

**RESIDENTIAL CHILD  
CARE IN ENGLAND,  
1948 – 1975:  
A HISTORY  
AND REPORT**

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## **Introduction**

In response to a request from the Commission to Inquire into Child Abuse (CICA) I set out below a brief history of residential child care in England during the period 1948 – 1975. This covers the time in Ireland with which, as I understand it, the current Inquiry is most greatly concerned. I have also attended to a number of associated matters as set out in the Table of Contents and addressed in the text.

The period in England under review herein represents an interesting and rather discrete phase in itself. It begins with the passage of the Children Act 1948, a major piece of post war legislation. It ends with what can be characterised as the unwinding in largest part of that general post war “consensus” that had put in place key elements of the Welfare State. While almost always under strain from the start this consensus reached its point of irretrievable and rapid political fragmentation by 1975.

During this time residential care was a central, if far from entirely uncomplicated and valued, part of State provision for children in England. Almost immediately after this period its importance, especially in terms of numbers, diminished dramatically in the face both of fostering and efforts to prevent many children being removed from their natural parents in the first place – due to a combination of not unrelated economic and professional/political reasons.

While the Report does not dwell upon this larger picture, it is important to note that the history of residential child care in England over this period – even in its human detail of day to day living – is never wholly disconnected from this broader canvas. Indeed it is often greatly influenced by it, if only in the sense that when the larger body politic “sneezed” (e.g. over economic issues or those relating to welfare and justice) residential child care it was that often caught the cold. [Please note – throughout the text when I say children/child I mean to include all those 0 – 18 unless stated otherwise]

## **I Brief History**

### **Things Known and Unknown**

1.1 Immediately, and not for the only time in this history, a paradox emerges. That is, in some ways there is a great deal of information available regarding this period, gathered contemporaneously or soon thereafter; yet at the same time very little is known (Clough, 1999). Remarkably one pair of reviewers in their survey of child care, including residential, in the 18 years between 1948 and 1966 “it is disappointing not more is known” as a result of all the research or indeed by any other ways (Dinnage and Pringle, 1967). Kahan points out that even basic information such as which children and how many lived away from home in residential care over this entire period offers an “incomplete” picture. Statistics were either not collected or collected in different formats and at different times, often by different Departments spanning Health, Education and Welfare right up until the early 1990s (Kahan, 1993). There are also gaps with regard to “throughput”. Certainly toward the end of this period there were 6 times as many admissions to residential care over a year as there were children resident on any one day. Despite longstanding belief to the contrary, nothing suggests that this “throughput” was hugely less in earlier years. In the mid to late 1950s 60% of children placed in residential care (and in some Homes 80%) were no longer there after 6 months (Dinnage and Pringle, o.c.).

1.2 Even less is known about the lived experiences of children in residential care across the period. Their own communications and observations were rarely sought directly, save via occasional anecdotes and a few surveys towards the end of the period. However, these were given retrospectively mainly by those already adult and quite long out of care. Otherwise except on extremely rare occasions children in residential care do not emerge as individuals, certainly not as individuals with their own views about their care, treatment, hopes, fears, or expectations. For those who had them there was little if any opportunity to voice them, or, when voiced, for those views to be heard. To those responsible or interested in residential care such a perspective simply did not appear as significant. It seems less that people didn't care and more that they didn't know – that the children themselves were not only a rich but an essential source of data regarding residential

care, particularly regarding the varying quality of the experience it offered and the impact it had upon those in the State's Care.

[Note: for the purposes of this Report I focus entirely on those in state Care placed residentially; I do not include another not small population placed by parents in private ("Public") boarding schools - another story entirely, however interesting.]

## **Research: Focus, Findings and Gaps**

1.3 Overall therefore in terms of both statistical data and the lived experiences of children no comprehensive picture is available on which to base a full and accurate history of residential child care. The evidence is "limited and partial" (Clough, o.c.). Nevertheless what we do know about some things is important in itself and for the inferences we can carefully draw from what was looked at and what was not looked at or considered sufficiently relevant during the time in question.

1.4 Thus, in terms of empirical studies on residential child care and education 26 were completed by 1975, representing most of the major published work (Bullock et al, 1993). For the most part the aim of the studies was either to inform some wider social or psychological theory (such as deprivation or delinquency) or to inquire into the residential institutions themselves – their organisational structures and systems for planning and providing care. Mainly these research inquiries sought to consider the consequences of care upon children's development and social adjustment when it was provided in highly institutionalised ways (Dinnage and Pringle, o.c.; see below) in order to reform or improve the organisation of institutions. To these ends researchers explored various aspects of residential care:

- Its history in the context of care services more widely
- Characteristics of "entrants"
- Reasons for admission and "routes of entry"
- Declared goals and institutional regimes, as well as what we would call now the enacted, as opposed to the declared, goals and regime style, cultures and ethos. (Bullock et al, o.c.)

A very few studies latterly addressed the effects of different regimes upon the same category of resident, most notably Cornish and Clarke in their evaluation of a controlled trial in a boys' Approved School. All boys deemed suitable for a "therapeutic regime" were allocated randomly either to an "orthodox" training regime or one of "therapeutic treatment" (Cornish and Clarke, 1975)

1.5 Within this wide ranging exploratory research framework certain aspects of residential care nevertheless received greater attention than others. Facilities for children with physical and mental disabilities and for the "seriously delinquent" in Approved Schools and Probation Hostels received copious coverage, whereas ordinary residential homes, even when in 1971 they sheltered over 31,000 children, were "virtually ignored". (Bullock et al, o.c.) So too were Special Boarding Schools, in which under an Educational rubric the "deprived" and the "delinquent" overlapped considerably in individual residents and often in the entire group. Neither the details of residents' experiences of services prior to entering residential care nor "outcome" evidence post placement is considered at all, apart from interest in reconviction rates amongst young offenders.

1.6 Whatever was studied, attention was concentrated on long stays, residential care for acute or brief placement being rarely noticed and never studied. "In short, before 1975 residential approaches tended to be viewed by researchers [and this author would add, anyone else concerned/responsible for children placed residentially] as isolated interventions, a perspective in tune with the treatment and client focus fashionable at the time" (Bullock et al. o.c.) – a not surprising perspective since from immediately after the war into the 1970s there was a firm belief in residential care as a treatment approach and a determination, or dream more accurately, that a universally effective regime to treat deprivation and delinquency could be found.

1.7 It was this belief that focussed the interest of researchers and most policy makers, which in turn decided what received attention and at what "Level of Resolution". Continuing this microscope analogy, most often the level of research and inquiry (not Inquiry) was pitched at too "low" a level, i.e. upon the more general effects of institutionalisation. A "higher" resolution might have brought into focus the actual personal experiences of individual children and groups as well as their impact on them. It would be too much to suggest that Children Homes in particular were assumed to be safe havens

across the period. It is, however, fair to say that they were regarded in the main as places that did no active harm. When harm of any kind did occur it was certainly not regarded as visited intentionally upon residents either by the system or by any individuals apart from an odd “bad apple”, who would be dealt with as such, if at all. Abuse, covered more directly and fully below, was neither a term nor a category that would have been used or even known. As a phenomenon it did not appear as a subject for concern or investigation, however much it might have been occurring as inquiring minds looked elsewhere in good faith and with the uncertain and incomplete knowledge they possessed then.

1.8 Before moving on, it is worth drawing attention to the fact that while abuse wasn't “on the screen” and the “dream” of effective treatment was, Professor Roy Parker, from his position on the Wagner Committee in 1988, clarifies helpfully where the attention of staff on a day to day basis was really focussed. That is, however interest was articulated, in fact “the desire to control or alter behaviour was the salient feature of most [residential] institutional provision” (Parker, 1988). He asserts that this is how children will often have experienced daily living while in residential care, however long or short. This dimension returns more fully below.

## **Residential Care: Facts and Figures**

1.9 Allowing for the caveats above about data, there remains information available and relevant to a history and to patterns, however shifting, that can be discerned and that will afford further realisations and reflections.

1.10 Children were accommodated in a constantly changing variety of settings:

- Children Homes, ranging from large establishments not uncommonly housing well over 100 residents even beyond the 1950s to smaller ones of 12, though rarely fewer
- Approved Schools - mainly for those convicted of offences, which arose out of Industrial Schools in 1933 before themselves being superseded by Community Homes with Education (CHEs) in 1970
- Observation and Assessment Centres
- Residential Special Schools for children with emotional and behavioural problems, mental handicap (now learning difficulty) and physical handicap (now disability)

In fact until 1979 nearly 2,000 children under 5 were still placed in residential nurseries despite longstanding recognition of the potentially serious harm this could pose to children's emotional and intellectual development. At least this was well down from 1956 when almost 5,000 were so placed.

1.11 There is diversity, and not infrequently confusion, due for example to the lack of fully agreed definitions of residential care (e.g. before 1971 those in Approved Schools, approximately 9,000 in 1966, were excluded from the "in care" figures) and to the fact that until 1970 the figures available related to England and Wales combined. Nevertheless it is still possible to identify numbers and trends across the period. Between 1948 and 1975 there are two distinct phases (Cliffe and Berridge, 1991). First, from 1948 to 1966 actual numbers in residential care fell from 32,000 to c. 24 – 27,000 (and 36,600 when those in approved Schools are classed "in care"). If not quite the 25% fall cited by some, the decline was still significant. In foster care over the same time numbers grew by nearly 30%, from 25,000 to c. 32,000, exceeding on the available figures for the first time the numbers in residential care by the mid 50s (Parker, 1990).

1.12 From 1966 to 1975 the trends become very different. Yes, discontinuities were introduced by changes in the statistical base – now only England, and the incorporation of those in Approved Schools (Cliffe and Berridge, o.c.). Yet, even after allowing for these changes, numbers in foster care fell slightly (c. 3,000, or 10%), while residential care experienced an underlying increase of 20%. At a time which also saw a 20% increase in the total number of children in care, residential care received a larger proportion than did fostering, allowing for all adjustments. This differential remained until the late 1970s when residential numbers plummeted and have remained low ever since.

1.13 On figures alone what can be said is that numbers in residential care were not small, however they were calculated, and remained high over the entire period, apart from a dip in the early 1960s. In fact when attention turns from static numbers (i.e. those in residential care on a particular day, the basis of government figures) to the "flow" (i.e. the numbers that moved in and out of residential care over an entire year) numbers in residential care are even higher and all the more significant in terms of the overall percentage of the population in State Care.

1.14 Regarding size of residential homes, the expressed desire was for children to live in homes of less than 12. In reality by 1954 only 1 in 10 residents lived in homes of that size. Even by 1975 less than 1 in 4 did so. Only by the early 1990s did the largest majority so live. In fact already in our period it had become something of a misnomer to call any Home a Children's Home. A gradual but steady shift had been happening – from a population that had been fairly evenly distributed across the age range 0 – 18 to one increasingly adolescent and predominantly male.

1.15 Remaining largely the same throughout the period and beyond was the pre care profile of the population. Of all those entering care the largest majority came from severely disadvantaged families and circumstances. Energy had been focussed on staying afloat but ultimately failing. Not for nothing were these children characterised by one study as “Born to Fail” (Wedge and Prosser, 1973) in school and in life. Dinnage and Pringle cite a study of the grounds for admission to care:

- No one else to care
- One or both parents deserted
- Child “maladjustment”
- Parental neglect
- Mother unable to provide a home

1.16 The bias towards children of lower social and economic class families is clear. Wealthier parents largely purchased residential care via private boarding schools or nannies at home. The issue of the value or otherwise of public provided residential care was prominent from the start and continued throughout this period. Without pre – emptying later considerations of value, it's not hard to see which “option” would be regarded (and hence suffer to some degree) as “inferior” despite not small bits of purchased residential care being of decidedly patchy quality.

## **Reflections**

1.17 Until now what has been offered as statistical data and information will say or represent much, little or nothing, depending not so much on one's point of view as on the purpose for which such numbers and population profiles are presented. It is certainly a picture incomplete, mixed, ambiguous and yet dynamic (in terms of change and the movement of children in and out of care). Moreover, despite continuing belief and sentiment that

envisaged residential care becoming ever smaller and less important within the overall provision of State Care, it remained always of at least equal importance with fostering. Perhaps most indisputably apparent was the reality that no one government Department was or felt responsible for collecting and analysing annual returns and data, or for the children themselves in residential settings. Nor does there appear to have been a widespread recognition of the importance of establishing a unified returns system with any sense of urgency. This raises the question of how important were these children, and residential care itself, to government and to society.

1.18 To continue simply looking at facts and figures divorced from their wider context will not address this question, just as plunging a collection tube into a river in three places will do little to give a genuine picture of that river's depth, breadth, flow, character and life along its entire course. That requires more, just as any history of residential child care requires more than facts and figures. It needs its story, or stories, of context, themes, metaphors – told in a way that will offer something other than a tale smoothed of its diversity and confusion by broad generalisations. It needs stories that seek not to establish a single Truth but to represent a truthful effort to make sense of the period in its own right first and then as a guide for a future for residential care different from one that merely will reproduce its chequered past. This history must encompass the “his – stories” and “her – stories” of those that lived in residential care. That is what I shall proceed to do.

### **Wider Context and Influences**

1.19 In England before World War II the conditions and circumstances of residential care can be put very simply. Apart from very occasional exceptions, whether in Children's Homes – to which children were sent via the welfare route – or in Approved Schools – at which children arrived via the justice route of a Court Order, having committed a crime, residential care was an unrelenting daily experience of dull, drab, regimented and miserable routine. Punishments for bedwetting or even slight transgressions of a myriad of rigid rules were common, as was “brutish insensitivity” (Parker, 1990). Sustained cruelty was far from uncommon. While legislation earlier in the century had sought to mitigate its most damaging impact on children, the Poor Law continued to loom large over the residential scene and penetrate almost all its aspects, from entry through residence to discharge and beyond, serving in effect as a stark message of deterrence to society at

large. Efforts to change further this oppressive mentality and reality had little effect.

1.20 It is no exaggeration to state therefore that the arrival of war and its massive impact on the entire English people opened up first the opportunity and then the imperative for fundamental changes in attitudes to the care of children in general and the provision of residential care in particular. The war brought the nation together in a way never before experienced. People felt a nation united and many encountered directly for the very first time through the bombing of the cities and the mobilisation for total war the enduring and immense poverty suffered by no small part of the population now working and fighting side by side with those more fortunate and comfortable. This experience did much to truly democratise citizenship beyond the state of “passive subject” and to lay the foundations of a Welfare State which would seek in the aftermath of war to protect, ameliorate and enhance the lives of all equally and as of right and entitlement.

1.21 Yet for those in residential care in this post war era right up to 1975, even more decisive for change than the emerging welfare sentiment was the experience of the national wartime evacuation programme. To demonstrate this I quote at length from Christopher Reeves:

It needed a war for a national evacuation programme to happen. This isn't quite as trite a remark as it sounds. What I mean is that it is quite conceivable for the British Government in mid 1939, faced with the imminent prospect of war and large-scale aerial bombing, to have nevertheless decided against carrying out a mass evacuation programme. It could easily have concluded that on balance it was not feasible or ultimately worthwhile to set about organising such an unprecedented large-scale transport of children, with all the administrative detail required to ensure the programme worked and could be sustained, that adequate social work and psychological supports were provided for the host families, and the necessary back-up given to bereft parents at home. What is quite

inconceivable is that without such a huge crisis, any British Government in 1939 or before would even have begun to consider how to meet the social and psychological needs of (to borrow the current term) 'looked after children'. Which is of course, what the evacuee children became.

Nowadays, we take for granted that the Government of the day has a duty towards young children who cannot or aren't properly looked after by their own parents. Indeed, that the Government does, and must have a responsibility for ensuring that objective, as well as having a vital say in how parents look after their charges and exercise their parental responsibilities when they are not being looked after by others. However, in 1939 before the evacuation began, no such presumption on the part of Government existed... Child care, if it existed, was private and independent of the State in its origins, outlook, organisation. The State simply had no role in their running save in terms of general regulation.

What the evacuation programme unwittingly achieved was to confront the British Government for the first time with its 'duty of care' (to use another current term) to the country's young in the matter of their psychological and developmental well-being. It was as if the 1939 British Government through the evacuation programme became like a foster couple or billet family on a national scale; suddenly discovering the unsuspected dimensions of the task it had taken on...

Nevertheless, as novel problems began to present themselves, however unwelcomely, to the Government, solutions, some of them unexpected, began to emerge. The overriding presumption was that, as evacuee children 'belonged' to families, substitute families were what needed to be found and provided. And this indeed, for the most part, proved the ideal solution. However, a recognition also grew among the providers and organisers of evacuation billets that certain

children, among them the most disturbed, actually seemed to benefit when placed in slightly larger residential establishments, as long as the persons running such establishments, usually called wardens, possessed the capacity and stamina to deal with the emotional and management problems that might arise, and that ready access was available to outside professional support...

However, all this enterprise might have come to nothing at the end of the war, were it not for another sad, but in the end, fortuitous event. During the war, a child called Denis O'Neill was removed from his home because of abuse and neglect suffered at the hands of his parents. Placed with a foster family, he died of comparable neglect in 1945. There was a popular outcry once this event became widely known. It wasn't just the distressing individual details of the case: with so many parents up and down the land having their children looked after away from home, the neglect of this child seemed to focus the anxieties, not to say, the paranoia, of a nation. (Reeves, 2001)

1.22 In fact even before war's end and the tragic untimely death of Denis O'Neil a national outcry over the appalling conditions found in most residential settings had been underway (Holman, 1998). In response to all this concern the government established a Committee of Inquiry chaired by Dame Myra Curtis to examine in relation to children "deprived of a normal home life" –

- The extent of the gaps and failures in the provision nationwide
- What had gone wrong in the system of care and supervision and
- What must be done – in the new climate of social corporatism – to ensure that never again should the care of children be fragmented, lacking in any coherence and subject solely to the haphazard arrangements of voluntary bodies (the overwhelming majority religious in origin) in which the government played no part. A long prevailing harshness was giving way to a recognition of children in State Care needing not only reliable hygienic care but sensitive, sympathetic treatment as well.

1.23 When visiting residential settings what the Curtis Committee found was largely what had been known already, although this did not greatly ease the “shocking” nature of the chronic lack of care, “cruel mistreatment” and rigid regimes they often encountered. Seeing far more indifference and neglect than overt cruelty, and declaring that a large percentage of children were reared adequately by the austere standards of the day, the Committee chose to reassure a concerned public that conditions were not so bad as to be irretrievable. They therefore focussed their recommendations on things that could improve.

1.24 They proposed that:

- One Government Department held central responsibility for “deprived children” (this being the Home Office until 1971)
- In each Local Authority there be one Children’s Committee for all deprived children
- Children’s Officers be appointed to oversee and ensure reception into care and subsequent care
- Boarding Out, i.e. fostering, be the desired option for most children “as the nearest approximation to family life”
- For those for whom fostering was not possible - due in their view mainly to the temporary scarcity of foster carers – residential care would be necessary “for the time being”; but the size of the large and highly disfavoured Children Homes were to be greatly reduced. New Family Group Homes would have no more than 12 residents being cared for by a couple with support, again as the closest possible approximation of family life. (Holman, o.c.)

1.25 An enormous climate of belief and hope held sway that these changes would make a difference. They were duly enshrined in the Children Act 1948 and then implemented nationwide. By any standards these changes represented a major turning point, “a dramatic transformation” even, that offered a solid legal basis for the delivery of high quality residential care (Frost et al, 1999)

1.26 Nevertheless right from the beginning it was clear that residential care was (and hence remained) the least preferred option in this new era. However much improved it was to be, it was effectively regarded as what we might call now “the default option”: if not at home with natural family or

placed with a substitute one, then residential it must be as there is nothing else. This position, however dressed up, played a major part in the movement between 1948 and 1975 from predominantly belief and hope for a transformed residential care through slowly growing doubts to explicit disapproval, not least because contrary to Curtis' expectations that residential care would shrink until it disappeared naturally it stubbornly refused to do so.

1.27 For some children "received or taken into care" across this period their experience was far better than it would have been in earlier decades, and good enough to see them into an independent and functioning adult life. We simply cannot and will never be able to state with any conviction for how many or what percentage this was the case. On balance, while much provision remained "rough and ready" as life often was in society at large, a considered estimate from the information available suggests that for up to 60% this experience was good enough or better by the prevailing standards of the day (Berry, 1975; Triseliotis, 1973; Kahan, 1994).

1.28 Of course that leaves 40% with an experience of residential care ranging from inadequate to actively damaging, a substantial proportion by any criteria. For many of these for most of the time (and in fact for those in good enough/better care for some of the time) pain and unhappiness was "chronic". And that experience went largely unheard and unnoticed, at least consciously, by residential staff or Child Care Officers (later social workers). Even when it was recognised on occasion it was rarely understood as the expression of the child's entire care experience. Instead it was regarded as a passing problem of the moment.

1.29 Curtis' hoped for personalised, individualised care rarely emerged. What remained too often was "care" so highly regimented that most naturalness, informality and spontaneity (all features of genuine good care) was entirely absent or confusingly episodic. This left for many an impersonal warehousing or worse (see below). The Large Homes clung on with particularly resistant attitudes to change despite the post war assault on their "Mouldering Bastions" (Packman, o.c.). Those who entered them early and stayed long were highly susceptible to the consequences of such "treatment". In these cases being "taken into care" was a contradiction if not a downright lie. Reviewing this period Parker declares "the predominant picture [was of] establishments that failed to meet the physical, social and

psychological needs of their residents. The best estimate was that institutional care would be a wretched, sad experience” (in Wolmar, 2000).

1.30 A study of leisure time in (small) children’s homes undertaken in the early 1970s demonstrated starkly that there were few toys or resources available and even less of a recognition by staff of a need to engage playfully with their charges and offer activities. Present then were inactivity and emotional flatness; apparently not even active misbehaviour occurred very often to fill the void, especially as most residential units had few if any contacts with the wider social world, even when the much anticipated Family Group Homes were located in the midst of neighbourhoods (Brown and Solomon, 1974). While Approved Schools were somewhat different in this respect (see Education below) overall the picture of “ineffective and unwholesome regimes” (Milham et al, 1980) held true there too. Instead of effectively diverting residents from re-offending after discharge these schools had become “expensive antechambers to the penal system” with re-offending rates commonly as high as 76% (Milham et al, 1978).

1.31 Prosser (1980) commented that by 1966 far too little had changed in the nature of residential care in the years since the 1948 Act. She acknowledged the findings by Wolkind and Rutter (1973) that the pre care experiences more than the residential in care experiences influenced the care and subsequent lives of many, while highlighting at the same time other research which contradicted this finding (Yule and Raines, 1972). Looking at residential care in its own right, she concludes that for far too many care did little or nothing to mitigate or compensate for those earlier experiences and much to compound them. Dinnage and Pringle cite three real and damaging aspects of this kind of care:

- Continuity and consistency of care was poor. Staff changed rapidly, in numbers and in mood; recognition of residents’ earlier lives was grossly limited – birthday cards and letters were often not given, the day itself easily forgotten. Contact with family could be patchy or absent.
- Children’s knowledge of their backgrounds and prospects were equally ignored. Records were inadequate or absent; residents histories, life stories were muted, discarded. Residential care was a Limbo between two entirely disconnected parts of their lives – before and after care – in which most links were actively broken or casually left to wither away.

- Coordination/cooperation between agencies was poor to nonexistent. Child Care officers on whom so much hopeful expectation had been placed lost sight of the children as they became bogged down in routine and bureaucratic tasks (with a few notable exceptions as always).

1.32 Altogether children in residential care were vulnerable to a highly restrictive and impoverished substitute environment and to the risk of a damaged sense of personal identity. For those with no coherent picture of “who I am and who I belong to”, it was not simply an absence of things that so affected them; it was their experience of a powerful presence that most put them at risk – the presence of that gaping, bleak emptiness of a far from neutral absence that stood at the centre of their daily living or that lingered darkly on the horizon on those occasions when a brief good experience might have come their way. Of course we know sufficiently now that what goes before and comes after one’s experience in residential care counts greatly towards any outcome. But so does the care experience itself. Some had already realised this then, but even by bringing it to people’s attention little was changed in relation to the frequency, intensity and duration of these negative experiences, however much it was a minority ( and a substantial one) being described at these extremes.

1.33 This reality of residential care was very different from what had been intended and sought by many with energy, passion and commitment. Joan Cooper remembered herself and other Child Care Officers in the early 50s thus, “we had a mission to rescue, relieve and restore the deprived child who hitherto had been merely batch processed” (Packman, o.c.). If batch processing had been broken, what remained throughout may not have been a “minefield” as claimed by one commentator. Even if discounting this dramatic term, what existed was neither the dream nor Cooper’s mission realised. At best it was a picture and provision mixed and not infrequently “messed” as in confused and confusing for everyone involved. This was especially so with regard to issues of care and control. Knowing very little about the actual population in residence, the assumed model for residential care pre 1975 was that of a soft, caring, nurturing, feminine even, environment – hence heavily populated by young, female staff who could offer warm, loving relationships and help to bloom and grow (Berry, 1975). This “rescue model” quickly met the ever growing reality of very troubled and increasingly older children whose behaviour was regularly anything but warmly appreciative in return, given their circumstances past and present.

1.34 Almost immediately this drew a controlling reaction from individual and ill prepared staff and much of the entire system. The dynamic interaction between an altruistic, benign care and a moral, political control – forever an issue in any form of care, but especially residential – took powerful hold with predictable consequences. The intention to use residential care as an opportunity to enrich and enhance the lives of residents in the long term yielded rapidly to short term, arbitrary actions to enforce behavioural control, the enduring feature and predicament of English welfare services. Nurture in largest part deferred to punishment and deterrence wherever there was residential provision.

1.35 Towards 1975 brief interest was shown in identifying the effects of different regimes, traditional and therapeutic, in Approved Schools especially. Cornish and Clarke (1975) determined that regime made no difference, but they only decided on the basis of post discharge reconviction rates which were similar whatever the regime. Yet as Milham et al (1978) pointed out they neither looked at external circumstances post discharge nor scrutinised the detail of behaviours and cultures in the respective regimes themselves. Milham did look at the latter and identified several aspects of the therapeutic regime that made a positive difference during residency. This wasn't enough; further experimentation ceased.

1.36 Paradoxically in Approved Schools, despite internal preoccupations with control and public alarm about rising juvenile delinquency from the mid 50s to the mid 60s, a sudden and dramatic change was about to take place, however briefly. Through the 1960s concern and disaffection with these schools had been growing slowly, over matters of cost and effectiveness mainly but not exclusively. More widely in society the emphasis on the individual and individual expression came more to the fore, supplanting notions of regimentation and uncomplaining compliance. By the late 60s there was an “irresistible tide” against a punitive led justice model and a belief (not for the first time in history) that a child was delinquent as a consequence of pre existing deprivation. To treat the delinquency, treat its source in deprivation (Hyland, 1993).

1.37 Events at Court Leas Approved School in 1967 provided the public and policy tipping point. A staff member leaked details of a highly punitive regime to the press. A government Inquiry found the complaint proven and

closed it. Very quickly it was determined that all other Approved Schools would be transformed into Community Homes with Education (CHEs) and overseen by Local Authorities. Residents would be “in care” and no longer “in training”. The 1969 Children and Young People Act set out these changes, which happened in 1970. Immediately after this “highpoint in the desegregation of the deprived and delinquent” (Hyland, *ibid.*) a change of government from Labour to Conservative retreated on several key clauses of the Act. This left new CHes betwixt and between two states with no firm guidance from any direction and much antipathy from many still immersed in the Approved School traditions. By 1975 CHEs were already closing and continued to do so steadily thereafter in the face of a range of more punitive alternatives that have been tried by all successive governments.

## **Metaphors**

1.38 When reflecting upon what has been presented until now, two major metaphors come to mind: “Last Resort” and “Poor Relations”. Exploring these briefly may assist in understanding how reality came to differ so greatly from genuine and loudly proclaimed aspiration.

1.39 *Last Resort* – From 1948 the fact is, “new era” notwithstanding, government and society saw residential care as not simply a temporary “default” provision but even more and evermore a “faulty” Last Resort. Certainly it was no Butlin’s like “resort” that anyone would have wanted for themselves or their loved ones. As such from day one it suffered from a chronic tendency to be overlooked, given low priority or almost no attention at all (and denied sufficient, “costly” resources). In the main the value it was accorded was “negative value” (Dinnage and Pringle, *o.c.*) in contrast to the high positive valuation of family care through both fostering and in reaction to the profile of the population admitted to residential care (see above). Therefore, only when no other option was available would children be placed there – with barely any effort to match child and needs with a setting. Children were primarily just fitted in to whatever and wherever was available, a real “warehousing” (Kahan, 1993) Thereafter children were often forgotten, lost in the last resort unless or until they became a problem, usually behavioural.

1.40 *Poor Relations* – Packman had used this phrase to represent the unequal and unhappy relationship between residential workers and Child Care Officers (i.e. field social workers, post 1970) over this period - “there were

poor relations between the two groups”. Immediately striking was its relevance as a term to describe the fundamental position and predicament of the whole of residential care, its residents and its residential workers together in relation to society, to other non residential forms of care and to those professionals responsible in law for the child. Often in ordinary life just as much as in films large extended families rarely feel able entirely to cut off and ignore or deny those they may regard as their “poor relations” for whatever mix of family, social and economic reasons. The desire and effort, however, is directed in more or less conscious ways towards minimising any contact in terms of frequency and duration. During any times of contact that could not be avoided there is an undercurrent of unease or worse never far below the surface of cordial, “relaxed” association. The relief, therefore, is palpable when these “poor relations” finally depart, the sooner the better. They then can drop quickly out of mind for as long as possible until they next cannot be avoided. Until then, however, they are rendered out of existence, invisible to sight or memory, mute to the ear and conscience – dismembered and discarded from the mind, not remembered.

1.41 In the family of the English nation consider then those in residential care, there with little choice, as these poor relations, and the professionals and society as the extended family. We can readily recognise the consequences and impact that was too often created, however “unintentionally”. Rendered invisible, silent and out of the public mind in many cases, they were left hopelessly trapped in a bleak, depressing “grey hinterland”. Even when geographically sometimes in the midst of local neighbourhoods, residents were nevertheless disconnected from others and from themselves, any sense of “belonging” draining steadily from them or at times haemorrhaging. They were left barely “being” in any bright, warm hopeful sense, and more likely “longing” or pining for live connections with others in an interested caring world. These poor relations suffered from an acute form of “relative isolation” in all levels of their lives.

1.42 Too dramatic, too persistently bleak a metaphor? Perhaps; but we all live and confer meaning on our lives by metaphors and by actually belonging or seeking belonging, unless we are powerfully prevented. Not being seen, not being heard, not being recognised – these don’t just drain one of life. They may well fit the person up for more active misuse – to be consumed and then disposed. And save in notable exceptions “Poor Relations” rather accurately captures a significant part of the experiences of those that were in residential care then.

## **II Abuse**

### **Existence, Nature, Extent**

2.1 There are two key points to keep in mind here. First, “abuse” as a word and a term with the particular significance it has for us today was not recognised or used at any time in this period. “Cruelty”, “mistreatment” or even “malpractice” were used, but not as often as “harsh discipline” early on, although Curtis and others were more concerned with disheartening levels of neglect. Prior to the mid 1980s there was little professional or adult sensitisation either to the word or to the possibility of abuse (Corby et al, 2001). Care must be taken therefore as to how the term is used retrospectively, and especially as more recently constructed.

2.2 Thus the second point: namely, it is essential to avoid the trap and potential excesses of judging this period, now past, by today’s standards, although this doesn’t prevent looking for lessons about matters that arise continually anew across all periods. The task is more to name than to blame from afar. Of course beyond a certain point actions and regimes were dangerous and wrong, and adults over that time did encounter and sometimes record “shocking” individual incidents of both a physical and sexual nature or called them such when they later came to light, usually by chance. Otherwise attitudes to control and punishment particularly, as well as prevailing experiences, practices and conditions were very different across the 50s, 60s and 70s, compared to today. Little effort was made to monitor for what we call standards.

2.3 These two factors alone make it difficult, even impossible, to state with any authority how much abuse went on. And unlike in some countries, like Ireland, where voices claiming large scale and longstanding abuse are loud and plentiful, in England there are some individual declarations today, but in largest part there is silence. Now that doesn’t mean that there was no, little or much abuse; it means we don’t know the scale and will likely never do with anything approximating precision. Certainly from today some see abuse as having been endemic (Wolmar, o.c.), the system hopelessly and painfully riddled with all its forms. Others, like Webster (2005) contend such estimates are hugely overstated. In fact when one gets down to considered estimates, two “antagonists” like Wolmar and Webster would actually not

disagree too much with the estimate that between 2 to 3% of those in residential care across the period were abused in the sense understood today.

2.4 The difference is one of perception about the significance of such numbers. These percentages represent harm that is unacceptable at any figure; but it is very different from any contention that abuse was either pervasive or almost nonexistent. As Wolmar points out himself, many thousands went through residential care unscathed by physical or sexual abuse. Nevertheless for some the old saying “no smoke without fire” remains enticing and sometimes true. Yet it is worth remembering that there isn’t a lot that can be genuinely called smoke for these purposes. There’s more a Cloud of Unknowing, and the Italians have a saying “tanto fumo, poco arrosta” which translate loosely as “a lot of smoke means a little bit of heat and flame”. In all then speculation is best kept to a minimum.

2.5 These caveats made, some things are clear via partial information and clusters of anecdotes. Already we know residential care was rarely an easy life, suffused with caring concern and stimulation. In any official, or indeed semi – official, sense no general concern was raised about standards, safety, welfare or “abuse” in the residential sector in the period. This is less surprising once we remember that the public awareness and professional concern for abuse in families was almost as limited then. In residential care the possibility of abuse simply did not register. Any of the few cases that arose, including the celebrated Court Leas case, were therefore seen, and dealt with if at all, as isolated incidents restricted to an individual’s personal deviation from practice in an otherwise at least good enough sector. These individuals were then regarded as “malign” or “bad apples”, which syndrome readily removed any focus on the possibility of more widespread malign deviancy.

2.6 It is still interesting and somewhat perplexing that so often people had such difficulties in seeing, naming and acting upon harmful practices and regimes. At one point in the 1950s the NSPCC in its Annual Report highlighted unacceptable incidents of cruelty to children in residential care, but it roused only marginal interest and no action (Holman, o.c.). Even more tellingly, as early as 1952 the Home Office distributed a Circular for all Correspondents and Heads of Approved Schools. It drew their attention in precise detail to what should be done when “indecent practices” were committed on boys either by other boys or by staff. At times it reads very much like best advice today when it instructs that if there is knowledge or

suspicion of serious indecent acts which if proven would constitute a crime, then the police are to be called in to investigate and nothing else was to be done that might possibly compromise their activity and any prosecution. Once circulated this Guidance seems to have sunk without trace, only to be “discovered” over 40 years later by David Berridge during his own research into abuse in residential care (personal communication with a copy).

2.7 The reasons for its “disappearance” can never really be known. However, its tone and the language employed suggest to us today that Home Office officials and others could well have been struggling at the extremities of their capacities to regard such acts, or even their possibility, as anything other than unthinkable and unspeakable. To my knowledge no other document across this entire period addresses such matters so directly and in a way that suggests “abuse” might sometimes be something other than an isolated incident carried out by a very rare, sick individual. Only with the Pindown and Frank Beck scandals, in 1989 and 1991 respectively, do such direct and explicit declarations re - emerge. If discomfort, embarrassment, shame and guilt could silence government Departments so fully it’s perhaps understandable that very few “poor relations” who suffered had felt able to speak out at the time or afterwards. Of the few who did, not many would have been believed in the circumstances, as they well knew.

2.8 Berridge challenges himself and other researcher as to “how we missed the physical and sexual abuse that was occurring...” He honestly declares that abuse “simply did not resonate with my experiences and observations in residential care” as they hadn’t with many others either. He concludes that those who abused were very evasive and able to work behind veils of silence and secrecy. However, he remains impressively uncomfortable about having missed any signs (Berridge, 2005). Most times it would have been risky for someone to have adduced from a range of separate and often “small” incidents that there was systematic abuse of children in institutions. At the same time there is a sense that sometimes things did start small only to grow into regimes of brutality and abuse. Parker declares that “well documented accounts of ill treatment, victimisation, humiliation and appalling living conditions are to be found in all periods, even though views of what is excessive and intolerable have changed...these extremes are never part of deliberate policy; indeed Central Government sought fair and reasonable treatment for children in residential care but couldn’t control what happened locally” (Parker, 1988). Adults often lacked the knowledge, skills and language to notice; children often reaped the consequences.

## **Children's Voices**

2.9 Until now these voices have been present only indirectly. In fact “consumer surveys” about residential care only began to emerge in the late 1970s, apart from occasional anecdotal, and almost “accidental”, comments such as this from a 15 year old girl “No matter what they do to it, even if it was made of marble, it’s still a bloody children’s home” (Dinnage and Pringle)

2.10 In his book, *Hard To Place*, Triseliotis interviewed nearly 100 former residents of various settings, now adult, about their perceptions of their experiences of growing up in residential care. On average respondents had lived in Homes for 11 years between 1958 and 1972. From their responses Triseliotis found that 60% rated their experiences as positive or fairly positive. More precisely they remembered and valued:

- The continuity of care when staff (and residents) stayed for a long time
- Individual attention
- Staff caring attitudes
- Opportunities for closeness with staff
- Flexible rules
- Relaxed atmosphere
- Freedom to play and the companionship of others
- The Home interested in offering them opportunities to make something of themselves

2.11 They remembered and appreciated individual staff who tried with patience to look after them. In all very few experienced all these elements together, but most of the 60% experienced a sufficient cluster of them to have been exposed to “psychological good enough parenting” in an atmosphere, however large the setting, akin to a family type upbringing with emotional closeness - familiar and familial. Even some of these, however, still felt the Hurt of being “separated unnecessarily” from siblings, a not uncommon event; they recounted this with a harsh and bitter judgement, but not against the Home itself.

2.12 Amongst the larger proportion of the 60% who found it at least “fairly good” a more positive perspective was undermined by memories of sometimes harsh punishments (no detail offered), rigid rules and too little mixing outside the Home. There was both explicit and implicit sense in their reporting of “having missed a lot of childhood” and feeling alone without enough love.

*[Being brought up in a Home meant] a home, a place to stay, all the things a home gives, love, care etc. and I genuinely treated it as a home...but I still would have liked to have known what it is like to have parents and to live in a family*

*Being young when I was taken away, it sort of came natural and it was not too bad... being there created more friends for me. It became my way of life. Mr and Mrs G seemed like parents, sort of. I have pretty good memories*

*Naturally I would prefer to have been home with my mum and dad. But the Home was good, a good upbringing. There was always plenty of people around... there was nothing unhappy in the home. I don't regret it*

*[re trained staff] they were all for small groups, more discussion, more open instead of 'you do this'. I was happy, I was unhappy. I have looked back with resentment but not now*

*I was quite happy. I enjoyed life there, but it could have been much better*

*I think you felt you were all alone. You wanted an awful lot of love, but there wasn't any like parents give their children...overall it was fairly good*

2.13 Amongst the 7% who held entirely negative perceptions their memories were of unrelenting harsh regimes, rigid rules, routinised activities, regular beating and punishments even for bedwetting, feeling always alone, lonely, lost. In effect it was again this presence of an absence - of those elements encountered by those with positive memories:

*I think I can remember when I used to cry myself and nobody cared...when you are in a Home you have a lot more difficulty in bringing up your own family... I have nobody to turn to*

*[overall] we were just like cattle in a field, watered and fed at the same time...I can't honestly say I was cared for...I was unhappy...missing something...didn't know why I was there*

*You were terrified...it's terrible...no place for a kid. It's mental cruelty if you ask me... no home, just a jail...no escape... they never talked to you...you were just one of the furniture... I hated them, they never did anything for you*

*Being in a home was very bad. I really mean that... I would have liked to have been mothered*

All these negative accounts are not only troubling and distressing in themselves; they also almost always reinforced, accurately mirrored, children's pre care harmful experiences.

2.14 The group (33%) who held a mix of positive and negative memories tended to reflect upon them with a notable and curious absence of affect, many classifying their perceptions as "neither good nor bad":

*It was more frightening than bad... the atmosphere was completely different than what I was used to. When I first entered the Home having to get my hair cut and getting clothes too big for me... all this was frightening and impersonal... people didn't seem to understand*

*I was there for 9 years. I used to count the years until I was getting out. Overall you were just a nobody...I think I'm a better person for it, but I would have liked to have been a normal kid*

*I have learned a lot but I have never lived in normal circumstances... I don't know what I missed*

*There were always different people looking after you.. they never got very involved with you... they didn't have enough interest... we were moved to D, the couple there cared a lot for us*

*What made it difficult for me was the absence of a permanent figure... I learned very quickly not to feel too close... they came and went so often*

*I just feel institutionalised*

2.15 These comments are regarded by Triseliotis (and me) as sincere and real. They are echoed precisely by those recorded by Loveday (1985) and Kahan (1979), right down to the absence of affect in a significant percentage of respondents. It's as if the only way to cope on their own with such experiences and present memories was to disconnect from their feelings and emotions: *"My life is so vague, possibly because I had no interest in it at all; it wasn't a good life so maybe I've blanked it out because it's not worth remembering."*

2.16 This is a worrying caesura, however effective a strategy in the circumstances. Given what is known about the importance of a fully connected emotional life to the overall health of the human personality, it is likely that for the majority of these respondents to have disconnected has represented a significant challenge to maintain the split, alongside all the other common social and economic challenges to be faced. In these circumstances then it is noteworthy how carefully respondents, even when voicing hugely negative perceptions, avoided being extravagant in their criticisms or appearing vindictive, summing things up as at most "a waste" of their childhoods and a "stigmatising" period:

*I'm glad I went through my experiences. I hated parts but I don't think you can come through life without some unhappiness... you hear people blaming everything on the Home but I don't feel like that.*

*On the whole a good upbringing...they learnt you to respect people...Personally I don't think living in a Home is a handicap. In fact being in one was better than it would have been if I was living with my mum and dad rowing all the time [this latter point an observation made not infrequently by children over this period (Corby et al, o.c.)]*

*Thinking back now they taught you right from wrong but when you were there you wished they wouldn't keep telling you what to do all the time*

2.17 Despite these measured responses all the researchers and commentators at that time expressed discomfort and "disquiet" about the persistently poor quality of some residential care. What doesn't emerge is any greater concern for the more fundamental safety and protection of children from wilful harm. When harm was there it wasn't seen for what it really was but was regarded

as a continuing flaw in a system still more “staff oriented” than “child oriented”.

2.18 [I do not consider separately “child on child” abuse – physical or emotional bullying or sexual abuse. It is a complete subject in itself and is also in my view most often in residential care a reflection of poor care and supervision by adults]

## **III Major Residential Child Care Initiatives in England**

### **Reports, Inquiries, Commissions**

3.1 It was a period of constant dynamic change and developments in child care. Yet after the Curtis Committee reported in 1946 no further National Commission on Residential Care met nor overall review occurred until the Wagner Committee which reported in 1988.

3.2 Public Inquiries were equally rare; of six Public Inquiries in total between 1948 and 1975, only one related to residential care, the aforementioned Court Leas Approved School Inquiry. That only changed in the 1990s. Public Inquiries into abuse in residential care and Reports for its prevention dominated that period until early in the current decade. (Corby et al) Copies of three landmark Reports for England from this period are furnished:

- Utting, Sir William (1991), *Children in the Public Care; A Review of Residential Child Care*
- Warner, Norman (1992), *Choosing With Care, The Report of the Committee of Inquiry into the Selection, Development and Management of Staff in Children's Homes*
- Utting, Sir William (1997), *People Like Us: The Report of the Review of Safeguards for Children Living Away from Home*

While outside this review time frame, the issues addressed are highly relevant even if come to belatedly. They offer recommendations worthy of consideration now and for residential care in the future.

3.3 Two other Committees germane to residential care did meet and report over this report's period of interest. The first, the Ingleby Report (1960), focussed on Court related matters for juvenile offenders. Its views about the overlap between delinquency and deprivation made a contribution towards the changes in the Children and Young People Act 1969 with its ending of Approved Schools and greater attention to diversion of children from justice routes and preventative work with families. The Williams Committee, set up by the National Council of Social Services, reported in 1967 on the staffing of residential homes of several kinds.

3.4 Neither however directly addressed the life and experiences of the children, although the latter report did contribute to changes in staffing terms and conditions from soon after 1975, and in ways for better or worse that are still debated today.

### **Changes**

3.5 In no small consequence therefore very few changes in residential child care emerged from an official, formal reviewing or inquiry route. Changes such as reduced numbers of children in Homes where possible and efforts to identify and meet needs beyond the physical did happen as reported above. But these were patchy and often non sustainable since they arose through the direct experiences and efforts of individuals. More fundamental root and branch change occurred much later, only when the residential sector was hugely reduced in size.

## **IV Education and Vocational Training for Children**

### **Education**

4.1 “School is a central experience of our childhoods. It has enormous power to make us happy or miserable and to shape our views of ourselves...What happens to us in school has consequences which usually shape the rest of our lives.” Thus Sonia Jackson opens her report on the Education of Children in Care. She then proceeds to note with concern that only one title out of 142 abstracted as having to do with children in care, including residential, between 1948 and 1976 focussed on their education. “The conclusion is inescapable; researchers and practitioners did not see education as a particularly interesting or important aspect of care for separated children” (Jackson, 1987). Or indeed as a key to their futures. Jackson continues, “It doesn’t seem to matter if it is 1930 or 1975, if the child is black or white, lives in Bradford or Wandsworth, their experiences are all the same.”

4.2 Children in residential care were “educationally handicapped” by factors internal and external to their placements:

- Constant placement moves often disrupted schooling and learning
- Specific educational planning was extremely rare
- Behaviour was a focus more than cognitive development (with disruptive behaviour always being seen as a cause of educational difficulties and not a consequence of disrupted educational opportunities)
- Attitudes of most professionals regularly meant that expectations and concerns for educational progress were low or nonexistent, mirroring many residential and field workers’ own educational experiences, which did frequently then complicate staffs’ own relationships with schools and teachers.

4.3 Adults whom Kahan had interviewed about their residential care from 1942 to 1969 expressed “deep feelings of regret” that school and their education was “a largely unsatisfactory experience”. “They didn’t really impress on you how important your education was until your last year in

school – and by then it was too late” (Kahan, 1979). And while not wanting to be treated differently from other children (which they often were) many remembered with touching gratitude the occasional small kindness and sympathetic responses of individual teachers. More often many were told by words or actions that they were worthless and would not get anywhere in life. Said one, “At this point I began to give up. I just regressed.” Rarely, it appears, did Homes give thought to stimulating the cognitive and intellectual development of residents through the environment or activities. Hence attempts in Homes to redress massive educational disadvantage, both pre existing and current, were at best half hearted.

4.4 Where it happened it was almost always dependent upon the presence of an unusual individual adult who took a special interest and acted fully in loco parentis. Mainly children’s earlier “learning” was reinforced - “Finding out is discouraged, adults will rarely listen or answer questions, adult behaviour is often quite inconsistent and unhelpful, no one notices or cares about trying something new or different, toys invariably get lost or broken and go unrepaired” (Holmes in Jackson). Children were often given a special good push down that path to failure.

4.5 From the limited firm evidence available about education, if the residential picture is “mixed” again, the mix contains large quantities of poor quality provision producing limited progress/attainment. The National Child Development longitudinal study of all children born on a particular date in 1958 identified 3.4% (N=414) of the cohort as having been in care (c. 50% residential). By the age of 11 in 1969 this residential population, where admitted early and staying longer than 6 months, was a full two years behind age appropriate English and Maths attainment levels.

## **Training**

4.6 Clearly the “welfare arm” of care casts a very poor light in this respect. Approved Schools and somewhat less their CHE successors offer something more positive in places. Aspects of these regimes mirrored or surpassed the negative features in Homes, and “trainees” themselves saw the purpose of staff was to control their delinquency for the time being and not help them change and grow longer term. Nevertheless young people and parents regularly reported that they valued the trade training offered above all else (Milham et al, 1975). Some Schools had high quality engineering, painting/decorating, carpentry and gardening programmes, linked to later

apprenticeships and employment. These programmes lifted the experience for many above the historical focus on dull tasks as an exercise in discipline or for turning a profit for the institution. Boys sometimes built extensions like admin blocks or pools. Along with these skills, students reported the benefits of being given real opportunities to be responsible and to mature.

4.7 David Lane (personal communication) highlighted two well regarded Approved Schools run as proper Nautical Colleges and two as in effect Grammar Schools. More generous staffing, especially in the Training section, made a difference compared to Homes. In the late 1950s and early 1960s employment rates through Approved School Training were as high as 90%. Yet this was not uniformly the case. Dull routine continued in places, with agricultural training a cover for cheap labouring and some bricklaying being taught without cement and with the same bricks being re used over and over again.

4.8 Formal education was more patchy still. Small classes, more resources and better facilities conferred some advantages over mainstream school, but this was rarely translated into higher attainments (Hyland). Outdated methods of instruction and a tendency to concentrate on whatever kept students busy saw to this. Only when as in some Approved Schools genuinely involved staff led pupils through a range of activities and consciously linked with training/workshop colleagues was there an effective programme of integrated teaching and learning across vocational and academic studies.

4.9 Absconding rates from these Approved Schools were never terribly high but were always regarded as significant because of what they seemed to represent. It was less disaffection with training and education that prompted absconding; it was more the continual tensions between the emphasis on traditional supervision and order imposition on the one hand and encouraging trusting relationships to develop on the other. Whenever the pendulum swung too far towards the former, students ran, or tried to, as a rejection of the regime and their resistance to compulsion. Absconding's greatest impact seemed to be through unsettling others regularly, particularly those who really did not want to be there, having been placed on a Court Order (Hyland)

## **V Staffing**

### **Recruitment, Vetting and Conditions of Employment**

5.1 Any way of looking at this subject and presenting findings will ultimately confirm several stark features that were pervasive and enduring at all times across the period. Altogether they form an unhappy picture:

- Staff turnover was always very high, even in the 1950s despite popular beliefs to the contrary – over 33% a year (Dinnage and Pringle)
- Staff were predominantly inexperienced, as well as female (80%) and young (under 22, and 65% single) on entry with few if any other life experiences (Packman)
- Training was almost universally poor or absent
- Relevant qualifications of any kind were uncommon
- Resources to support staff were limited and determined by larger financial pressures, not task and needs
- Pay was low, adding to the poor self esteem. Accommodation was ordinarily basic and cramped; being often “tied” to the post it could inadvertently trap workers in their jobs, however unsuitable they might be

5.2 There was barely even informal vetting of applicants for residential posts. “Bodies” were needed, and the ones available were often unable to find work elsewhere, even at times of high employment and opportunities. Recruitment became nearly everywhere an unthinking reaching out and grabbing. This picture does a disservice to many who had entered and remained in residential work. But it must be acknowledged that their numbers, and not infrequently their own passion and dedication, were often dwarfed by the overall staffing profile and difficulties.

### **Training and Qualifications**

5.3 “It is an understatement to say that training is in confusion” (Dinnage and Pringle) Insufficient places were available, and most training was not

tailored to meet the needs of staff doing such demanding work. Williams calls it “embarrassing” when over 70% and sometimes more than 80% of staff were unqualified and inadequately trained. Following the 1948 Act thirteen basic Certificate courses for training residential workers developed. Eight were for general care; five specifically for work with difficult adolescents. From 1959 two highly regarded courses for senior staff emerged, and by 1964 there were four special programmes for Approved School staff. All Certificate courses lasted 14 months, covering 48 weeks of teaching and study. The Home Office also supported 40 refresher and short courses lasting between one and eighteen days (RCCA, 1966).

5.4 In truth the total numbers passing through these quality courses were small compared to those doing the work and the need. With staffing turnover at high levels too, even amongst recently trained staff, these measures were barely enabling numbers to stand still at unacceptable levels. By 1966 far less than 25% of the workforce was qualified even at the most elementary levels. Worse was to come; in 1976 only 14% of residential staff were qualified. In effect most residential child care was populated at best by “dedicated amateurs”, some of them highly gifted and perhaps full of sensitivity, compassion and love, but working with residents possessing high degrees of disturbance and need (Milham et al, 1980). Instincts alone could sometimes be just right, other times very wrong, as a basis for practice.

5.5 That reliable management and supervision were often highlighted as absent too meant that staff cultures of survival and control became embedded. In these residents were regarded as “problems” to be controlled before they got out of control, not as children with problems that made them feel out of control of themselves and probably of everyone else too, even if they didn’t express it in uncontrollable behaviours as often as happens today. Interestingly Berry (1975) found that in Homes she had rated as offering clearly negative experiences of care to residents staff on average stayed longer than in more positive environments, as if they felt more able to “drift with the tide [of staff culture]” and “merge with the negative regime”.

5.6 It would be easy to blame such untrained and uncaring people completely for the entire 40% of “not good enough” and outright “bad” residential care Berry and others identified. It pays then to bear in mind that many of these people suffered too while they struggled ineffectively or drifted without guidance, management, training and resources. Actual investment in residential care was slim from the start and regularly starved

of funds or even “raided” for what little sums it had. As early as 1952 a government finance committee saw it as an expensive and wasteful option (Berridge, o.c.). Following Oscar Wilde, whenever cost as opposed to value was considered as the most important factor in regard to the residential care of children, cynicism prevailed and yet again the children paid the highest price.

## **VI The Irish Situation**

### **Comparisons with England**

6.1 To the Irish reader some differences between the two countries over this time will be very apparent. At the same time some parts of the English picture will be all too, and depressingly, familiar. In either case very often differences are ultimately those of degree rather than kind. On the matter of the role of the State there are perhaps the biggest differences. The English (and the whole British) experiences in war and immediately post war led to the striking “adoption” of a direct responsibility for children in care, whether boarded out or placed residentially. Lord Monckton who chaired the inquiry into the death of Denis O’Neil threw down the challenge, “the local authority or individual must care for the children as his own; the relation is a personal one. The duty must be neither evaded nor scamped.” Whatever the shortcomings, there was a wider degree of state and public interest in the “in care” population, and Children’s Departments did offer a basis for oversight and commitment.

6.2 This appears not to have been the case in Ireland. In reality if not entirely in law the role of religion and religious orders/organisations remained central and dominant to the almost full exclusion of any other bodies. This structural dimension whereby the Catholic Church and its orders were deeply involved in directly providing large residential centres for care and education could well be an important reason that far smaller percentages of children were placed with foster carers than in England.

6.3 This is not to suggest that religion and religious organisations played no or only a very marginal role in residential provision in England; quite the opposite. Hyland (1993) confirmed that the majority of Children’s Homes, large and small, were run by religious organisations or orders. In them children were often grouped for administrative convenience and had staff “inexperienced and insensitive or even brutishly inhumane”. In Approved Schools too the majority were owned by voluntary organisations which had been founded by people with a definite religious commitment. Some were run by the Church of England; others by Non Conformist organisations like

National Children Homes (Methodists), Barnardo's and the Salvation Army. Jewish philanthropic groups ran two. Roman Catholics were most insistent that children of their faith were sent only to their Schools. In 1967 religious independent/national voluntary organisations oversaw 93 of 123 approved Schools; Local Authorities only 30.

6.4 While the Home Office endorsed the large role of religious organisations, it also insisted that Children's Departments' writ extended to voluntary homes and that all School management boards, Approved or otherwise, had at least one local authority representative. In addition schools for girls had to have at least two male managers and those for boys at least two female. This made a more than symbolic dent in an otherwise potentially monolithic and often male or female dominated religious hold. Contributing further to this "dilution", the largest majority of the actual work, including management, was carried out by lay people.

6.5 The direct influence of religious orders in day to day care was therefore much more limited in England, although its hand, especially within Roman Catholic establishments – many with direct ties to the extensive and closed Irish orders – was not entirely absent. In Merseyside and the Midlands several Homes about which complaints had been lodged were run by these Orders (Wolmar). In all, given their minority role in daily care members of these orders could not exercise control entirely free of external interest at management and board level. Thus the religious dichotomy between body and soul, which at its worst could "justify" the punishment of the mortal body in order to save the immortal soul, was active but peripheral and weaker in England.

6.6 A stronger influence on child care in England over this period was the interest professionals developed in the theories and observations of John Bowlby and of Erving Goffman and their associates. Bowlby (1951) pressed for the recognition of the importance of loving "maternal" care and of relationships for children's growth and development. Goffman (1961) warned of the risks of "total institutions", tightly closed off from external influences. A full explanation of their mixed influences on English residential care exceeds the scope of this Report. Suffice it to say that each helped to "keep open the eyes" of policy makers and practitioners to the dangers and the opportunities in and beyond residential care more than seems to have been the case in Ireland except for a few individuals.

6.7 Moreover, in England “openness” was strengthened further by an already existing pioneering tradition towards the care, education and treatment of deprived and delinquent children. This found expression in the development of progressive models of Therapeutic Child Care and Therapeutic Communities. Always a minority, even marginal, approach and rarely part of State run provision save as an experiment, these settings, like the Mulberry Bush, the Caldecott and Cotswold Communities and Peper Harow, sought to place treatment centrally by providing it through integrated programmes of good quality care and appropriate education mediated always through:

- Developing healthy individual relationships between all, residents and adults together, that would identify and meet needs
- Emphasising communication/dialogue as a key feature of learning how to live with oneself and with others first in the Community and then outside it
- A psychodynamic perspective that regarded disruptive behaviour as an expression of feelings as yet too difficult to express in thoughtful words and that could be understood (not excused) through the use of psychodynamic concepts, especially projection and transference, in order to help change those thoughtless acts into actless thoughts and age appropriate behaviours
- Utilising the “group as a group”, not just a collection of individuals housed together for administrative convenience but as a medium for essential learning, changing and growing.

[As a start from amongst substantial literature see first: Dockar – Drysdale (1993), Rose (1990) and more recently Ward et al (2003)]

6.8 Even so on either side of the Irish Sea, regardless of who or what group or approach ran Homes or Schools, any genuinely independent and adequately enacted Regulation or Inspection barely existed. In England there was rudimentary “internal monitoring” by Local Authority residential management teams. These depended on and regularly deferred to Heads of Homes and other senior managers. And it was the “authority” of the personal influence of senior staff that represented “management” in the regular absence either of more structured management approaches/techniques or of specialist staff support and supervision. In all the picture of internal and external oversight in both countries is best described as “woefully inadequate” (Corby et al)

## **Contact between Irish and English institutions**

6.9 Given this shared “woefulness”, one could reasonably assume that links in residential care between the two countries were plentiful and strongly reinforcing one another. In fact the opposite appears true. They were few and far between and where they existed they were brief and/or the product of contacts between individuals (Irish) and individual organisations (England), usually initiated by the former. While perhaps a slightly crude characterisation there is clearly very little interchange that made a positive difference in either country to the separate residential care “rows” each was “hoe – ing”

6.10 The history and complicated relationships between the two nations, even up until this period, makes it understandable if one of the key reasons for such limits to potentially useful contacts was the simultaneous “turning of its back” by England on its former “subject territory” and the strong lingering Irish suspicion of anything non Irish and especially English, including ideas and theories about residential care. That said, students from the School of Education Child Care Course near Kilkenny run by Pat Brennan undertook regular placements at Cotswold, Caldecott and the Mulberry Bush until the course closed in the 1980s. Otherwise the only “formal” link I have uncovered, via David Lane (personal communication), is that of a Senior Residential Child Care Course in Dublin set up in the 1960s by one Sister “Stan” Kennedy. It was validated by the Home Office and linked to the courses in Bristol and Newcastle. It is telling that I can find no written reference to this, even in Hyland’s otherwise comprehensive study of Approved Schools and training.

## **Portugal and elsewhere**

6.11 Portugal, another officially Catholic nation, has a long history of residential institutions predominantly or exclusively run by religious orders and organisations. Over the last four years it has also experienced a crisis in the largest of these organisations and in the nation. Allegations are currently being tried, of extensive sexual abuse of residents over many years by people in or closely linked with the facilities across all

levels of Portuguese society. At first therefore it is tempting to suggest that there will be many illuminating and instructive parallels with the Irish situation. However, any similarities are likely to be partial and superficial, while the differences in the circumstances as well as in culture and history make each nation's experience unique. Such differences must not be obscured with regard either to what has happened in residential care or to what is being done to inquire into and remedy past hurts.

6.12 Perhaps the few things one can observe about the experiences of both nations (and England) are that:

- Closed and “unaccountable” systems in any kind of care spell DANGER
- The past and any past experiences in residential care are likely to become known only in small part and will remain unknown or uncertain in large part
- There is therefore no simple template for seeing and understanding that history or for planning the future.

6.13 Canada and Australia have also experienced a flood of complaints of abuse in residential and foster care from before the War up to the 1980s. Quite a few of the complainants have been those moved there from Britain under the auspices of religious based voluntary organisations. The majority of these “migrations” were carried out with little advice to and informed consent from the children and their parents. Recent British inquiries into these practices were hampered especially because of lack of records. Even the numbers who were so moved remain contested as some voluntary organisations were not required or chose not to submit annual returns to the government about who and how many they sent on what can fairly be called “enforced migration”. As a consequence government figures are always far smaller than those calculated to include this “non return” population. Here too, given its history of emigration, there is little new to add to the Irish situation, however many variations on a theme there may be.

## **VII Summary and Reflections**

7.1 Considering the history of residential child care in England, any simple picture gives way to complexity and uncertainty at its heart. David Lane's comment to me is a helpful summation, "Despite all that was done to improve residential child care and all the interest shown over the period, our failure to develop an effective, reliable and safe service for these children is a most serious shortcoming." Many children were inappropriately placed, too often damaged and even more often not helped by the process. This doesn't deny the many for whom it was good enough in what were rough and ready times compared to today.

7.2 In no small part it was the "Ghost" of earlier forms of inadequate concern and low standards in practice that continued, uninterrupted, to insinuate itself into and "infect" much residential care to 1975 and beyond (Davis, 1981). This ghost helped keep residents out of sight and mind, which did so much to strain their identities and stretch them out of healthy shape. Nor did the ever-present and growing privileging of families and of fostering as the best and indeed only appropriate alternative to living with natural parents do anything for residential care except put it in a difficult and helpless position. Yet professionals always recognised that for various reasons several thousands of children could never live with their natural families and would be unable or unwilling to live in a foster family as well. Sadly nobody acted on this awareness sufficiently.

7.3 The question remains; how was the "scandal" in residential child care allowed to occur wherever it happened? Clough usefully groups the various explanations for its source under nine headings, which will sound familiar by now:

- Failure of different groups to agree about the purpose and task of residential child care
- Failure to manage life in a home/facility in an appropriate way
- Resources – buildings, materials, staffing complement – inadequate and not fit for purpose
- Confusion, lack of knowledge about (and possibly lack of agreement with) guidelines for practice that might exist

- Attitude and Behaviours of staff – not child but adult centred
- Staff capacity and training –often poor, deficient on both counts
- Low staff morale
- Low status of work
- Failure to see events/incidents for what they were and to notice any patterns in these (Clough)

7.4 Together these categories cover the structural, environmental and individual characteristics that predisposed children in residential care to risk of hurt and abuse not only as we would see it today but by any standards at any time in modern history. Children’s vulnerability became even more pronounced when “work style” was added to the mix – the reaction of workers and management to these nine internal and external factors affecting residential child care. Either staff consciously engaged with them and with residents to reduce their influence, or they became overwhelmed by them in every aspect of daily living.

7.5 When these factors dominated it represented the “**abuse of care**” (Clough). Yet as I see it there was also a Line between 1948 and 1975 as much as at any time. Many things may not have been quite right then, but they did not therefore become completely wrong, when allowance is made for limitations in understanding and practices. However, as human beings we know that in any era some things were and are simply and completely wrong. By that definition of a boundary some of the things here reported stand unquestionably on the wrong side of that Line – as what I call **the abuse of a person(s)** through actual, active and direct behaviour by individuals or groups or by unconscionable neglect. We are unlikely to “pin the blame” on many individuals now, but it is not too late to name what happened in these cases as abuse. An overall picture with its many proper caveats must not keep invisible the damaging impact on any individual person who as a child suffered such degrees of harm.

7.6 Good and safe residential child care is defined not simply by the absence of the bad and the hurtful, but more fundamentally by the presence of positive elements linked together. For example, good training is much less useful if people return to settings where the culture is not child centred and management is poor. Nor are we ignorant of what these necessary elements are, even if people were before now (although I suspect less so than we are

sometimes invited to believe). Former residents have reminded us already about all that is needed for residential care to make a positive difference.

7.7 Finally, Holman sums up this vexing question of the existence of abuse: “‘Child Abuse’ was ‘unknown’ in the days of the Children’s Departments (48 – 70)... [yet] child abuse, physical emotional, sexual – by houseparents as by parents and foster parents certainly did occur over this period. However, although it is impossible to be certain of its extent, my judgement is that it occurred less than now [1998]. It is clear it drew less media attention when uncovered and was dealt with mainly by internal action, but even occasional prosecutions drew little public or media attention” (Holman, 1998)

7.8 I concur.

## VIII Recommendations

8.1 This section could be very long were it to try to tell people what to do now to judge the past or make things better. However, it is my experience especially in this field that if you tell people what to do either they refuse outright or they soon forget. The messages are not owned, but remain fundamentally alien and needing to be got rid of.

8.2 Therefore, in brief:

- First of all, read and digest this Report. Then, reflecting on your own and together, notice what it seems to be saying to you and indeed, just as important, not saying. Think about what is emerging as important for this Inquiry process and for the Commission's deliberations and decision making. Listen, discuss, and respond to one another. This will help you build your own perspective on the similar time frame in England and how it might cast the Irish situation in a different or clearer frame.
- That leads to the second point – no other countries' experiences will either condemn or excuse practices and failures in Ireland. Nor will they offer a “sure-fire” prescription for a different future with or without residential care. That can, and should, only come from an Irish understanding of and response to what has happened in Ireland and what could happen.

8.3 Otherwise

- I observe more than recommend that all prior beliefs, whether benign or hostile, that residential care would not long be needed as part of a nation's provision of care for some of its children, usually those highly troubled and needy, have failed to be realised. Yet in the process these beliefs have compounded, not eased the difficulties with which residential child care has had to deal. Even following the exposure of circumstances as transparently inadequate or harmful as they often seem to have been in Ireland, is it likely that a comprehensive State strategy for caring for vulnerable children and keeping them safe will not include residential care? Almost certainly

not. In England Utting has called it an “indispensable service” in both his Inquiries.

- Therefore rather than continue to regard it with ambivalence, fear or repugnance, embrace it. Grow what is needed and support it as valuable in its own right. The role of the family is unlikely to collapse if this is done. The Family occupies a very large stage in every nation. Surely there is room on that stage for a hitherto unloved, unwanted “poor relation” who could now be warmly welcomed and respected.
- Remember the risks of trying to get all the facts and of finding a scapegoat. Beyond a certain point each is ultimately an enticing distraction. Construct a judgement of the time that will help lessons be learned and not ignored or forgotten this time.
- Good quality leadership, management and professional consultation to the residential task are not sufficient in themselves. However, much else will remain insufficient without them being available from senior staff well trained and well supervised themselves so they in turn can offer this to colleagues in their practice.
- Residential Child Care as a positive option needs a guiding philosophy that is known, understood and agreed by all involved in the task and that is connected to this world, not the next. Without it people cannot reflect on provision and their practices; nor can they even with help measure honestly the extent to which declared intentions match actual practices. Confusion, omnipotence or “anything goes” will again take hold if it is absent.
- Continue to reach out to others, professionals and nations, not only to learn from them but also to share your knowledge and learning with them. We all need the contact and dialogue.
- The model of Therapeutic Communities is not yet universally accepted. Its history and its principles do, however, offer much food for thought and energy for wise actions. Crucially in these current circumstances its embrace of open communication between and amongst everyone, and the shared involvement in living and learning together actually offers one of the most developed systems for staff and residents alike to voice concerns that will likely be heard long before whistleblowing signals the exposure of severe and often pervasive abuse and harmful practices.

## **Postscript**

This history and review where it clearly communicates a live, coherent picture of the issues of the period between 1948 and 1975 is entirely due to the research and reviews of many other people who have preceded me over the years. They are represented in the bibliography but deserve direct acknowledgement as I offer it here. In those areas where the picture grows unclear or confusing to the readers the fault is entirely my own.

I wish the Commission and all those interested in these matters my very best in these continuing processes. I hope my Report offers some assistance, if not much solace, to you all.

Richard Rollinson

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