practice, and poor outcomes for young people moving on to independence.

The education of looked after children has been a high priority. While national initiatives have been successful to some extent, looked after children continue to leave education earlier and have lower educational qualifications. Despite a growing focus on improving the health and well-being of looked after children, particularly mental health, there were ongoing concerns that health needs were not being fully met.

Partnership with parents continued to be stressed, although there were ongoing concerns about involvement in care planning. Child-centred collaboration was central to the GIRFEC and the concept of the corporate parent has been refined through policy and practice.

There has been a growing concern about safeguarding children in care. There has also been an increasing response to the needs of adults who were abused in care as children. While numerous safeguards have been put in place, we know that physical, emotional and sexual abuse still blight the experiences of some looked after children.

Current Developments in Care Services

There have been continuing developments, particularly in relation to the implementation of the *Children and Young People (Scotland) Act 2014*, GIRFEC, and the *Independent Care Review*.

At 31 July 2014, there were 15,580 children and young people looked after in Scotland and by 31 July 2019, this figure had fallen to 14,262. Approximately half of these children were looked after at home. Over this period, there was a reduction of the number of children looked after in foster care, but the number in residential care remained around 1,450.

In 2015, the strategy for looked after children set out priorities for improvement, with relationships at its heart. Three factors were seen as crucial: listening to the views and experiences of looked after young people; developing partnerships across systems; and creating an improvement culture. Three strategic priorities were outlined in the report: early engagement, early permanence, and improving the quality of care.

The role of the corporate parent in law and the responsibilities of the corporate parent were set out. The first report on corporate parenting in 2018 highlighted the importance of listening to looked after children and care leavers. However, it found that some corporate parenting organisations had limited levels of success, due to low engagement by children and young people. Four main challenges were: difficulties in identifying and/or engaging with care experienced children; inadequate IT and data collection; limitations of staff or resources; and poor understanding of what corporate parenting means. Where corporate parenting was embraced, it promoted more effective and transparent support for care experienced children.

In 2015, the Life Changes Trust began funding of Champions Boards. They were characterised by genuine relationships being formed between young people, staff, and corporate parents. They used a range of approaches, and evidence from the first two years consistently demonstrated positive impacts and success in supporting young people to have a strong voice and influence decision-making.

In 2018, research again highlighted the uncertainty about the number of unaccompanied asylum-seeking children in Scotland, and the variation in service provision. In the same year, the Scottish Government published updated guidance on age assessments. The tension between social workers' role in ensuring access to

services and their role in age assessment was highlighted. Research also identified a number of barriers to child protection services engaging with ethnic minority families.

Throughout this review, we have seen the increasing importance placed on relationships with care-experienced children and young people. A range of work has focused on different aspects of such relationships and how they can be developed and nurtured. This has included successful mentoring projects such as MCR Pathways, and Life Changes Trust funded peer mentoring projects.

While there had been some progress in permanence decision-making, there continued to be drift and delay. CELCIS continued to deliver the Permanence and Excellence (PACE) programme, and in 2018, good practice examples showed several improvements: reduction in time-scales for decisions, priority being given to permanence, improved decision-making, greater focus on multi-agency working, and improved communication.

Education of looked after children continued to be a concern and in 2015 CELCIS published good practice in improving educational attainment in seven key areas: commitment to the designated manager role; support for teachers; promoting resilience and positive attachments; planning for education; developing engagement between schools, parents and carers; inclusive approach to education; and planning for improvement. The latest statistics on education outcomes of looked after children showed that while there had been improvements over the last six years, there were still large gaps when compared to all pupils.

Research on care experienced college and university students in 2019 highlighted that while three-quarters felt that they were doing well, over half had considered leaving their course. In 2020, the Scottish Funding Council published its *National Ambition for Care-Experienced Students*. It set out its vision for equal outcomes between care-experienced students and their peers by 2030.

A review in 2015 highlighted poor health outcomes and the need to take account of the differences in the looked after children population. In 2018, a study of the health and well-being of looked after young people in Glasgow found that they were reasonably active; almost all had participated in sport in the previous week. Over four-fifths rated their health positively, more than the general population. Self-

esteem scores of looked after children were marginally higher. However, there were significantly higher levels of mental health problems among looked after children.

In 2014, research highlighted different approaches in how local authorities targeted and engaged care leavers, and that throughcare and aftercare services were structured in different ways. There were concerns about the monitoring of care leavers' outcomes, and exclusion of some groups of care leavers. There was a prevailing culture of young people leaving care at a young age, with those in residential care often leaving at 16. A study of supported accommodation highlighted that care experienced young people often had to be regarded as homeless to be referred to the services. In 2019, a national coalition produced recommendations to improve the housing journey of care leavers. There needed to be improvement in: practice and culture, and systems and frameworks.

Following its commitments to the Scottish Human Rights Commission *InterAction Action Plan*, and a consultation on its outcomes, the Scottish Government established a public inquiry into historical child abuse and took forward other recommendations. The Scottish Child Abuse Inquiry was established in 2015. Future Pathways was set up in the same year to facilitate support for survivors of in care abuse. In 2016, the Scottish Government consulted about financial redress, and this was taken forward in 2018. An Advanced Payment Scheme began in 2019 for those who had a terminal illness, or were aged 70 or over. In 2020, the Scottish Government introduced the *Redress for Survivors (Historical Child Abuse in Care) (Scotland) Bill* to the Scottish Parliament.

Developments in Foster Care

In 2017, the SSSC published *The Standard for Foster Care* which provided a framework of learning for foster carers. Despite the previous commitment from Scottish Government, formal qualifications would not be mandatory.

In 2019, The Fostering Network in Scotland published its *State of the Nation* survey. It made several recommendations. The Scottish Government should review the learning and development standard for foster care needs, and implement this. All foster carers should have an agreed annual training plan. Support for foster carers should be tailored to the individual needs of children. There should be an independent review of end of placement decisions. A full review of Continuing Care should be carried out to ensure that it is properly costed and funded. The Scottish

Government should introduce and fund a minimum recommended allowance, and fee and allowance payments should be clearly distinguished. Annual needs analysis should determine placement requirements and inform targeted recruitment and commissioning.

The Fostering Network was concerned that the Independent Care Review had stalled progress where the need for change had already been clearly identified.

Developments in Residential Care

Ongoing developments in residential care focused on relationship-based practice, including caring and 'love' in residential care.

A secure care national advisor role was established to review current trends, ensure effective delivery of services, and make recommendation about future configuration. While there had been progress in improving systems, services, and early intervention for young people at risk, this was varied and there was a risk of a fragmented approach. Young people described a lack of preparation before placement in secure care and, similarly, preparation and support for moving on. Throughcare support was found to be inadequate. There was an important need for a strategic vision for the future.

A study of young men in a Young Offenders' Institution argued strongly that when young people are removed from the community, they should not be placed in custody, but rather in a child-care establishment that promotes well-being and longer-term development.

Quality in Care Services

In 2019, the Care Inspectorate published its review of services for children and young people between 2014 and 2017. A small number of young people had been inappropriately placed. Most services were assessing and managing risk well, and children's safety and well-being was considered of paramount importance. Trusting relationships between staff and the children and young people they cared for led to more person-centred planning, support, and improved experiences and outcomes. While consistent staff teams enabled positive experiences through secure relationships, deficits in staff numbers, skills, or capacity could impact on outcomes. The quality of care homes was high, although some needed to improve staffing arrangements and planning. For the most part, fostering services were evaluated

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highly with almost all services having evaluations of good or better for all quality themes. The quality of school care accommodation services was also high. In secure care services, the quality of care and support and staffing was good, very good or excellent.

In 2019, the Care Inspectorate published a review of joint inspection of services for children between 2012 and 2017. There were improvements in the outcomes for children and young people over the five-year period. These improvements were placed in the wider context of financial constraint and austerity. However, positive destinations and outcomes for looked after children and young people occurred at a lower rate of improvement than those of the wider population. Overall, looked after children and young people placed away from home were provided with safe environments in kinship, foster, and residential care—sometimes in sharp contrast to those environments that they had previously experienced. Consideration of the health needs of looked after children was improving. Participation of children and young people had steadily improved.

In 2020, the Care Inspectorate also published a review of joint inspection of services for children in need of care and protection between 2018 and 2020. The inspections found that almost all looked after children and young people reported supportive relationships with their worker. There was evidence that meaningful working relationships were having a positive influence on outcomes for most young people. The inspections identified positive and committed approaches to corporate parenting. An increasing number of care experienced young people achieved positive destinations, and growing awareness of corporate parenting responsibilities for continuing care. However, the inspections did not find consistent improvements in other aspects of young people's health and wellbeing outcomes.

Regulation, Recruitment and Training

In 2017, the Scottish Government published the new *National Health and Social Care Standards* based on the principles of: dignity and respect; compassion; be included; responsive care and support; and wellbeing. The standards had five headline outcomes: high quality care and support for individual young people; young people are fully involved in all decisions about their care and support; young people have confidence in the people who support and care for them; young people have confidence in the organisation providing care and support; and, young people experience a high quality environment.

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In 2016, CELCIS published a report on the qualifications of the residential childcare workforce. Over three-quarters of the workforce had at least one qualification and almost half had more than one qualification. Three-fifths met all the qualification conditions for their part of the register. Almost one-quarter had no recorded qualification. The report identified a number of priorities for the implementation of the new Level 9 qualifications. However, in 2016, the Scottish Government announced the delay of the introduction of the requirement for a Level 9 qualification, pending the outcome of the Independent Care Review.

The Independent Care Review

In 2016, the First Minister pledged to undertake an independent, root and branch review of the care system, and the Independent Care Review launched in 2017.

Central to the work of the Care Review was the 1000 Voices Project, which engaged with care experienced children and young people in a variety of ways. The Independent Care Review published its final reports in 2020. The review called for a fundamental shift in the balance of power in listening to children, families, and the workforce. There must be a focus on building loving, supporting, and nurturing relationships. Children and young people must feel the benefit of Scotland's good parenting. Wherever possible and where it is safe to do so, families must be kept together.

In July 2020, *The Promise* team began work to translate the findings of the Independent Care Review into *The Plan* for change and to drive the change needed to implement *The Plan* at pace.

School Hostels

School hostels or school halls of residence are a distinctive form of residential care which allow children and young people to attend schools at some distance from their own home. The first school hostel opened in Dumfries in 1908, and over the following years, a number of other hostels opened. By the 1930s, the demand for hostel places had increased and many children and young people were once again accommodated in private lodgings or lived with relatives. In 1949, the Scottish Education Department identified 18 secondary schools in Scotland with hostel accommodation: Argyll (1), Dumfries (3), Inverness (4), Kirkcudbright (1), Orkney (1), Perth and Kinross (2), Ross and Cromarty (2), Roxburgh (1), Sutherland (1), and Shetland (2).

There are limited accounts of the experience of children and young people in school hostels, and a rare example is that of Bertha Fiddler who lived in Kirkwall School Hostel in the 1950s. She described the facilities at the hostel as basic, as was the food. Keeping contact with home was not easy, and there was an expectant wait for letters or parcels. At weekends, the timetable was more relaxed. Bertha concluded that despite the fact that life in the hostel could be boring and dull, there was a great deal of company and they could make the most of free time. Other accounts reflect these experiences.

In the 1960s, there was a further programme of expansion, and nine hostels were built in the first phase. By the mid-1970s, there were 32 school hostels providing accommodation for 1,872 pupils, although some children and young people continued to stay in lodgings.

School hostels became subject to regulation and inspection by the Care Commission, and in 2014, these were considered to have performed well in the triennial review, with the majority evaluated as good for the quality of care and staffing. All services were graded as good or very good for their management and leadership.

In 2020, the seven school care accommodation services registered with the Care Inspectorate were: Aberdeen City Music School Halls of Residence, Aberdeen; Anderson High School Halls of Residence, Lerwick; Dunoon School Hostel, Dunoon; Glencruitten Hostel, Oban; Highland Council School Care Accommodation Service (Plockton, Portree, Mallaig, Ullapool, Ardnamurchan); Knightswood Halls of Residence, Glasgow; Papdale Halls of Residence, Kirkwall.

Private and Independent Boarding Schools

Private and independent boarding schools comprise a highly diverse group of schools with considerable overlap with other establishments and institutions. They have been funded in different ways over time, and types of funding overlapped with schools that do not fall within the remit of the Inquiry. The focus here is on boarding schools that provide mainstream education for pupils. Residential schools primarily for disabled children, and for children in care have been dealt with above.

Grant-aided and Independent Schools

Grant-aided schools were managed by boards of governors and received grants from the Scottish Education Department, while independent schools were also managed by boards of governors but did not receive aid from public funds. Over the 20th century, the number of grant-aided schools varied, and in 1959 new grant arrangements came into force and 14 former independent schools became grant-aided. Grant-aid for such schools ended in the 1980s, although it continued for special schools.

The *Education (Scotland) Act 1946*, required independent schools to register with the Scottish Education Department and this came into force in 1957. The *Education (Scotland) Act 1980* required independent schools to register with the Registrar of Independent Schools.

In 1968, there were 15 partly-residential grant-aided schools with some 1,450 boarders. There were 33 independent schools which were fully residential and 33 were partly residential with some 7,000 boarding places. However, a small number of these were for disabled children and young people.

Many of these had been established in the 19th century, some as endowed hospitals for poor children.

Grant-aided and independent schools have varied considerably in size and in the proportion of boarders. Some of the largest schools have had a relatively small number of boarders. The schools also vary in terms of the age of pupils, some being either primary or secondary, and others teaching the full age range from nursery to secondary. Independent schools have become increasingly co-educational.

The general barometer of a 'Public School' has been considered to be whether the head teacher is a member of the Headmasters' Conference or the equivalent Association of Governing Bodies of Girl's Public Schools. In the 1960s, 11 schools were identified as being modelled on English 'public schools'. There were eight boys' schools: Fettes College, Glasgow Academy, Gordonstoun, Loretto, Merchiston Castle, Strathallan, The Edinburgh Academy, and Trinity College; and three girls' schools: St Leonard's, St George's, and Esdail.

The Care Inspectorate Review of services stated that there were 21 independent mainstream boarding schools registered in 2017. There are currently 19 boarding schools listed on *Scotland's Boarding Schools* website.

Histories and Experiences of Independent Schools

Centenaries and other significant dates have led to a range of histories on independent boarding schools. These are mostly celebratory texts and have to be read as such. However, they provide information on the development of this sector of residential boarding facilities. Autobiographical accounts of the schools also give a flavour of individuals' experiences over the years.

Research on Independent Boarding Schools

There has been very little research focused on boarding schools in Scotland. The *Scottish Independent Schools Project* identified several themes across the three schools involved in the study. Tradition involved the induction of new staff and pupils into school norms and practices. Privilege was normalised, and opportunities and relationships were gendered in different ways across the schools. The schools displayed a cosmopolitanism and internationalism of outlook.

Conclusion

This review of care services in Scotland has covered over 200 years. It has looked at the development of a wide range of services which have cared for children and young people.

Over this time, the nature of children's services has changed markedly. Some services have been present over the whole of this time, and others have come and gone. There has been increasing regulation to try and ensure good standards of care, and to protect and safeguard children and young people. Undoubtedly, the quality of care services has improved, but still some children and young people are let down and have poor experiences of children's services. We have seen the impact of poverty and austerity on the lives of children and young people, along with stigma and discrimination.

We have detailed instances of serious abuse and neglect, and also happy memories of care. There has been an increasing focus on the importance of deep and enduring relationships—with some children and young people across time reporting positive relationships, and their importance in creating a sense of stability and belonging. The development of children's rights and the importance of listening to children and young people has been increasingly highlighted.

We have identified inconsistency and variation within services and between services. We have also identified excellent practice, which has successfully supported children and young people, and provided them with the resources to succeed.