

1 Wednesday, 3 April 2019

2 (10.00 am)

3 LADY SMITH: Good morning.

4 We turn to further expert evidence this morning and

5 I think I warned last night it was going to be

6 Professor Kendrick; is that right?

7 MR MacAULAY: Yes, I would call Professor Andrew Kendrick.

8 PROFESSOR ANDREW KENDRICK (affirmed)

9 Questions from MR MacAULAY

10 LADY SMITH: Please sit down and make yourself comfortable.

11 I'm sure you're very familiar with speaking in

12 public, Professor Kendrick, but the one thing I would

13 ask you is to make sure that microphone is in the right

14 position for you to be picked up. It's not just so

15 everybody can hear, but your evidence is being put on to

16 our transcript and it needs to be heard by the

17 stenographers very clearly. Thank you.

18 Mr MacAulay.

19 MR MacAULAY: Good morning, professor. You are

20 Andrew Kendrick?

21 A. I am.

22 Q. And I think you tell us in your CV that your date of

23 birth is [REDACTED] 1955?

24 A. That's correct.

25 Q. What I want to do first of all is to ask you to look at

1 your report, which you'll find in the green folder
2 beside you, and I'll put this on the screen. I'll be
3 giving a reference for that, and it's LIT.001.001.6914.

4 My reason for doing this is so we can get the title
5 of the research that you've done. Do you tell us here
6 that your research has focused on:

7 "The Development of Children's Care Services in
8 Scotland"?

9 And that this is part 1, 1900 to 1995?

10 A. That's correct.

11 Q. This is research that you were commissioned to do by
12 this inquiry?

13 A. Yes.

14 Q. In a moment I'll come to look at what that covered, but
15 before doing that, can I perhaps first of all look at
16 your CV?

17 A. Certainly.

18 Q. It's in the folder in front of you and I'll put it on
19 the screen as well; it's at WIT.003.002.0710.

20 Your position at the moment, professor, is that of
21 professor emeritus of residential childcare; is that
22 correct?

23 A. That's correct.

24 Q. Are you essentially retired then?

25 A. Yes, I retired last year.

1 Q. But at the time of your retirement, were you associated
2 with the School of Social Work and Social Policy at the
3 University of Strathclyde?

4 A. Yes, and I'm still associated through the emeritus
5 status.

6 Q. You provide us with your higher education, and I think
7 we see there that the focus of your undergraduate and
8 postgraduate degrees was on social anthropology.

9 A. That's correct.

10 Q. What does that cover?

11 A. Well, at the time it was very much looking at the study
12 of human society. Traditionally this would often mean
13 in the Third World and developing world. My thesis was
14 "Caste and Temple Service in a Sinhalese Highland
15 Village", something I have not really referred to very
16 much in my career.

17 Q. Well, if we look at the positions that you've held,
18 starting at 1985, you were a research officer with
19 Central Regional Council. You then went into academia
20 in 1987?

21 A. Yes.

22 Q. And you became a professor of residential childcare in
23 2001?

24 A. That's correct.

25 Q. And that's a position you held until 2018 when you

1 retired?

2 A. That's right, yes.

3 Q. You've also been head of school at the Glasgow School of
4 Social Work and the School of Social Work and Social
5 Policy at the University of Strathclyde?

6 A. Yes.

7 Q. Can I then just look at one or two matters you list
8 under the heading "University responsibilities".

9 Of course, immediately one's eyes are drawn to the third
10 item on the list and that's your membership of the
11 Centre for Excellence of Looked-After Children in
12 Scotland, CELCIS. Can you just help me with that? What
13 has your involvement with that group been over the
14 years?

15 A. Well, when I was appointed as professor of residential
16 childcare, it was to the Scottish Institute for
17 Residential Childcare, which was the predecessor of
18 CELCIS. However, when I took over as head of school of
19 the Glasgow School of Social Work, through that role
20 I went on to the management committee of the Scottish
21 Institute for Residential Childcare.

22 When the Scottish Institute for Residential
23 Childcare transformed into CELCIS, I continued to be on
24 the management committee for CELCIS up until the point
25 where I stepped down as head of school in 2015.

1 Q. In a summary form, can you give us some indication as to
2 the work that CELCIS has engaged in over the years?

3 A. CELCIS is there to support the development of services
4 for looked-after children in Scotland. This has
5 included research, consultancy, education. A lot of the
6 work is very much focused on working in partnership with
7 local authorities and voluntary agencies in the
8 development of their services.

9 Q. If we move on to the next section in the CV at 0711,
10 that's page 2, you provide us with some assistance
11 in relation to your academic contributions and esteem
12 indicators. You tell us you're a fellow of the Academy
13 of Social Sciences; that's 2017 you were admitted?

14 A. Yes.

15 Q. Can I ask you a little bit about the International
16 Working Group on Therapeutic Residential Childcare of
17 which you've been a member since 2015?

18 A. This is a group of academics and professionals in
19 residential childcare, leading academics from Europe,
20 America, Australia, as well as professionals from the
21 States and Europe, who came together to look at the
22 issues around residential therapeutic care, and in 2015
23 published a consensus statement on residential
24 therapeutic care to try and set out the principles under
25 which therapeutic residential care should operate.

1 That's now been translated into a number of different
2 languages.

3 Q. When you talk about "therapeutic childcare", what does
4 that encompass?

5 A. That was an interesting process in itself because
6 residential therapeutic care means different things in
7 different countries. In the States it's very much
8 a specific form of residential care, separated out from,
9 say, group homes or juvenile justice institutions.
10 I think in the UK we look at it much more that all
11 residential care should take on the principles of
12 therapeutic care and similarly in Europe in terms of
13 social pedagogy and the approach in Europe. So very
14 much it means that it's looking at the child and young
15 person holistically and the way in which residential
16 care can support them.

17 Q. And do you have regular meetings as a group?

18 A. Regular but infrequent. So because we're scattered
19 around the globe, we've come together twice since the
20 publication of that paper and we're due to meet later
21 this year.

22 Q. The next item I want to ask about is 2012 to date,
23 you've been vice-president of what's described as the
24 European Scientific Association for Residential and
25 Family Care for Children and Adolescents. And indeed,

1 you've been on the board since 2001.

2 A. Yes.

3 Q. What does that involve?

4 A. EUSARF -- it's a rather clunky name, I will admit -- has
5 convened an international conference every two years and
6 has also undertaken other work, such as an academy for
7 postgraduate students in this area. But it's now seen
8 as one of the leading international conferences on child
9 and youth care.

10 Q. Moving on then to the next page, 0712, you have
11 a heading, "Professional contributions since 2001". If
12 I can just pick up the first one, actually, 2014 to
13 2015, you have been chair of the Scottish Social
14 Services Council working group on the review of the
15 social work education in Scotland.

16 A. Yes.

17 Q. What did that involve?

18 A. This was organised by the Scottish Social Services
19 Council and it was looking at whether there needed to be
20 any major changes in social work education in Scotland
21 undertaken by the universities and so was reviewing the
22 curriculum, the approach, particularly issues around
23 whether generic social work education should continue.
24 Because down south in England, very much it's gone much
25 more specialist. And whether there are any urgent needs

1 in terms of updating social work education in Scotland.

2 Q. Under the heading "Research", can I just pick up on the
3 second item:

4 "Regulation and development of foster care
5 services."

6 2015 to 2016 is when the research was carried out.

7 That was a project that you've done for the
8 Scottish Government; is that right?

9 A. Yes, that's correct.

10 Q. Has that been published?

11 A. It has not formally been published. It was a report to
12 Scottish Government.

13 Q. Can I just understand what you're trying to cover
14 in that report?

15 A. It was really to cover the same issues and themes as the
16 Shaw Report on residential childcare, so to look at the
17 regulatory framework of foster care from the end of
18 the -- from 1948, I think, to -- I can't remember when
19 it was up to, 1995 or possibly 2005 --

20 Q. So it's historical in that sense?

21 A. Yes, and also to look at developments of services over
22 that period in time.

23 Q. Then the next item:

24 "Children's services workers' experience of
25 residential childcare (1960 to 1975): an oral history."

1 A. Yes.

2 Q. There are you looking at those who are working in
3 residential childcare?

4 A. Yes. We interviewed a sample of 21 or 22 individuals
5 who either worked in residential childcare in that
6 period or were children's services workers who were
7 working closely with residential childcare.

8 Q. And that was a project that was funded by the
9 British Academy?

10 A. Yes, that's right.

11 Q. Moving on to the next page, I think you tell us at the
12 top that you carried out a literature review for the
13 Shaw historical abuse systemic review.

14 A. Yes, along with colleagues at Strathclyde University.

15 Q. And towards the bottom of the page, we have a long list
16 of areas that you've been involved with that we can look
17 at for ourselves. The second bottom, 2002 to 2005,
18 you've been involved in an evaluation of secure
19 accommodation in Scotland.

20 A. Yes.

21 Q. If I could ask you what did that involve? And over what
22 period were you looking?

23 A. Well, that was contemporary, so that was looking at
24 secure accommodation at that point in time, 2002 to
25 2005, specifically looking at outcomes of young people

1 who were placed in secure accommodation, looking at the
2 career trajectories of those who had been placed in
3 secure accommodation. So looking at, in a sense, the
4 reason why they'd ended up in secure accommodation, but
5 then looking on to see where they went to following
6 their period in secure accommodation.

7 Q. And that's an area you touch upon in the period we're
8 going to look at today --

9 A. That's right, yes.

10 Q. -- up to 1995?

11 A. Yes.

12 Q. Moving on then to the next page, 0714, the third item
13 down, you reference there the Kent Report:

14 "Children's safeguards review: a literature review."

15 The Kent Report, can you remind us what that was?

16 A. The Kent Report, the children's safeguards review, was
17 looking at the safeguarding and protection of children
18 in care and it was parallel to the Utting "Children's
19 Safeguards" report down in England at the same time.

20 Q. So you were involved in that process?

21 A. That's right. Again, I did the literature review for
22 that.

23 Q. Similarly, if you look at the last item where there's
24 reference to the Skinner Report:

25 "Literature review of residential childcare."

1 Again was that in connection with the report that
2 Angus Skinner produced in 1992?

3 A. Yes, that's "Another Kind of Home", yes, so that
4 literature -- you might see a pattern here in terms of
5 literature reviews.

6 Q. So far as the Skinner Report was concerned -- and
7 I think you look at that in this report -- was that
8 looked upon as an important report in the area of social
9 childcare?

10 A. Absolutely. I think it was seen as seminal in the
11 development of residential childcare in Scotland and is
12 still looked at today as -- as you'll see in my report,
13 I went back to Angus Skinner's fundamental principles in
14 order to look at different aspects of childcare.

15 Q. And I think you may know that Angus Skinner has given
16 evidence to the inquiry.

17 A. Yes, that's right.

18 Q. Then the heading "Knowledge exchange projects", if I can
19 just touch briefly on that and look at the first item:

20 "Consultation and engagement on financial redress
21 for survivors of abuse in care in Scotland funded by the
22 Scottish Government."

23 So you have been involved in that particular
24 project?

25 A. That's right, working with colleagues in CELCIS on

1 undertaking the consultation and engagement process.

2 Q. And is that an ongoing process?

3 A. Yes, it is. The consultation and engagement process
4 itself was completed with the publication of
5 a consultation report, but the Scottish Government,
6 having accepted the recommendations of that report, are
7 now taking forward work towards legislation and, again,
8 myself and colleagues have been involved in that work.

9 Q. Thereafter, over a number of pages, you give us
10 information about the publications, books, published
11 reports, and books and report chapters that you have
12 contributed to over the years.

13 A. That's right.

14 Q. Can I then go back to the report itself, professor.
15 I'll get it back on the screen: it's LIT.001.001.6914.

16 As we can see from the title of this report, we're
17 told it's part 1 and it's 1900 to 1995. I think it is
18 the position that you will also produce a report
19 post-1995?

20 A. That's right.

21 Q. We see your name on the front page and also the
22 reference to three other persons. Can you let me know
23 what their involvement was in the production of this
24 report?

25 A. Yes. At the start of the project I employed two

1 part-time research assistants, Erin Lux and
2 Richard Withington, who were providing support in
3 accessing material and in drafting some of the review at
4 that point. Richard Withington then moved on to another
5 post, and Sharon McGregor came in to take his place at
6 that point. They provided support in terms of
7 identifying literature, accessing the literature, and as
8 I say, drafting some of the initial drafts of the
9 report.

10 Q. But ultimately, is the report your report?

11 A. I've included their names to acknowledge their
12 contributions. I would say that I have done the
13 majority of the work on it, but it's important to
14 acknowledge that they have made that contribution to it.

15 Q. Can we then move on to the introduction that you provide
16 to the report at 6920. That's page 6 of the report
17 itself.

18 Can you just tell us, because this is headed
19 "Context", what message you're seeking to convey at this
20 point?

21 A. It's just simply the fact that the abuse of children in
22 care has become increasingly recognised around the
23 world. I mean, from the 1980s in the US there was
24 research being undertaken on the abuse of children in
25 care. In the 1990s there were inquiries in this

1 country, and in a sense at that point in time it was
2 looking at contemporary abuse.

3 I think more recently we've realised that we weren't
4 aware of the extent of abuse, and as adults who have
5 experienced care as children have come forward to tell
6 about their abuse as children, then there's been an
7 increasing focus on this topic and a number of inquiries
8 around the world have focused on this.

9 I think also, it's important that there are
10 important differences in the care systems across the
11 world. You've got to recognise those differences when
12 you look at the care experiences of children and young
13 people, and that care systems vary very much and that
14 it's not possible sometimes to look at the experiences
15 in other countries and just translate it into your own
16 country; you have to look at the specific history of
17 each individual country. Even if we look at the
18 differences between the development of care services
19 between Scotland and England, there are notable
20 differences.

21 Q. You touch upon this, I think, in the report, the
22 difference, for example, attitudes towards foster care
23 being one prime example.

24 A. That's right, yes.

25 Q. If we move on to consider what you saw the aims and

1 objectives of this part of the report to be -- this is
2 at 6922, page 8 -- what did you see the aims and
3 objectives of this work to be?

4 A. Primarily, it's to describe the development of childcare
5 services in Scotland, and that's how they were
6 established, what the reason behind services being
7 established was, the evolution over time, and the way in
8 which different forms of care developed, the changing
9 nature of the childcare population, the reasons why
10 children have entered care have changed significantly
11 over time. So to look at that. The numbers of children
12 in care have changed significantly over time.

13 But also, I focused on some specific issues
14 in relation to the selection and supervision of
15 residential workers and foster carers, and also the
16 training and qualifications of staff and foster carers.
17 Through that process, to try and identify systemic
18 weaknesses but also the development of good and better
19 practice over time.

20 Q. If we look to your methodology then towards the bottom
21 of that page, essentially this has been a research
22 review; is that correct?

23 A. That's right.

24 Q. You haven't been looking at, for example, records of
25 inspection reports and so on and so forth; you've been

1 looking at what research is out there?

2 A. I've been looking at what research is out there, but
3 also looking at some professional reviews of services as
4 well. For example, more recently, the
5 Care Inspectorate, I have done reviews of their
6 inspections. So I have not looked at specific
7 inspection reports but I've looked at overall summaries
8 of those and those go back over time. For example, the
9 Clyde Committee was in a sense an inquiry rather than
10 research, but to look at the whole range of that sort of
11 documentation to try and identify individuals'
12 experiences of care services.

13 There are some autobiographies of experiences of
14 children in care, but research has also picked up on
15 experiences of children, as I said, to look at the grey
16 literature -- and when I say care service providers'
17 reports, it would be overview reports, it wouldn't be
18 specific reports on individuals or on specific services,
19 but also policy documents and then official statistics
20 as well.

21 I think one of the things is to say that it's
22 a patchwork quilt because in some periods you will find
23 quite a lot on a particular type of care service and
24 very little on another type. So you know, it feels like
25 there are gaps in our knowledge of the history of care

1 services.

2 Q. We'll see this when we look at the body of the report
3 but there have been, over the years, a wide range of
4 different types of care service. For example, one of
5 the areas you touch upon is the area known as the role
6 played by what's called "lock hospitals".

7 A. Lock hospitals, yes. It was a new one on me as well.

8 Q. When you came across it?

9 A. That's right.

10 Q. But it was there for a period of time?

11 A. Yes. That's right. This was when, in a sense, before
12 there were the medications for venereal disease, so lock
13 hospitals were -- different victims of venereal disease
14 were placed in these lock hospitals. This would include
15 children, particularly young girls, who were placed
16 there and then often, once they had been cured, they
17 would be then placed in such institutions as the
18 Magdalene institutions, another institution which has
19 disappeared.

20 Q. If you go back to the report at page 6923, page 9 of the
21 report itself, you have made the point already that the
22 nature of children's services has changed markedly over
23 the years. But notwithstanding that, I think you say
24 that care services can broadly be categorised into three
25 different groups. Can you just summarise those for me?

1 A. Yes. First of all, for young offenders or children and
2 young people with behavioural difficulties, initially
3 those children would be placed in prison, and over the
4 years there has been a move to get children and young
5 people out of adult prisons. They started with the
6 early reformatories, whose specific purpose was to take
7 children out of prison, but then borstals was another
8 institution again to take young people out of prison.
9 Secure accommodation more recently, again, to get
10 children out of prison. So these have developed.

11 Then services for victims of abuse and neglect.
12 Often, particularly for younger children, this would be
13 foster care, but victims of abuse and neglect may also
14 be placed in children's homes. They were placed in
15 industrial schools and other forms of residential care.

16 Then we have services for disabled children or
17 children in care because of parental illness; developed
18 in the early hospitals and institutions for the disabled
19 in the 19th and early 20th century. Later in the 20th
20 century, there was a move, community care policies, and
21 the move away from placing disabled children in
22 hospitals or in residential care and a move to forms of
23 respite care, particularly, and support for children and
24 young people in the community.

25 Q. When we look at the structure of the report, I think

1 like some other experts, you've divided that into
2 different periods of time?

3 A. Yes.

4 Q. 1900 to 1948, 1948 to 1968, and 1968 to 1995?

5 A. Yes.

6 Q. And then 1995 to date?

7 A. That's right.

8 Q. And I think there you're seeking to follow landmark
9 changes in legislation?

10 A. Yes. That's correct.

11 Q. Before you started looking at the 1900 to 1948 period,
12 I think you thought it important to put that into some
13 historical context. That's where you begin your
14 analysis of the care services in the report; is that
15 right?

16 A. That's right. Before 1900 -- that's simply because
17 a lot of the developments in children's care services
18 started in the 19th century.

19 Q. Section 2 of the report, that begins on page 6925,
20 I think I'm right in saying, is devoted to that
21 particular period.

22 A. That's right.

23 Q. So it is very much historical. It's from page 6925 to
24 6942. In particular, you focus on the role, even at
25 that time, that boarding out, as it was then called,

1 played.

2 A. That's correct.

3 Q. Can you elaborate on the position then, pre-1900?

4 A. Yes. Boarding out had been recognised in Scotland from
5 the Poor Law of the 16th century, and as I say, there
6 was a difference between Scotland and England that in
7 terms of pauper children, boarding out was seen as the
8 preferred option. It was originally for orphaned and
9 destitute children. It was very much a case of removing
10 children from the deprivation and depravation of the
11 urban slums and placing them in a long distance away in
12 rural communities, crofting communities up in the
13 north-east of Scotland, but also down in the south-west
14 of Scotland, in Dumfries & Galloway, in a sense to
15 create separation from their parents and to place them
16 in clean, healthy, rural settings.

17 Q. But this was a policy that post-1900 was also very much
18 in play?

19 A. It very much continued and continued right up until the
20 1960s. I was thinking about this the other day,
21 actually, that even more recently, when you look at more
22 modern patterns of foster care, foster parents are often
23 in the rural hinterlands of the major cities. So
24 certainly when I was doing research in the 1990s,
25 children from Dundee would often be placed with foster

1 carers in Angus or Perth and Kinross because that's
2 where the foster carers were.

3 Q. I think there was also a policy -- and we'll see this
4 later on in the report -- of keeping children as far
5 away as possible from their natural parents.

6 A. Absolutely. It was seen as disruptive for there to be
7 contact with their parents.

8 Q. You devote a section, on page 6929, page 15 of the
9 report, with the heading:

10 "Hospitals, Almshouses and the Poorhouse."

11 And in this connection, it was interesting to note
12 that on the following page that:

13 "The hospitals that were endowed were in fact
14 establishments that became independent fee-paying
15 schools."

16 A. That's right. I puzzled about that, but it seems that
17 these hospitals in providing services also gained
18 a great deal of money in terms of philanthropic
19 donations. When it was seen that there was a need to
20 change, some of those hospitals, as you say, became
21 independent fee-paying schools.

22 Q. So if we turn to page 6930 of the report, halfway down,
23 do you tell us that:

24 "For example, some became independent fee-paying
25 boarding schools, for example Fettes College."

1 A. Yes.

2 Q. "Others became day schools ..."

3 And you give examples of George Watson's,
4 James Gillespie's and Hutchesons'. I think you also say
5 that:

6 "George Herriot's, as set out in Herriot's will, was
7 for the maintenance, relief, bringing up and education
8 of pure fatherless bairns", and so on.

9 A. Yes.

10 Q. You also go on to look at the role played by orphanages
11 and children's homes during this early period. Did
12 these institutions come on to the scene pre-1900?

13 A. Yes, they did. There was a tradition of orphanages
14 across Europe earlier than this, going back to the
15 16th century, and orphanages and homes in a sense came
16 late to Scotland. Part of that is because of an
17 anti-institutional bias, the focus on boarding out that
18 we've seen. But certainly, orphanages started to open
19 towards the beginning of the 19th century and then there
20 was a major expansion in the second half of the
21 19th century.

22 Q. And you provide some reasons for that, Irish migration
23 to Scotland?

24 A. That's right.

25 Q. There's also the philanthropic influence of people like

1 Mr Quarrier?

2 A. That's right. The general push to provide homes for
3 children in poverty on the streets, and this was seen as
4 a way of doing that.

5 Q. One factor -- and I just wanted to explore this with
6 you -- that you put forward, you have mentioned two
7 already, but what's second in your original list at
8 page 6931 is that:

9 "Children ceased to be chargeable to the parish
10 at the age of 14."

11 A. That's right.

12 Q. And you say that was a reason why voluntary homes, for
13 example, came into play. Can you explain that?

14 A. Well, Quarriers actually started doing work in Glasgow,
15 and one of the establishments that was set up was
16 a hostel for working boys. So in a sense, when children
17 were going to work at such a young age but may not have
18 proper lodging, then this was seen as a part of the
19 philanthropic effort of providing refuges. Then in
20 a sense, on the back of that, it was providing
21 orphanages and more permanent homes and education for
22 children and young people at that time.

23 Q. You also mention in this section that:

24 "At this time children and young people would also
25 be housed in prisons"; is that right?

1 A. Absolutely right, in terms of children who broke the law
2 and often for quite minor offences -- would be put into
3 prison.

4 Q. You mention the inception of reformatories and
5 industrial schools as well.

6 A. That's right.

7 Q. And even over this period, was the difference between
8 those types of institution to some extent blurred
9 in relation to the residents?

10 A. Initially, less so. Initially, industrial schools --
11 and they were sometimes called ragged schools -- were to
12 provide education for poor children. Initially, they
13 started as day establishments. I've forgotten his name,
14 sorry, but the one in Aberdeen was initially a day
15 establishment. Others were set up and they started to
16 provide residential accommodation for the children as
17 well.

18 So the industrial schools were very much in terms of
19 the poor, the destitute, vagrants, beggar children, who
20 wouldn't have had an offending history but who were
21 possibly on the path to offending.

22 Reformatories were very much focused on taking
23 children who had been sentenced and sentenced to prison
24 to take them out of the prison context.

25 Q. As time went on, the distinction became blurred and

1 indeed by 1932 they were abolished and they were
2 subsumed under the umbrella of approved schools?

3 A. That's right.

4 Q. Can I take you to page 6938, that's page 24, where your
5 heading here is:

6 "Institutions and hospitals for disabled children."

7 So I take it that pre-1900 such institutions did
8 exist?

9 A. Yes, and existed ... but rather they started to develop
10 before the 18th century, but really it was during the
11 18th century that there was serious development of
12 institutions for disabled children.

13 Q. Do you mean the 19th century?

14 A. Sorry, probably. Yes, the 19th century.

15 Q. So if we look at page 6938 you mention
16 Donaldson's Hospital. Did that become Donaldson's
17 School for the Deaf?

18 A. That's right.

19 Q. And that was as a result of a bequest from an Edinburgh
20 publisher, James Donaldson?

21 A. Yes.

22 Q. I note here that Smyllum Orphanage originally was also
23 a home for deaf children --

24 A. Yes, that's right.

25 Q. -- although I think we know it developed into

1 a children's home.

2 A. Yes.

3 Q. We touched upon this earlier, but if you turn to
4 page 6940, your heading towards the bottom there is:

5 "The Magdalene Asylums and Institutions and Lock
6 Hospitals."

7 I'm interested in this: the Magdalene asylums, we
8 know from what we've heard that they existed in Ireland,
9 but from your research they also had a presence in
10 Scotland?

11 A. There were some 20 or so established, which may not have
12 been called Magdalene institutions, but whose purpose
13 was the same, which was in that sense to protect and
14 reform fallen women, those children and young girls who
15 may have been in prostitution and suchlike, or who had
16 illegitimate children.

17 Q. Although you're saying fallen women, you're really
18 talking about young girls here?

19 A. Yes, certainly. In some of the early documentation, it
20 was seen as ... I'm being careful with my language, but
21 it's the language of the time and, in a sense, with
22 a lot of this, there are terms that we wouldn't use now.
23 It was for those who could seem to be reformed rather
24 than, say, hardened prostitutes.

25 Q. I think it's acceptable within this context to use the

1 language of the time to convey the message, although one
2 wouldn't use that sort of language today.

3 A. That's right.

4 Q. And you've mentioned lock hospitals and we'll return to
5 that in a moment.

6 But your conclusion then in this historical
7 background section on page 6942, how would you conclude
8 that part of it?

9 A. That the types of care in terms of foster care and the
10 different types of residential institution
11 establishments formed the basis for the development of
12 childcare services in Scotland into the 20th century.
13 You can see very much that development and evolution,
14 certainly into the first half of the 20th century, but
15 even further, as some institutions which were set up
16 in the 19th century continued to exist today, providing
17 children's services, but in a very much different form.

18 Q. Can we then move on to the next section, which is
19 section 3 of the report, and that begins at page 6943 on
20 page 29 of the report itself.

21 Can you perhaps -- and this is covering the period
22 1900 to 1948 and we know that's a period that was
23 interrupted by two world wars.

24 A. That's right.

25 Q. And those interruptions were important to the care of

1 children?

2 A. Yes.

3 Q. Can you give us the general context then of this -- the
4 social context over the period? I think you tell us
5 about that in the report.

6 A. Well, it's important to remember that it was a period
7 absolutely marked by poverty in Scotland. At the start
8 of the 20th century, before World War I, there were
9 periods of economic depression. Obviously, between the
10 two wars, after an initial economic resurgence just in
11 terms of picking the country -- the country picking
12 itself up after the war, it then went into the
13 Great Depression and the figures suggest that the number
14 of children who went into care during the depression was
15 at its peak.

16 But obviously the disruption caused by the two wars,
17 in the First World War particularly, in terms of the
18 loss of life, of men, leaving then orphans and widows,
19 was immense. In the Second World War, the impact of
20 evacuation because of the bombing raids on Glasgow and
21 other areas, again caused major disruption, and in terms
22 of the development of services was significant, not just
23 in terms of simply just evacuation centres, evacuation
24 camps and hostels, but some of the thinking that was
25 developed during the Second World War because of the

1 experience of evacuation.

2 Q. You're pulling together a number of factors there?

3 A. Yes.

4 Q. The fact that soldiers were killed and left children
5 with widowed mothers --

6 A. Yes.

7 Q. -- who would have difficulty, no doubt, in looking after
8 such children?

9 A. Yes.

10 Q. You also talk about soldiers being the fathers of
11 illegitimate children as well. So all these came
12 together to create a situation where a huge number of
13 children required to be taken into care?

14 A. That's right. There were also concerns about juvenile
15 justice in terms of young offenders, particularly young
16 boys, who, in the context of the war, with fathers away
17 and the general social upheaval, so there was an
18 expansion of approved schools and remand homes in the
19 Second World War, for example. So a number of factors
20 sort of overlap.

21 Q. If I take you to page 6947 of this section, that's
22 page 33 and we've moved to the period after the Second
23 World War. In the third paragraph down, under reference
24 to work by Abrams, you indicate that:

25 "During this interwar period, there were at least

1 275 institutions for homeless children and young people
2 across Scotland. More than 100 were located in Glasgow
3 and Edinburgh."

4 On the face of it, that seems a significant number
5 of institutions for a country like Scotland.

6 A. Well, I think we've always had a good number of
7 residential institutions. I think the difference
8 between then and now would be the size of the
9 institutions. So they would be much larger than the
10 number -- although we may have similar numbers of
11 institutions, now they would be much smaller. So when
12 you talked about a small children's home, at that time
13 you would be talking about 20, 30, 40 children.

14 Q. You mentioned Quarriers in that same paragraph, where
15 they may have been housing up to 800 children at any one
16 time.

17 A. That's right, and that's -- both Quarriers and Aberlour
18 were in a sense small villages.

19 Q. You've touched upon the evacuation of children during
20 the Second World War already. That had an impact on
21 these institutions and, in particular, how many children
22 could be taken into these institutions?

23 A. Yes.

24 Q. I think you say at one point, I can't pick it up, but
25 this is on page 6949, that:

1 "Quarriers' cottages were bursting at the seams
2 because of children who had been evacuated."

3 A. That's right, yes, or who were orphans. That as well.

4 Q. As a consequence of the war?

5 A. Yes.

6 Q. I think you tell us also that:

7 "During the war years [and I raise this because we
8 had some evidence on this] there were establishments set
9 up to cater for Jewish children --"

10 A. Yes.

11 Q. "-- who had been migrated to this country."

12 That's on page 6951.

13 A. Yes.

14 Q. There were a number of these?

15 A. That's right. Through the Kindertransport, these were
16 set up. But also, for allied soldiers as well, there
17 were a number of residential schools.

18 Q. While I have that page on the screen, 6951, the next
19 paragraph, you indicate that:

20 "A relatively small number of Scottish children were
21 evacuated overseas to the dominions of Canada."

22 These of course are children who are being
23 evacuated: they are not being migrated, they are simply
24 being evacuate for protective purposes?

25 A. That's correct, and some research I found on children

1 who were sent to South Africa with a very different
2 experience because they were welcomed in South Africa.
3 The support of these children -- and this isn't
4 necessarily Scottish children -- the support of these
5 children was seen as part of the war effort. So often,
6 these children had very positive experiences, but then
7 came home after the war.

8 Q. Children evacuated within this country, I think as you
9 tell us in this report, some had positive experiences,
10 some did not?

11 A. Yes.

12 Q. So there was a variability?

13 A. Yes, very much so.

14 Q. Is this a theme that, just generally looking at what
15 you've looked at over the research you've looked at, is
16 this a theme that goes through this whole period up to
17 1995, namely the variability of the experiences that
18 children had in different areas of care?

19 A. That's correct. I think it's the case that it goes all
20 the way through the system. I think we can safely say
21 that, over the years, the general conditions have
22 improved, but nevertheless, even up to today, there will
23 be that variability of experience, particularly if
24 children are abused.

25 So going back to this period, there are positive

1 accounts of boarding out, there are positive accounts of
2 residential care. Within individuals' care careers,
3 you will see them having some positive experiences and
4 then very negative experiences and abusive experiences.
5 Within the same establishment children may experience
6 differences because of relationships with individual
7 staff members, which may have been positive or which may
8 have been negative. I think that that is certainly
9 a theme that underpins much of this report.

10 Q. Going back to the Canadian evacuation, you do note there
11 that the scheme for evacuating children overseas to
12 Canada in particular ended because of the sinking of the
13 City of Benares by a torpedo in the Atlantic, I think.

14 A. Yes. This was specifically of the evacuation of
15 children during the war, yes --

16 Q. With a --

17 A. -- as opposed to the migration of particular children
18 from Quarriers.

19 Q. I think 77 children died in that episode, but I think
20 you say that none of them were Scottish; is that right?

21 A. I understand that's the case, yes.

22 LADY SMITH: What year was that; can you remember?

23 A. I'm not sure exactly, but it would be at some point
24 during the war, probably early, 1941, 1942, maybe before
25 that.

1 MR MacAULAY: I think we heard evidence from a child migrant
2 who was migrated after this event, but that was under
3 the child migration scheme as opposed to the evacuation
4 scheme.

5 Can I take you to what you say about the
6 Clyde Committee on page 6951. You provide us with some
7 helpful background as to the setting-up of the Clyde and
8 indeed the Curtis committees. Can you help me with
9 that?

10 A. Yes. Sometimes the setting-up of the committees has
11 been linked with the death of a child in foster care in
12 England, Dennis O'Neill, but I think there was a broader
13 movement at that time about concerns about the welfare
14 of children in care and such incidents as the death of
15 Dennis O'Neill may have contributed but weren't the only
16 factors.

17 Q. But the death of Dennis O'Neill was in England?

18 A. That was in England. There was also a publicised case
19 of physical abuse of children in foster care in Scotland
20 at a similar sort of time, but I think there'd been
21 a general swell of concern, particularly around
22 institutional care, which led to the Curtis and Clyde
23 committees.

24 Q. I think you say in your report, towards the bottom of
25 page 691, that:

1 "Neither the Scottish public nor the press was
2 clamouring for change in Scotland."

3 A. That's right.

4 Q. And:

5 "The main driver for the Clyde Committee may have
6 been the need to mirror the Curtis Inquiry in England."

7 A. Yes. And I think that that can be a pattern sometimes
8 in terms of different points, reviews of care.

9 Q. On page 6952, that's page 38 of the report, you
10 reproduce the figures for the number of children in care
11 as produced in the Clyde Committee; is that correct?

12 A. Yes.

13 Q. We needn't look at the details; they're there for us to
14 find.

15 So far as the Clyde recommendations were concerned,
16 then, can you help me with what Clyde wanted to happen?

17 A. I suppose there were two different aspects of it. One
18 was that Clyde identified the range of responsibilities
19 of different departments of the way in which children
20 could end up in care through a whole range of different
21 legislation. So the Clyde Committee, and indeed the
22 Curtis Committee, recommended that there should be
23 a much clearer legislative process and that there should
24 be a better organised or a better organisation for
25 dealing with children in care. That led to the

1 Children Act (1948) and children's committees.

2 Q. Again, on page 6953, you reference here work by Murphy
3 and British Social Services that the findings of Clyde
4 were not so sensational as those of Curtis, either in
5 fact or presentation. But nevertheless, the Act was
6 a Great Britain Act?

7 A. That's right.

8 Q. And the Act was also part of Scots law?

9 A. That's right. There had been arguments that Scotland
10 took up the Act with perhaps less enthusiasm than in
11 England.

12 Q. Again, I'll look shortly at some aspects of the Clyde
13 report in relation to foster care. Let's move on to
14 look at foster care during this period. This was still
15 the preferred option for children to be put in care?

16 A. Certainly in terms of those who were put in care through
17 the Poor Law in terms of destitute children. An
18 increasing number of children were being separated from
19 their parents. Initially, in terms of boarding out,
20 it would be orphaned children, but this started again at
21 the end of the 19th century, where children whose
22 parents were in the poorhouse would be separated and
23 boarded out. With the development of the child
24 protection agencies, increasingly children who suffered
25 abuse or neglect would be separated. So in terms of

1 that group of children, boarding out was the preferred
2 option and so 90% of children were boarded out.

3 But just to refer back to the figures in the Clyde
4 report, overall less than half of children in Scotland
5 were boarded out and the majority were actually in some
6 form of residential institution or care, and that would
7 be these other forms of residential care: institutions
8 for disabled children, the reformatories, the industrial
9 schools, and the voluntary homes.

10 Q. So far as foster care was concerned, on page 6954, again
11 looking to how children boarded out were treated, again
12 you draw on Abrams --

13 A. Yes.

14 Q. - who looked at this. On page 40 you quote directly
15 from what Abrams has said. What were her conclusions?

16 A. Well, certainly that there was variability. I think
17 there were the issues of those who endured ill-treatment
18 and cruelty. But certainly, boarded-out children were
19 seen as a source of labour by crofters and farmers.
20 That was acknowledged, that children would be working on
21 the crofts. In some communities, there would be
22 a relatively large number of boarded-out children, so in
23 some of the smaller island communities, there may be
24 more boarded-out children than children who were living
25 there. So this could be quite significant.

1 Obviously, on the crofts at that time, all children
2 would be expected to undertake work on the croft. So
3 even in terms of the work, some children undoubtedly
4 were severely exploited in terms of their labour.
5 Others would see it as part of what one did as a child
6 in a family because other children would also be working
7 on the croft.

8 So again, it's very much that idea that the
9 experience of children was often just by chance.

10 Q. If we look then at the Clyde Report, what was

11 Lord Clyde's view on the practice of boarding out?

12 A. Generally, it was in favour and he saw boarding out or
13 foster care as the way forward and the move away
14 certainly from the large institutions. The
15 Clyde Committee acknowledged instances of abuse and
16 neglect and also acknowledged that children might be
17 exploited. Clyde was also concerned about the isolation
18 of children in the more remote areas of Scotland in
19 terms of their general social engagement.

20 Q. I think, as you've said, Clyde was -- although he
21 favoured boarding out as the way ahead, notwithstanding
22 the Clyde Report was critical --

23 A. Yes.

24 Q. -- of quite a number of aspects of the programme --

25 A. That's right.

1 Q. -- not least the fact that inspection was haphazard.

2 A. Was minimal. That again was impacted by the fact that
3 this was undertaken at the end of the war. Because
4 services such as inspection -- I mean, things such as
5 petrol rationing immediately impacted on the way in
6 which the inspections could be carried out.

7 Q. I think you refer -- I think this is to Clyde or maybe
8 perhaps Abrams on page 6955 --to:

9 "Between 1931 and 1948, Glasgow Corporation only
10 employed four inspectors --"

11 A. That's right.

12 Q. "-- when there were 2,500 children boarded across the
13 country."

14 A. That's right.

15 Q. So that in itself tells us inspections would not be
16 particularly regular or common?

17 A. No, that's correct.

18 LADY SMITH: And I suppose, given practices we know about,
19 a lot of those children would be boarded out
20 individually, so it's not groups of families necessarily
21 would be in the same place.

22 A. Very much so, and again, not just in terms of this
23 period in time, but the isolation of some children in
24 foster care because of that, because they're on their
25 own, can be significant.

1 LADY SMITH: Yes. I suppose if you're brought up as a child
2 on a croft, life has been, in that era, pretty tough
3 from day one and you probably have to work on the croft
4 as soon as you're able to do anything practical. But
5 the point, I suppose, that wasn't being recognised was
6 you were taking children who had been brought up in
7 a completely different culture and throwing them into
8 this life that was so alien to everything they were used
9 to --

10 A. Absolutely.

11 LADY SMITH: -- and was going to be physically and
12 emotionally very demanding for them.

13 A. Absolutely, and as we've said, away from their parents,
14 often siblings would be split up, so away from their
15 family, into this alien culture. Again, at that time,
16 a lot of the crofters would still be speaking the
17 Gaelic.

18 LADY SMITH: Yes, that would be another complication for
19 them.

20 MR MacAULAY: On page 6956, page 42, you actually quote from
21 Clyde and make reference to this practice of children
22 being boarded out on crofts. The quote goes on to say:
23 "We strongly deprecate the boarding-out of city
24 children on crofts in very remote areas where they have
25 no real contact with other children, where they have no

1 facilities for learning a trade which is congenial to
2 them, or where the living conditions are bad."

3 So Clyde fully faced up to that problem and clearly
4 was recommending that that should not, as a practice,
5 continue?

6 A. Yes, but ... But I think it's terms like "in very
7 remote areas" because -- I think it was fudged in
8 a sense because of the importance that was seen of the
9 boarding-out system and the acknowledgement that there
10 was a shortage of foster carers generally. So although
11 the practice may have been criticised, I think it was
12 still seen in some senses as better than life in
13 institutions if you could get good quality care and if
14 you could focus on issues such as selection.

15 Q. But I think we see later on in the report that the
16 boarding out of children to crofts continued into the
17 1960s?

18 A. That's right, that's right.

19 Q. On that same page, you take from Abrams a description of
20 how a car full of children would be taken from Glasgow
21 and driven around villages and crofts, where they were
22 left with anyone who wished to take them.

23 A. Yes, that's right.

24 Q. She presents the memories of a man boarded out on the
25 coast of the Moray Firth between 1938 and 1949, who was

1 clear that:

2 "... [his] foster mother took children for the
3 money, both the allowance from Glasgow Corporation and
4 the income from sending the children out to farm work."

5 A. Yes.

6 Q. The Clyde solution, I think, was better foster carers?

7 A. Yes.

8 Q. And better vetting; is that right?

9 A. That's right, yes, and better selection and certainly to
10 try and move away from the weaknesses of the system as
11 were identified in the committee. But foster care was
12 definitely seen as the solution to the problem or
13 a solution to the problem.

14 Q. Can we then look at residential care under this
15 particular period because, as you pointed out, in fact
16 the majority of children were in one form of residential
17 care or the other.

18 A. Yes.

19 Q. Under reference to the Clyde figures. I think, as we've
20 already touched upon, in this interwar period there were
21 at least 275 institutions for homeless children in
22 Scotland.

23 A. That's right.

24 Q. The poorhouse featured. Can you perhaps help me with
25 that? You touch upon that at page 6959, page 45.

1 A. Yes. So continuing on from the 19th century, there was
2 actually an expansion in the number of poorhouses in
3 Scotland at the start of the 20th century. Although
4 we've acknowledged that most children would be boarded
5 out in foster care, some boarded out at that time could
6 also include being boarded out in other forms of
7 residential care as well. But nevertheless, over that
8 period, there were still a significant number of
9 children in the poorhouse each year. I think one of the
10 main issues of the poorhouse was that it would be
11 accommodating adults, the elderly, often people who may
12 be infirm, as well as children.

13 Certainly there were issues about children being
14 cared for in a setting like that, but also that
15 conditions were very poor, the concern about the health
16 of children, there was overcrowding in the poorhouse.

17 Obviously, not all the poorhouses are the same
18 because I refer to a smaller poorhouse on one of the
19 islands, where it might only be about eight or nine
20 people in it and very different to some of the large
21 poorhouses in the major cities. But nevertheless, any
22 of the reflections of the experiences of children who
23 experienced the poorhouse were very negative.

24 Q. On that particular page you give us some figures: even
25 into the 20th century there were 66 poorhouses across

1 Scotland, which increased to over 70, which could
2 accommodate 21,000 people.

3 A. Yes.

4 Q. And I think you've taken a table here from
5 Professor Levitt's work --

6 A. That's correct.

7 Q. -- tracing the numbers of children under the Poor Law in
8 poorhouses.

9 A. Yes.

10 Q. So we even see in 1945 there are 886 children in
11 poorhouses.

12 A. That's right, yes.

13 Q. You have a quote, I think, from work by Dr Parsons, who
14 carried out a survey of children in receipt of poor
15 relief. He found that many children had been kept in an
16 institution for years without any contact with the
17 outside world. That's quite a depressing picture.

18 A. Absolutely. It would be horrendous.

19 Q. You touch upon what Clyde's view on this practice was on
20 the following page, 6960. What did Clyde conclude?

21 A. That it must stop. It was quite clear on that: that
22 placing children in the poorhouse should stop.

23 Q. Again, under the context of residential care, you have
24 a section dealing with:

25 "Orphanages, Children's Homes and Hostels."

1 I think again you rely on Abrams for a particular --

2 A. That's right.

3 Q. -- incident in connection with Whinwell Children's Home,
4 which was in Stirling. What was she referring to?

5 A. Well, that's just in terms of looking at the reasons
6 again for why the children were placed there. It was
7 about neglect in that sense, and later those children
8 were actually emigrated to Canada.

9 I think I must acknowledge, as an aside, that Abrams
10 is an excellent history of this period in terms of
11 residential and foster care and is an important work.

12 Q. She contrasts, I think, the different patterns --

13 A. That's right.

14 Q. -- that existed in different voluntary homes, I think
15 these are. What were the different patterns?

16 A. That was, I think ... Whinwell would be seen as
17 a relatively small home at that time in terms of
18 Stirling. I don't recall exactly how many, but I think
19 it might be 20 or 30 children who were placed there, as
20 opposed to the two large orphanages, Quarriers Homes and
21 Aberlour Orphanage.

22 Obviously, although they were only two homes, we saw
23 previously that they were very large, with hundreds of
24 children being placed there.

25 Q. I think what she says also is that, so far as Quarriers

1 were concerned, they were heavily engaged in emigration
2 of children --

3 A. That's right.

4 Q. -- whereas Aberlour seemed to adopt a policy of children
5 staying there until school-leaving age --

6 A. Yes.

7 Q. -- and then being found employment?

8 A. Yes.

9 Q. So different approaches --

10 A. There were different approaches. An argument has been
11 made that one of the reasons why there wasn't more
12 emigration of children from Scotland was precisely
13 because of the boarding-out system. In a sense,
14 Scotland had an internal economy of children being
15 placed, as we've heard, on crofts and farms rather than
16 being emigrated to the colonies.

17 Q. So the emigration was perhaps to the outer islands
18 rather than to Canada?

19 A. That's right.

20 Q. On page 6961, you make reference to a work by
21 David Divine, and it's a work entitled,
22 "Aberlour: Narratives of Success". I think in short,
23 what you have set out here are accounts by individuals
24 who went to Aberlour Orphanage and in the main had
25 positive experiences of being there.

1 A. That's right, David Divine himself was placed in
2 Aberlour Orphanage and lived there from a young age
3 until he left in his teens. It was a project that he
4 engaged in, to do an oral history of Aberlour, based
5 partly on his own experiences, but making contact with
6 other residents, but also with staff at that time.

7 Yes, there are aspects of it, the idea that corporal
8 punishment was an everyday occurrence, in a sense it was
9 expected, but nevertheless there were positive
10 experiences as well.

11 Q. If we turn to page 6963, that's page 49 of the report,
12 towards the bottom there's reference there, under
13 reference to Cree, of the development of Scotland's
14 first family group home and that was Edzell Lodge. Was
15 that Edinburgh?

16 A. I believe it was Edinburgh, yes, because the
17 organisation was based in Edinburgh.

18 Q. Can you give me a date?

19 A. I don't have it to hand. Given that it's in this
20 period, I would imagine it was in the late 1940s.

21 Q. So this was --

22 LADY SMITH: I'm just a bit puzzled. Edzell is a place in
23 Angus.

24 A. Yes, but I believe the lodge --

25 LADY SMITH: It's a lodge named after Edzell?

1 A. Yes. Because the study was actually a study of a family
2 organisation in Edinburgh and Edzell Lodge was
3 previously, I think, a mother and baby home, I think,
4 but then it was transformed. That is to the best of my
5 recollection.

6 MR MacAULAY: The author of this work, Cree, "On Public
7 Streets", I think is the title of it, describes this
8 whole approach as "revolutionary".

9 A. Yes.

10 Q. Is that the notion of having a small institution?

11 A. I think that's right. It was the first in terms of the
12 movement away from the large institutions, the large
13 homes. Because we're still talking about homes of 40,
14 50, 60, 90 children as standard in a sense.

15 Q. You move on to look at what Clyde had to say about
16 voluntary homes, orphanages and so on; that's on
17 page 6964.

18 A. Yes.

19 Q. We get some figures in the first paragraph there, but
20 you then go on to set out that Clyde in fact was
21 critical of the large institutions.

22 A. Very much so, yes.

23 Q. What did they have to say about them?

24 A. I think it's very much about the impersonality of these
25 establishments. There is no recognition of the need for

1 children to have, say, personal belongings, to have,
2 say, private space. One thing that has struck me in
3 writing this and this period is the extent to which
4 cleanliness was almost seen as the absolute priority.
5 The accounts of children scrubbing floors, of cleaning
6 woodwork, of polishing brass in voluntary homes, in
7 approved schools. It was this constant theme that these
8 institutions, they might gleam and sparkle, but they
9 were, in a sense, so sterile as well because of this.

10 Q. You've provided us with a quote from Clyde and I'll just
11 read that out:

12 "Some of these homes left a bad impression upon the
13 members of the committee who had visited them. The
14 uniformity, the repression, the impersonality of these
15 cold and forbidding abodes afford no real consolation to
16 the children who grew up in them and constitute a sorry
17 preparation for entry into our world where the child
18 must ultimately fend for itself."

19 Even then, this is 1945, it was recognised that
20 really from an emotional perspective, from the child's
21 perspective, there was a lack.

22 A. Oh, absolutely. This again goes back to the size of
23 these homes: if you have larger numbers of children with
24 what we would now see as relatively small numbers of
25 staff, then everything becomes rigid and routine.

1 Everything has to be done in a sense by the bell and
2 everything was done by the bell. Children would get up,
3 they would be marched to shower or wash, they would be
4 marched to breakfast and would eat in large canteens.
5 There was comment on the way in which, I think it was in
6 terms of Aberlour, the way in which food was served, in
7 this sort of wholesale way and they would have
8 relatively little opportunity for play and recreation.

9 It started to change and it was moving away, but
10 again, that's another constant theme in terms of large
11 institutions when staff are looking after large numbers
12 of children: there's no place for the individual. It's
13 just -- somebody, I think, says -- I think it's later in
14 terms of one of the, it might have been Larbert, there
15 was no -- the focus was on the collective, not on the
16 individual.

17 Q. Going back to Clyde, if you look at page 6965 on
18 page 51, a quarter of the way from the top, you've
19 quoted from Clyde again, where you say:

20 "While homes can provide more direct supervision
21 than foster care, there is a danger of the lack of
22 parental affection, which is so essential a background
23 for the start of a normal emotional development."

24 So just again, even at this time, in the 1940s, the
25 emotional development of children was seen to be

1 an important factor in the child's upbringing?

2 A. Certainly, yes. In Scotland, during the 1920s and
3 1930s, 1940s, there was the development of child
4 guidance services, of child psychiatry and child
5 psychology -- impact with a much more of a focus on the
6 emotional and mental well-being of children and young
7 people. During the war -- I may come on to it later --
8 Glasgow Child Guidance Service set up Nerston
9 Residential School, and again there's this idea that
10 these ideas were starting to come to the fore.

11 But a lot of the focus was on simply the physical
12 health and cleanliness of children. A lot of staff
13 would be from nursing backgrounds. There was relatively
14 little training on child development at that time.

15 Q. But we read here from Clyde that emotional development
16 of children was seen to be important and that within the
17 context of these larger institutions there was a real
18 risk that that could not be provided.

19 A. Absolutely.

20 Q. These institutions carried on for a quite considerable
21 time after these thoughts were expressed?

22 A. Yes.

23 MR MacAULAY: My Lady, that's 11.30.

24 LADY SMITH: That sounds like a convenient time to pause.

25 We normally take the morning break about now, so

1 I'll stop now for about 15 minutes and resume after
2 that.

3 (11.30 am)

4 (A short break)

5 (11.49 am)

6 LADY SMITH: Mr MacAulay.

7 MR MacAULAY: Before the break we'd been looking at what
8 Clyde had said about the larger institutions. Can
9 I then just look at how Clyde sought to address the
10 problems he associated with these places. If we look at
11 the report at page 6965, at page 51 of the report
12 itself, I think you set out there the recommendations
13 that Clyde put forward to deal with those issues.

14 A. Yes, that's right. So again he focused to an extent on
15 size, saying that homes shouldn't be too large, that
16 even where each establishment had more than 30 children
17 then there should be smaller dormitories or cottages --
18 cottage-style homes were quite popular at that time --
19 and then that there should be specific training as well,
20 so focusing on the training of house mothers.

21 You'll see that there was also identified the need
22 for residential nurseries because previously there
23 hadn't been a real call for residential nurseries.
24 I think one of the first opened in Edinburgh in 1936,
25 but over this period a number of residential nurseries

1 opened; these were obviously for babies and small
2 children.

3 Q. Yes. You provide some statistics on that page, in fact,
4 under reference to work by White, "Residential
5 Childcare, Past and Present". What you say is as late
6 as 1930, there were only five authorities with separate
7 children's homes and those were Govan, Edinburgh,
8 Glasgow, Paisley and Dundee; is that correct?

9 A. Yes, that's correct.

10 Q. And even by 1948, there were only 37 local authority
11 homes compared to 127 voluntary homes. So the voluntary
12 sector outweighed by quite a significant amount the
13 local authority sector?

14 A. Yes, predominated. In the first half of the
15 20th century it wasn't seen as the requirement for local
16 authorities to be providing residential care. It was
17 only -- some had started and there were major debates,
18 actually, at the time about whether they should open
19 their own residential homes.

20 Q. Did this change after the 1968 Act?

21 A. No. Local authority homes started to develop, I think,
22 during the 1950s and 1960s as well. There was a change
23 in balance between local authority and voluntary homes.

24 Q. I think I meant to say the 1948 Act.

25 A. Oh right, yes.

- 1 Q. Can I then go back to industrial schools and
2 reformatories and approved schools. You start looking
3 again at that on page 6966, page 52 of the report. By
4 this time, let's say by 1932 onwards, the label had
5 changed and we now have approved schools.
- 6 A. That's right.
- 7 Q. They were taking over the functions of the former
8 industrial schools and reformatories?
- 9 A. That's right.
- 10 Q. I think what you tell us in the report, if we move on to
11 page 6968, is that although that was the case, they
12 retained many of the characteristics of the earlier
13 schools --
- 14 A. Yes.
- 15 Q. -- and in fact the same buildings?
- 16 A. That's right.
- 17 Q. You go on to say that a number of approved schools were
18 also opened over this period; is that correct?
- 19 A. Yes.
- 20 Q. Particularly during the war?
- 21 A. Yes.
- 22 Q. But still filled to capacity?
- 23 A. Yes. They were seen as a real demand during the war.
- 24 Q. And if we get a sense of the numbers, if we go to
25 page 6969, page 55, you tell us, about three paragraphs

1 from the top:

2 "At the end of 1947 there were 26 approved schools
3 in Scotland."

4 And you gave us the classification of them. The
5 majority were for boys?

6 A. Yes.

7 Q. There were separate schools for girls?

8 A. Yes.

9 Q. And the sexes were kept apart?

10 A. Yes, certainly in approved schools they were kept apart.

11 Q. You provide us there with what's called:

12 "The Barns Evacuation Hostel for disturbed and un
13 billetable evacuees."

14 Was that some form of trial or experiment?

15 A. It was very much an experiment. David Wills expounded
16 the need to approach residential care in a very
17 different way, in a therapeutic way. He implemented
18 a policy of no punishment at this school. He had school
19 committees, so it was a very different atmosphere. And
20 initially, I think it was pretty chaotic, but it was
21 seen in the end that it started to work. Following the
22 war, Barns, the hostel closed down, and David Wills,
23 I think, went out to England and did work.

24 Q. So when was this, what time frame are we talking about?

25 A. This was actually during the war.

1 Q. Can we then look at the topic of borstals, which you
2 look at on page 6970, page 56 of the report. The
3 borstal system was in fact established, as you tell us,
4 at the turn of the 20th century. So there's no
5 historical background --

6 A. That's right.

7 Q. -- as we had with approved schools? Can you just help
8 me about that? How did that come into play?

9 A. Well, again, it was an attempt to remove young people --
10 borstals were for an older group of young people -- from
11 the prison system. The first, I think, was opened in
12 England just after the turn of the 20th century, and
13 then in Scotland the first one was opened in 1908.
14 Others were opened, but were part of adult prisons, and
15 there was some criticism of setting up the borstals
16 within prisons because of that feeling that they weren't
17 really separating the young people from adult prisoners
18 in the same way.

19 Q. The place you mention as being the first borstal
20 in Scotland in the second paragraph,
21 Blairlodge Academy --

22 A. Yes.

23 Q. -- which opened in I think you say in 1908. You go on
24 to talk about Polmont.

25 A. Sorry, yes. That is what was Polmont.

- 1 Q. That became Polmont?
- 2 A. Yes.
- 3 Q. If we look at the numbers, there's reference there to
4 about 101 young offenders being admitted to Polmont then
5 in 1912, so a fairly significant number of children.
6 Would these be children who had been sent there by the
7 courts?
- 8 A. Yes.
- 9 Q. Of a particular age group?
- 10 A. Yes.
- 11 Q. What age group? Is it over 16 at least?
- 12 A. I think it was over 16, yes, and up to 21.
- 13 Q. You tell us --
- 14 A. Sorry, up to 23 in Scotland.
- 15 Q. You tell us a little bit about the regime within the
16 borstal institutions. What sort of regime was it?
- 17 A. Well, very much a disciplinary regime. And although
18 there was education, this was relatively minimal. It
19 was very much based around physical education and work
20 training within the borstal.
- 21 Q. You provide us with some information about recidivism on
22 page 6971, looking at a period between 1912 and 1925.
23 That was the first 1,000 young men liberated between
24 that period?
- 25 A. Yes.

- 1 Q. It would appear that 62.7% had not received a further
2 conviction.
- 3 A. That's right. So at that point it was seen that the
4 borstal was a success in terms of taking young people
5 out of adult prisons and then for them to go on and not
6 offend further.
- 7 Q. On the next page, page 6972, page 58 of the report, you
8 talk about Cornton Vale. Did that become a borstal at
9 a point in time?
- 10 A. Yes. The borstal was established in 1946 and others
11 were -- the other one in the similar period was
12 Castle Huntly, Noranside in Forfar came later. I think
13 that's it. Throughout this period there were places
14 opening, Cornton Vale closed in 1975. There was still
15 the borstal sections of some of the adult prisons as
16 well.
- 17 Q. And what about girls then? Where would they be
18 accommodated? I mean, Cornton Vale became a woman's
19 prison, but was it a borstal for boys or for girls or
20 both?
- 21 A. For boys.
- 22 Q. What about girls? How were they accommodated?
- 23 A. I'm not sure, actually. It's a good question.
- 24 Q. Was there a woman's prison in existence?
- 25 A. I think there may have been a section of a woman's

1 prison, that's right.

2 Q. You then have a section, professor, dealing with homes
3 for disabled children and long-stay hospitals. How did
4 these institutions develop over this period?

5 A. Well, over this period, there was an expansion in terms
6 of homes for disabled children. At the start of the
7 20th century there was still the two national
8 institutions at Baldovan and Larbert, and up until the
9 1930s, there were a number of other institutions opened.

10 Q. You mentioned Woodilee had opened but then closed in
11 1937.

12 A. Yes.

13 Q. And you also mentioned Waverley Park Home.

14 A. That's right. And a number of these -- some of these
15 closed because of the opening of Lennox Castle.

16 Q. I think you tell us that Lennox Castle was opened in the
17 mid-1930s.

18 A. That's right.

19 Q. So far as Waverley Park Home is concerned on page 6974,
20 at page 60 of the report, you make mention there towards
21 the top of an inquiry that had to be carried out into
22 that particular institution in 1938; do you see that?

23 A. Yes.

24 Q. What was the background to that?

25 A. Obviously, these institutions needed to be certified or

1 should be certified in order to take children and young
2 people, and the board of control oversaw certification.
3 As it says, because of allegations of abuse and methods
4 of discipline, there then was a review of that.

5 Punishment by the administration of the sick needle,
6 that's giving drugs to make girls feel ill. So it was
7 because of that that there was the review.

8 Q. You go on to say in the section of the report that:

9 "Notwithstanding the opening of new institutions to
10 deal with these children, demand outstripped supply."

11 A. Yes. One of the authors, Egan, talks about in a sense
12 the expansion of the definition of the learning disabled
13 so that there was almost an increasing number of
14 children and young people who were seen as eligible to
15 be placed in institutions.

16 Q. On page 6975 of the report, page 61, you give an example
17 towards the bottom of Larbert, that was so overwhelmed
18 by applications from local authorities that a waiting
19 list was compiled --

20 A. That's right.

21 Q. -- and in some cases where children were urgently
22 required to be removed from their homes, no action was
23 taken because no beds were available.

24 A. That's right, and I think it must be said as well that
25 when we talk about these institutions, particularly over

1 this period, children and young people may be placed in
2 other institutions because of lack of particular spaces.
3 So we see mention of children and young people with
4 learning disabilities who may be placed in prison, who
5 may be placed in the poorhouse because there aren't
6 other accommodations available.

7 Q. Moving on then to page 6976 where you give some
8 understanding of the numbers of children who may have
9 been housed in these institutions, it's the figures
10 there for 1930. They say there was at least 888
11 children with learning disabilities in institutions.
12 That's quite a significant number.

13 A. Yes.

14 Q. Then you say that:

15 "By 1936, there were 11 institutions which were
16 known to have admitted children with learning
17 disabilities."

18 And you list them for us there.

19 A. That's correct, yes.

20 Q. When the Lennox Castle institution opened in 1936, it
21 housed 1,200 patients, but not all of these were
22 children.

23 A. No, that's right. So again, there was a mixture of
24 adults and children at Lennox Castle.

25 Q. If you turn to the final part of this section on

1 page 63, page 6977, do you set out there some criticisms
2 that I think were directed in particular towards
3 Larbert?

4 A. That's right.

5 Q. What was being said?

6 A. Well, this was by someone who was working at Larbert and
7 was critiquing the system for the institutional regime,
8 that there was little opportunity for individual work
9 with these children and young people, echoing in a sense
10 some of the more modern theories about working with
11 children and young people in residential care, of
12 looking at every day-to-day opportunity to educate
13 children and young people, to develop their social
14 skills through reading, through discussion, through
15 cooking, through all forms of activity.

16 Laird is saying that there was simply none of that
17 going on in Larbert at the time and that part of the
18 reason for that was what he called the horrendous staff
19 turnover at the time and just that focus on keeping
20 children clean and healthy.

21 Q. Yes. What she says -- and you have provided the
22 quote -- is:

23 "There is really a poor chance of real personal
24 relationships in wholly uncertain settings ..."

25 A. Absolutely.

1 LADY SMITH: Of course, I don't suppose, professor, you're
2 suggesting that keeping children clean and healthy isn't
3 important.

4 A. Oh no.

5 LADY SMITH: I think the point you're making of itself it
6 can be cause for concern about a child if they're not
7 clean and healthy, but it's not enough.

8 A. That's right, absolutely.

9 MR MacAULAY: You provide then a little insight into a work
10 by Jimmy Laing, it's a book "50 Years in the System".

11 A. Yes.

12 Q. In 1938 you tell us that Jimmy Laing was admitted to
13 Baldovan Institute and this is a summary you have taken
14 from his book. I think I can say that Jimmy Laing's
15 date of birth was 1929, so I think that tells us what
16 age he would have been when he was admitted into
17 Baldovan House. Without us having to read this, can you
18 summarise briefly for us what his account tells us?

19 A. I think it's very much that idea of children and young
20 people in a sense just being warehoused. There was no
21 individual support or education or training. The issue
22 of bed-wetting comes up over and over again in
23 institutional care, and again there's this idea if you
24 wet the bed, you were given a hammering. In a sense,
25 that comes back to that idea of cleanliness. This was

1 almost breaking -- you know, almost rebellious in going
2 against that.

3 He talks about the harshness of the regime, of the
4 punishments, that food was for the most part lacking in
5 variety, and it was a pretty horrendous regime.

6 Again, that idea of children being hired out as
7 cheap labour, but the perks of that in the sense of
8 being outside the institution and getting cigarettes and
9 jam sandwiches.

10 So that in itself is almost -- you know, these
11 highlights of getting a ham and cheese sandwich when
12 you're out at work on the farm puts into perspective
13 just the harshness of that regime. It's the fact that
14 there's little idea of the need for assessment, for
15 review, for why is this young person in this
16 institution, and the fact that he remained then in the
17 system for 47 years, that is a real indictment on
18 institutional care at that time.

19 Q. And being in the system for 47 years would mean that
20 he was there as an adult --

21 A. Absolutely.

22 Q. -- so for quite a considerable period of time.

23 A. Yes, including in the state hospital at Carstairs at one
24 point.

25 Q. Can I take you on then? You have sections dealing with

1 deaf education, acute care in hospitals and convalescent
2 homes, which we can pick up for ourselves. If I can
3 take you back to the Magdalene asylums and institutions
4 and lock hospitals point. This is on page 6981,
5 page 67. We're now dealing with this period of course
6 up until 1948. Did these institutions still exist?

7 A. Yes, they do indeed. I think some continued through to
8 the 1950s. There's not been a huge amount written more
9 recently about them, but there were a number of these,
10 not all run by the Catholic Church; I believe there was
11 a Church of Scotland home as well and a number of other
12 voluntary organisations, as I mentioned, the Salvation
13 Army homes.

14 There was criticism of the repressive regimes within
15 the Magdalene asylums and the focus on, in a sense,
16 religion and hard work and monotonous work, laundry
17 work.

18 Again, this goes back to class and gender
19 assumptions about what these young girls would go on to
20 do, which was domestic service or training to be a wife.
21 So there was criticism of the regimes and other hostels
22 set up, but one researcher says that this reflected this
23 similar value system of surveillance, sexual and
24 vocational control, and that continued right through
25 this period.

1 Q. On page 6982, page 68 of the report, you make reference
2 to a work by Roger Davidson --

3 A. Yes.

4 Q. -- with the title "This Pernicious Delusion". What was
5 the pernicious delusion?

6 A. This was the idea at the time that a sexually
7 transmitted disease could be cured by having sexual
8 intercourse with a virgin. So the professionals were
9 saying that this was why there was the extent of sexual
10 assault on young girls. Davidson suggests that, in
11 fact, this myth wasn't believed by the general
12 population; rather, it was put forward by professionals
13 for them to understand why there was this extent of
14 sexual assault going on.

15 So this, in a sense, was a rationale for it, which
16 didn't break with their ideas of masculinity in the
17 family. So it was a denial, in a sense, of sexual
18 abuse.

19 Q. So what you're saying is a man who was suffering from
20 venereal disease, the advice was being given that if
21 he had sexual intercourse with --

22 A. I don't think the advice was being given. Rather, after
23 the event, it was being seen as a justification for what
24 had happened. So saying that the man did it because of
25 this rather than they did it because of a sexual need or

1 sexual assault.

2 Q. And the effect of that eventually would be to put the
3 girl at risk of infection?

4 A. Absolutely.

5 Q. What time frame are we talking about?

6 A. In the 1920s and 1930s. Because another major issue
7 at the time -- perhaps I've not touched on it here --
8 was the issue of the belief that sexually transmitted
9 diseases were spread by contact with dirty towels and
10 toilet seats, which again went on and was advocated by
11 medical professionals into the 1950s and 1960s.

12 Again, if there was an outbreak of sexually
13 transmitted diseases in an institution, this could be
14 blamed on the lack of hygiene of young women rather than
15 being placed on -- that this was a potential case of
16 sexual assault.

17 Q. So far as Clyde was concerned, the Clyde Report, did
18 that report have much to say about the residential care
19 of children with disabilities?

20 A. Very little but generally just stating that what
21 residential provision was available was valuable.

22 Q. But I think also that such a group should not be
23 intermingled with other children?

24 A. That's right, yes. There's again that idea of the
25 separation of this group of children.

1 Q. The section dealing with residential nurseries and baby
2 homes is on page 6983, page 69 of the report. Are you
3 saying there effectively that these places became places
4 where children could be -- from which children could be
5 adopted efficiently, I think is how it is put.

6 A. Yes. I think that's right. It was seen that there
7 was -- and, of course, illegitimacy, of course, as well
8 was a huge stigma at this time, so children would be
9 taken away from the mothers and placed in residential
10 nurseries, and often then for adoption. But it's
11 interesting that it's between the 1930s up until the
12 1970s, just for this period of 40 years, that there were
13 a significant number of residential nurseries in
14 Scotland.

15 Q. I think as you tell us later, that approach became
16 outmoded --

17 A. Absolutely.

18 Q. -- because babies would be fostered to foster parents
19 rather than being put into these nurseries?

20 A. That's right. A lot of this came from Bowlby's work on
21 attachment, again during the war, on the impact of young
22 children being in institutions and that sort of paved
23 the way for the move away from residential nurseries.

24 Q. Can I then look at the final section in this particular
25 chapter, 1900 to 1948, where you have a section dealing

1 with issues in the care services over this period.

2 I think as you've already mentioned, the template that
3 you've used here has been taken from Skinner's work.

4 A. That's right.

5 Q. Your first heading is "Recruitment and Selection". What
6 conclusions did you come to over this period?

7 A. I think over this period very little was written about
8 it. There may have been -- and in Clyde there was the
9 recognition for the need for the selection of
10 appropriate foster carers, for appropriate residential
11 staff. But over a lot of this period it had been done
12 on a very ad hoc basis. We spoke of a car turning up
13 and whoever would take the children could take the
14 children.

15 So with Clyde there started to be a focus on the
16 need to be more rigorous in the selection of foster
17 carers. Again, some of the comments in Clyde are about
18 appropriate residential staff, but there is very little,
19 really, when you're considering the scale of the sector,
20 to be said about this. Similarly, with training and
21 supervision, very little focus on the training of staff
22 until Clyde.

23 In terms of residential staff, the committee did
24 think that there needed to be basic training courses for
25 residential staff and that all future members of staff

1 of homes should be trained, but saying there isn't
2 a mechanism to do this at the moment.

3 Q. And, "Systemic Weaknesses and Good Practice", you looked
4 at that. What do you conclude over this period?

5 A. I think it comes back to the point you made earlier that
6 one of the major systemic weaknesses is around simply
7 the variability of practice, that sometimes it seems
8 almost by chance whether a child has a positive
9 experience of care, either in both foster care or in
10 residential care, or they have a very negative and
11 abusive experience.

12 We're starting to see some major shifts in thinking
13 around policy and practice, starting to, as I said, with
14 the development of child guidance, looking to an extent
15 at the emotional and mental well-being of children and
16 young people.

17 Q. I think there you're looking at individuality and
18 development.

19 A. Yes, that's right. But against that, there are still
20 these very rigid and structured regimes, and the idea of
21 a sterile environment in residential care.

22 Q. "Rights and Responsibilities", you look at that over
23 this period.

24 A. Yes. There'd been early international work on the
25 rights of children in the 1920s, but rights and

1 responsibilities wasn't really on the agenda of
2 childcare practice in Scotland.

3 Q. "Good Basic Care", then you look at that. You've
4 touched upon it already.

5 A. That's right. Again saying that -- with that focus on
6 cleanliness and the healthy environment, one of the
7 driving forces in terms of the boarding-out system, as
8 I said, in terms of institutional placements. I think
9 it was again going back to Jimmy Laing where he talks
10 about the highly polished floors at Baldovan, so these
11 issues, but major concerns about the nature of
12 accommodation, both in residential and foster care:
13 children spoke of going hungry whilst in care; that lack
14 of individuality marked out by clothing and uniforms in
15 institutions; children boarded out in the Highlands and
16 Islands talked about, "We knew we were boarded out
17 because of our tackety boots that we had provided by the
18 Corporation"; and also, because of the rigidity and
19 routine in institutions, the lack of opportunities in
20 terms of recreational and leisure facilities.

21 There were some exceptions to that because we saw
22 in relation to some of the homes for disabled children
23 where they would actually be integrated into the
24 community, would go on outings and suchlike, but put on
25 shows for the local community. So again, variability in

1 terms of that.

2 Q. Education, you look at that.

3 A. I think very much focused on -- this is about vocational
4 training, this is about: what are the possibilities for
5 employment when you leave care? For young men it was
6 for the military, and lots of young men leaving care
7 would go into the armed forces or into trades and
8 a focus on the trades. For girls it would be for
9 domestic service, laundry work and suchlike.

10 Q. And you also look at health.

11 A. Again, that focus on physical health. Very much from
12 that nursing perspective, medical perspective. I think
13 that perhaps there wasn't a recognition of some of the
14 barriers to health, but it was very much focused on
15 that, less so on mental health and well-being.

16 Q. Although we've seen from Clyde that Clyde had focused to
17 some extent on --

18 A. That's right, but I think that was it. I think towards
19 the end of this period there was an increasing awareness
20 of the importance of emotional and mental well-being.

21 Q. Your next concept is "Partnership with Parents".

22 A. Well, when I say limited, you know, I mean that was the
23 whole point of boarding out, was to separate children
24 from their parents. Even Clyde spoke about the
25 disruption about contact with parents. Residential

1 establishments would limit parental contact. Nerston,
2 as I say, was set up by Child Guidance during the war,
3 could be seen as relatively forward-looking, but limited
4 parental contact, I think, to one weekend in the month.
5 So even in that sense, very limited contact.

6 Q. You do say that there was a recognition of the benefits
7 of keeping sibling groups together, but that this wasn't
8 often taken forward in practice.

9 A. I think where it was possible, it might be done, but in
10 terms of placements it was often not seen as a priority.
11 In some of the autobiographies we see that, the way in
12 which children were separated from their sibling group
13 for a variety of reasons.

14 Q. Your final principle here is the notion of "A Feeling of
15 Safety"; can you elaborate upon that?

16 A. Well, we've seen that a wide range of punishments and
17 sanctions, corporal punishment, routine, heavy-handed
18 often ... isolation, deprivation of privileges, the use
19 of medication as a punishment were common. Isolation
20 also in foster care, you'd quite often hear of children
21 being put in cupboards. In one case I recall her being
22 put in the hen coop as a punishment. Similarly, in
23 residential care as well. So these are in a sense --
24 some of these are sanctioned punishments, so we saw the
25 use of medication as a punishment was approved by the

1 doctor of an institution.

2 Then there is evidence also of just abusive
3 behaviour, sexual abuse, physical and emotional abuse.
4 It was quite clear it occurred.

5 Q. Then can we move on, professor, to section 4 of your
6 report. Here you are looking at:

7 "The Development of Children's Services Between 1948
8 and 1968."

9 You set out in your introduction a reference to the
10 Children Act (1948), which of course followed the Clyde
11 and Curtis reports. Was that an important piece of
12 legislation?

13 A. That was. There was an increasing focus on children and
14 families and on the best interests of the child.

15 I think that was paralleled by the setting-up of the
16 National Health Service, so this was in the context of
17 setting up the welfare state.

18 I think, as we saw after the First World War, there
19 was an increasing focus on the health and well-being of
20 mothers and children, and I think this continued, that
21 there was themselves -- put this real focus on the
22 importance of families, leading up to these
23 developments.

24 The experience of evacuation had raised the
25 appalling conditions in the slums of the cities and

1 brought this to the fore in the development of social
2 policy in Scotland and the UK as a whole. So these were
3 important changes and developments, I think, in terms of
4 ideas about children's services, that move away from the
5 large institutions. And although it took a long while,
6 these things were starting to be put in place.

7 Q. The point you make about the legislation itself
8 is that -- and you mentioned this earlier -- it laid
9 a duty on local authorities to receive children into
10 their care where the child had no parents or guardians
11 or had been abandoned.

12 A. That's right.

13 Q. That meant that local authorities would require to have
14 homes for these children to go to.

15 A. Although at this point there was still a large number of
16 voluntary homes.

17 Q. Yes.

18 A. At the time there was some debate about that and some
19 commentators have spoken about, in a sense, a fudge in
20 leaving a rather ambiguous relationship between local
21 authorities and voluntary homes in relation to this
22 period.

23 Q. You've mentioned already the new organisational
24 structure that was set up by the Act, namely that county
25 councils and large borough councils were to have

1 a children's committee to carry out their functions
2 under the act --

3 A. That's right, yes.

4 Q. -- and that there would be a separate Advisory Council
5 on Childcare.

6 A. Yes.

7 Q. What was its function to be?

8 A. Well, in order to review different care settings. So
9 we'll see some of the reports that the advisory council
10 did in relation to boarding out, for example. So it was
11 to look at that and also look at issues around training.
12 So it was to advise government and to pull together
13 reviews of particular areas of work.

14 Q. What you say next is that:

15 "The 1948 Act was not received with great enthusiasm
16 in Scotland."

17 A. Certainly commentators at the time say there wasn't the
18 same incentive for change in Scotland, so that it was in
19 a sense more reluctantly put in place in Scotland than
20 in England.

21 Q. In the next page or two of your report, 6990, in fact
22 through a number of pages to 6994, page 76 through to
23 page 80, you provide us with an insight into a book by
24 Helen Tennent.

25 A. Yes.

1 Q. And I think the title is "I belong to Glasgow"; can you
2 very briefly summarise what you take from this?

3 A. It comes back to that idea of the variety of experience.
4 Helen Tennent first experienced care in terms of her
5 evacuation from Glasgow. She returned home, she was
6 abandoned by her mother, her father couldn't cope, and
7 she spent a period in voluntary care of foster carers.

8 Then she spent time in more children's homes, some
9 of which she found very positive, others which she
10 hated.

11 Eventually, she was placed on a croft in the north
12 of Scotland, which she found very positive, where she
13 felt loved, was supported, and yes, did work on the
14 croft, but also was supported in her education. That
15 came to an end when she was going on to
16 Inverness Academy, and because of the distance she was
17 moved to another foster placement.

18 Again, that experience of the lack of planning and
19 lack of foresight where she was driven up to the door of
20 a foster carer and the foster mother came out and said,
21 "Oh no, we can't take her", so she was driven around
22 Inverness until another foster care placement was found,
23 which was totally inappropriate.

24 She was sharing a bed with an elderly woman, a very
25 austere setting. She ran away back to her original

1 placement. She then moved to another inappropriate
2 placement, then spent some time -- again, different
3 experiences of residential care. She had short stays in
4 what had been the poorhouse in Glasgow.

5 Then, having undertaken work at college, she got
6 a job and went on to finally live in some hostels,
7 working girls' hostels in Glasgow, until she reached the
8 age of 18.

9 Q. In summary, this was the lady who was over the period in
10 different care settings --

11 A. Absolutely.

12 Q. -- and had a varied experience?

13 A. Absolutely.

14 Q. So we come back again to the variability of experience.

15 A. That's right. And you know, a very positive foster care
16 experience and a very negative foster care experience.

17 A very positive residential care experience and a very
18 negative residential care experience.

19 Q. Moving on then to the context that you put this period
20 into on page 6995, page 81 of the report. We're looking
21 now, of course, at a period post-World War II and, as
22 you say, this was a period of austerity and food
23 rationing; is that correct?

24 A. That's right, yes.

25 Q. Followed by relative prosperity?

1 A. Yes. In a sense, as we move up into a more positive
2 economic situation, into the 1960s, a period of
3 relatively full employment. It was epitomised by the
4 children in Ferguson's study who had been placed in care
5 just at the end of the war, who were coming to working
6 age in the late 1950s, early 1960s, and most of them
7 went into employment, relatively menial employment. We
8 spoke about them, the military and suchlike, but
9 nevertheless the vast majority of them were getting jobs
10 at that point in time.

11 Q. On that page, page 6995, you provide us with some
12 statistics, some in response to a parliamentary question
13 in 1949 and then, following that, you have a paragraph
14 which says:

15 "Following the Children Act (1948), more systematic
16 information was collected on children in care and annual
17 figures were produced."

18 What you say is:

19 "The number of children in care rose to a peak of
20 13,340 in 1952 and then fell gradually through the 1950s
21 and 1960s to 11,221 in 1968."

22 So there's quite a change there?

23 A. That's right, and I think one of the important factors
24 is the proportion or the number of children who were
25 placed by their own parents. So in 1952 you can see

1 that that was 3,000. By 1968 that had gone down to 579.
2 So children who were going into care were by and large
3 being placed there by the state towards the end of this
4 period rather than being placed by parents. And when we
5 say being placed by parents, this would often be due to
6 poverty and to issues of illegitimacy. So this fall
7 could again be seen to be linked to improving prosperity
8 of the country over this period, but also the changing
9 social attitudes in terms of stigma in relation to
10 illegitimacy.

11 Q. As time goes on beyond the 1960s, is it the case that
12 the children who were in care were placed in care by
13 local authorities?

14 A. That's right. But one of the pieces of legislation --
15 and I'm sure Professor Norrie discussed this -- was
16 section 15 of the 1968 Act, where children were placed
17 in a sense with -- it was called voluntary care because
18 children were placed with the permission of the parents
19 and the parents agreed to it.

20 Q. You then have a section dealing with some work by
21 Ferguson, "Children in Care", where Ferguson gives an
22 account of a group of children placed in the care of
23 Glasgow's Children's Department.

24 A. That's right, that was me jumping the gun when I
25 referred to that.

- 1 Q. Just so I understand, the author of this particular
2 piece of work -- and he features from time to time in
3 your report -- this was Thomas Ferguson?
- 4 A. That's right.
- 5 Q. You've referred to a number of his reports --
- 6 A. That's right.
- 7 Q. -- or his studies. Can you tell me, what time frame is
8 he looking at here in relation to this particular study?
- 9 A. That particular study was carried out in the late 1950s,
10 early 1960s, and looked at the experience of children in
11 Glasgow who were placed in care, so it's a retrospective
12 study.
- 13 Q. I see. So how would he carry out that study? He would
14 look at some source materials?
- 15 A. Well, through the local authority, he would have had
16 access to the records at that time of those children and
17 young people and was carrying out empirical research to
18 look at, for example, their relationships with foster
19 carers, to look at where they had gone, employment and
20 suchlike.
- 21 Q. If we turn to page 7099, that's page 185 of your
22 report --
- 23 A. Right. We're right back at the references?
- 24 Q. Yes. I'll wait until it's on the screen though, so
25 we can all see it.

1 (Pause)

2 I just wanted to identify this particular work. Are
3 we looking at the third reference to Thomas Ferguson?

4 A. That's right.

5 Q. "Children in Care and After." So the work was in 1966
6 and you said it was a retrospective?

7 A. That's right.

8 Q. Looking at, did you say, the 1950s?

9 A. The children were placed towards the end of the war, so
10 1945/46/47. In the early 1960s this study was carried
11 out to look at the outcomes of those children placed at
12 the end of the war. So by this time, they were 18.

13 Q. On page 6996, if we go back to page 82 of the report,
14 you provide us with a table. Has this been taken from
15 Ferguson's work?

16 A. That's right.

17 Q. What's said before we look at the table is that:

18 "The 205 children included in the study reached the
19 able of 18 in the years 1961 through to 1963."

20 So that gives us an idea of the time frame:

21 "Almost exactly half of the children taken into care
22 were illegitimate."

23 So that gives us an idea of the social context.

24 A. That's right.

25 Q. And this was the major factor in them going into care.

1 Then there's a list of the reasons why they were in
2 care. We see the references to the illegitimate
3 children. There is also "parents separated" as a cause.

4 A. Yes.

5 Q. "Parents in prison. Child of widower failing to cope.
6 Neglect."

7 So there are different reasons in addition to the
8 illegitimacy reason?

9 A. That's right.

10 Q. If we turn on to page 6997 and see some of the
11 conclusions that he arrived at, can you summarise what
12 his conclusions were in relation to outcome?

13 A. I think in general he considered that foster care over
14 this period for most of the children had worked
15 reasonably well, that they had done satisfactorily at
16 school. Obviously, whenever we look at the education of
17 looked-after children, you have to look at what might
18 have been happening prior to children being taken into
19 care. For this group of children, they would have been
20 relatively young when they were taken into care, and
21 obviously spent their whole time in care.

22 As I said, outcomes in terms of employment reflect
23 the economic situation at the time. The great majority
24 were at work within four weeks of leaving school. The
25 vast majority self-supported on their 18th birthday. So

1 in terms of education and employment as very crude
2 outcome figures, this group of young people were doing
3 okay. They were in employment.

4 Q. Although I think you quote from Ferguson in the last
5 paragraph there, where you say that:

6 "Considering all the circumstances, it seems
7 reasonably clear that, despite the fact that a high
8 proportion of them worked for at least 90% of the time
9 between leaving school and reaching their 18th birthday,
10 children brought up in homes made the least satisfactory
11 showing, an outcome always on the cards in view of their
12 poor level of ability and high incidence of
13 temperamental abnormality."

14 So he is making a comparison.

15 A. I think that's right and again that is because of -- you
16 know, it tends to be that those children at that time
17 who were in residential care may have had more problems,
18 may have had levels of disability and suchlike, which he
19 alludes to.

20 Q. Can we then go on and look at the Kilbrandon Committee.
21 That's at 6998, page 84. This is a committee that was:

22 "... set up with a remit to consider the provisions
23 of the law of Scotland relating to the treatment of
24 juvenile delinquents and juveniles in need of care or
25 protection or beyond parental control. In particular,

1 the constitution, powers and procedure of the courts
2 dealing with such juveniles."

3 That is the remit that you have set out?

4 A. That's right.

5 Q. Did this committee produce an important report?

6 A. Yes. The Kilbrandon Report is, again, seen as
7 absolutely seminal in the development of childcare
8 policy in Scotland and very much in terms of the way it
9 adopted a welfare approach that basically said that
10 if we look at young offenders, children and young people
11 beyond parental control, children and young people in
12 need of care and protection, these are often the same
13 children, and therefore we should address this and
14 address their needs or address the intervention in terms
15 of their needs, not in terms of whether they have
16 offended or offended against, and so proposed the
17 children's hearing system as the decision-making forum
18 which takes children out of that court system.

19 Q. We'll just look at that in a moment. In the last
20 paragraph on that page, you say that:

21 "There is a brief mention of foster care in the
22 Kilbrandon Report, but the main focus is on residential
23 care."

24 Can you just develop that for me? What were the
25 concerns over residential care?

1 A. I think -- and especially because of the numbers
2 involved -- it was very much in terms of juvenile
3 justice and the response to young offenders. It was
4 felt that there was an insufficient range of variety of
5 the approved schools system, raised issues of the lack
6 of hospital accommodation in terms of children with,
7 termed a mental defect, need for residential schools,
8 suffering from serious maladjustment, inadequacies in
9 local authority children's homes, which meant that
10 children were then being moved on and placed in the
11 approved schools system, and also a need for short-term
12 residential facilities.

13 So a range of issues around the residential sector
14 were identified by Kilbrandon.

15 Q. And in particular, a focus on approved schools and
16 children being sent there unnecessarily?

17 A. That's right. I think one of the issues in terms of
18 this is that this is a different population to those
19 covered by the Children Act. So the Children Act is
20 looking at children who were deserted, who cannot be
21 supported by their parents, but also in terms of those
22 who are in need of protection as well. So there's an
23 overlap between this population. And it's in a sense
24 a similar split that we saw prior to the war, in that
25 the majority of those who went into care under the

1 Children Act were going to foster care.

2 In this group of children and young people that the
3 Kilbrandon Report was involved in, they were by and
4 large going into the residential system of
5 children's homes and the approved schools system.

6 Q. Following upon Kilbrandon -- and you mention this in the
7 next page, 6999, page 85 -- was there an important
8 White Paper produced, published in 1950? I think you
9 talk about that towards the top of the page.

10 A. Sorry, what page was that?

11 Q. Just bear with me.

12 LADY SMITH: Your page 85, which is 6999.

13 A. Oh right, sorry. Is this the ...

14 MR MacAULAY: This is the paper "Social Work in the
15 Community".

16 A. That's right, yes.

17 Q. This developed, I think, the Kilbrandon recommendations,
18 particularly in relation to Children's Panels.

19 A. That's right.

20 Q. I don't think Kilbrandon had used the term
21 "Children's Panels".

22 A. No.

23 Q. But in any event --

24 A. I can't remember what he called them; he may have used
25 "lay panels" or something like that.

1 Q. What this paper did was set out proposals for a generic
2 social work department.

3 A. That's right.

4 Q. Was that an important proposal?

5 A. Kilbrandon, I think in terms of focusing on children and
6 young people, had recommended a social education
7 department. So in a sense, that was a development of
8 the children's departments. So its focus would be on
9 children and young people. In the discussions and
10 debates around the developments of social work at that
11 time it was considered important that it should be
12 generic social work, that it was taken forward, and the
13 argument behind that was that children and young people
14 would be coming from families who themselves may need
15 support from social work, and therefore that, rather
16 than separate out children's departments or the
17 social work education department from social work for
18 the whole family, the remits of these should be brought
19 together.

20 In fact, the remit of the social work departments in
21 Scotland were broader than the social services
22 departments in England because they also included
23 criminal justice work.

24 LADY SMITH: Professor Kendrick, on the top line there you
25 refer to the Scottish Government having published

1 a paper. We didn't have a Scottish Government at that
2 time, but I imagine it might have been a Scottish Office
3 publication, was it?

4 A. A slip of the pen, yes.

5 LADY SMITH: Thank you.

6 MR MacAULAY: I think it was the Social Education Department
7 and Scottish Home and Health Department, as you tell us
8 in the footnote.

9 LADY SMITH: That probably is an SO, Scottish Office,
10 document.

11 MR MacAULAY: Yes.

12 You go on to look at foster care during this period
13 as well, professor, at 6999. How was foster care
14 managed and developed during this period of 1948 to
15 1968?

16 A. Well, I think one of the important developments was that
17 you started to look at the idea of temporary foster
18 care. That in itself is starting to look at return to
19 the parents. Up until that point, foster care was seen
20 as substitute parenting with children not going back to
21 their parents.

22 Q. But do we still see -- and indeed this was
23 a recommendation by the Advisory Council on Childcare,
24 if we turn to page 7000, towards the bottom:

25 "We consider that visits by parents or relatives or

1 friends to a boarded-out child should not be allowed
2 except at the discretion of the local authority acting
3 through their children's officer."

4 So even at this point --

5 A. Even at this point and even after Clyde who's talking
6 about, that yes.

7 Q. But this paper, I think, did highlight the importance of
8 selecting good foster parents?

9 A. Absolutely.

10 Q. And that follows on from Clyde?

11 A. Yes.

12 Q. On the following page at page 7001, page 87, you mention
13 the memorandum, I think, for boarding out children.

14 I think that was a later document.

15 A. That's right. This came out sort of about nine years,
16 nine or ten years later.

17 Q. That, I think, was 1959.

18 A. 1959.

19 Q. That was an important document?

20 A. Well, I think this was important because it marked
21 a major shift away from the point about the lack of
22 contact with parents. So the memorandum then seriously
23 talked about the importance and the fundamental nature
24 of the relationship between the child and the parent.
25 So it's starting to talk about foster parents receiving

1 guidance on supporting regular contact where this is
2 appropriate.

3 So in terms of those short-term placements, this is
4 a significant shift. This is a move away from the sort
5 of bedrock of the boarding-out and foster care system
6 going back to the 19th century, that children are taken
7 away from their parents and that is for good, and now
8 we are starting to talk about that idea of working with
9 parents so that children can return home.

10 Q. So even in that period from 1950 to 1959 --

11 A. That's right.

12 Q. -- this change had taken place?

13 A. That's right, even though it had been flagged up by
14 Clyde, you know, it's taken this amount of time to be
15 emphasised in the way it does.

16 Q. Although I think Clyde tended to favour the notion of
17 keeping parents away from children, did he?

18 A. To an extent, but does talk about that relationship at
19 points.

20 MR MacAULAY: My Lady, that's 1 o'clock. It might be a good
21 point to break for lunch.

22 LADY SMITH: That seems a neat stopping point, yes. I'll
23 adjourn now until 2 o'clock for the lunch break.

24 Thank you.

25 (1.00 pm)

1 (The lunch adjournment)

2 (2.00 pm)

3 LADY SMITH: Good afternoon, Professor Kendrick.

4 Mr MacAulay, when you're ready.

5 MR MacAULAY: Before lunch, professor, we had looked at the
6 Memorandum on the Boarding Out of Children 1959, which
7 I think you told us was an important document, focusing
8 on the continuing relationship between child and parent.

9 At this part in your report, you take some
10 information from a book by Josephine Duthie entitled
11 "Say Nothing" and you provide a summary of that. What
12 do you take from this piece of work?

13 A. Well, I think this was an example of the worst form of
14 foster care that we were talking about.

15 Josephine Duthie and her brothers were placed on a croft
16 in Moray and experienced beatings, humiliation, verbal
17 and emotional abuse, worked to exhaustion, and this went
18 on for years and years, and even when Josephine, who had
19 left when she reached 18, tried to rescue her siblings,
20 she wasn't believed, she was seen as a troublemaker, and
21 the blame was put on her. It's an absolutely tragic
22 story.

23 Q. You're covering a period probably from the mid-1950s to
24 the 1960s.

25 A. Yes.

1 Q. The point about the blame being put on her, what I think
2 you tell us in this extract is that in seeking to rescue
3 her brothers and sisters, she reported the abuse --

4 A. That's right.

5 Q. -- and essentially, clearly, was not believed --

6 A. That's right.

7 Q. -- because the opposite side of the story was given by
8 the foster parents.

9 A. And this was a common experience, where children did
10 report abuse, that they weren't believed, they weren't
11 listened to, and particularly in the case of this foster
12 carer, who manipulated inspectors and who hid it well.

13 Q. But you go on to look at work by Patricia Aldgate in her
14 "Overview of Foster Care in Scotland" --

15 A. Yes.

16 Q. -- that was research in the early 1970s. Does this
17 reflect again a recognition of the role that natural
18 parents should play in the lives of children in care?

19 A. That's right and speaks of that growing recognition
20 that, first of all, every effort should be made to
21 prevent reception into care, but that the emphasis then
22 is on returning children to their parents.

23 Q. Those developments, as you tell us, halfway down
24 page 7004, they conflicted with the practice of placing
25 children at a distance --

- 1 A. That's right.
- 2 Q. -- for the obvious reason that if you place children at
3 a distance, then the travelling makes it more difficult
4 to retain contact.
- 5 A. Yes.
- 6 Q. According to Abrams, although the change in that
7 practice was slow, it carried on into the 1960s?
- 8 A. That's right, yes.
- 9 Q. If we look at the next section where you look at some
10 aspects of residential care, briefly. This is 7006 and
11 I think again here, you compare and contrast those
12 residential nurseries you're talking about here, in
13 fact, run by the local authority as against
14 children's homes; is that the contrast you're making?
- 15 A. Well, here it was just that Keith White did research
16 in the 1970s and was looking back at the development of
17 residential care in the 1940s. It's really to say, yes,
18 (1), that residential nurseries were being developed and
19 that Edinburgh had two, but it's also about the size of
20 the homes. Even then, we're talking about -- Clyde was
21 talking about smaller homes, but even then, in 1948, one
22 of the Edinburgh local authority homes had places for
23 90 children. So that is a large, large institution.
- 24 Q. You touch again on the Kilbrandon Report. I want to
25 understand that second sentence, that:

1 "It was noted then that reception into care was by
2 informal process and not through the courts."

3 What is the point there?

4 A. Well, this was through the Children Act, but in
5 comparison to the legislation under which juvenile
6 offenders were placed. So Kilbrandon talks about it as
7 an informal process, but it was under the Children Act.

8 Q. Does that mean children that were placed in care by
9 local authorities --

10 A. Yes.

11 Q. -- as opposed to children taken into a care home by the
12 parents or both?

13 A. It seems that he's referring to both in this sense.

14 Q. Then residential schools you look at again on page 7007.
15 In particular, you draw attention to the work of
16 Zwolinski, who produced an article describing the works
17 of the Christian Brothers in Scotland following
18 World War II; is that correct?

19 A. Yes. Partly this is -- through this period there wasn't
20 a lot of material specifically on residential schools.
21 So this was a pulling together, as I said at the start,
22 and sometimes it feels like a patchwork, so over this
23 period of time there was relatively little written on
24 residential schools. This was one of the articles that
25 covered it at this time.

1 When we move on later into the 1970s and 1980s,
2 there is a lot more research at that time and just to
3 highlight that sometimes we have a relatively limited
4 amount of material to draw on.

5 Q. But he is looking at the regime of St Ninian's School in
6 Falkland, which was run by the Christian Brothers?

7 A. Yes.

8 Q. Can I say, that will feature shortly in the inquiry.

9 A. Certainly, yes.

10 Q. I think we take from this that St Ninian's in fact
11 didn't open until 1951, I think, but by 1983 it had
12 closed.

13 A. That's right.

14 Q. And the reasons -- were you able to work out what these
15 were?

16 A. Well, I mean, at that point in the 1980s, a number of
17 the residential schools and residential institutions
18 were closing, as we will come on to see. There was
19 a marked decline in the use of residential care between
20 the 1970s through to the 1990s. So this reflected the
21 closure of a number of institutions in the 1980s.

22 Q. You draw attention on page 7008 -- and I think you
23 mentioned this school before -- to Nerston Residential
24 School, which opened during the Second World War. Was
25 this a special school?

1 A. Yes. This was opened by Glasgow Child Guidance Service.

2 Q. To accommodate?

3 A. Maladjusted young children and young people, referred
4 through the Child Guidance Service.

5 Q. You give us some information on the next page about the
6 regime and what the ordinary day would consist of.

7 There's a quote towards the bottom of page 7009 to
8 suggest -- this is from Bridgeland -- that:

9 "When it was set up, rules were rigid and punishment
10 including corporal punishment, loss of privilege, a day
11 in bed without books or toys, loss of pocket money for
12 one week, or punishment tasks while others were at
13 play."

14 This was a range of forms of discipline that was
15 used?

16 A. That's right, but I think also it reflects different
17 perspectives on the same regime. Up above you'll see
18 Craw talks about:

19 "Indeed, everything that is done or not done at
20 Nerston is deliberately planned to be therapeutically
21 effective."

22 Q. So there's contradictions in there?

23 A. That's right, in terms of how this was seen.

24 LADY SMITH: Professor Kendrick, did you come across

25 anything that indicated what criteria were being applied

1 to determine whether a child could be referred to as
2 maladjusted?

3 A. No, it's one of those interesting developments of
4 language, where often there weren't clear definitions of
5 what was termed maladjusted. Later on you started to
6 hear about "social-emotional behavioural difficulties",
7 sometimes just "social-emotional difficulties". So
8 really, there were movements in language which often
9 weren't that well-defined.

10 LADY SMITH: Was it a euphemism?

11 A. I don't think it would have been considered a euphemism
12 at the time. I think it was in terms of maladjusted in
13 terms of behaviour and emotional well-being.

14 MR MacAULAY: You draw attention to some work by McNair on
15 the following page, 7010. Towards the bottom you
16 narrate McNair's conclusion that:

17 "The two principal factors influencing the decision
18 to place a child in this type of residential provision
19 were the nature of the child's symptoms and the degree
20 of family disturbance."

21 A. That's right.

22 Q. So it's really quite vague?

23 A. Oh, absolutely, and that's it: it's about the extent to
24 which the family might be able to deal with troubled
25 and -- there's another term that was used for a period,

1 which was "troubled and troublesome children". So
2 there's that. And it's a recurrent theme about
3 generally -- in terms of childcare services in general,
4 about how well particular forms of care can look after
5 and provide stability for particular groups of children
6 and young people.

7 One of the prime reasons for children's homes is
8 emergency placements, for example, where foster care
9 might break down. We've seen, in terms of approved
10 schools, the Kilbrandon Committee saying that one of the
11 issues is inadequate children's homes who aren't able to
12 cope with this group of children and young people.

13 The same is found when secure units were opened and
14 that often -- the reasons children and young people
15 might be placed in secure care were less about their own
16 behaviour and more about the ability of a particular
17 home or placement to deal with that behaviour.

18 Q. I think we may see that those who went into secure units
19 were generally those who absconded from institutions.

20 A. That's right: absconding and causing trouble in
21 institutions as well.

22 Q. But in the preceding paragraph, McNair in fact sets out
23 some of the types of symptoms. As McNair says, there's
24 a wide variety of symptoms. You can see, for example,
25 these include:

1 "... aggressive and difficult behaviour, anti-social
2 conduct, [going on] anxiety and depression, education
3 retardation", and so on.

4 So there's a whole host of different symptoms?

5 A. Oh absolutely, yes.

6 Q. We mentioned secure care. Can we then look at aspects
7 of that? You look at that on page 7011.

8 A. Yes.

9 Q. You say there:

10 "The first secure unit in the UK opened at
11 Rossie Farm School near Montrose in 1962."

12 Is that right?

13 A. That's right.

14 Q. Initially it had places for 15 boys?

15 A. Yes.

16 Q. Although, according to Kilbrandon, it had been used to
17 place up to 25 boys.

18 A. Yes. I take it that it expanded after those initial
19 placements.

20 Q. And I think you go on to tell us -- and we may see
21 something about this later -- that St Mary's Kenmure,
22 which was a Catholic approved school, opened up a secure
23 unit with 18 places in 1967.

24 A. That's right. Again, a limited amount of material at
25 this point towards the end of it, but more written on

1 secure care in the 1970s and 1980s.

2 Q. But at this time, were there just these two places?

3 A. That's right. And another point at this time is that
4 secure care is set alongside remand homes, detention
5 centres and borstals as well, so there were a variety of
6 different institutions.

7 Q. You have a section dealing with homes for disabled
8 children, long-stay hospitals and psychiatric units.

9 After 1948, did the fact of the National Health
10 Service have a role to play, particularly in relation to
11 the role that psychiatric units might play?

12 A. Well, I think there were two issues. The mental
13 deficiency hospitals, like Lennox Castle, came under the
14 National Health Service, and there was an expansion over
15 a period of time in terms of that form of provision.
16 But the other major development was of inpatient
17 psychiatric units over this period in time. That's in
18 a sense where the Health Service started to see the
19 benefit of inpatient treatment for children and young
20 people.

21 Q. But did Kilbrandon highlight that there was a gap?

22 A. That's right. He was talking about children with
23 mental -- I think "mental defects" was the term he used.

24 Q. Then can we just look at approved schools, and of course
25 in 1968/1969 these are converted into List D schools.

- 1 A. That's right.
- 2 Q. That was the terminology. At page 7013 on to page 7014,
3 I think you make some observations about approved
4 schools, in particular that over this period there were
5 attempts made to improve the quality of the
6 accommodation of these institutions.
- 7 A. That's right.
- 8 Q. So, for example, you indicate that new classrooms were
9 built in some schools and Wellington Farm School and
10 St Mary's School were effectively rebuilt. That's the
11 top of page --
- 12 A. Yes, that's right. I think there were developments over
13 this period of time. I think, as we'll come on to,
14 Skinner talked about how some institutions weren't fit
15 for purpose, so there was a process of development of
16 rebuilding, of new places opening and suchlike. But
17 still these are relatively large places and I think
18 that's an issue as well.
- 19 Q. On that page, page 7014, page 100 of the report, in
20 1962, in response to a parliamentary question, were
21 details given on the schools then in existence --
- 22 A. That's right.
- 23 Q. -- that were approved schools?
- 24 A. Yes.
- 25 Q. I made a calculation and I certainly counted 22 at that

- 1 time.
- 2 A. Yes, that's right.
- 3 Q. I think that number changed shortly. Would it be fair
4 to say that a number of these schools were run by
5 religious organisations, Nazareth House School, for
6 example?
- 7 A. Yes, certainly a number, Springboig St John's, Kenmure
8 St Mary's, and suchlike.
- 9 Q. St Joseph's School?
- 10 A. Yes. St Ninian's. I'm looking ...
- 11 Q. We needn't dwell on it, but clearly --
- 12 A. That's right, yes.
- 13 Q. -- they had a significant input into the running of
14 these schools?
- 15 A. Certainly, yes.
- 16 Q. When we come to Kilbrandon, which we look at towards the
17 bottom of page 7014, do we now note that there were
18 24 approved schools in Scotland?
- 19 A. That's right. I think that's it. I think the numbers
20 varied, you know, over time.
- 21 Q. What we can note there is that 22 of these were under
22 voluntary management and two managed by Glasgow
23 Education Authority.
- 24 A. Yes.
- 25 Q. So the voluntary sector was playing a significant role?

- 1 A. Absolutely and did very much and continues to do so in
2 terms of residential schools.
- 3 Q. Again, following through on approved schools, on the
4 following page, 7015, you draw attention to
5 Geilsland School --
- 6 A. Yes.
- 7 Q. -- which I think was run by the Church of Scotland.
- 8 A. That's right.
- 9 Q. What happened there?
- 10 A. This was where school inspectors were warned the head of
11 that school about the extensive ill-treatment and
12 excessive punishment of the children and young people
13 there. And although Geilsland School is sort of
14 highlighted, you can see that the issue of corporal
15 punishment was addressed in terms of a number of
16 schools.
- 17 Q. So the reference to the 1,000 floggings, does that refer
18 to a number of schools?
- 19 A. Well, it says "boys in the former approved schools",
20 yes, and protested, so I understand that that's about
21 a number of schools.
- 22 Q. Indeed, there's also suggestions there that physical
23 punishment was common and went unrecorded.
- 24 A. Absolutely.
- 25 Q. I think we know from regulations that such punishments

1 ought to have been recorded.

2 A. Yes, that's right.

3 Q. You draw attention to research carried out in the late
4 1960s by McMichael. I think that was focusing on one
5 List D school; is that correct?

6 A. Yes, that's right.

7 Q. Was he looking to see what the rates of re-conviction
8 were?

9 A. Yes.

10 Q. And what was his conclusion?

11 A. Well, that they weren't particularly successful. You
12 can see that re-conviction rates for the study school
13 was 66%. So there was a large number who were
14 re-convicted. It was not seen as particularly good and
15 that this was across -- he was looking at a school with
16 a particular regime, a democratic regime. At that time
17 there were ideas about elected school councils, so
18 involving young people in the running of the school.
19 But even so, despite what you might see as a progressive
20 regime, it didn't seem to impact.

21 Q. If you look at the penultimate paragraph in that page,
22 does he conclude that:

23 "It would not be unreasonable to account for some
24 part of the failure rate, regardless of the regime, by
25 the inadequate care which follows release and the

1 unresolved problems which renew their destructive impact
2 on return home"?

3 A. And again, this has been seen to be a perennial issue in
4 terms of looking at residential care of juvenile
5 offenders, the extent to which behaviour can be changed
6 while those children and young people are in residential
7 schools of various types. But once young people go back
8 to their communities, go back to what may be
9 dysfunctional families, then there isn't -- you know,
10 the immediate successes of the schools aren't carried
11 through.

12 Q. You provide in the next couple of pages, 7018, page 104
13 onwards, an excerpt from the book "A Sense of Freedom"
14 by Jimmy Boyle.

15 A. That's right.

16 Q. What are you seeking to present here?

17 A. Here Jimmy Boyle was a notorious gang member who
18 eventually was rehabilitated, but he describes the
19 regimes of the Larchgrove Remand Home and other approved
20 schools. Again, that idea that the day was spent
21 scrubbing and cleaning floors, walls and brasses, and
22 exercise. A very rigid regime. Everything done as
23 a group. Corporal punishment, again, routine. Violence
24 generally, I think, was routine in terms of between the
25 young people as well as in terms of staff.

1 I think the other thing which comes out of his
2 description is the way in which networks of criminals
3 across Scotland were created because of their
4 experiences in the approved schools and the borstal
5 system. His attitude was he grinned and bore it, to an
6 extent, once he knew what was going to happen, and so
7 those institutions weren't particularly rehabilitative
8 environments.

9 Q. If we turn on to page 7020, that's page 106 of the
10 report, again under reference to a parliamentary
11 question in July 1968, there was a question as to the
12 list of approved schools. Have you set out the list on
13 that page?

14 A. That's right.

15 Q. There were 26 at this time?

16 A. Yes. This one identifies those which are run by the
17 Church of Scotland as well as local authorities, and
18 don't separate out the Catholic schools, but then each
19 of the schools might be run by a different Catholic
20 order and come together under the independent voluntary
21 bodies.

22 Q. So far as numbers are concerned, do you say in the next
23 paragraph that:

24 "In March 1968, there were 1,663 children and young
25 people in approved schools"?

- 1 A. Yes. That's correct.
- 2 Q. Going back to remand -- perhaps looking at remand homes,
3 borstals and now we can talk about detention centres,
4 do you look at that beginning at page 7021, page 107?
- 5 A. That's right. I think there was sometimes -- there was
6 some slippage certainly in terms of referral between
7 remand homes and detention centres. That is a feeling
8 I get when reading the material.
- 9 Q. But as far as remand homes are concerned, you tell us
10 now that there were eight remand homes in Scotland
11 during this period?
- 12 A. Yes.
- 13 Q. These were designed to house residents for a short
14 period of time, were they not? Is that right?
- 15 A. That's right, on remand, but also young people could be
16 placed in remand homes as well, for, I think,
17 three months.
- 18 Q. Three months?
- 19 A. Yes. And often those remand homes would be linked to an
20 approved school, so Larchgrove was a remand home with an
21 approved school.
- 22 Q. And I think you tell us that, so far as Polmont was
23 concerned, which is a borstal, that was rebuilt in the
24 1950s?
- 25 A. That's right.

- 1 Q. Did Polmont become the principal borstal?
- 2 A. Yes, that's right, and in a sense, as when it became
3 a young offenders' institution, it was seen as the main
4 institution.
- 5 Q. But if you move on to page 7022, you now, towards the
6 bottom of the page, talk about detention centres.
- 7 A. That's right.
- 8 Q. And the first detention centre in Scotland was opened in
9 1960 at South Inch House in Perth; is that right?
- 10 A. Yes.
- 11 Q. What functions were they designed to --
- 12 A. I will admit that I found this period and these
13 different institutions quite confusing in terms of
14 understanding exactly what the differences were.
- 15 Q. Very well.
- 16 A. In a sense, that sort of ... I think it's a precursor
17 to, on the next page, 109, when Wilson describes the
18 establishment of young offenders' institutions as:
19 "... a haphazard and unsatisfactory protest,
20 characterised by a lack of foresight."
21 Which I think is built on the quite confusing
22 landscape of institutions for young offenders in
23 Scotland at the time.
- 24 Q. You mentioned Glenochil towards the top of the page.
25 Glenochil was described as a "senior detention centre".

1 A. That's right.

2 Q. We have a table there, if we can just look at it
3 briefly. This is designed to set out the offence
4 categories of those sentenced to detention centres
5 between 1960 and 1967. Can we see in the main the
6 offences are either housebreaking or breach of the
7 peace?

8 A. Yes, that's right.

9 Q. The establishment of young offenders' institutions --
10 and they now still exist --

11 A. Yes.

12 Q. -- can you give me a date when we can say that such an
13 establishment was created?

14 A. Well, the first one was in 1965 when it was opened in
15 Saughton Prison, and again there's that issue, as we saw
16 with borstals, when the purpose of these institutions is
17 to remove young people from the prison environment, yet
18 the first one is actually a unit within the prison
19 itself.

20 Q. In the next section you deal with again residential
21 nurseries and mother and babies homes. We are now
22 coming to the, I think, end of the life of these
23 particular institutions; is that right?

24 A. That's right. Certainly in terms of mother and baby
25 homes, there were ... With the move away and the change

1 in social attitudes around single-parenthood and issues
2 of illegitimacy, as that stigma receded -- because
3 often, mothers would go to a mother and baby home at
4 a distance. They would disappear in a sense to have the
5 child, and children may well then be adopted.

6 So with that change and with still often the focus
7 on religion and morals in these homes, then they went
8 out of fashion and there was a move then -- and the
9 Scottish Council for Unmarried Mothers began work to
10 close them down so that this wasn't the appropriate
11 place for young mothers.

12 Q. Are you saying that by around the 1970s, they had become
13 outmoded?

14 A. Yes.

15 Q. You then have a section to reflect what you had done in
16 section 3, and that is dealing with issues in care
17 services over this period. Can you take us through
18 that, professor?

19 A. Yes, certainly. Again, in terms of recruitment and
20 selection, Shaw says that at this time there wasn't
21 a great deal of work on the selection of staff. We did
22 see that the Memorandum on Boarding-Out did have advice
23 and guidance about the selection of foster carers, and
24 this was in the context of a shortage of foster carers,
25 the need to recruit more foster carers, and so both

1 addressed publicity campaigns and advertisements to
2 attract more foster carers, but also the issues which
3 should be addressed in terms of the matching of
4 placements and the suitability of particular foster
5 homes for individual children.

6 Again, I think that's an advance because that in the
7 past wasn't something that was particularly looked at in
8 terms of, "Is this foster care placement the most
9 appropriate for this particular child or young person?"
10 but starting to talk about issues around age and
11 opportunities, disability, in terms of the actual
12 matching of individual placements to individual
13 children.

14 Q. And "Training and Supervision" then, the next section?

15 A. Again, not a lot of focus, but we saw that Clyde had
16 called for basic training courses for residential
17 workers and the certificate in residential care of
18 children was set up in Glasgow and Aberdeen
19 universities, although it had been commented that the
20 content was very domestic and practical, but it did
21 cover the growth and health and development of children.

22 However, in that research that I carried out with
23 a colleague, Julie Shaw, on residential workers'
24 experiences, they said that they were employed because
25 they had experience of raising children or because they

1 showed some enthusiasm and they didn't engage a great
2 deal with training and felt that they didn't understand
3 issues around child abuse or child protection at that
4 time.

5 Q. And that's your own research in the 1960s and early
6 1970s?

7 A. Well, it was done retrospectively, yes. It was looking
8 at their experiences at that time.

9 Q. In that period?

10 A. Yes.

11 Q. Then "Systemic Weakness and Good Practice"; what do you
12 say about that in this period?

13 A. Well, I think in this period there were major shifts in
14 attitude, which were positive and progressive,
15 significant developments in terms of the understanding
16 of child development. There's still that issue of the
17 wide variability in the quality of care. We see that
18 throughout that period. It was shown in terms of some
19 of the examples that we've seen.

20 Q. This seems to be a common theme then throughout all the
21 periods so far?

22 A. Yes, and it's a common -- it continues.

23 Q. It continues?

24 A. I think it continues.

25 Q. "Individuality and Development", which is the next

1 head --

2 A. Yes.

3 Q. -- on page --

4 A. I think there's increasing consideration of
5 individuality and development of children in care, so
6 development in therapeutic approaches to the care of
7 children and generally a better understanding of child
8 development.

9 In terms of children's rights, again there'd been
10 further international developments in children's rights,
11 but at this point in time it hadn't really impacted.

12 Again, I think just through the Social Work
13 (Scotland) Act and the way in which the children's
14 hearings were being set up, it was expected certainly
15 that all the children would attend children's hearings,
16 so starting to look at children and young people being
17 engaged in the process of decision-making.

18 Q. Good basic care?

19 A. General improvements in accommodation. So still --
20 you're still seeing inspectors at this time saying that
21 the care is inappropriate. I think even with new
22 developments in terms of new-build residential care, it
23 might have been seen as appropriate at the time, but it
24 actually didn't work that well in terms of children in
25 care.

1 Q. And education?

2 A. Yes, still a focus on vocational education and training.

3 The low expectations of children in care is starting
4 to be recognised, not really addressed, but they're
5 starting to be seen -- there is a recognition that
6 residential staff, foster carers, teachers, may have --
7 aren't expecting children in care to do well
8 educationally and it becomes a self-fulfilling prophecy.

9 Q. And health?

10 A. Similarly with health, although we're starting to see
11 that increased focus on the emotional and mental health,
12 the new psychiatric services being developed in
13 hospitals, development of child guidance and
14 adolescent -- child and adolescent psychiatric
15 outpatient services as well.

16 Q. Then the "Partnership with Parents" principle.

17 A. We've seen that that is starting to develop but is still
18 limited. So there is more emphasis on children
19 returning home and therefore the expectation of parents
20 being involved at least in terms of contact with their
21 children while they're in care. But still a long way to
22 go in terms of that.

23 Q. And "Child-centred Collaboration"?

24 A. We're starting to see evidence of interdisciplinary
25 teams and interdisciplinary working, but there's no

1 clear articulated policy yet on that.

2 Q. And "A Feeling of Safety" then.

3 A. We've seen that there's still a range of punishments and
4 sanctions. It still continues to involve corporal
5 punishment, deprivation of privileges, medication and
6 isolation.

7 I think, particularly in those care settings
8 involving young offenders, corporal punishment seems
9 common and routine. We saw that evidence in terms of
10 the approved schools. There is continued clear evidence
11 across different care settings of emotional, physical
12 and sexual abuse of children.

13 I suppose up until this point there's still that
14 general lack of attention to issues of child protection
15 and safeguarding of children in care.

16 Q. Thank you.

17 That brings us up to the final chapter of this piece
18 of work, and that's the period from 1968 through to
19 1995. You begin considering that period on page 7030 at
20 page 116 of the report.

21 In your introduction, you point to the 1968 Act and
22 also local government reorganisation in the mid-1990s as
23 being of significance to the care services; is that
24 right?

25 A. Yes, that's right.

- 1 Q. Can you help me with that? Can you explain that?
- 2 A. Well, I think in terms of the Social Work (Scotland) Act
3 and the establishment of the children's hearings
4 system -- again, reorganisation was, I think, less about
5 the development of services but rather in itself was
6 a huge upheaval in the mid-1970s. But we start to see
7 now a real shift towards foster care and foster care as
8 a priority, the move away from residential care, and
9 increasingly the introduction of community-based
10 alternatives. It was starting -- certainly in the 1970s
11 and 1980s, there was a clear focus on, where possible,
12 preventing children going into care by supporting them
13 in their homes and communities.
- 14 Q. So if we look at the section headed "Context", you draw
15 attention to the Act and the significant change to the
16 categorisation of children in care, in particular with
17 the introduction of the new category of children on
18 supervision at home --
- 19 A. Yes, that's right.
- 20 Q. -- and that would mean they would not go into care,
21 whereas in the past they would have been into care.
- 22 A. Well, they were in care under the Social Work (Scotland)
23 Act --
- 24 Q. But they were at home.
- 25 A. -- but they were not in care away from home, or

1 out-of-home care, as it's sometimes called.

2 Q. Yes. If we move down, can we see the quite dramatic
3 change in numbers in relation to residential care? So
4 for example, if we look at 1971, I think you tell us
5 that there were 6,304 children in residential care --

6 A. Yes.

7 Q. -- but by 1995, that was 2,042?

8 A. That's right. This is the period where, as we saw,
9 there were significant closures of residential schools
10 and suchlike, and a real move away from residential
11 care. Again, this period also covers the closure of the
12 residential nurseries, the final closure of the
13 residential nurseries. So what we also find is that the
14 age of children in residential care increases.
15 Residential care is very much seen as a service for
16 teenagers.

17 Q. And so far as foster care was concerned, what you call
18 foster and community care placements, that fell over the
19 same period from over 7,000 in 1971 to 3,626 in 1995?

20 A. That's right.

21 Q. Almost half in fact?

22 A. Yes.

23 Q. If we move on then to the following page, 7031, here you
24 talk in particular, in the 1980s, about there being
25 a clear policy shift within local authorities --

1 A. Yes.

2 Q. -- to the redirection of resources towards the
3 maintenance of children and young people in their local
4 schools and communities.

5 A. Yes. That's right. I think part of this, it reflects
6 the new legal category of children on home supervision.
7 So there's a requirement then for local authorities to
8 be providing support for these children while they are
9 still in the communities, and in order to do that then
10 it was looking at what services can be provided to
11 support these children and young people.

12 At this period, family support workers were quite
13 a common intervention with families of children on home
14 supervision, and this was workers who would go into the
15 families to support them. The use of family support
16 workers declined later in the 1990s and 2000s, and you
17 don't see that intervention so much.

18 There were developments such as intermediate
19 treatment, which was group work within the community,
20 for young offenders and so a range of alternative
21 interventions was being put in place to support children
22 and young people in the community.

23 Q. You draw attention in particular to a policy -- I think
24 it was a 1979 policy -- by Strathclyde Regional Council
25 with the title "Room to Grow".

- 1 A. That's right.
- 2 Q. And was that focusing upon what you have just been
3 saying?
- 4 A. That's right. That's an example of a number of policies
5 at that time. Strathclyde -- Tayside had a similar
6 policy, Lothian Region had similar policies at that
7 time, and were developing, you know, actually very
8 similar policies in terms of children in care and also
9 in keeping children at home.
- 10 Q. Would I be right in thinking by this time, after the
11 changes brought about through the 1960s, that these
12 local authorities would have their own social work
13 departments?
- 14 A. That's right, yes. That would be through the
15 social work department.
- 16 Q. This particular policy goes on to say residential care
17 was recognised as:
- 18 "... not providing children with a sense of
19 security, permanence or predictability because of
20 frequent moves and feelings of isolation and
21 stigmatisation."
- 22 So that was recognised?
- 23 A. Absolutely, yes.
- 24 Q. But it goes on to say:
- 25 "However, we firmly believed that there is a place

1 for residential care in the future and that it should be
2 seen to be positively beneficial for some children."

3 So there was still that on the agenda?

4 A. Very much so. There have been moves, there have been
5 local authorities that have tried to get rid of
6 residential care and it's tended not to work. One is it
7 can lead to repeated foster care placements which then
8 break down and often those who don't have their own
9 residential care will be using residential care outwith
10 their own local authority. So as I say, there have been
11 a small number of examples where it's been tried to get
12 rid of residential care altogether and tending not to
13 end well.

14 Q. I think we will see, and you will know this, I think,
15 from your work with Angus Skinner, that although he put
16 forward principles for good care, he still maintained
17 that good residential care had to be on the agenda.

18 A. Oh absolutely, absolutely. But there's always been an
19 ambivalence about residential care and if you have a --
20 well, if you have a perfect system then you don't need
21 care. If you have a really well supported foster care
22 network with professional support, there may be
23 a limited need for very highly specialised residential
24 care. So there's always been this debate about: what is
25 the correct balance in terms of children's services?

1 Q. So far as residential care is concerned, are we there
2 looking at older children rather than very young
3 children?

4 A. Certainly and increasingly over the years -- and quite
5 rightly -- the move away from residential nurseries,
6 where there was evidence of the institutionalisation of
7 very young children -- in some contexts residential care
8 might well be an appropriate resource for young
9 children.

10 There's the issue of sibling groups. If you have
11 a large sibling group and it's difficult to find
12 a foster care placement -- and again there have been
13 innovative developments sometimes around that in terms
14 of keeping sibling groups together.

15 Increasingly, there have been young children with
16 major attachment disorders, often linked with the impact
17 of living with parents who are addicted to alcohol or
18 drugs, where sometimes it might be that residential care
19 might be the most appropriate setting. And there are
20 children who have lived in highly dysfunctional families
21 and where placing them in another family immediately may
22 not be seen as appropriate.

23 Again, there have been models where residential care
24 is linked to foster care, so younger children go into
25 residential care, but it's with the idea of preparing

1 them for a movement into a foster placement and there's
2 close liaison between the potential foster carers and
3 the residential workers to make that easier.

4 Q. On the following page, 7032, you draw attention to some
5 work by yourself --

6 A. Yes.

7 Q. -- and Fraser. What you say there towards the top of
8 the page is:

9 "Kendrick & Fraser highlight that one of the major
10 reasons for the reduction in the use of residential
11 placements was because of the focus on finding
12 alternative family placements, particularly for young
13 children."

14 A. Yes.

15 Q. And you've touched upon that. Then you say:

16 "In 1977, 33% of children aged below four years were
17 in residential care, but by 1989 this had reduced to
18 4%."

19 A. That's right.

20 Q. That's a huge reduction.

21 A. That's right, and generally seen as not appropriate
22 either for very young children to be in residential
23 nurseries or for young children to be in residential
24 care, where often they will be mixing with older
25 teenagers.

1 There can be situations where it works. I do
2 remember an instance from that research where there was
3 a young girl placed in a residential home and the older
4 teenagers who were placed there, in a sense, adopted her
5 and were very supportive in that process. But on the
6 other side of it, there's evidence of younger children
7 being bullied by older residents.

8 Q. We've looked at very young children there. You give
9 some other age ranges as well in this research, but in
10 the last sentence in that paragraph you say:

11 "In contrast, the percentage of children aged 12 and
12 above had only reduced slightly over this period."

13 And that was from 34% to 30%. That's a fairly small
14 reduction --

15 A. That's right.

16 Q. -- over a period of about 12 years?

17 A. Yes. But that's the tendency for them to be in
18 residential care.

19 LADY SMITH: Professor Kendrick, one of the things I heard
20 much earlier in the evidence in this inquiry was that
21 particularly when you get to that age group, 12 and
22 over, if you have a child who is managing to maintain
23 a link with the natural family, they may be less likely
24 to do well in foster care where they feel they're being
25 forced to create a link with a new family who is not

1 their family and may get in the way of the relationships
2 they want to maintain with their own family. Have you
3 come across that?

4 A. Yes, certainly. In this and other research, you find
5 that young people may feel that they're being forced to
6 make a choice between a foster family and their own
7 parents and therefore feel the neutrality of
8 a children's home is preferable because they don't need
9 to make that choice.

10 LADY SMITH: It gives them space to keep the prior
11 relationship going?

12 A. That's right, and they don't feel that they need to fit
13 into another family.

14 LADY SMITH: Thank you.

15 Is that a good point to stop for the afternoon
16 break? We take just a short break at this stage in the
17 afternoon. I need to give the stenographers a breather,
18 Professor Kendrick, and maybe you'd enjoy one as well.

19 (2.59 pm)

20 (A short break)

21 (3.08 pm)

22 LADY SMITH: Mr MacAulay.

23 MR MacAULAY: Going back then to page 7032 of the report,
24 that's page 118, you draw attention to what is called
25 a longitudinal study of children in care.

1 A. Yes.

2 Q. This is Pat Miller, who I think used new computerised
3 statistical data to take this approach to the study of
4 care. What was the intention here?

5 A. Well, I think it was just really to try and understand
6 much better the career paths of children in care. For
7 example, of those children discharged in the year ending
8 1977, a fifth had been readmitted. So there are those
9 issues around: what are the patterns of children in care
10 but also what are the movements within care? For a long
11 period of -- and continuing to be an issue is about the
12 stability of care and the numbers of placement moves
13 that children may have and suchlike.

14 So this is starting to look in detail at some of
15 those issues around the reasons for being in care and
16 those patterns of placement. She talks on that first
17 page of an annual turnover rate of about 40%. But if
18 you go back to the 1930s, you didn't have turnover in
19 such sense because once children were in care they were
20 in care until they left at whatever the school-leaving
21 age was or beyond.

22 Q. She does say here on page 7033 towards the bottom of
23 this section that, in March 1979, over 3,000 children
24 had spent more than five years continuously in care.

25 A. Yes.

1 Q. That's about one quarter of the children in care. So
2 there's still quite a significant amount of children
3 even at that time --

4 A. That's right.

5 Q. -- who spent a significant period of time in care.

6 A. Again, research has consistently shown what has been
7 called "the leaving care curve", so that most children
8 who leave care will have done so relatively quickly,
9 often within six months. Once a child has been in care
10 for over six months or a year, they will tend to stay in
11 care for a longer period of time.

12 Q. And I think you yourself have done some research on
13 that.

14 A. That's right.

15 Q. If you turn to page 7034, paragraph 5.2.3, this is
16 research you carried out in the early 1990s, where you
17 tracked 201 children in residential and foster care.

18 A. Yes.

19 Q. In the following page you do talk about the leaving care
20 curve.

21 A. Yes.

22 Q. So just so I can understand, do you mean by that
23 a children who's in care, leavings for a while and goes
24 back into care?

25 A. No, not necessarily, it's just that if a group of --

1 take a group of children who enter care. Those who --
2 they will tend to leave relatively quickly -- or
3 a number of them will leave relatively quickly, in
4 a week, four weeks, up to six months. Once you get
5 beyond six months or so, then the rate of them leaving
6 care decreases, the curve flattens off --

7 Q. I follow.

8 A. -- so that once they've stayed in care for six months to
9 a year, they tend to stay in care for three, four, five
10 years or longer.

11 However, you do get a number of children who do
12 return home quickly, where it does break down relatively
13 quickly, and then they come back into care.

14 Q. So in your study I think you looked at a number of --
15 three local authority social work departments over
16 a 12-month period.

17 A. Yes.

18 Q. And I think you found that over that 12-month period
19 half of the children were still in care at the end of
20 the period?

21 A. That's right.

22 Q. The other point that you talk about in that section at
23 page 7035 is the impact of changes in placement on
24 children and young people. Again, this is under
25 reference to your own research --

1 A. Yes.

2 Q. -- of the 201 children that you were looking at. What
3 did you discover in relation to that?

4 A. There we found that less than half of the children only
5 had one placement, about a quarter had experienced two
6 placements, and a third had experienced three or more
7 placements, and that's just in the 12 months of the
8 study. So that means within one year, they've moved
9 places three or four or even more times.

10 Q. And are you able to give us an insight as to why that --
11 on the face of it that looks rather disruptive from the
12 child's perspective.

13 A. It is very disruptive and there's always been an issue
14 about stability of children in care. Sometimes it may
15 be that initially, especially if the child has been
16 taken into care in an emergency, and it tends to be done
17 in an emergency situation, a crisis situation, then the
18 initial placement may be in a children's home simply
19 because that's all that's available at that particular
20 time. So then there's one immediate placement and they
21 will then perhaps move on to foster care or another form
22 of residential care.

23 There are always going to be a proportion of
24 placements that break down, and sometimes it's because
25 of issues in terms of the planning of placements,

1 sometimes it can be trying to find a placement for
2 children and young people who are very disturbed. So it
3 tends to be a combination of factors, but it impacts
4 heavily on those children who experience that.

5 Q. Because on the face of it, it looks disruptive, for
6 example, if you have to change schools and so on and so
7 forth?

8 A. Absolutely, yes, which is often the case.

9 Q. You also, I think, sought the views of social workers
10 who were dealing with the children and the placement
11 decisions.

12 A. Yes.

13 Q. What was the feedback there in this study?

14 A. We did ask about whether it was the preferred -- whether
15 the placement that had been achieved was the preferred
16 placement. I think our hypothesis was that for those
17 going into residential care, perhaps the preferred
18 placement would be foster care. But we didn't actually
19 find that. We found that for children placed in foster
20 care, if that wasn't the preferred placement, it would
21 be another foster care placement, perhaps closer to the
22 family home or for another reason.

23 For those children placed in residential care, where
24 it wasn't the preferred placement, it was most often
25 another form of residential care which was the preferred

1 placement, either because of distance or because of
2 wanting a particular form of residential care.

3 Q. You also, I think, in that study, looked at the outcomes
4 for the selected group of 201 children.

5 A. That's right.

6 Q. That's on page 7036. I think what you say there is that
7 the intended long-term outcome for the 201 children
8 was: return home, 63% --

9 A. That's right.

10 Q. -- independence, 14%; long-term placement, 9%; adoption
11 5%; and don't know 8%.

12 I think you say that some 71% of placements achieved
13 their intended outcome.

14 A. Yes. I think -- and again, so this is in the early
15 1990s, it's that shift in the conception of care, it's
16 that idea that for the vast majority of children, the
17 care placement aims to return those children to their
18 parents, to support them for whatever reason they've had
19 to go into care, but that ultimately for most of them
20 they will be returning home. Independence is often the
21 case of older children who will be coming into care and
22 working towards independence, although again research
23 has found that often children do return home when they
24 leave care anyway, and long-term placement and adoption
25 where it's been decided that a return home isn't

1 possible.

2 Q. You also provide some information about -- and this is
3 at 5.3.1 -- studies of foster care in two social work
4 departments. If we turn to page 7037 --

5 A. Yes, this was Jane Aldgate.

6 Q. What conclusions did she arrive at?

7 A. I think, again, one of the issues there is -- this is
8 going back to the early 1970s -- looking at some of the
9 reasons why children were in care. It's talking about
10 family homelessness, it's about broken families.

11 Interestingly, broken family with the father and
12 children, much more, and that again is going back to
13 gender assumptions of the family at that time: a father
14 who is on his own with children would not be in the
15 same -- would not be in a position to look after them.
16 Again, issues around illegitimacy are still there.

17 Q. But I think she also highlights the reasons why contact
18 between parents and children in care were an important
19 part of the rehabilitation process.

20 A. Absolutely, and sees that as crucial in terms of
21 children returning home. It's about the importance of
22 maintaining contact and the importance of involving
23 parents in the whole process of their child's placement.

24 Q. And distance could be important in that connection?

25 A. That's right.

1 Q. The further the parent has to travel, the more difficult
2 that contact becomes?

3 A. That's right, and as I say, even though we may have seen
4 that children were no longer being placed at long
5 distances into rural communities in the north of
6 Scotland and suchlike, nevertheless, in the major
7 cities, there was a tendency that children would be
8 placed with foster carers in sort of the rural
9 hinterland of those cities.

10 Q. The next study you look at in 1991, Borland, O'Hara and
11 Triseliotis, this is looking at special needs children
12 who are placed for adoption. Do we see from this study
13 that age becomes a significant factor --

14 A. That's right.

15 Q. -- as to whether or not a child is adopted?

16 A. Yes, very much so. Again, I think it was that pattern
17 that to a large extent adopters were looking for young
18 children to be adopted and that that is less the case
19 now because of the work either on supporting
20 families ... But I think another aspect of it was the
21 development of long-term fostering for disabled children
22 at this period of time, that as foster care was being
23 developed, more specialist forms of foster care were
24 being developed, such as this.

25 Q. The next section, in fact, of your report is looking at

1 the development in foster care; that's at page 7039.

2 I think what you say here, and correct me if I'm wrong,
3 under reference to the research, is that adoption plays
4 a role here.

5 A. Yes.

6 Q. Can you just explain that?

7 A. Well, adoption, I think, has always played a role, but
8 I think as we start to move through this period, there
9 are concerns about drift in care. There's a particular
10 study in England around this time which had identified
11 the way in which children and young people -- the
12 decision-making process took far too long and they
13 remained in care far too long. So we start to see the
14 development of permanency planning policies.

15 So it's about how the preferred option would be for
16 children to return to their own family and to be able to
17 live in their own family and be supported to live there.
18 If that is not going to work, then there needs to be
19 a permanent solution agreed as soon as possible and that
20 would be long-term fostering or adoption.

21 Q. Moving on then to perhaps cut through this to page 7040,
22 you draw attention towards the bottom of the page to
23 a report by the Director of Social Work in Scotland --

24 A. Yes.

25 Q. -- focusing on what's described as the "core statements

1 of values and principles".

2 A. That's right.

3 Q. And just to have a date for this, this is 1992?

4 A. Yes.

5 Q. We have a list of four principles, I think this is what
6 you've been talking about, but the last point is:

7 "If a return home does not prove to be a viable
8 option, the child should be provided with permanent
9 substitute family care."

10 A. That's right.

11 Q. Would that include --

12 A. That could include adoption, yes.

13 Q. You draw attention to your own work following on to the
14 next page, 7041, that:

15 "In your own research in the 1990s, a constant theme
16 with professionals was that although the policy priority
17 was to place children in foster care, there was
18 a shortage of foster carers and in particular foster
19 carers for adolescents."

20 A. Yes. And I think we've seen that that goes back and it
21 continues as well in terms of more recently the major
22 issue of providing sufficient foster care, which,
23 although there are particular schemes, is still based on
24 fees and maintenance rather than wages, so there's that
25 voluntary element to foster care.

1 Q. You return to residential care towards the bottom of
2 page 7041, and I think we've already looked at the
3 numbers and the changes in the numbers reflecting the
4 change from placement policy. You go on to say that:

5 "Most children in residential care ..."

6 That's 86% at the end of the period you're looking
7 at, 1991 to 1995:

8 "... were aged 12 to 17."

9 A. Yes.

10 Q. So we see that those in residential care are at the
11 older end of the age spectrum?

12 A. Absolutely, yes.

13 Q. You then have a section looking at three surveys. The
14 north-east, south-east and the north of the country.

15 A. Yes.

16 Q. Can you perhaps summarise what these surveys were
17 designed to do and what conclusions they drew?

18 A. I think it's interesting that following the Social Work
19 (Scotland) Act and with local government reorganisation
20 looming, it was to look at childcare provisions in
21 particular areas, so north-east would become Grampian,
22 north would be the Highland region, and south-east would
23 be Lothian and suchlike.

24 I think without going into detail, it's interesting
25 to look at the range of residential homes which were

1 prevalent at that time. So just for example, the
2 North-east of Scotland had 18 small children's homes,
3 eight large children's homes, three residential special
4 schools, one List D school and four hospitals. So we've
5 got that move to smaller children's homes, although
6 there were still eight large children's homes.

7 In South-east Scotland, Newman and Mackintosh talk
8 about the larger children's homes being "the backbone of
9 the residential service".

10 In North Scotland, there's more use of family group
11 homes as well as very small children's homes. So over
12 this period of time, a whole range of different forms of
13 residential care had developed, although I think one of
14 the issues that these services identify is that for
15 various reasons there could be a mixing up of the
16 functions of these different children's homes. I think
17 that there was an assessment centre in the north-east,
18 which was being used as a large children's home. So
19 there was fluidity as well in terms of what these homes
20 were doing.

21 Q. But the outcome of these surveys, would they be acted
22 upon? What would come out of it?

23 A. I'm not sure the extent to which they were acted upon.
24 I certainly do know that -- I think in the north or the
25 north-east, they did feed in specifically feed into the

1 regional councils and I definitely recall, in the
2 north-east, them making specific recommendations about
3 regional resources.

4 Q. You have a section that starts at the bottom of
5 page 7046 and moves on from there, headed "Crossing the
6 boundaries". I think here you're looking at the work by
7 a mental health working group in 1982 --

8 A. That's right.

9 Q. -- that considered the relationships of residential
10 childcare to other forms of provision as part of its
11 wider remit. I think this working group focused on
12 a number of issues, for example lack of training.

13 A. Yes, indeed.

14 Q. Can you just take me through that?

15 A. But also about the lack of clarity and the feeling that
16 the residential childcare sector had developed in
17 a disjointed and uneven way, that often developments
18 were on an ad hoc basis, and that this didn't bode well
19 for a coherent and integrated residential sector or
20 indeed broader than residential care and the way in
21 which this fitted into children's services more broadly.

22 Q. So if we pick out the points, you talk about: lack of
23 training, the number of untrained staff and high staff
24 turnover -- that was a serious concern?

25 A. And that was reflected in the surveys as well, yes.

1 Again, this was another theme at this time.

2 Q. There was a lack of clarity as to the function of the
3 children's homes.

4 A. Yes.

5 Q. And there was a recommendation, I think, or the group
6 acknowledged that:

7 "Whenever possible children with special education
8 needs should attend specialist schools."

9 A. Yes. Again, that's keeping children within
10 the community.

11 Q. If we move on to page 7048, the next page, the final
12 point being said -- and we've seen this previously in
13 other contexts:

14 "The working group also drew attention to the need
15 for aftercare when young people leave long-term care."

16 And that's a continuous theme, I think we've seen?

17 A. Absolutely, and certainly over this period, there was
18 relatively little concern with what happened with
19 children once they leave care. There are occasional
20 mentions over time, but primarily, once children leave
21 care, they are left to fend for themselves.

22 Q. In the next section, 5.4.2, the heading there is:

23 "Review of Residential Childcare in Scotland."

24 On page 7048. There you are really devoting quite
25 a number of pages to the work done by Angus Skinner;

1 is that right?

2 A. Yes.

3 Q. And you have a clear inside knowledge of that particular
4 work?

5 A. Yes.

6 Q. Rather than go through the detail, can you summarise for
7 us what Angus Skinner's conclusions were, bearing in
8 mind he has given evidence to the inquiry?

9 A. I'm very conscious of that and I hope I don't say
10 anything that contradicts him. I think one of the
11 things is that we've said that there's this ambivalence
12 about residential care. I think that the review of
13 residential childcare was quite clear that there was
14 a positive place for residential care in Scotland. He
15 identifies five situations where residential care may
16 offer the best placement: we've spoken about when young
17 people need care and in emergencies; when they need
18 long-term care and family placement is inappropriate;
19 when they need additional specialist, therapeutic or
20 educational services, provided on the same site; when
21 they have complex special care and educational needs,
22 and that is to provide short-term support for families;
23 and then for keeping sibling groups together.

24 I think that's important. I don't think that it's
25 comprehensive. We've spoken about the situation where

1 young people may prefer residential care for particular
2 reasons because they feel that they do not want to go
3 into another foster family and their wishes should be
4 taken into account.

5 He also articulated those eight fundamental
6 principles and we've been through each one, but I do
7 consider that these were important in terms of setting
8 a sound basis for how residential childcare was taken
9 forward in Scotland.

10 I think in terms of each of those, he identified
11 weaknesses, but he also identified examples of good
12 practice. He identified issues around the need to
13 understand child abuse and neglect and its impact on
14 children. So I think there are a range of things he
15 focused on and, again, particularly in terms of the
16 training of residential workers, setting targets for the
17 training of residential workers, for the supervision and
18 support of residential workers, although he didn't go
19 into a lot of detail about recruitment and supervision,
20 that is because there was work being done in England
21 at the time by Warner, and out of that came a tool kit
22 for recruiting and selecting staff, and that was taken
23 up in Scotland.

24 So on a whole range of issues, I think that Skinner
25 in a sense set a baseline in terms of the development of

1 care.

2 Q. Can I pick up one point that you draw attention to in
3 your report at page 7053. That's page 139 of the
4 report. It's the second last paragraph, where you have
5 set out:

6 "While Skinner stated that the review did not find
7 evidence of young people being abused by staff, he
8 acknowledged that the review was not comprehensive and,
9 'It is clear that within residential childcare abuse may
10 occur and go undetected."

11 And then you set out what he says:

12 "There is no one answer to this problem. Better
13 staffing, new inspection arrangements, more openness to
14 involving outside adults, such as parents, volunteers
15 and other professionals in the business of the home; all
16 these matters will help. It is essential that the
17 momentum towards greater openness is maintained."

18 So transparency is what he sees as being one way of
19 addressing episodes of abuse?

20 A. Absolutely. And in the work I have done around this
21 area, I've seen three main aspects of that. That is
22 about the regulation and training of staff so that
23 you have high quality staff. It's the regulation,
24 inspection and monitoring of services so that services
25 are as high quality as possible. And the other is

1 listening to children and young people and involving
2 them in processes of decision-making. I think that
3 that is absolutely fundamental. And he recognises that,
4 he recognises the value of Who Cares? Scotland, which
5 was establishing itself at that time and the importance
6 of advocacy for children and young people and to hear
7 their voice.

8 Q. He recommended that any allegations or suspicions of
9 abuse of children and young people in residential care
10 should be passed on to the police "without hesitation".

11 A. Yes.

12 Q. I think you've told us this was an important piece of
13 work by Angus Skinner.

14 A. Yes.

15 Q. Are you able to say what impact it has had on the care
16 services in Scotland?

17 A. It's difficult to disentangle Skinner because Skinner
18 was done in parallel to William Utting's first review in
19 England. Reporting in 1966 was the Children's
20 Safeguards Review by Roger Kent, which looked at issues
21 around safeguarding and protecting children, and he
22 built on the work of Skinner and the review, and
23 particular developments were taken further forward.

24 I think we must feel disappointed at this stage in
25 terms of Skinner highlighting the need for training of

1 residential staff and that we are not further forward
2 in the training of residential staff in this country.

3 Q. If I can take you to page 7058, we have a little section
4 just looking at Quarriers Homes; that's at page 144.

5 Essentially, what you're saying there is that
6 because of the change in approach, the number of
7 children within Quarriers Homes continued to fall, and
8 at the beginning of the 1990s, Quarriers cared for
9 children in two cottages only; is that correct?

10 A. That's right.

11 Q. Which is a huge difference from what had been there
12 before.

13 A. And that reflected the general decline in the use of
14 residential care.

15 Q. And we've discussed this.

16 A. Yes.

17 Q. You then go on to provide a summary of what David Whelan
18 said in his book "No More Silence", and David Whelan has
19 given evidence to the inquiry.

20 A. Absolutely, and I checked with David Whelan before using
21 this.

22 Q. Essentially, what message are you seeking to take from
23 this?

24 A. The main message I think is the horrendous nature of
25 abuse that could occur and be hidden in residential

1 establishments at that time in that it wasn't seen as on
2 the agenda. However, where his sister reported abuse,
3 it was hushed up. So it's really harrowing, I think,
4 that we've look back and see these situations where
5 children were taken into care and placed in settings to
6 have such a horrendous experience. The work that David
7 has done since in terms of survivors is absolutely --
8 and others -- has been absolutely commendable.

9 I talk about the ambivalence in residential care: is
10 it it's a positive choice, is it a last resort? And
11 I feel that in my career I've been professor of
12 residential childcare to advocate high quality
13 residential care and yet such a lot of my work has been
14 focused on issues of abuse and neglect to protect
15 children in care from such experiences.

16 Q. You have a section beginning at page 7061, returning to
17 approved schools --

18 A. Yes.

19 Q. -- that become List D schools and also residential
20 special schools.

21 Of course, after the 1968 Act, what were approved
22 schools went on to a list and were number D on the list,
23 so they were known as List D schools.

24 A. That's right.

25 Q. It's as simple as that?

- 1 A. It was as simple as that, an administrative name.
- 2 Q. You provide some statistics on 7062 of the children who
3 were being housed in the 26 approved schools in
4 January 1969. I think we've seen this number before:
5 there was 1,681 children, and you break that down to
6 1,444 boys and 174 girls. So boys significantly
7 outnumbered the girls?
- 8 A. Yes, certainly.
- 9 Q. We have a table here. We needn't look at the detail,
10 but you have broken down the classification of the
11 approved schools that existed in 1969.
- 12 A. Yes. That was from Leslie Hunter's work on the Scottish
13 educational system.
- 14 Q. Just to understand, PROT?
- 15 A. Protestant.
- 16 Q. And RC?
- 17 A. Roman Catholic.
- 18 Q. Can I ask you -- well, he also provides -- just before
19 I move on, on page 7063, you provide, with reference to
20 Hunter, figures for the outcomes of children from 1969
21 who left approved schools. Can we see there that just
22 under two-thirds of girls in regular employment or
23 married and two-fifths of boys were in regular
24 employment. So there is a difference in outcome between
25 girls and boys?

1 A. Yes, certainly. And this may well be to do with the
2 reasons why girls were in care at that period of time
3 because there's always been the issue of -- and we've
4 seen it in terms of protecting the moral status of
5 girls, so where girls would be taken into care because
6 of their seemingly lax sexual mores or for reasons like
7 that. That has been an issue and has continued to be
8 an issue up until more recently.

9 Q. In the next section, you mention what's called the
10 Fiddes Report.

11 A. That's right.

12 Q. What was that?

13 A. Well, it had been intended -- and going back to
14 Kilbrandon in terms of where he envisaged the social
15 education department, that are all these residential
16 schools would come under the social education
17 department.

18 When the generic social work departments were set
19 up, and I don't know the detail of the argument for
20 this, but it seems that for whatever reason, it was
21 decided that approved schools, or the then List D
22 schools, would be kept under the remit of the
23 Social Work Services Groups, the Scottish Education
24 Department.

25 I think they were wondering what are we really doing

1 with these. There were debates about the future of
2 List D schools and the Fiddes Report was a report which
3 was drawn together to look at the future of List D
4 schools and it was put out as a consultation paper.

5 Q. And what conclusions did it arrive at?

6 A. That basically, it felt that, similar to crossing the
7 boundaries, there was no clear rational explanation for
8 why the List D sector had developed as it has and that
9 they really need to look at the huge variety and how
10 List D schools had developed.

11 Q. Can you at the time me then what happened eventually to
12 List D schools?

13 A. Eventually, List D schools, all funding was central --
14 Central Government funding was removed from List D
15 schools and most of these then became independent
16 schools. There was a merging then of what were the
17 List D schools and the List G schools, the List G being
18 special residential schools, often run by education
19 departments.

20 Q. So --

21 A. And they more or less just overlapped and merged.

22 Q. As residential schools, then, to use a general term,
23 would they be funded by local authorities?

24 A. Yes, generally they would be funded by local authorities
25 through placement of children. Some may have block

1 grants, so one particular local authority would say,
2 "We will take X number of places over a year", others
3 the funding followed individual children.

4 Q. One section I want to draw attention to is on page 7066.
5 That's in relation to the routes into what were List D
6 schools. I think you look here at a study by Rushforth,
7 who looked to see the background of those placed by
8 children's hearings or by the courts.

9 A. Yes.

10 Q. Those were the two routes into List D schools?

11 A. That's right.

12 Q. Was there any difference in the background of the
13 children, whatever the route might have been?

14 A. No, not really. Rushforth says that the common factors
15 were issues around poverty and disadvantage among those
16 groups.

17 Q. But I think what this study tells us is that the
18 children committed by the court were found to be
19 considerably older than children placed by the
20 children's hearings?

21 A. Yes.

22 Q. And one would expect that, I would --

23 A. That's right, yes, because these would be more serious
24 crimes.

25 Q. The study, I think, also focused on the fact that, so

1 far as the staff in the four List D schools were
2 concerned, they didn't really fully understand the
3 rationale behind, for example, court appearances.

4 A. That's right. And I think that although the children's
5 hearings and Kilbrandon are talking about the welfare
6 approach in terms of children and young people, we still
7 see this ambivalence around care and control, about
8 welfare approaches and justice approaches.

9 Q. Can I take you to page 7070, 5.4.4.8, page 156 of the
10 report. You have here a section headed:

11 "A descriptive and evaluative study of residential
12 special schools."

13 This appears to have been a five-year study of
14 residential special schools; is that correct?

15 A. It was actually a PhD dissertation and fascinating.
16 I have only been able to draw on just an outline,
17 really, of what Toman discusses, but he gives a potted
18 description of each of these residential schools in that
19 study.

20 Q. Okay.

21 A. His focus was from education as well in terms of the
22 idea of the fact that these are schools.

23 Q. We're told at the beginning, the first paragraph:

24 "At the time of this study [and that was between
25 1983 and 1988] there were 39 residential special schools

1 along with three secure units."

2 Are these the three secure units we looked at
3 before?

4 A. Yes.

5 Q. That's Rossie, Kerelaw, Kenmure St Mary's?

6 A. Yes.

7 Q. I think --

8 A. Just to say, this is about the merging in a sense of the
9 List D and the List G, so we were talking about 26 or so
10 List D schools and the reason the increased number is
11 because now the two lists are merged and overlap
12 greatly. I think he comments on that, on that page.

13 Q. If I can move on quickly to secure care, again, at
14 page 7005. As just observed, there were three secure
15 care units, one at Rossie, one at St Mary's Kenmure and
16 the one in Kerelaw. And the three of them are attached
17 to List D schools; is that correct?

18 A. Yes. That's right.

19 Q. And if we look at the bottom of the page, we note that
20 there was a dramatic increase in secure accommodation.
21 In the 1960s, there were 25 secure beds and 1,700 open
22 beds, a ratio of 1:68. By 1984 there were 69 secure
23 places to an overall population of 700, so one in 10.
24 So that's quite a significant difference in ratios?

25 A. It is, yes.

1 Q. I think I'm right in saying in relation to Kerelaw that
2 there was an inquiry --

3 A. Yes, there was.

4 Q. -- in, I think, 2008/2009.

5 A. Yes.

6 Q. That related to allegations -- well, proved allegations
7 because there were also convictions -- of physical and
8 sexual abuse at Kerelaw --

9 A. That's right.

10 Q. -- over a considerable period of time.

11 A. Yes.

12 Q. I think then I can probably move quickly to the section
13 headed "Young Offenders' Institutions" at page 7085.

14 What you tell us there at page 171 is that in 1970
15 there were four young offenders' institutions: one was
16 at Barlinnie, Dumfries, Edinburgh and Friarton.

17 A. That's correct.

18 Q. I think, as we noted before, Glenochil became the main
19 young offenders' institution.

20 A. Yes.

21 Q. As you've already mentioned, these were established to
22 keep children of this age away from the prisons?

23 A. Yes, and it was for an older age group as well, not just
24 sort of the children we've seen, 14 and 15-year-olds,
25 but 16 to 18-year-olds.

1 Q. Can I take you then to your final section, so we can try
2 and get that evidence from you before you have to leave
3 us, Professor Kendrick.

4 On page 7092, you have a section headed "Systemic
5 Weakness and Good Practice".

6 A. Yes.

7 Q. Can you take me through that section?

8 A. Certainly. I think we've seen an absolutely major shift
9 in care services over this period: the dramatic
10 reduction in the use of care in general and, within
11 that, the move towards foster care so that over this
12 period the number in residential care had dropped to
13 approximately 2,000.

14 There's an increased focus on collaborative working
15 in terms of, for example, youth strategies with
16 education and social work departments working together,
17 increased inter-agency work on child protection with
18 police, health and social work working much more closely
19 together. Important developments in children's rights,
20 so with the ratification of the UN Convention on the
21 Rights of the Child in 1989. A growing understanding of
22 child abuse and neglect and its impact on children. So
23 the developments of understanding of physical abuse, but
24 certainly, since the 1970s, of sexual abuse and then of
25 emotional abuse.

1 Children increasingly involved in decision-making --
2 we mentioned their involvement in children's hearings,
3 in social work. Childcare reviews came into force
4 in the late 1980s as well, where there was an
5 expectation for children to be involved.

6 So I think that there's a clear focus on the
7 individuality of children. It's highlighted, as I said,
8 in terms of Skinner's review of the importance about not
9 treating children, particularly in group care, as part
10 of a group but as individuals.

11 Rights and responsibilities start to be incorporated
12 in policy and legislation. The right for children and
13 young people to participate in decisions about their own
14 lives. The rights to provision. And I think
15 importantly in Scotland was the establishment of
16 Who Cares? Scotland as an advocate for children in care
17 and the development of Who Cares? and other advocacy
18 organisations.

19 Good basic care continues to vary, but general
20 improvements in the standards of accommodation and of
21 the wealth and income generally of foster carers.

22 Skinner identified inadequacies, children were well
23 fed, though there were issues around developing life
24 skills, and the use of food in developing skills for
25 independence. An increased understanding and importance

1 of play, leisure and recreational activities.

2 I think with Skinner and some of the other
3 developments, there's that real focus now on recruitment
4 and selection and training -- not just Skinner but from
5 the learning of inquiries on abuse.

6 Education. I think there's more of a focus now on
7 academic education for children in care, but then
8 there's a growing awareness of the educational barriers.
9 The low expectations that I've spoken about, where
10 teachers and staff don't expect children to do well,
11 don't support them.

12 Lack of stability, placement moves, moves of school.

13 So some good practice in supporting children for
14 exams and for homework, but by no means the norm.

15 Again, in terms of health there's a growing
16 awareness of the barriers for children and young people
17 in accessing health advice and services. But also
18 there's acknowledgement of the impact of smoking,
19 alcohol and drug use and that this must be addressed,
20 and also the importance of addressing sex and sexual
21 health of children and young people in care.

22 In terms of partnership with parents, there's that
23 increased focus on partnership with parents. Again,
24 parents are being included in decision-making more
25 through children's hearings, through childcare reviews.

1 Skinner sees this as essential. However, there was
2 still some concerns that parents could be excluded from
3 that process of decision-making and planning.

4 We've spoken about the increased focus on
5 inter-agency working and joint working. There's now
6 a clear articulation of integrated services in policy
7 and practice. In the early 1990s, that's where the
8 rather clunky title of my research report came from,
9 "Residential Childcare in the Integration of Childcare
10 Services". It was seen as important that services
11 fitted together, but Skinner was still talking about
12 this as feeling patchy.

13 In terms of a feeling of safety, we've clearly got
14 more awareness of issues of abuse of children in care.
15 However, that very varied experience continues to exist.

16 Corporal punishment has now been banned, but there
17 are still issues about violence, still issues about
18 deprivation of privileges, medication, and isolation,
19 and Skinner himself isolated particular sanctions which
20 should not be used.

21 I think the Skinner Review highlighted issues of
22 safeguarding and protecting children in care. Yes, it
23 was still underestimated, it was still not known about
24 properly, but at least it's now being recognised in
25 a way that it hadn't been in the past.

1 Q. Well, thank you very much, professor, for that summary
2 of your conclusions of this particular review we've been
3 looking at. Of course, it doesn't end there, as you
4 know, in that the period post-1995 has still to be
5 looked at.

6 A. Sure.

7 Q. And the inquiry looks forward to receiving your input
8 into that period.

9 A. Thank you very much.

10 MR MacAULAY: My Lady, I haven't received any questions to
11 put to the professor.

12 LADY SMITH: Are there any outstanding applications for
13 questions?

14 Professor Kendrick, it is correct, I'm able to let
15 you go, for the moment.

16 A. Thank you.

17 LADY SMITH: For today, I should say. But thank you very
18 much for all the work that's gone into this report and
19 the way in which you have presented it to us so
20 accessibly today. That's very, very helpful. Thank you
21 very much.

22 A. Thank you.

23 (The witness withdrew)

24 LADY SMITH: So tomorrow do we move to our third professor
25 of the week, Mr MacAulay?

1 MR MacAULAY: We do, Professor Levitt.

2 LADY SMITH: Very well. I will adjourn until 10 o'clock

3 tomorrow.

4 (4.07 pm)

5 (The inquiry adjourned until 10.00 am

6 on Thursday, 4 April 2019)

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PROFESSOR ANDREW KENDRICK (affirmed)1

Questions from MR MacAULAY1

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