

Reflecting on the past: children's services workers' experiences of residential care in Scotland from 1960-75

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Abstract

While contemporary responses to the issue of historic child abuse in the Scottish context have tended to focus upon the experiences of former residents of institutional care, it is clear that much can also be learned from the narratives of former child-care workers. This article draws upon the findings of a recent project, the overall aim of which was to explore children's services' workers experiences of residential care in Scotland from 1960-75. Using an oral history methodology, in-depth, semi-structured interviews were conducted with twenty-three individuals who had experience of working in, or in connection with, residential child care services, followed by thematic analysis of the data. Results highlighted a range of both positive and negative experiences, and many of the issues still have a contemporary resonance. While we should guard against complaisance and be continually vigilant to safeguard and protect children, we should not allow a focus on risk-averse practice to obscure the merits of the more positive and nurturing elements of earlier residential childcare work.

Introduction

In December 2014, the Scottish Government announced its intention to hold a National Inquiry into Historic Child Abuse, and this started its work on 1st October 2015, chaired by Ms Susan O'Brien QC. This came ten years after the then First Minister, Jack McConnell, issued an apology on 1st December 2004 on behalf of the people of Scotland for past child abuse in residential care. In the intervening years, a review was undertaken of the laws, rules and regulations that governed children's residential establishments, and how they worked in practice, between 1950 and 1995 (Shaw, 2007). In 2010, the Scottish Human Rights

Commission published a Human Rights Framework for Justice and Remedies for Historical Child Abuse ('the Framework'), and based on this, set up a facilitated, group dialogue (referred to as the InterAction) to allow those affected by historical child abuse: survivors, service providers, government and others, a platform to give their views on how the Framework should be implemented (Kendrick et al, 2015; www.shrcinteraction.org). A National Confidential Forum has also been established, which will enable adults who were placed in residential care as children to give accounts of their experiences, receive information about sources of support and hopefully contribute to preventing the abuse of children in care today (nationalconfidentialforum.org.uk).

Responses to the issue of historic abuse in Scotland to date have understandably tended to focus primarily upon the experiences of former residents of institutional care, and their narratives have, and will (via the Public Inquiry and National Confidential Forum), provide valuable accounts of residential life, both negative and positive. However, another important perspective which has received relatively little attention is that of people who worked in, or in connection with, children's residential care services (e.g. care home workers and managers, social workers and social work managers). This is despite the fact that research has shown how children's experiences in residential care are in no small part influenced by those professionals who work directly with them (e.g. Shaw, 2014a; Shaw 2014b; Kendrick, 2012). It is thus vital to take their perspectives into account when considering the nature of former practice (why children were cared for and responded to in particular ways) and what can be learned about preventing abuse and ensuring positive outcomes.

We therefore embarked upon a study of children's services workers' experiences of residential care in Scotland from 1960-75, with the aim of exploring three over-arching themes: their lived experiences and perspectives of working with children in residential care; the standards of care and their perceptions of the experiences of children, and their views on

change and developments in residential care. It was intended that the project would both illuminate workers' perspectives, and have relevance to current debates about residential care and historic abuse. The time period chosen followed exploration of provision both before and after the implementation of the influential Social Work (Scotland) Act 1968, a key piece of legislation for child welfare.

The article begins by considering the historical context of the workers' experiences, including what previous research reveals about residential care in Scotland at the time. It then describes the research methodology, before reporting the results of the study and finally considering what conclusions can be drawn; making recommendations for future practice.

Setting the scene: the historical context of residential care

Up until the 1960s, the development of children's welfare policy in Scotland was, for the most part, based on the same legislation and principles as the rest of the UK. Elsey (2007), however, highlights how Scotland's pattern of religious affiliation, educational system and social attitudes towards children led to differences in policy and practice. These differences grew with the passing of the Social Work (Scotland) Act in 1968, and a distinctive welfare approach being taken for both children in need of care and protection and those who offend. Concerns about child welfare provision had been highlighted by the experiences of evacuation during the Second World War and led to the Clyde Committee in Scotland (Clyde, 1946) and the Curtis Committee in England and Wales (Care of Children Committee, 1946). These Committees recommended improvements in both residential and foster care along with a range of mechanisms to improve standards. Importantly, they contributed to the Children Act 1948 which adopted a more 'child centred' approach, with the welfare of the child regarded as of primary importance (Elsley, 2007). The 1948 Act was regarded by many as a major step forward, paving the way for services through the 1950s and 1960s (Ball,

1998). Triseliotis, however, points out that while a lot changed in the post-war years, 'remnants of institutionalism and of the poor law mentality had not disappeared overnight' (Triseliotis, 1988, p.8). Murphy (1992) argues that the legislation was not as fully implemented in Scotland as elsewhere, and White (1973) shows that developments in the residential sector were subject to considerable regional variation.

In Scotland, the welfare approach was taken forward by the Kilbrandon Report which argued that the 'test for action' should be the needs of children, irrespective of whether they were 'juvenile delinquents' or in need of care and protection. It also recommended that decisions about children should be made by a panel of lay people (Kilbrandon Committee, 1964). These recommendations were taken forward in the Social Work (Scotland) Act 1968 with the establishment of the Scottish Children's Hearings system which has since formed the basis of child welfare policy in Scotland.

At the end of the Second World War, there were 17,607 children and young people cared for away from their family home in Scotland: of these 45 per cent were in foster care and 55 per cent were in residential care (Scottish Home Department, 1946), a much larger proportion in foster care than in England (Parker, 2011). Over the next 50 years, the number of children in care fell considerably, and following 'the gathering critique of institutions as places whose mode of working necessarily failed to be responsive to the needs of those living within them' (Sen et al, 2007), there was also a shift away from residential to foster care and other community placements. By the end of the 1960s, there were 11,221 children in care and the proportion of those in residential care had fallen to approximately 40 per cent. The numbers of children in out-of-home care continued to fall through the 1970s and 1980s; and, by the

end of the 1980s, there were 5,775 children in care, although the proportion in residential care remained at 40 per cent.

Residential care saw significant developments and there was a wide range of provision during the period under review. Residential nurseries looking after babies and children under five closed down over that period and had disappeared by the 1980s. The move to smaller, family group homes impacted on Scotland's two, large 'children's villages' – Aberlour Orphanage and Quarriers at Bridge of Weir. Aberlour Orphanage closed in 1965 and the number of children in Quarriers reduced rapidly during the 1970s and 1980s. Three surveys of residential care were undertaken in the early 1970s and give a picture of the range of provision (NES, 1973; Newman and Mackintosh, 1975; Seed and Thomson, 1975). These illustrate both the range in provision and the variation in different regions of Scotland. In the North of Scotland, for example, the small size of children's homes was highlighted with only one large children's home and "... 'small children's homes'; 'very small children's homes' (sometimes called group foster homes) and 'family group homes'" (Seed and Thomson, 1976, p. 26). In the North East of Scotland, there were 8 larger children's homes (with an average of 22 children) and 18 smaller children's homes (with an average of 8 children) (NES, 1973). In the South East of Scotland, however, Newman and Mackintosh note that smaller general purpose homes had fallen out of favour because of difficulties in staffing and economies of scale. Larger general purpose homes caring for over 16 children were considered to be the backbone of residential services to children (Newman and Mackintosh, 1975).

The other main type of residential provision in Scotland were special residential schools and provision for young offenders (approved schools, later re-named 'List D' schools). An answer to a parliamentary question in 1968, identified 26 approved schools in Scotland and on 31st March 1968, there were 1,663 children and young people in these schools (an average of over 60). A number of these approved schools were established in the 19th century and had

been through various incarnations such as ‘reformatories’ and ‘industrial schools’, and a few continue to operate today as residential establishments (Sen et al, 2007).

The range of residential care also included other special residential schools, for example, residential school provision for disabled children such as the Camphill Rudolph Steiner School in Aberdeen. Other types of residential establishments included: reception and assessment centres; hostels; mother and baby units; emergency accommodation; and respite homes for disabled children.

In the post-war period, attempts were made to regulate children’s homes more tightly. In 1947, regulations based on the Children and Young Person (Scotland) Act 1937, were put in place, these were the Children (Boarding-Out Etc.) (Scotland) Rules and Regulations 1947 and they covered local authority and voluntary children’s homes. The Children Act 1948 strengthened the inspection of voluntary homes and it provided more extensive powers that covered: accommodation and equipment; medical arrangements; and, people applying to take charge of a home. Importantly, the 1948 Act required that voluntary homes had to be registered with the Secretary of State. The accompanying regulations were introduced in 1959 under the title, the Administration of Children’s Homes (Scotland) Regulations 1959, and replaced the 1947 regulations. They remained in place through to the 1980s, until replaced by the Social Work (Residential Establishments – Child Care) (Scotland) Regulations 1987.

The question of whether these provisions actually improved the lived experiences of the children resident in such establishments and prevented abuse is undoubtedly connected to the robustness of their implementation. While we have seen that, generally, residential care was considered to improve over this period, there is little research that details the experience of children and young people. There is some evidence of the lack of placement choice to meet the various needs of young people, inadequate accommodation and facilities for children

(Kendrick and Fraser, 1992), and evidence of poor care, isolation from the community and abuse in care (Abrams, 1998). Berry (1975), although discussing residential care in England, links the poor experience of children to their caregivers receiving similarly poor experiences of ongoing support (Berry 1975, p. 150). It is clear that in the 1960s and 1970s there were major issues in staffing in residential child care. Newman and Mackintosh, for example, found that shortage of staff was a chronic problem for residential establishments; half the homes were under-staffed to some extent and there was a shortfall of ten per cent of the approved numbers overall (Newman and Mackintosh, 1975, p. 80). A number of commentators highlight the rapid turnover of staff linked to factors such as low pay, poor conditions of service, and the difficult nature of the task (Kendrick and Fraser, 1992).

"It [...] appears that the nature of the job itself must be seen as one of the fundamental causes of the present staffing problem" (Newman and Mackintosh, 1975, p. 81)

There was a clear call for residential workers to be better supported by other professional services and better integrated into child care services.

The experiences of residential care staff varied markedly given the wide range of residential establishments in Scotland at the time. Small family group homes were staffed by a house mother and house father, while larger children's homes would also have care assistants who were often young women who may have lived in. Approved schools or List D schools were more generally staffed by men.

One common feature was that the residential workforce was largely unqualified at this time, and there was a constant call for improvement in training and qualifications. After the Second World War, in parallel with developments in the rest of the UK, the Scottish Advisory Council in Child Care awarded a Certificate in Residential Care of Children (CRCC), taught over a year at Glasgow and Aberdeen University. More experienced staff could attend a one

year course at Glasgow University, to obtain a Senior Certificate in Residential Child Care (SCRCC). Barr (1987) comments that the initial content of these courses was:

"... fairly domestic and practical [and was] coupled with the study of the normal growth, development and health of children... (Barr, 1987, p. 26)

At the end of the 1960s, prompted by the development of 'generic social work', there was a call for the parity of education and training for residential workers and field social workers. In practice, however, this has never happened, and indeed this debate continues to the present day.

During the period under review, residential child care was subject to a number of social and legislative influences, which impacted upon both the experiences and perceptions of children and workers. Contrasting and conflicting views about the nature of residential care in Scotland highlights the importance of seeking the perspectives of those workers who were present at the time.

Methods

Thompson (2000, p.3) asserts that the study of oral history can give back to the people who made and experienced events, through their own words, a central place. Its methodology is based on recording and preserving the oral testimony of participants and the product of that process (ibid, 2000). Therefore, in-depth, recorded semi-structured interviews were conducted with twenty-three individuals who had experience of working in, or in connection with, residential child care services in various parts of Scotland during all or part of the period from 1960-75. These were one-off interviews which varied in length from approximately forty minutes to two hours. Participants ranged in age from their mid-fifties to mid-eighties, and had been at different stages in their respective careers during the period

under review. Female interviewees outnumbered males (eighteen females, five males), possibly in part reflecting the gendered nature of much child care related work, particularly at that time.

Participants were recruited via purposive and 'snowball' sampling strategies from existing networks, which while not guaranteeing a representative sample, nevertheless enabled the study to focus on people who had the necessary knowledge and expertise. These included residential child care workers and managers from a variety of settings (larger children's homes, family group homes, approved schools or List D schools, residential nurseries, a school for 'maladjusted' children and Quarriers Village); Children's Officers, Child Care Officers, social workers and Directors/Deputy-Directors of Social Work. Seventeen had direct experience of working in residential establishments. Some participants had held multiple positions, for example starting out as a residential worker and later becoming a home manager or qualifying as a social worker. Some had worked in, or in connection with, more than one type of establishment. In this way, it has been possible to establish a rich and multi-layered account of workers' perspectives of residential care during the time period. Latitude was given for deviation from pre-determined themes and questions were 'open', thus allowing the participants more freedom and control to articulate their experiences.

Potential participants were provided with written information about the study and provided with the opportunity to ask questions about the research beforehand in order to ensure their informed consent for both the interview and for the assignation of copyright of the collected data to the Scottish Oral History Centre at the University of Strathclyde where the material has been archived. It was made clear that they could decline to answer any questions that they were not comfortable with and withdraw from the study at any time. Participants were told that disclosure of information which indicated that someone had been harmed or a crime committed would be reported to the relevant authorities. Anonymity has been ensured by

referring to participants by a pseudonym and assigning pseudonyms to any establishments referred to. Data has been stored securely. Approval was obtained from the relevant University Ethics Committee.

McNeill (2010, p.494) highlights that, 'within the discipline of history, debates about the relative merits of different kinds of sources have been very well rehearsed in recent decades.' While the reliability of any data stemming from the distant memories of participants cannot be guaranteed, the individual interviews were nonetheless assessed for 'internal consistency' (see Thompson, 2000) as well as in relation to the available data relating to the wider context of policy and practice at the time.

With this in mind, the transcription and thematic analysis of the qualitative data was undertaken by one of the authors. This involved immersion in the generated data; considering not only recurring themes across the interviews, but also each narrative as a whole and looking for differences in the types of narratives thus collected (McNeill, 2010).

Results

Working in Residential Care

Participants who worked in residential care reported working very long hours; undertaking all manner of child care and related domestic work, for relatively low wages, and having little time off, perhaps one day a fortnight. Many lived-in and so were in effect on call, even when they were not officially on duty. However, while undoubtedly demanding, for many this did not detract from their enjoyment of the job:

I just absolutely loved it right from the start (Anna, Residential Worker, 1963-1973)

There was an acceptance that the demands of the job were simply how things were, and that you 'just got on with it'. Other respondents, however, did not have a positive experience and left residential care because of this:

I couldn't stand it any longer! I thought it was horrible! (Charlotte, Residential Worker: 1970-1)

Lack of training, knowledge and experience

A striking feature of the accounts of many of the participants was their lack of experience and training to prepare them for the challenges of working in a residential establishment:

There was very little supervision of any kind, very little training really, very little support in terms of understanding the child's behaviour or psychology; you just kind of had to feel your way. (James, Residential Worker: 1974-5)

This clearly reflects the limited training and education opportunities for residential staff members and the lack of support for residential child care workers at this time (Kendrick and Fraser, 1992). There were no educational requirements to work in residential child care; these would not be required until they were included in Scottish Social Services Council registration requirements in 2005. Participants reported that they were employed because they had either raised or were raising a family of their own and had thus demonstrated an ability to manage a household, or had simply expressed an enthusiasm for working with children even if they had no prior child-care experience. Some were on student placements, training to be nursery nurses, or intended to pursue a social work career and needed to gain work experience in order to be considered for entry to an approved course. A number of participants were very young; just out of school or university, and had left home for the first

time to take up a live-in position at a children's home. They consequently found the work quite daunting and at times shocking:

Their language; their way of operating as children, was so alien to my experience...

Looking back it was just awful because I was so naïve! (Jane, Residential Worker: 1972-5)

Some participants identified how particular aspects of knowledge would have enabled them to undertake better work with children, for example, child development and psychology, including the impact of prior experiences. Participants also acknowledged that they had little knowledge of child abuse or child protection. One participant recalled working in a residential establishment where it was later discovered that abuse had been perpetrated by a staff member and was upset that she had not recognised the signs:

In hindsight the signs were there. But first you need to know what the signs are, before you can know that something's not right. (Harriet, Residential Worker: 1970s)

Linked to this, residential workers reported that they were provided with little or no information about the backgrounds of children they were looking after. A former Child Care Officer confirmed that she and her colleagues did not tell residential staff much about the children they were looking after and felt that in hindsight, they were at fault for this, explaining however, that it was how things were done at the time. As a consequence, staff had little or no knowledge of any experiences which might have impacted upon the children's subsequent behaviour which, combined with a lack of awareness of issues around child development, trauma and abuse, could mean that children were responded to less than sympathetically when they presented 'difficult' behaviour. An example of this could be found in responses to bed wetting, which, as evidenced by the following quote, was reacted to

in some establishments as if it was wilful bad behaviour which was within a child's power to control:

She used to rub his face in the wet sheets and be really nasty verbally towards him.

(Violet, Child-care student on placement: 1968-9)

Such an abusive response to bed-wetting has also been identified from the narratives of survivors of abuse (Abrams, 1998; Magnusson, 1984). Clearly, despite the intentions of the Children Act 1948 and the 1968 Social Work (Scotland) Act, such responses were not conducive to the spirit of child-centred practice.

Another example concerned the methods of restraint which were at times used to control children and which caused consternation for some respondents:

It was the way of child care then that if a young person was upset you sat on them...I thought it was cruel and unnecessary and I still think it was cruel and unnecessary.

(Harriet, Residential Worker: 1970's)

Other respondents considered that physical restraint was at times necessary, and this ambivalence continues with recent research highlighting the differing views of both young people and residential staff members about physical restraint (Steckley and Kendrick, 2008 a and b). This latter research, however, took place in a context where training on the use of physical restraint is required and guidance on its use has been published (Davidson et al, 2005).

Improvement of training, however, might not have the effect anticipated, as recalled by a former Director of Social Work when he described how a newly trained residential worker had asked another member of staff to smack a child who was misbehaving because she felt that she could not do it herself as it had been discouraged on the training course that she had

just undertaken. A range of inquiries and reports have highlighted the importance of employing a well-trained and knowledgeable residential care workforce in order to safeguard and protect the children in their care (Colton, 2002; Kendrick 1998). It is only in the last ten years or so that significant strides have been made in achieving a qualified residential child care workforce in Scotland, and there has been a recent commitment to raise the level of the required qualification for residential staff (Kendrick, 2014, p. 12).

Institutional imperatives and an inability to raise concerns

Many participants described working in, or in connection with, places where institutional imperatives largely predominated:

Children were expected to conform and they *did* conform, by and large. (Thomas, Director of Social Work: 1965-1975)

Such experiences were by no means confined to Approved Schools/List D Schools and, from their experience participants described a number of children's homes as being fairly regimented. Although this was viewed by some as inappropriate and oppressive, others felt that it was, in part, a necessity because of the large numbers of children of varying ages and needs who were accommodated, and the relatively low numbers of staff. It was reported that children were often not treated as individuals, with some participants describing that children did not have their own clothes or space to store personal possessions. Participants recalled not having sufficient time to provide one-to-one attention to the children. This was a matter of regret for many, who reported that whilst the physical needs of the children were mostly attended to, their emotional needs often were not, and the long term consequences of emotional neglect has been highlighted by survivors of abuse. Certainly, the homogenous, 'institutionalised' nature of some residential care provision continues to be linked to poor

outcomes in current times, highlighting the lessons that still need to be learned (e.g. Shaw, 2014b, Kendrick, 2015).

The predominance of institutional imperatives in some establishments meant that the conditions were created whereby potentially abuse might occur and remain unchecked, and Colton (2002, p.36), for example, talks about the ‘distinctive institution cultures’ linked to abuse of children in residential care.

As has been shown in inquiries and research on abuse in residential child care (e.g. Waterhouse, 2000; Marshall, Jamieson and Finlayson, 1999; Colton, 2002; Stein, 2006), many participants felt unable to raise concerns, as staff were expected to toe-the-line and not question existing orthodoxy. Indeed in some places the questioning of practice was at times met with derision and occasionally, outright hostility by other staff members and those in charge:

I had tried to say to the (manager) that I was concerned...and she just shot me down in flames and asked me if I wanted to get through this course...I was persona non grata from then on.
(Violet, Child-care student on placement: 1968-9)

The development of such institutional cultures was also made possible by the lack of external oversight and management (Colton, 2002; Kendrick, 1998)

I was being given ridiculously short resources to try and run the services (Michael, Director of Social Work, 1969-1970's)

This was expressed both by residential workers and social workers, but from different perspectives, with the former highlighting infrequent visits by child care officers or social workers, and the latter emphasising difficulties in gaining access to children and young people in residential care..

Looking back, I think that many of the kids were dumped by social services. (Rebecca, Residential Worker/Manager: 1963-75)

Some of the austere regimes were quite happy to keep you at a distance; you were a nuisance...I do remember that it was quite hard to see children on their own and if things had been going on, I don't think I would have known, because there was always the kind of brooding presence of a senior member of staff. (Elizabeth, Child Care Officer, 1965-75)

Such an approach was also exacerbated by the reluctance of social services to challenge existing practices due to the belief that the homes were undertaking a difficult role.

Arguably, the perception of young people in care as being a challenging group in need of containment and control has impacted upon their treatment since the 1834 Poor Law (Frost, Mills and Stein, 1999; Stein, 2006) and continues to the present day. As is the case in current times, when children are at times placed 'out of area' by their local authority, these issues were to an extent both perpetuated and compounded by the remote locations of many of the establishments and the fact that children were often placed at a distance from their families, who, as a consequence of poverty and lack of transport, found it difficult to visit (Kendrick, 1998).

Positive experiences and freedoms of a pre-risk averse era

While we have focused up until now on the negative features of residential care, we must also highlight positive accounts of residential care and certainly, a number of participants in the current study felt that both their experiences as workers and those of the children were extremely encouraging:

I do look back and see some outstanding Officers in Charge who really were ahead of their time. (Elizabeth, Child Care Officer, 1965-75)

In the unit that I was in there was a lot of physical affection. I was very clear that my job was just to love children...I was taught to treat the children with such care and love and respect. (Catherine, Residential Worker: 1971-5)

The quote directly above describes the experiences of a former worker in a school for 'maladjusted' children, which was operated by a religious order in the sixties and seventies. She expressed that it was ahead of its time in terms of the ways it worked with and responded to children, some of whom were deemed to be extremely challenging for a variety of reasons, including the trauma caused by their prior experiences. Here, the children all had their own clothes; staff knew about their backgrounds and the school was run in accordance with a therapeutic model of intervention. Similarly, a participant who had worked in a relatively small family group home in the seventies described the experience in very positive terms, asserting that children were well looked after and that she felt supported and encouraged:

My memories of it was a very happy place, an interesting place to be; lots of fun.

(Emily, Residential Worker: 1974-5)

Indeed, many respondents described good times, including the children being taken away on holidays and outings and how, especially in the smaller family group home settings, they were encouraged to interact with other children in the local community, bring friends home for tea and join local clubs and societies. It is such a context that national enquires, despite their focus on abuse, have concluded that residential care is a 'positive choice' for some children and young people (e.g. Skinner, 1992; Kent 1997; Utting 1997; Shaw 2007),

Comment was also made on the benefits of the split-shift system (whereby individuals started work in the morning, had time off during the afternoon while the children were at school, and then returned to work in the evening when the children came home) and the continuity of care this provided for children, a system that no longer operates today.

Participants also emphasised how workers at times had the freedom to undertake activities with the children, which might not be possible today because of current concerns with health and safety. These included residential workers taking individual children on holiday with their families; taking large numbers of children on outings with few staff members and canoeing trips with workers who had not undertaken any form of water-sports qualification or training. It was expressed that these practices were routinely accepted, with little or no thought given to potential risk. While there is undoubtedly a need to take the health and safety of children very seriously, there is a concern that current residential child care practice has become too risk averse and avoids opportunities for children and young people taking part in physical activities and outings (Milligan & Stevens, 2006; SCCYP, 2010).

The freedoms of a pre-risk averse era also included feeling able to demonstrate physical affection, which many felt that they would now be prohibited from doing as a result of high profile abuse scandals:

Demonstrative care is something that I think we need to find a way back into, to allow folk to feel that actually children do need affection that can be safely offered and that they should be supported to do that in a way that's not obsessed with risk. (Louise, Residential Worker: early 1970's)

Indeed, although participants felt that in many ways, residential care practice has improved, concern was also expressed by some that the better aspects of past provision have been lost and that (as expressed by Kent, 1997) we are in danger of creating an emotionally 'sterile'

environment. Certainly, Kendrick (2013, p.77) highlights how there has been ‘an increasing tension between defensive practice and professional distance, and the need for positive relationships between children and residential staff members’. Given that research has emphasised the value that young people place on ‘family-like’ relationships in residential care (see Kendrick, 2013), along with the necessity of good staff-resident relationships in promoting favourable outcomes (Shaw, 2014a and b; Kendrick, 2012); this is an important issue for residential child care practice in the future.

Conclusion

While contemporary responses to the issue of historic child abuse in the Scottish context have tended to focus upon the experiences of former residents of institutional care, it is clear that much can also be learned from the narratives of former child-care workers. Indeed, such accounts provide valuable insights into why children were cared for and responded to in particular ways; how abuse can be prevented in the future and positive outcomes achieved. Certainly, it is apparent that despite the intentions of various legislative and policy initiatives, and a generally positive portrayal of the residential care sector during the period under review (Corby, Doig and Roberts, 2001; Hendrick, 2003; Crimmens and Milligan, 2005; Packman, 1981), that the ideal of ‘child-centred’ practice was very far from being achieved in many establishments, with conditions being created in which abuse could potentially occur and remain unchecked. The reasons for this were multiple and complex, and included a lack of experience and awareness of issues relating to child development, abuse and neglect; the predominance of institutional imperatives and an inability to raise concerns, combined with a lack of external inspection and accountability. Indeed, whilst improvements have been made to the sector both during the period under review and subsequently, a number of the issues still have contemporary resonance and as such, we should guard against complaisance and be aware that without further changes and continued vigilance, children will continue to be at

risk of abuse in its various forms. It is therefore vitally important to maintain an ongoing commitment to a well-trained, knowledgeable and empowered workforce that feels both able to raise concerns and has the awareness to respond appropriately to the warning signs that all is not well.

However, accounts were far from wholly negative and it is clear that children experienced a wide variety of provision during the period under review, some of which was progressive and endeavoured to be caring and fun. Certainly, we should be wary of ‘throwing the baby out with the bathwater’ and allowing a focus upon risk-averse practice to obscure the merits of some of the more protective and nurturing elements of former residential child-care work, particularly in terms of the relationships between staff and children which, if undertaken correctly, can provide the most positive experiences of care.

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