

Learning from positive historical child care practice

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Abstract

Much current media reporting of historical residential childcare provision focuses on abusive practices and child care systems which failed to protect children and young people. There are, however, other narrative lines woven through 'abuse enquiries' and the accounts of individuals, which receive less attention. These are instances and accounts of exemplary practice, of residential care practitioners committed to ensuring that children and young people were nurtured, loved, and well prepared for adulthood. In this article, I will explore some of these kinds of memories, of adults who spent a significant part of their childhood in residential care, which were shared with me, as part of my Doctoral studies on historical institutional child abuse. I will consider the barriers to delivering such child-centred practice in current residential care provision and conclude by asking that we hold in mind in our daily practice making tomorrow's memories for the children in our care today.

Keywords

Historical residential childcare practice, loving care, Scotland, care planning, memory.

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(I remember the cook giving me extras), I'd get bacon and eggs and things like that where others just got bits of bacon.

("Alasdair" in residential care 1915-c.1923)

I was put in the choir and the first night of the choir practice she said "where is the new child?", and she said "over here and stand beside me" and after that I had to stand beside her – I think she must have thought of me as special.

("Dorothy" in residential care 1940s-1950s)

Then in Church one of the visiting ministers would give us a bright meaningful sermon, I would glance sideways without moving my head to the transept gallery and see this nice smiling couple, my faith in myself restored for the time being.

("Helen" in care late 1930s-mid 1940s, unpublished autobiography)

All names of care-experienced people are pseudonyms to preserve confidentiality

Many will associate my writing with historical institutional child *abuse*; personal accounts of survivors and commentary on their accessing justice (Hawthorn, 2006; Hawthorn & Kendrick, 2011; Kendrick & Hawthorn 2012; Kendrick & Hawthorn, 2015; Kendrick, Hawthorn, Karim & Shaw, 2015; Hawthorn, 2018) and for the last fifteen years I have been actively involved in working with survivors of historical abuse of children in care, playing a part in Scottish initiatives such as the InterAction on Historical Child Abuse in Scotland and the Action Plan which was developed out of this (Scottish Human Rights Commission, 2014). In the course of enquiries seeking evidence from 'survivors of institutional abuse', however, regularly, a number of individuals would tell me of experience of care that had been significantly *positive*, some dating back to the 1920s, 1930s and 1940s. Warm memories have been recounted to me and are varyingly tender, sensitive, humorous, and, importantly, are memories which have sustained these individuals across the life-course into their later

years. In a time when there is regular media reporting of Inquiries into institutional abuse within Scotland and beyond, we do not usually hear about the positive memories, such as those of Margaret Irvine (2010) writing of My Happy Childhood in Care in Tenterfield Children's Home in Haddington, Scotland in the 1940s and 1950s. Neither do we hear of those stories shared with the National Confidential Forum (NCF) which was set up in Scotland in 2014 to listen to and acknowledge people's childhood experiences of institutional care in Scotland (National Confidential Forum, 2019a). The NCF report on their website (2019b) notes that 'amidst accounts of abuse and emotional neglect, a small number of people have come forward to talk about positive experiences of care.... about the care and attention that some staff gave them' (National Confidential Forum, 2019b).

In this paper, I will explore historical accounts of three people whom I have got to know in the course of my work. They describe long-lasting emotional and psychological benefits which they associate with the care they received as a child separated from their parents. The three aspects that they emphasise are respectively; memories of feeling 'special'; of experiencing the joy of music; and the deeply personal significance of spirituality. I invite practitioners and policy makers to consider the likelihood of care experienced young people today holding similarly affectionate memories in 70 years' time, and draw attention to some of the literature which suggests that in fact there are barriers which inhibit organisations and individual carers from providing such warm, personal care experiences within the current care system in Scotland. I will also include reflections of a small group of three care experienced young adults, who have been active in advocacy organisations, with whom I shared these historical accounts. I conclude by asking that as well as learning from narratives of abuse, we learn from the positive experiences of residential care historically, and contemplate the memories that we are creating for children and young people in our care today.

'Historical' good care experiences

1. Significant Relationships and feeling special

Some of my respondents reported examples of feeling particularly cared for by being given special attention or care, some kind of special 'treatment' from a particular person which made them feel noticed and valued – which today we might describe as empathic, individual and *relational* care. While at this distance of time we cannot know what the rationale of their care-givers had been for giving them something extra, it is possible to infer it. Alasdair, one of the three quoted at the start of this article has a strong memory of being given eggs as well as 'just the bacon' which he saw the others receiving. Alasdair was not alone in feeling that he was treated differently when being given bacon and eggs; Lewis, who did not have family he could return to during school holidays, was in a former 'Approved School' (still a residential school today). He also recalled being very well cared for:

[Staff] took me to their homes and they showed me how to do the garden and do jobs like that. I was having home cooked meals at their own tables. I was permitted my own room away from the rest of my peers. I was allowed my own room.

("Lewis" in residential care 1950s)

Dorothy, in care in the 1940s, did not frame her experiences as being treated differently to other young people, but, having lost contact with all of her family through her parents' marriage breakdown, her father's premature death and her brothers' emigration to Australia through the Child Migrant Scheme, she was utterly without contact with any of her family. She described working in the baby nursery — part of the large 'orphanage' where she lived — when she left school:

[One nun] rescued me from what might have turned out to be a lifetime of bitterness, anger, hatred and even a need for revenge. She was the 'Mother Figure' I longed for at that period of my life, guiding and pointing me in the right direction; urging me to recognise, as she herself had, that genuine goodness and love will eventually win.

(“Dorothy”, unpublished personal narrative)

The experience of this relationship remained significant to Dorothy throughout her life. The home continued her apprenticeship in ‘nursery nursing’ (as ‘early years’ education’ used to be called) by sending her to a local college on a day-release basis.

While today some would caution against residential care staff developing such ‘special’ relationships, pointing to the danger of *unwarranted* positive treatment, or ‘favouritism’ (Kent, 1997, p.76), there was no indication whatsoever in the accounts of these care-experienced people that these relationships were anything other than nurturing, caring and highly professional. Despite my substantial experience of engaging with survivors of historical abuse within care, and my consequent keen awareness of the risks of abuse, I share the concern of many others that policy and practice changes over the last 20 years or so, intended to safeguard children, have in fact had a detrimental impact on the quality of residential care experienced by children and young people (Garfat, 1998; Horwarth, 2000; Howard, 2012; Smith, 2009). The contention of these authors, and many of my residential care colleagues, is, that a risk-averse approach to child protection or safeguarding has resulted in unintended consequences, whereby children are left vulnerable to what may be regarded as new forms of system abuse. System abuse is described as a failure of laws, policies, practices and procedures to protect children and young people (Gil, 1982; Bibby, 1996; Williams of Mostyn, 1996 in Stein, 2006), what Stein (2006) refers to as *system outcome abuse* (Stein’s italics) in that there is a failure of law, policies, practice and procedures to protect, compensate and promote the maximum outcomes for looked after children. Despite Kent cautioning against creating ‘a sterile care climate,’ (1997, p.18), and the intention of individualised care practice via tools such as individual care plans, many staff today would be very unsure about having relationships with young people which may be deemed ‘special’ in some way.

When did we lose love?

One care experienced young adult with whom I discussed this article posed the question, “when did we lose love in the care system?”. Mark Smith, residential care practitioner, manager and academic, offers a possible explanation: citing Douglas and Payne, (1981) who identified a shift to an ‘industrial model’ of residential care, with the introduction of industrial practices and conditions to human service organisation in the 1970s (Smith, 2015). He claims that this was the start of the far greater separation of personal and professional commitment over recent decades, as notions of vocation and personal commitment were devalued and replaced by notions of professionalism and defined job roles. This was reflected in the move away from staff living on site and the adoption of shift systems, and local authorities taking greater control of voluntary sector homes and schools, integrating them into their newly developing social work departments. This was part of a major transformation within the wider care system in Scotland at the time, and some of it is unarguable– such as a greater emphasis on *preventive* social work to support families and prevent the separation of children and attempts to promote quick rehabilitation back to parents, and thus aspiring to use residential and foster care as shorter-term measures. However, the impact of this ‘modernising’ and preventive social work approach on personal, nurturing, indeed *loving* residential care — the goal of the current Independent Care Review — was perhaps not progressive. Writing at the time Douglas and Payne (1981) identified the root problem as being that ‘caring becomes “just another job”’; a matter of clocking in and out of shift (in Smith 2015, p.9). And from the later 1980s onwards emerged another trend within social work related to new ideas about public services in general, a ‘culture of managerialism (Howard, 2012; Smith, 2009). Smith (2009) argues that this has led to a reduction in the level of responsibility and autonomy previously enjoyed in residential settings, as the authority of heads of homes was eroded and increasingly located in external managers, often with little experience or understanding of residential childcare.

Undoubtedly one of the reasons that traditional cultures of residential care, involving close parental-type relationships, came under suspicion was the

discovery of previously unrecognised instances of abuse of children — physical and sexual — by members of staff. Corby, Doig and Roberts (2001) identify the dysfunctional consequences of inquiries and the impact on staff; blow to morale, decline in the quantity and range of residential care, shifting the problem elsewhere, and residential social work becoming over-defensive, over-bureaucratised and 'proceduralised' (pp.181-183). The impact on the quality of relationships between residential carers and children — surely at the heart of the raising of children — is that residential workers may be viewed with suspicion both publically and within their own agencies. This causes feelings of insecurity; knowing that the ultimate authority lies outwith the care relationship, in various codes, procedures and external regulatory bodies; 'they cover their back (and) the care of children becomes subsumed beneath a concern to cover their own safety' (Smith, 2009, p.48). Such scrutiny will result in 'childcare with kid gloves on' hence losing the personal, intimate caring aspect of children's residential services (Horwath, 2000). As recognised above in relation to historical abuse, it may be several years before the consequences of such defensive practice become manifest (Kendrick & Hawthorn, 2012) during which time such sterile and distancing policies and practices may have become uncritically accepted and seen as a *valid, and indeed necessary,* response to historic abuse. It is my contention that it is *necessary, and perfectly possible,* with our current stock of knowledge, ethical commitments and professionalism, to find ways of keeping children protected from abusers, and abusive care practice, and to provide them with close, personal loving care, appropriate to the age and stage of each infant, child and young person.

Writing recently about relation-based practice in the Republic of Ireland — another country with extensive revelations of widespread and deep-rooted abuse within supposed care homes (Government of Ireland, 2009) — Brown, Winter, and Carr (2018) found that experiences and views of residential care workers had been compromised and constrained because of a 'prevailing culture of fear' that pervades the sector and that this shaped and informed daily practice. My own recent discussions with a number of care experienced young adults indicates that there is undoubtedly a mixed picture in terms of caring care; with some excellent practice, akin to the historical vignettes described above, but

there are also many references to practice which echoes such a culture of fear. This resonates with findings of Piper, Powell, and Stronach (2006) that current practice is more dependent on fears of accusation and litigation than any concern for a child and more recently those of Steckley (2011) in relation to restraint, that staff experience anxieties related to any form of touching young people.

2. Developing talents: discovering the joy of music

On moving to a different establishment, Dorothy, cited above, recalled being recognised as a talented singer: She reminisced:

I loved my choir. It was a comfort to me to be singing. It was my comfort; I just loved my music.

Many years later she visited one of the nuns with whom she had had a positive relationship, when the nun was being cared for in a nursing home. She was moved that the Sister remembered her:

She is in her nineties. I went to visit her two Christmases ago and she has got Alzheimer's and she is going blind and the girl said "this is Dorothy" and she sat back like that and she said "Dorothy that sang in the choir?" and I said "yes, the same one" and I said "will we sing a wee hymn?" And we sang a wee hymn and she remembered then.

After retirement, as a manager in older people's services, Dorothy traced her family. By now all her immediate family were deceased but she was able to meet with her nieces.

I have since discovered that all my family were musical and I am now in the last four years taking piano lessons ... I am rubbish but I love music.

Though her siblings are deceased, there was a sense of Dorothy reclaiming family identity through connecting with her nieces and through music. The

identity of being 'musical' remained important to Dorothy throughout her life, providing cohesion to her personal narrative and linking family and residential care in a positive way.

While the details of this narrative were 'of its time'; the orphanage choir, visiting her former carer in the nursing home, the underlying issues are similar to those for care experienced children and young people now: identity, developing talent and the value of music as well as continuity of relationships. While active music making is believed to have benefits for children and young people (Hallam, 2015), a recent study in Scotland commissioned by Creative Scotland identified barriers to children and young people in residential care engaging in music (Gracie, Hawthorn & McCue, 2018). Some of these barriers were organisational, similar to those cited above (Douglas & Payne, 1981; Smith 2015); the complexity of the residential care system in respect of staff cover and rotas, care planning systems and child protection regulations for recruitments of tutors. Other barriers to participation in creative activities are related to the nature of many children's care experience today, so often marked by change of placement and discontinuity. As we move forward and the role of Corporate Parent (Scottish Government, 2014) has been widened to include organisations such as Creative Scotland, there should be ways that looked after children and young people can access and sustain involvement in music activity and other creative opportunities. It is important that these are not just one-off events but developed in such a way as can become embedded in the child's care plan, their skills and interests, and their developing identity as they move through placements and into adulthood.

3. Spirituality

Helen, cited at the start of this article, showed me the Bible inscribed and given to her by a childhood friend in the children's home. Her Christian faith has remained important to her throughout her life; it has helped her face the challenges of being separated from her family and being in residential care. Barbara, in residential care in the early 1960s-1970s also had a strong sense of God and spirituality:

I was good at religious knowledge and it wasn't anything they taught me, it was because I had a love of God and I think God put it in me. He gave me that love; the only place I ever felt safe was in the chapel and I used to try and escape there into the Chapel and I could get away from them.

("Barbara", in residential care 1960s)

Historically in Scotland many organisations that delivered childcare services were explicitly faith-based (Abrams, 1998; Smith 2017) and religious devotion was part of the in-care experience. Barbara and Helen lived in establishments that were either faith-based or had a strong underpinning religious ethos. Both found comfort in religion as children and although Barbara no longer defines herself as being of the Catholic faith she was brought up in, she describes herself as spiritual. Her relationship with God is still important to her.

The locus of religion and spirituality in daily life in Scotland is undoubtedly very different to when Helen and Barbara were children, but it is widely recognised that children and young people still have 'spiritual needs' (Barratt, 2009), and that for some children faith is part of their identity in terms of family background and culture. This is recognised in the United Nations Convention of the Rights of the Child where Article 20 states that:

A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment shall be entitled to special protection and assistance provided by the state....due regard will be paid to the desirability of continuity in a child's upbringing and to the child's ethnic, *religious*, cultural and linguistic background.

It is recognised in the current Health and Social Care Standards (Care Inspectorate, 2017)

1 Dignity and respect:

1.1 I am accepted and valued whatever my needs, ability, gender, age, *faith*, mental health status, race, background or sexual orientation.

It is also addressed in the Children and Young Person (Scotland) Act 2014 in the Statutory Guidance Part 9 (Corporate Parenting):

Corporate parenting refers to an organisation's performance of actions necessary to uphold the rights and secure the wellbeing of looked after child or care leaver, and through which their physical, emotional, *spiritual*, social and educational development is promoted, from infancy through to Adulthood.

(Scottish Government, 2014)

Given the above, due regard should also be given to children and young people's *search for* spiritual solace and meaning even if not within the faith of their family of origin, possibly exemplified by the following encounter based on my own practice. While on a spiritual (Buddhist) retreat, I crawled out of my tent early one morning to see a young woman, last encountered several years previously when she was on the roof of a children's home in Glasgow, along with several other young people, taunting staff who were trying to encourage them down. After a mutual 'what are you doing here?', Sarah explained that after leaving residential care, life had been very difficult; she had become homeless and involved in substance misuse. She had, however, trained and worked as a chef. While watching television during one period of homelessness, she had seen some celebrities speaking about their Buddhist beliefs. This resonated with her. 'I want some of what they're on' she explained to a staff member in the Homeless Unit. The worker helped introduce her to a Buddhist centre and since then, when feeling under strain, she has developed a pattern of spending time in a Retreat Centre, and contributes by cooking for guests and staff. This set me wondering how staff in children's houses would respond if a young person approached them with such a request, to attend the worship of a minority religion in Scotland, which has not been part of their upbringing.

Little has been written about the spirituality of children and young people in residential care despite spirituality being recognised as a factor in promoting resilience (Daniel, Wassell & Gilligan, 1998; Werner, 1996 in Hill, Stafford, Seaman, Ross & Daniel, 2007). In an article in this journal in 2009, Chris Barratt, at the time a Care Commission Officer concluded that:

Religious and spiritual beliefs are inextricable from personal and cultural beliefs, but, despite being upheld by human rights legislation, they are not universally valued. Services for looked after and accommodated children, including residential child care services, have a poor track record in addressing these rights, seldom doing so more than superficially.

(Barratt, 2009, p.48)

Spirituality is about finding meaning and purpose (Walker, 2005 in Barratt, 2009), and bearing in mind the prior life experiences of looked after and accommodated children, their spiritual wellbeing should not be ignored. We are well past the days when children were drilled into religious practices simply because of the faith basis of the home or school they lived in, but in the same way that religious education forms part of the standard curriculum in schools, the care 'curriculum' should similarly strive to respond sensitively to children and young people's interests, and provide them with a range of opportunities whether or not this is related to the faith of their family of origin.

Conclusion

Based on my experience of working with many people in care, currently and in the past, each of the above aspects of care merits further discussion and research. Current legislation and national standards in Scotland aspires to high quality care for all looked after children. Therefore, in relation to the areas covered in this paper: children should surely be able to feel that they are 'special' — being known, valued and cared for over time; to have easy access to creativity and music; and support on their spiritual journey.

In drawing this article together, the care experienced young adults with whom I had consulted shared their thoughts and experience, both of exemplary practice, such as where staff had kept them in mind even when the young people had moved out of the care establishment, and of what appeared to be over-defensive (so-called) professional practice, where there appeared to be a complete failure to meet children's needs for belonging, comfort and security. They agreed that in the past more staff seemed to be prepared to give of themselves, to have authentic relationships with young people and to meet their individual needs; while more recently, for some staff, there was an aversion to such close personal relationships.

In discussing these narratives, two of the young people suggested 'a golden thread' that connected all the positive aspects of historical care; the children had felt 'special' to one or more of those looking after them. In fact, what was happening was that the children's individual needs were being recognised and appropriate care practice was put in place. Perhaps Alasdair was an under-nourished child, hence the 'feasts' of bacon and eggs, or perhaps the cook saw him as particularly weak or vulnerable, either physically or emotionally, and was trying to build him up; Lewis was at residential school but unlike the other boys, did not have a home base and remained at the school on a full-time basis; so some of the school staff took him for visits to their own homes, and made sure he had his own space in the school. Dorothy movingly described herself as 'a broken wee creature' following the death of her father and emigration of her brothers to Australia; recognising this, the Sisters appear to have identified her talent and ability, gave her a role and responsibilities within the home, and access to further education, thus supporting her transition to adulthood.

Recognising the deficiencies in contemporary practice in Scotland, there is now a drive to redress the balance with initiatives such as 'Compassion' being one of the five underpinning principles in the recently revised Health and Social Care Standards (Care Inspectorate, 2018) and the aspiration of Love being at the heart of Scotland's care system (Brooks, 2018; Independent Care Review, 2019). Given these deeply humane, relational and personal aspirations there is an urgent need to examine ways in which barriers to warm relationships can be

removed and compassion can be put into practice, in the day-to-day lives and in the life-space of children and young people.

Possibly we should leave the last word to Dorothy who spoke with such affection of the Sister with whom she spent her last few years in residential care caring for the babies in the nursery:

She chose to take me under her wing and with patience, kindness and affection, took on the task of repairing the mental and physical wreck which was then me.....She certainly served as a yardstick for me throughout my adult life, and like my dear father, has my undying affection and gratitude.

(Unpublished written narrative)

Those of us working with children and young people need to challenge the systems and processes that govern our work and challenge ourselves by considering 'what life-long memories are we creating for the children and young people in our care today?'

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About the author

Moyra has worked in child care for many years; in residential, fieldwork and projects in the statutory and voluntary sectors. She has worked initially at SIRCC then CELCIS since 2001.

Over the years Moyra has seen many changes, in our understanding of the way in which children and young people present and their journey through care, hence her interest in this topic.