

# Tom Shaw Historic Abuse Systemic Review: One Year On

## SurvivorScotland: Progress and Potential

### Scottish Government Seminar

Apex International Hotel

Grassmarket, Edinburgh

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*“The physical, emotional and sexual abuse that has taken place in Scotland's residential care homes – perpetrated by the very people who should have been providing support – must never be forgotten. We are demonstrating our commitment through action, and that's why we are providing a new support service for adults who experienced childhood abuse in care.” Adam Ingram, Minister for Children*

*“There are many challenges to finding out about our past and the process is even more daunting when those experiences were bad. The reaction to our search can be defensive and cynical... the need to know can be viewed with insensitivity, rather than respect. The past can be dismissed as something which is over and done with, rather than as significant to our present...learning from our mistakes is a sign of maturity, an indication that we want to do better...to do so for all who were, or are, children in the care of the state.” Tom Shaw*

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For more details on the National Strategy for Adult Survivors of Childhood Sexual Abuse

[www.survivorscotland.org.uk](http://www.survivorscotland.org.uk)

For more information on In Care Survivors Service Scotland

[www.incaresurvivors.org.uk](http://www.incaresurvivors.org.uk)

## Minister Launches National Support Service

Launching the Scottish Government's commissioning of the National Support Service for adult survivors of in-care abuse, the Minister for Children and Early Years in the Scottish Government, Mr Adam Ingram, said he was delighted to open the seminar and celebrate the progress made since publication of Tom Shaw's *Review of Historic Abuse within Residential Child Care between 1950 and 1995*.

Many people greeted such reviews with cynicism, and did not believe politicians' assurances that they were committed to learning lessons and making changes. He hoped people would feel reassured and energised by the Scottish Government's commitment, and that of others, to real progress in improved support for in-care and historical survivors of abuse: and by developments across Scotland which could make a real difference to their lives.

Praising survivors at the conference, who had been at the fore of achieving change, he highlighted "their determination that no child will undergo the cruelties and abuse to which they were subjected. Their commitment and their support to each other and to children who may be vulnerable in the future have been a hallmark of their campaign to achieve change."

The Petition to Parliament presented by Chris Daly, and the work of the National Strategy for Adult Survivors of Childhood Sexual Abuse, SurvivorScotland has also been central to these changes. "I am therefore delighted to announce today that the Scottish Government has commissioned a National Support Service for adult survivors of in care abuse, which goes live today."

The survivor organisation Open Secret has been appointed to deliver the service and the Scottish Government had accepted the recommendations for its design and principles put forward by the National Reference Group on the SurvivorScotland Strategy

Key components would be:

- Delivery right across Scotland
- Partnership with other relevant organisations to ensure local access to the service

Survivor-centredness was key, Mr Ingram said:

"This means it will respond to the wide-ranging needs of survivors. One survivor may need counselling; another may want help tracing their family and another might want help to consider legal options. Survivor involvement in the management and development of the service will be built in from the start."

Partnership was also central. Open Secret and its partner Kingdom Abuse Survivors Project were very clear in their bid that they would not seek to replace or compete with other agencies. Rather, they would identify agencies across the country well

placed to deliver the services required by survivors, working with them to ensure local access to services of similar standards.

Tom Shaw had highlighted that not only did individuals commit abusive acts - systems at the time enabled the abuse to continue and effectively silenced children.

Tom had set out key improvements made since 1995, but more needed to be done. "This is why I announced in response to the review that I was establishing a National Residential Child Care Initiative (chaired by Romy Langeland) which would identify how residential child care can be made the best possible option for those children who will benefit from a residential placement."

Of the 1,500 children in residential child care in Scotland the vast majority would go on to live happy fulfilling lives, thanks to thousands of dedicated staff, but major challenges remained if residential child care can be the first, best option for many young people.

The Initiative would also need to take on board the findings from the Independent Inquiry into Abuse at Kerelaw School, jointly commissioned by the Scottish Government and Glasgow City Council.

It was examining much written information to fulfil its remit to explain the circumstances that led to abuse and make recommendations relevant to preventing such abuse in the future. "I am confident that the team will deliver a report and recommendations that will allow me, with the help of many of you here today, to improve the welfare of children in residential care in the future."

Mr Ingram also highlighted wider child protection initiatives such as Getting it Right for Every Child. "You can be reassured that some of the key findings in Tom Shaw's review – the emphasis on children's rights; placing the child at the centre of decision-making and listening to the child are embedded in this approach to meeting the needs of all our children."

On another Shaw recommendation, the Keeper of the Records of Scotland had responded swiftly to our commissioning a review – due to report early in 2009 - to highlight possible failures or record keeping and meet future records and information needs. Survivors had described the heartache they faced when they could not find any record of their past, or where their records were incomplete.

Outside consultants, to demonstrate Government neutrality, would interview individuals and groups on their experiences of records and record keeping. These would include organisations involved in child care, survivors of abuse, and record professionals.

Mr Ingram concluded by describing the major change programme, Survivor Scotland. This was developed to make a real difference for everyone who has been affected by childhood abuse, through raising awareness of the issue; commissioning research, and supporting projects across Scotland to identify and meet the needs of survivors.

One major development was scoping of a Scottish approach to achieve Truth and Reconciliation, initially to address issues for adults who had suffered childhood abuse whilst in care. They were now consulting widely publicly and the SurvivorScotland Reference Group had developed the paper Acknowledgement and Accountability. This afternoon is devoted to discussion on this topic.

“We hope that for survivors, it could offer an opportunity to be heard and acknowledged by Scottish society as a whole, and to contribute to further improving the care provided for children in care settings. And for institutions, it may be an opportunity to move on from the past. We are grateful to representatives of some of these institutions for their attendance today and for their commitment to being part of the consultation process. “

“We know that this approach may not be for everyone, but through close working with survivors on the Strategy, some survivors have indicated that an important part of recovery from the trauma they have experienced would be to tell their story, to be believed, and to have the pain that was caused fully acknowledged.”

Today would help the Scottish Government find out whether such an approach should be adopted and how we might shape it together. It was not intended to replace legal remedies for seeking justice after abuse, but it could help survivors to achieve acknowledgement and recognition from society of what occurred and to help protect children in the future.

“I am confident that as our national service develops, it can provide an international model. Most importantly, I hope that our partnership work will demonstrate to all survivors that their contribution; their sharing of personal, painful experiences has led to major changes in Scotland. I know they believe there is a lot more that is needed but I am confident that we can continue to work together on our journey to achieve positive changes.”

Tom Shaw’s recommendations “underpin all the work I have described this morning. I am delighted he has agreed to return one year on from the publication of the Review. I hope he will take some personal pride in the developments which he has helped bring about. “

## Keynote Address

### Tom Shaw: Findings of the Historic Abuse Systemic Review and Progress One Year On

*I was greatly encouraged by the very positive response to my findings; and those responses have been followed by Government action relating directly to my recommendations. This seminar is designed to allow progress to be reviewed, to learn about developments and to promote support for them and foster further action.*  
Tom Shaw, former Chief Inspector of Education & Training in Northern Ireland

Mr Shaw first thanked the Minister for his generous words, and the support and respect for his independence which Ministers gave to the work of the Historic Abuse Systemic Review. He wanted to acknowledge everyone who had helped him, and no least his researcher on the project, Nancy Bell.

Mr Shaw first reminded the delegates of some facts and figures about the Review.

#### **The remit was**

- to identify the laws, in the period 1950 – 1995, to provide, regulate, and ensure inspection of residential schools and children's homes
- to identify the adequacy of monitoring and inspection systems
- to review the practical operation and effectiveness of monitoring and inspection

The main sources of information were government records, local authority records, records of organisations providing residential schools and children's homes, and other archives and libraries. However access was to be via co operation, not powers of compulsion.

#### **Constraints reconsidered**

This review was not about individual cases, and he was not permitted to report on the facts or circumstances of any individual cases of abuse, nor to receive submissions from individuals. Mr Shaw considered and found this last a serious, unrealistic constraint. He sought and gained permission from Ministers to make contact with and receive information from individuals.

#### **The process**

A range of strategies was used to gather the evidence. These included questionnaires to all local authorities and relevant organisations providing residential care. The questionnaires asked about what provided, and about records held and the location of these. The review contacted former residents, reviewed files in archives, sought expert advice and commissioned three pieces of work: research into legislation, review of society's attitudes to children, and a literature review of child abuse in residential child care. (*Subsequently known as RCC*).

## **The findings**

Some of the main findings outlined by Mr Shaw were that attitudes to children and to punishment of children have changed; there was only slow acknowledgement of children's rights in the law in Scotland; public awareness of child abuse did not develop till the 1980s; throughout the review period Residential Child care lacked status and priority; the staff were often unqualified, and many on boards of managers lacked adequate knowledge or expertise. This was a significant risk factor regarding the welfare and protection of the children.

The regulatory framework over 45 years was extensive and complex and that might have caused confusion and misunderstanding in implementation. The main weakness the review identified were:

- the law did not provide enough for talking and listening to children and taking their views into account;
- in the first half of the Review period especially, the law did not ensure children were placed in RCC which best fitted their needs;
- the law responded slowly to growing awareness and understanding of child abuse, for example corporal punishment continued to be permitted until the 1980s
- the law did not require RCC staff to be suitably qualified, *nor to be checked for suitability for work with children*;
- the law did not set national care standards;
- the law did not adequately ensure that the range of monitoring and inspection interests shared information and reviewed what they found.

## **Provision for Monitoring and Inspection**

The absence of national care standards meant there was no guarantee of common standards in different institutions in different parts of Scotland, despite some professionals' efforts to develop and share standards with colleagues. The 2 means of monitoring and inspection were:

- visits – by a wide range of people including e.g. lay people, councillors, children's officers, medical officers, dentists and inspectors from social services and education;
- records – for example of punishments, diet, medical examinations, inspection visits, education assessments, and standards of care.
- The legislation said little about what some of the visits were supposed to achieve. It gave no clear lead on how the information to be recorded was to be used, did not ensure that inspections were independent and did not provide for public accountability until the 1980s.

## **Many difficulties met**

Mr Shaw, whose under his remit had to review the practical operation of monitoring and inspection, sought information from records, from former residents and staff, research, reports and other sources.

However, the search for information proved very difficult. It was affected by people's knowledge of what records existed, where records were located and what they contained. It was also affected by retirement of staff; when people left they often took with them significant knowledge which wasn't written down.

Records were scattered across organisations, archives, and even countries. Some records were being examined, some sat in poorly or unlabelled boxes, some were in off-site secure storage, others lost or destroyed. Further, when inspection practice changed, new guidance was issued and, in order to avoid the risk of confusion, previous guidance papers were destroyed.

Further obstacles to the Review's work included lack of central government databases about RCC; lack of collated records about which organisations provided which services and when; so that determining which information was relevant to the Review proved difficult and time consuming.

Some of the Review's difficulties in finding and accessing records reflected difficulties which so many former residents have experienced, in searching for information on their life in residential schools or children's homes.

## **Potential sources of information about practice**

Yet many valuable records exist which could greatly aid our understanding of RCC in the past. These need to be assembled, catalogued and made available for research.

Former residents and former staff of RCC have an important role in contributing to our understanding of practice in the past – as is evident in Ch 6 where some examples of survivors' experiences are included. Former residents are experts in knowing how systems worked.

## **A major challenge-need to implement law in spirit**

- One finding was both a surprise and a challenge. Despite the broad sweep of reforming legislation beginning with the Children (Scotland) Act 1995 there remained in 2007 a range of concerns about implementation of the law. I was being told that there was a need to implement the law in spirit, to change the culture of residential provision, to ensure that legislators' good intentions would be realised. Some who talked to me said that in several respects little had changed since 1995 or even earlier, particularly in placing the rights of the child at the heart of practice. This message reinforced my view that we need to develop a culture in RCC founded on children's rights, raise respect for children in the care of the state, raise the status of RCC and those working in it, and develop child-focussed evaluations.

- That meant, said Mr Shaw, genuinely listening to children and involving them in service evaluation. It meant acknowledging and learning from former residents, and building an open culture in children's establishments and services.

This was about a need for a concerted effort to change the culture and ensure that the new culture is all- pervasive. It's not good enough to have some centres of best practice; excellence need to be system-wide.

## **Recommendations**

Mr Shaw explained that his recommendations fell under three headings- Current Provision to ensure the welfare and safety of Looked After and Accommodated Children; 2 Provision for former residents; and records relating to both current and former residents:

### **Recommendations relating to children currently looked-after**

A national group should be established with oversight of looked-after and accommodated children: it should report to the Education, Life-long Learning and Culture Committee of the Scottish Parliament. Possible responsibilities could include:

- Auditing regularly the outcomes (those agreed through the Government's Vision for Children and Young People) for looked-after and accommodated children;
- Reviewing the adequacy and effectiveness of the arrangements, including advocacy support, in place for children in RCC who wish to complain about the services they receive;
- Monitoring the progress in meeting the target of a fully qualified complement of staff in RCC services, including identification of barriers to reaching this target and ways of overcoming them;
- Identifying the most effective ways - through research and inspection findings and drawing on Scottish and international experience - of ensuring children's welfare and safety in residential child care settings.

### **Recommendations relating to Former Residents**

A centre was required, based in an existing agency if appropriate, with a role which might include supporting former residents in accessing advocacy, mediation and counselling services; carrying out research into RCC including collection of oral histories; maintaining a resource centre with information about historical children's residential services; maintaining a database of children's residential establishments in Scotland; and maintaining an index of locations where children's residential services records are held.

### **Recommendations relating to records**

The Review pointed to an urgent need to act to preserve historical records, ensuring that former residents could access records and information about their location. Mr Shaw's recommendations included:

- The Government should commission a review of public records legislation to ensure it is appropriate to meet the records and information needs of Scotland, not least, the needs of former residents and researchers;
- The Government should invite NAS to establish a records working group, to address issues specific to children's historical residential services;
- Voluntary organisations, religious organisations and local authorities, working in partnership, should commission guidance to ensure such records are adequately catalogued to make them readily accessible; there were few examples of such being done.
- Records management practices should be evaluated regularly, particularly those associated with monitoring children's welfare and safety.

### **Listening and Learning – both in the present and from the past**

Mr Shaw concluded with a strong appeal to respect and value children:

Time and time again in the course of the Review I came upon people, stories and records highlighting the need for us all to recognise and to keep reminding ourselves that children are the most valuable yet the most vulnerable group in society. Our responsibility to respect them, to care for them, to protect them, to acknowledge and respond to their needs and rights can never be taken lightly, or patronisingly. Wherever child abuse occurs it is intolerable, a self indulgence in its ugliest form. Whenever it occurs where children are placed for safety, it is even more despicable. Those who experienced abuse in the past need to be heard, to know society supports them in speaking out, and that their experiences are recognised and addressed.

### **Establishing an appropriate culture: changes since 1995**

An apology is essential but is only the beginning of addressing wrongs. There can be no guarantee that abuse will never happen again – but we all have a responsibility to do everything in our power to prevent it.

Mr Shaw asked finally: what has changed in the years since 1995, the end of the Review period?

- Are we uniformly committed to establishing a culture in our organisations and institutions which places children's rights at the centre?
- Are we skilled in and committed to listening to children and committed to striving to build children's self-worth?
- Are we committed to appropriate training for all staff? Are we serious about self-review?
- What do we do with the information we record and file – do we use it to protect children in our care, improve practice, and promote respect and status for the work of RCC? Is it all too much paperwork?

- What are we doing to counter the risk of a culture of ‘whatever your say, say nothing’?

*In conclusion, you are the people with the power and authority to make a difference. All I can do is pose questions. But I am aware of the many who can answer these questions constructively and who hold the key to a better future.*

## Romy Langeland: The National Residential Child Care Initiative: Improving Scotland’s Residential Child Care

*The Scottish Institute for Residential Child Care (SIRCC) was established in 2000 with the aim of ensuring that residential child care staff throughout Scotland have access to the skills and knowledge they require to meet the needs of the children and young people in their care. SIRCC also acts as a catalyst to influence and improve the quality of care and outcomes for children and young people living in residential care. It is a partnership of the University of Strathclyde, Robert Gordon University, Langside College and Who Cares? Scotland.*

Romy Langeland told the audience about the National Residential Child Care Initiative, but first she traced the development of thinking and policy about the best settings for children who had to live away from home, and the major shifts from large establishments to family group homes and small units, emphasising the continuing links with home.

Today it was accepted and demonstrated by research that resilient young people needed a number of key elements, particularly parenting, attachment, a sense of identity, health and wellbeing and a positive educational experience.

Putting the child at the centre of practice meant that his or her needs were properly recognised through proper planning and through genuinely seeking the most appropriate placement- when is residential care the best choice?

The Initiative concerned itself both over standards and also over key areas for the child, quality of care, opportunities for the child’s voice to be heard, issues of health, education and their environment, policies and procedures, staffing, management and leadership.

Inspections against standards, evaluation and monitoring were taking place. The ethos and standards of “corporate parenting” were critical issues. Research was ongoing involving SIRCC and the Care Commission. The whole system needed to be open in terms of ensuring safety, and staff and children needed to know they were valued and would be listened to.

Under the National Residential Child Care Initiative, three working groups were set up, to examine:

- Needs and resources;
- Skill mix for the workforce;
- The commissioning framework.

There would be wide-ranging discussion with stakeholders, with a series of stakeholder events on “shaping the future of residential child care” taking place across Scotland in early 2009. Recommendations will then be made to the Scottish Government.

- Ms Langeland concluded by setting out some of the key principles involved in creating the right culture within RCC:
- Matching the placement to the needs of the young person;
- Ensuring young people are heard and supported;
- Achieving high status and morale;
- Achieving a skilled and competent workforce;
- Stability of placements;
- Using the best research to discover “what works”.

## Janine Rennie: In Care Survivors Service Scotland: In Care Futures

Janine Rennie, Manager of Open Secret and of the new In Care Survivors Service Scotland, first described the background to the service. A petition by in care survivors, and public apology by the then first Minister Jack McConnell was followed by Tom Shaw's appointment to lead the independent review on historical abuse, published in November 2007. This took place in the context of developments to establish the National Strategy for Adult Survivors of Childhood Sexual Abuse, launched in 2005. The National Reference Group included an In Care survivors sub group, which was very influential in the proposals for this service.

Janine told the conference that the new service will be a confidential one for in care survivors and their families. It will cover a range of abuses in care, not just sexual abuse, and include a national helpline, database, website and locally-based counselling and group support. It will offer advocacy including help with accessing records, and be a resource for professionals and a partnership for support organisations already working with survivor issues.

The telephone helpline will offer advice, information, counselling and signposting to local services. The website will include information on access to records, a regular newsletter and downloadable leaflets. New development workers will be recruited across Scotland and placed with local organisations wherever possible. They will deliver training and awareness raising. Enabling survivors to be seen in local settings like GP surgeries will also ensure confidentiality since no-one will know why a service user is attending a health centre.

Trained volunteers will support the development workers depending on demand in each area. A researcher will develop a database, develop the website content and devise leaflets and publications. Service users will be actively involved throughout-including monitoring, feedback and evaluation, and on the management committee. Evaluation will be important and a new evaluation tool will be devised, including both statistical information and "soft" outcomes such as improvements in mental wellbeing.

Janine described a range of outcomes which were hoped for in this pioneering new initiative. They included improvements in survivors' knowledge and information, especially about details of their past; improvements in qualities like health and self esteem, and practical issues like housing and benefits; a reduction in harmful coping strategies and suicidal feelings; and support with compensation claims where appropriate. Equally important would be better outcomes for future children in the care system, and the learning of lessons for children from the voices of survivors.

## Parallel Session: In Care Survivors Service

Co-ordinators: Janine Rennie, Manager Open Secret and In Care Survivors Service Scotland. Marnie Collins, Manager, Kingdom Abuse Survivors Project, Fife, and partner agency to ICSSS.

Janine and Marnie explained that this service covered not just residential care, but fostering and kinship care. Information will be held on record in order to identify future needs for survivors. Workers will travel to survivors if necessary via the outreach service. The contract is for three years, but the service will work with local authorities to ensure that it has a legacy beyond this.

There was a keen and lively discussion which revealed both the continuing feelings of anger many survivors have on issues about justice and records, and the anxieties of staff about working within the culture of their own organisations.

### ***Key questions from the floor were largely from survivors themselves:***

“What would happen if information was given that an abuser is still working within care settings?”

*We are obliged to divulge this if there are still risks to others.*

“Is there a cap on how many times people can use the service?”

*No, it will be based on individual needs.*

“Often people are in touch with services like advocacy and mental health. How do different areas of work come together to change their ways of working?”

*Through moving from a medical model to more of a social model. Development officers will be responsible for forging links.*

“A huge number of children are in foster care. In care settings have formal procedures and we need to apply what has been learned from residential care to foster care.”

*I agree. We are looking at both areas of social care. We are still dealing with young people who have experienced abuse in foster care.*

“A gaping hole for me in this is Justice. Tiny number of convictions for rape and less for in care abuse: these survivors need justice.”

*There is a subgroup on this, looking exactly at this, from the Cross Party Group .A&A is also a scheme which will help survivors get justice, though not criminal justice (NB it in no way excludes possibility of this however).*

“For example, Barnardos had records on me. We need to feed in how these issues are taken into the justice system and the subgroup.”

“Will funding issues restrict the local delivery of in care services?”

*We can be forceful, if local councils do squabble. We are good at campaigning”*

Survivors expressed much concern about records lost or thrown away, about unobtainable or falsified records. These still affected the lives of survivors, or the mothers of abused children who were seeking answers to what had happened.

*We need to document survivors’ records and help contribute to this work. We will be able to help obtain people’s records via our researcher. We are an organisation that will be able to open more doors for you.*

“As a social worker, there is a real blame culture where records are concerned. Information is precious, and there is such a profound lack of trust in some agencies, that I hope I wouldn’t lose my job if a tabloid got hold of any files that survivors have”

## Parallel Session: Residential Care Initiative: Shaping the Future

Co-ordinators: Steven Patterson, Acting Director of Scottish Initiative for Residential Child Care (SIRCC) and Kelly Bayes, Director of the Scottish Alliance for Children's Rights.

Steven reminded participants that the Government wishes to switch the emphasis of residential care to be the first and best placement of choice for appropriate children - not a last resort. Sixty per cent of admissions to residential care in Scotland are still made on an emergency basis.

He outlined the National Residential Childcare Initiative, the working groups, timescales to reporting to Ministers: inviting everyone to visit their website, and contribute to their consultation process. INCLUDEM is a member of the working group on secure accommodation. Their website is at [www.sircc.org.uk](http://www.sircc.org.uk)

Three written questions were submitted by Gary Westwater of INCLUDEM. Issues raised were:

1. The question of safe touch, in a climate where children and young people need to be nurtured, but where there is now a risk-averse culture.

*Much is made of the place of pro-social role modelling and relationship- building of children and young people, and clearly the whole question of touch and cuddling is to be addressed.*

2. The model of residential care in Scotland is extremely rigid and hedged around by procedures, policies and conditions of service – sleepovers, waking nights, shifts systems, holidays, CALM Training; it difficult to see how children and young people can make a meaningful relationship with staff, within such a rigid framework of being cared for in groups. Even INCLUDEM, who likes to think we pioneered a model of residential care, follows a fairly traditional model when it comes to conditions of service – we need innovative models.

3. The absolute necessity of getting Health Boards involved in the Initiative working parties.

## Parallel session: Research

Co-ordinators: Dr Thanos Karatzias, Lecturer in Mental Health, Napier University, Edinburgh. Moyra Hawthorn, Lecturer, the Scottish Institute of Residential Child Care

*This large workshop split into two groups and both reported back. Several issues raised in this workshop related particularly to those outlined by Romy Langeland.*

### **Group One**

Key concerns for research:

- General: There needs to be much more contact and exchange of ideas between researchers in universities, etc and practitioners on the ground. It is appalling that a university social work course does not have practitioners working with staff.
- Whistle blowing and its problems: why did it take so long for evidence to emerge on what had been happening in residential care, and why are workers frightened to speak out?
- It was equally difficult to get young people in care to speak out: how do we do this better and provide the right support and advocacy?
- Do we need to slow down the “instant investigation” process to involve the young people and overcome their fears, in order to persuade them to tell?
- What support do social workers and others who are receiving disclosures need, in order that they can help the young people, particularly good supervision which is “hugely ineffective” just now?
- What is impact of vicarious traumatising?
- How do we know what the best kind of support and help is for adult survivors of in care abuse?
- How can the status of residential childcare be improved-there have been many attempts but not a lot has changed and much stigma remains. Those who qualify for the new SSSC registration then tend to move into fieldwork and away from residential work.
- Issue of giving safe affection in residential units are still contentious - children need hugs but staff are anxious - apparently there is research going on in this area at the moment.

## **Group Two**

*Thanos fed back a number of issues for research which were raised in his group:*

- Training needs for working with children with learning disabilities.
- Promoting the oral histories of people who were in care.
- How people are supported when they take part in research, both as participants and researchers, on this sensitive and difficult topic.
- The prevention of child abuse.
- Advocates for children: can they do this satisfactorily and independently if they are in a dual role?
- The need for feedback to be provided for people who have participated in research, so they know what's happening and what affect it is having.

## Parallel session: Public Records Review

Co-ordinators: Bruno Longmore, Head of Government Records Branch, National Archives of Scotland. Dr Hugh Hagan, Senior Inspecting Officer, Government Records Branch, National Archives of Scotland.

Head of Government Records Branch, Mr Bruno Longmore explained to the group that Tom Shaw had recommended a review of the legislation around public records, given the shortcomings his report had exposed. This review involved commissioning an outside consultancy, setting up an advisory group, consulting widely and producing a report with recommendations to Scottish Ministers. They expected this early in 2009.

Bruno Longmore first outlined the primary legislation that covers public records:

- Public Records (Scotland) Act 1937 (set up to cover transfer of court records);
- Data Protection Act 1998 (covers personal information);
- FOISA, the Freedom of Information (Scotland) Act 2003 (covers information held by public bodies, but not personal information) of which Section 61 Code of Practice on Records Management is most relevant;
- The Local Government (Scotland) Act, 1984.

The S61 Code of Practice covers:

- Records management, in public bodies only (N.B. the Shaw Report recommends that bodies providing services paid for by the public purse should fall within the same legislation as public bodies themselves);
- The specifics of records management;
- It is not mandatory – this is currently under review.

Current laws:

- Give people rights to see information if records actually exist;
- FOISA underlines the importance of good records management;
- But there are limited obligations under FOISA.

Bruno saw the purpose of today as gaining views on a range of key issues - such as how important records were for survivors, what people's experience of using records has been, whether existing legislation is sufficient. He asked: how can we best meet the needs of future generations? What is most important, rights of access, reserving records or managing them well? Is it the culture and practice that needs changing?

Key questions:

- Is a new public records act needed?
- What else is needed?
- What exactly is a public record, anyway? (Raised by a participant but acknowledged as an important question).

Main points made in discussion:

- We need clarity about what records should be kept, how they should be managed, how (and for how long) they should be stored, and how they can be accessed;
- Organisations who hold records should be consistent and accurate, not only in providing information but in providing reasons for withholding it;
- Voluntary and private organisations providing residential care services for children and young people should have to comply with the same legislation as the public bodies that fund them;
- All agencies involved in multi-agency teams should have to keep records on their decisions and actions;
- Concentrating on provisions on issues of greatest importance to people who have been, or are currently, in residential care should be the priority;
- Organisations should give records management greater priority, with more guidance and training provided where needed;
- Lots of public sector organisations already have good records management systems and practices, which can be models for the residential care sector.

Some quotes from participants:

*“It should be a priority, where any child or young person has had their life taken out of their hands, to hold on to records they’re likely to want to see later on.”*

*“When I disclosed the abuse, I was forced into a court case - but then denied access to the records later on. This is not acceptable.”*

*“All the agencies involved in multi-agency decisions about whether a child should go into care should have to keep records.”*

## Survivor Voices: Chris Daly, Jim Kane and Helen Holland

In care and institutional abuse took many forms including sexual, physical, psychological, and neglect. Three survivors of in care and institutional abuse, Chris Daly, Jim Kane and Helen Holland, gave moving and honest presentations to the conference about some of their own childhood experiences, about their active involvement in campaigning to right past injustices, and to ensure that today's looked-after children would not suffer as they did.

Chris described how his own family's inability to care for their children led to their placement in care at a young age, the terrifying experiences they faced there, and the effects on his own mental health throughout adult life. An ardent campaigner for in care and historical abuse survivors in Scotland, Chris submitted a petition in 2002 to the Scottish Parliament's Petitions Committee, which led to a formal apology by the then First Minister, Jack McConnell, to all those adults who had suffered abuses in children's homes and other institutions for children. While Chris welcomed the progress made and the Scottish Government's commitment via SurvivorScotland he believed that they and the Scottish legal system had still to do a good deal more to achieve justice for "yesterday's abused children".

Jim spoke with emotion about the pain of his childhood experiences, but also about an inspiring campaign to acknowledge the identities and the human dignity of past children from care, who are often forgotten and unnamed. Jim had discovered that while there was a monument to staff and clergy at one former orphanage, there was little reference to children who had died there over a period of many years, who remained unnamed. He described the research, the support and the campaign to erect a simple memorial to all these children, presenting to the audience an example which might give others encouragement to find ways of commemorating children from care in a wide range of settings.

Helen suffered severe abuses in residential care which have had a profound effect in her adult life. The kinds of experiences she underwent might understandably cause a lasting bitterness, but Helen gave a particularly inspiring presentation to the conference about the need to combine meaningful change and genuine regret with reconciliation. She described how meeting that day with a representative from the organisation in whose care she was placed as a child, had been a most powerful and important experience for Helen. It pointed the way, for her, to a genuine collaboration in acknowledging the past and ensuring safety for vulnerable children and accountability of care in the future

## Jean Maclellan: SurvivorScotland - Progress and Potential

Jean Maclellan outlined the basic aims of the National Strategy for Survivors of Childhood Sexual Abuse, which was launched in late 2005 and is a pioneering Strategy of its kind within the UK. There were improved services and an enhanced quality of life for adult survivors, a greater priority for the issues involved, and improved joint working among a range of departments and agencies which worked with adult survivors.

The team have worked on a number of priorities:

- The SurvivorScotland website, [www.survivorscotland.org.uk](http://www.survivorscotland.org.uk) provides a wide range of information for survivors, their families, and people working professionally in this field. This includes information about abuse, news and events, support agencies, research, and survivors' own stories.
- Two data collection pilot projects, in Aberdeen and Fife, have been examining sensitive ways in which organisations with many survivors among their client groups can sensitively inquire about an abuse history and thus collect information about their needs for services.
- The Service Development Fund has allocated two year funding to 25 agencies and projects working in a range of innovative ways with adult survivors in Scotland. More than 100 applications were received from organisations working in this field right across Scotland.
- Support for early identification of and intervention with, people, especially young people, at risk of sex offending or demonstrating sexually inappropriate behaviours. Funding has been awarded to the Stop it Now! Organisation in Scotland. This reflects the fact that under the National Strategy the Scottish government has a duty to fulfil recommendation 26 of the report "Reducing the risk: improving the response to sex offending" (Lady Cosgrove).
- A public awareness raising and communications campaign to highlight childhood sexual abuse and its long term consequences, to dispel misunderstandings and myths on the issue that continue to prevail across health and social care, as well as society in general.
- The work of the In Care sub group and its contribution to the new initiatives for in care survivors.

Jean went on to outline the progress of the Acknowledgment and Accountability Forum initiative, and the consultations taking place.

Consultations on this Forum had been launched with Cross-Ministerial support, endorsed and developed by the National Strategy's National Reference Group. Issued in October 2008, the consultation and wide-ranging discussion concludes on January 16<sup>th</sup> 2009. It has had throughout a strong survivor focus, although

others such as their families, staff and other professionals are also being consulted.

Jean told the conference that the most important part of whatever forum might be decided was, for survivors, a chance to be heard and acknowledged by Scottish society; and a chance to reduce the likelihood of others suffering in future. For institutions that had been involved in residential care, it was an opportunity to move on; and a chance to embed a Rights approach into their culture and behaviour.

She described a range of features which a Forum might have.

- It could be an historical record;
- It could give recognition and acceptance to levels of accountability- from the abuser through to institutions and the wider society.
- It could provide acknowledgment and apology;
- It could be a public recognition of survivors' experiences:
- It could give access to short, medium and long-term therapeutic support as necessary;
- It could give access to training and education, to compensate for lost opportunities.

## Acknowledgement and Accountability Forum: Results from Parallel Sessions and Key Points

It was widely agreed by the attendees at this seminar that the Forum itself should indeed take place, and should be welcomed. Rather it was the details and the remit which needed considerable discussion. Below are examples of three workshops which fed back detailed responses.

### **Session A**

*Q: What could be done to encourage institutions to take part?*

- Institutions need to be allowed to move forward: e.g. not hamstrung by insurance companies disallowing an apology.
- Legal issues need addressing to enable agencies to participate.
- They could possibly offer another form or recompense, as opposed to compensation.
- Those agencies who do engage will lead the way in encouraging others to participate. It is ethical: a journey, and a process.
- Those who do engage could bring the reluctant institutions on board, act as a conduit.
- Give them the public message that this is to regain confidence in those institutions.
- There is a culture shift towards naming and shaming. We could use this to praise organisations who engage, instead.

*Q: What specific actions could a forum take to publicly acknowledge child abuse?*

- Make a record of what took place – a formal record, becoming a national archive of oral testimonies. It is part of Scotland's social history. This needs to be open and available. An opportunity to get a balanced view on all aspects of care. It would have long term benefits, and be a "caring" achievement which was empowering for survivors.

*Q: Where could it be managed to allow sufficient independence of government?*

- It has indeed to be totally independent of government.
- We need clarity on how it will function before this decision can be taken. It's uncharted territory, a new model for Scotland.
- A committee of stakeholders could manage it, including the public, survivors, government, agencies and healthcare professionals.

- Could be a public figure like the Children’s Commissioner

## Session B (1)

Q: What are the main outcomes survivors should expect from a forum?

- Listening with a view to ensuring it will never happen again, or at least that these things will be reduced - to prevent it happening to others.
- That after the listening process, the information is fed to the right quarters and acted upon.
- Outcomes which prevent people from looking the other way in future and penalise them if they do: increased accountability and whistle blowing protection. More proactiveness in encouraging whistle blowing.
- Children’s Rights Officers are currently involved “from outside”, not involved in building relationships with the children; there needs to be independent advocates based on the inside, with whom the children build up trust.
- We should first and foremost ask survivors what *they* expect from a forum.
- A forum should do what it says on the tin!

Q: Where could a forum be managed to allow sufficient independence of government?

- Again, we need to get the views of survivors directly: they may disagree among themselves, but we can only consult widely.
- It’s more about the components than about an individual agency or person being in charge - it’s about having management skills, legal and medical skills, and neutrality that gives it credibility and trust with survivors.
- On the other hand an agency set up by Government (say at arms length) does demonstrate their commitment: you could argue “how could we establish trust of Government if they *don’t* set up things like this?”
- Whoever runs it, the crucial thing is a process of continuing review - it’s coming back again regularly to see if it’s reaching the required standard.

## Session B (2)

Q. What specific actions could a forum take to publicly acknowledge child abuse?

This group contained more survivors of institutional abuse, and the feedback focussed largely on the issue of the time bar and its injustices, about which survivors

felt extremely strongly. On further discussion about how they could integrate that discussion specifically into the discussion of an A&A Forum, which would not have actual powers on the time bar issue, they agreed the point.

It would be important that on issues over which the Forum did not have jurisdiction, but which were of deep concern to survivors of institutional abuse, there should be an information service, and survivors should be “signposted” accurately to services and campaigns which were most relevant for them.

### **Session C**

Key aspects which must be included in the process are:

- Survivor led with any developing structures aimed at their needs.
- An acknowledgement of, apology for and lessons learned must be key outcomes of any process.
- This A&A process viewed as a positive supplement to court system.
- Support will be required for survivors, staff and management participating.
- Outcomes for survivors in terms of access to health, education etc will need to be mapped and costed.

Concerns:

- How do we deal with lack of acceptance by institutions – are there legal and insurance implications for them that have to be addressed?
- What is the responsibility element of local authorities who commissioned services from institutions in the voluntary sector, and how do we pass on lessons learned to them?
- Alternative title needed as still not comfortable with Acknowledgment and Accountability.
- False allegations issue and how to deal with it – caution against another silencing of survivors.

Areas for further exploration:

- How do outcomes from A&A relate to regulatory bodies such as Care Commission, SSSC and how would we enforce good practice?
- Balance between individual and organisational responsibility needs to be identified.
- How do we transfer the outcomes to wider society level responsibility?

## Summary of Key Points from Acknowledgement and Accountability Sessions

Jean Maclellan reported back to the whole audience following her request to the workshop participants that they identify key points from the sessions.

*These were the points submitted:*

- We must ensure that future staff has better support for whistle blowing.
- Children in care need independent advocates with whom they can build up trust.
- Survivors approaching the Forum will have strong feelings about issues, such as the time bar, which it may not be able to address directly. Therefore an information service or officer should also be part of the Forum, to give more background information on such issues and to signpost people to the most appropriate agencies.
- We need to have a much wider and specific engagement with survivors, to establish what they want from a Forum. Is a confidential or anonymous phone line appropriate?
- We should use other international examples of best practice in T&R, A&A forums.
- The Forum needs to provide information for survivors and the organisations, which will create a safe “holding” environment.
- Could there be more localised forums led by survivors, and not necessarily held in public?
- Organisations will be duty bound to prevent the children of today from suffering - this must be in addition to acknowledging what happened in the past.
- The needs of survivors’ families need to be borne in mind.

Some problematic issues raised by groups, which will need resolving, included the prevention by insurers of apologies and acknowledgments - yet this is all that many survivors want; and the time bar remains a major obstacle to survivors being heard - it affects their confidence and self esteem and draws out their suffering

## Conclusions and vote of thanks by Tom Shaw

“I have been highly impressed by the tone of the seminar, by the respect and sensitivity shown amongst the participants, despite the pain felt by many of those present, by your responsiveness to the presentations and by the engagement evident in all the sessions.

There was no sense of this being a day for spectating, nor for defensiveness and distancing. Rather the evidence pointed to openness and a willingness to address the issues, contribute constructively and commit to making progress.

### **The key themes of the seminar have been:**

- Listening and learning
- Openness and responsibility
- Leading and managing
- Responding not reacting
- Changing the culture in residential childcare, to embrace children's rights

### **The key messages of the seminar have been:**

- The need to move forward
- The necessity for courage and to be honest
- The centrality of leading and managing with integrity
- The importance of addressing the gap (and consequent tension) between survivors' unmet needs and the timescale for service delivery to meet those needs
- Ensuring there is no 'false dawn' in progress in response to the findings of the Historic Abuse Systemic Review, either for survivors or children in RCC.

### **Key behaviours evident today and necessary to continuing progress:**

- Respecting (one another)
- Being inclusive
- Acknowledging (those who have been abused)
- Apologising (for abuse of whatever kind and for inaction)
- Improving (policy and the design and delivery of services)
- Providing (appropriately for the needs of those in residential childcare - both children and staff)
- Expecting (the best and settling for nothing less)
- Evaluating (a satisfactory finding should be a motivation for continuous improvement, not a basis for complacency)

## Thanks

Thanks are due to all who contributed to the seminar as speakers and facilitators, and in planning, organising and managing the programme and the arrangements for the day. I especially thank Chris, Jim and Helen for their courage and compassion in telling us about some of their experiences. I pay an especial tribute to Helen whose eloquence, humanity and graciousness were outstanding. She set an example for us all.

It is highly significant to have such a comprehensive range of participants in the seminar. Your presence indicates a high level of interest in making a difference for survivors and for children in Residential Child Care in the future. This augurs well for realising the benefits of the developments we have learnt about today.

There is a story often told in Ireland about the tourist who lost his way and asked a local for directions. "If I were you I wouldn't start from here" was the response. That, it seems to me, is precisely the opposite of the advice we need. Our responsibility is to start from where we are, however challenging the prospect, and to work together in finding our way. I look forward to hearing about and learning from your continuing progress. Thank you for letting me be part of your discussions."

## Appendix A: Conference Programme

**09.00-09.30** Registration and refreshments

**09.30-09.45** Ministerial address

**09.45-10.15** Keynote address

Tom Shaw – Independent Expert appointed by the Scottish Parliament to lead the review. Former Chief Inspector of Education and Training in Northern Ireland: **Findings of the Historic Abuse Systemic Review and Progress One Year On**

**10.15-10.45** Romy Langeland – Chair of the Scottish Institute of Residential Child Care and the National Residential Child Care Initiative: **Improving Scotland’s Residential Child Care: The National Residential Child Care Initiative**

**10.45-11.00** Refreshments

**11.00-11.30** Janine Rennie – Manager In Care Survivors Service Scotland, a partnership led by Open Secret: **In Care Futures**

**11.30-12.45** Parallel sessions

**Residential Care Strategy, Public Records Review, Research, In Care Survivors Service**

**12.45-13.45** Lunch

**13.45-14.00** Jean Maclellan – Head of Adult Care and Support Division, Scottish Government. **SurvivorScotland: Progress and Potential**

**14.00-14.30** **Survivor Voices**

**14.30-15.45** Parallel sessions: **Acknowledgement and Accountability Forum**

**15.45-16.00** Refreshments

**16.00-16.30** Future commitment and Close

## Appendix B: Evaluation and other comments

*Thanks for a great conference yesterday. We were particularly pleased with how our parallel session on records went.*

### **Representative from National Archives of Scotland**

*The conference was great on every level, what a gathering and really informative and inspiring.*

### **A mental health project worker and counsellor**

*Thank you for such a productive and very emotional at times seminar.*

### **Lecturer in mental health**

*A draining, humbling and inspiring conference – I honestly haven't been to an event like it before so without wanting to sound patronising, well done. I look forward to future developments*

### **A researcher**

*The seminar was fantastic - very exciting and well done for organising such a successful event. My staff fed back that the afternoon was very powerful.*

### **Manager, survivor agency**

*I really enjoyed the seminar, the success of which was an outcome of vision and excellent planning, and of sensitive understanding of the issues. It was great to see so many people constructively engaged in working together.*

### **Tom Shaw**

*Congratulations on all your hard work. Well done to you and the team at the Scottish Government. The great leap forward with the "In Care Survivors Service Scotland" is only just registering with me. You have a lot to be proud of.*

### **An In Care Survivor**

## Appendix C

### **The “post-it” Board**

Comments:

- The development of a similar tool to the “Scottish Recovery Indicator” could help change lives!
- We need more joined-up working and learning with mental health services, strategies and policies.
- We need to be more aware of language! A service user is not necessarily the same as a survivor, and really we are talking about people.
- Could SurvivorScotland develop a wee leaflet to give to survivors, to know there is hope?
- Data protection and access to records is a hot topic. You must involve the Information Commissioner’s Office (ICO) with HQ in England but office in Edinburgh.

## Appendix

### Glossary of Terms

A&A	Acknowledgement and Accountability
CALM	Crisis & Aggression Limitation & Management
CSA	Child Sexual Abuse
FOISA	Freedom of Information Scotland Act
ICO	Information Commissioner's Office
NAS	National Archives of Scotland
RCC	Residential Child Care
SIRCC	Scottish Institute of Residential Child Care
SSSC	Scottish Social Services Council
T&R	Truth and Reconciliation