

SHINING
A
LIGHT
ON
CARE

The voices of
people who
experienced
institutional care
in Scotland as
children

NCF

**National
Confidential
Forum**

A chance to be heard

'There was no one there in my whole ten years in the care system that I ever had any connection with. No one who cared about me, who'd put their arms around me.'

'I thought they were really good... they just weren't really trained for dealing with stuff like how actually vulnerable young children are...'

'I've always thought, for years, that I should actually get some help. I've just been a mess for years and not really knowing why, until I sobered up and went through the rehab, counselling and therapy process. Somebody said to me, "You can't change the story of the start of your life, but you can change the end of your life." So I'm really interested in having a good ending.'

'I still think, how can that have happened? Not why did that happen but how did it happen?'



From our first hearing in 2015 to our last in 2020, the National Confidential Forum heard and acknowledged the experiences of 174 adults who, as children, had lived in institutional care in Scotland.

People told us they chose to share their lived experiences so that lessons could be learned from the past, making a real difference to children and young people in

institutional care today and in the future. Their testimonies, given with candour and courage, have been made anonymous to protect their identities and are now lodged with the National Records for Scotland to form part of Scotland's permanent record of historic institutional care. These records will remain under restricted access for a period of time; any application to access them must be made via the National Records for Scotland and will be considered by the Mental Welfare Commission for Scotland.

The report that follows aims to ensure that lessons are learned from the testimonies we heard and read, and to bring greater awareness of the needs of our care experienced population, so we may better understand, respond and work together to address their lifelong needs with compassion, empathy and respect.

This report is not an easy read. Although a few of the people who gave testimonies had positive experiences of being in institutional care in Scotland as a child, for the majority this was not the case.

As such, *Shining a Light on Care* contains strong language and frequent and explicit descriptions of neglect, violence, cruelty, sexual abuse, self-harm and suicide which readers may find shocking and upsetting. This may be particularly true for readers with lived experience of similar childhood trauma, for whom reading this report may evoke painful memories or reawaken suppressed feelings and emotions. If you would like support, we urge you to contact NHS Breathing Space (www.breathingspace.scot) or Samaritans (www.samaritans.org).

I would like to thank all the Forum Members and staff who have contributed so positively to our work and supported the safe delivery of our statutory obligations. Their commitment, hard work and professionalism have been second to none. I would also like to thank Dr Sara Macdonald from the University of Glasgow for the insight and expertise she offered the Forum as we developed this report with our highly skilled senior researchers, Fiona Mitchell and Claire Baker. Thanks too must go to colleagues Jackie Foster and Katie Wotherspoon in the Scottish Government Survivor Support team for offering careful guidance without ever compromising the Forum's independence and integrity.

The Forum is especially grateful for the insight, perspective and unwavering commitment of our stakeholders in the Interaction Action Plan Review Group, jointly chaired by CELCIS and the Scottish Human Rights Commission. This Review Group comprised lay people, those with lived experience and representatives from various survivor groups and campaigns, all of whom played a pivotal role throughout the life of the Forum. We thank them sincerely for everything they have contributed within and beyond the Forum.

Finally, our most heartfelt thanks go to all the care experienced people who came forward and entrusted us with their recollections of childhood in care. What they shared has left an indelible mark on us and it is my hope that their voices in this report will leave an indelible mark on you too. Their experiences must never be forgotten.

A handwritten signature in black ink that reads "Jayne Laidlaw".

Jayne Laidlaw
Head of the National Confidential Forum



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SETTING THE SCENE FOR THIS REPORT

SECTION 1



1.1 THE NATIONAL CONFIDENTIAL FORUM

The National Confidential Forum (the Forum) was set up as part of the Victims and Witnesses (Scotland) Act 2014. From 2015 to 2020, the Scottish Government legislated for and funded the Forum to record the experiences of people of all ages now, who had been in some form of institutional care as children. Over this five-year period, the Forum recorded 174 testimonies of people who had been in institutional care in Scotland.

Shining a Light on Care forms part of the Forum's statutory obligation to report on findings from testimonies we received, between 2017 and 2020. It follows our first report, *What we have Heard so Far*, which addressed testimonies received between 2015 and 2016. Our aim is to learn from the experiences of those who took part and make recommendations for the future, with the aim of ensuring that the experiences of children and young people in institutional care today are as positive as possible. What people told the Forum forms an important record of the experiences of children in care in Scotland in the past. When people come forward to speak to us, we refer to this as attending **a hearing** and we refer to the account they gave us during and after the hearing as **a testimony**. The **Forum Members** who listened to the testimonies came from a number of professional backgrounds, including clinical psychology, psychiatry, law, mental health nursing, social work and the voluntary sector. The recommendations that conclude this report acknowledge both specific and wider issues and challenges identified through the hearings and testimonies.

1.2 HOW WE CONDUCTED HEARINGS AND TESTIMONIES

Hearings involved listening attentively to the experiences shared by people who came forward. The Forum Members' approach to hearings was to provide time and an open space for people to share their memories, experiences and feelings about their time in institutional care.

The people who came forward were self-selected and had heard about the Forum and our work through their existing connections with support or survivor groups, outreach activities and our own advertising. All hearings included Forum Members and, although they did not follow a structured agenda, in more recent years they offered a range of initial questions or prompts to enable people to choose where they wanted to begin their testimony and what they wanted to tell.

The way in which hearings were held varied over time and according to who was listening and who was talking; hearings could take place in one sitting or over a series of sittings. Some people gave their whole testimony verbally during their hearing, some submitted additional elements of their testimony in writing after the hearing, and others chose to submit their testimony in writing only.

Reasons for giving testimonies

People came forward to share their testimonies for different reasons. Some talked about a desire to be able to speak about what had happened while they were in institutional care, often because they seldom or never had before. Some reflected that they had chosen not to share, or were unable to share, what had happened to them with their siblings, partners or even friends they had known for years. They described feeling as if they had *'held on to this for so long'*, that they were *'going to burst'* and that they *'couldn't get it out'*. People told us that they wanted to be heard, to process what happened to them and to be believed. They also wanted to *'leave it behind'*, to *'offload'* both the burden of their childhood experiences and the sense of having carried that burden alone over time. Some people were driven by a sense of obligation to put on record what happened to them in institutional care, some to contribute evidence relevant to criminal investigations, and some with the hope that their insights might help to prevent the neglect and abuse they had experienced happening to children and young people today.

The decision to come forward and to share experiences was often hard. For some people, it was the first time they had ever talked about

what happened to them. Talking about their experiences in institutional care often prompted people to remember aspects of their childhood that they had not thought about for some time; in some instances, it evoked memories that were distressing – *'...in some ways it is like re-living the past. It has been a harrowing experience...'* Some people cried while remembering and relating what had happened to them; some reflected on the emotional impact of saying it aloud with a mixture of feelings – distress but also relief and comfort in being openly listened to by Forum Members. We also heard that it was *'valuable to come'*, that *'it's good to get stuff off your chest'*, that people were *'feeling the benefit of being heard'* and that *'it's put into context what actually happened'*.

Some people who came to the Forum also spoke of care that was not institutional: foster care, boarded out care and adoption. The task of the National Confidential Forum was to report only on institutional care.

Unique lives and voices

People's lives are unique. The testimonies shared with us are personal accounts of memories, experiences and feelings; each is completely individual to the person and their hearing. *Shining a Light on Care* is not intended to be a generalised account of experience but rather an insight into the range of experiences lived out by people who were in institutional care as children and the ways in which those experiences have affected them throughout their lives. We have therefore retained the original language of the testimonies as much as possible through direct quotations used throughout the report. These quotations are never attributed to one individual and when we write about people's memories and experiences, we are careful to put in context that these happened during infancy, childhood and adolescence and are presented from an adult perspective of that lived experience.

Respecting and preserving anonymity

The content of the report is based on an analysis of 'redacted' transcripts of testimonies. That means that all identifying personal and place details were removed from the transcripts prior to analysis, so that we did not locate people's experiences with reference to historical or chronological timing or to the actual places of care or the people acting as carers that were talked about. Instead we focused on lived experiences through the different dimensions of growing up within care institutions.

1.3 AN OVERVIEW OF CONTEXT AND ANALYSIS

Full details of our testimony selection and analysis process are provided in the Appendix at the end of this report. However, it is helpful to begin with a broad understanding.

In the period covered by *Shining a Light on Care*, Forum Members recorded 79 testimonies: 30 in 2017-2018, 25 in 2018-2019 and 27 in 2019-2020. A total of 30 testimonies were then selected, based on the range of experiences reflected, and through a process of qualitative analysis were developed into the content of this report. The testimonies selected came from 13 men and 17 women; the youngest person to give a testimony was in the 21-30 year age bracket and the oldest in the 71-80 year age bracket.

Throughout this report we use the umbrella term **carers** to refer to the adults who were responsible for the care of children and were not their parents or direct relatives and we use the umbrella term **care institution(s)** or **institutional care** to refer to the places where people were looked after as children, when this was not their own family home. Sometimes, to aid sense, it is necessary to use more specific descriptions, while still preserving anonymity.

Many people lived in more than one care institution and a total of 67 care institutions were described across the 30 testimonies and included assessment centres, hospitals, list D schools, remand homes, boarding schools, approved schools and a convalescent home. However, the

largest proportion of people who spoke to us experienced institutional care in residential children's homes, accounting for around two thirds of the institutions in this report. Of these 67 care institutions, 39 were run by a local authority, 16 by religious organisations (including, but not limited to, the Roman Catholic church), five by health boards, three by the voluntary sector, three described as 'other', and one described as 'private or independent'. Institutions were located in 19 different local authority areas in Scotland.

The carers that people referred to in their testimonies included people both formally working or volunteering within care institutions, as well as visitors such as members of religious organisations and medical professionals, although we were told that doctors rarely visited care institutions.

The people who gave testimonies through hearings resided in care institutions for various lengths of time. Some recollected places that they stayed in for a period of assessment, for a short stay or for the long term while some remained in the same care institution for their entire (or a significant portion of) their childhood and others moved multiple times. Some stayed in care institutions only part of the time – for example, as a boarder at school – going home to their families at weekends or during school holidays.

Our testimonies reflect time spent in care as far back as the 1940s and as recently as the 1990s. The world has changed and it is not always helpful to judge the care of children several decades ago through a contemporary lens but understanding mistakes made in the past can help us to make recommendations for a more positive, kind and caring future.



EXPLORING CHILDHOOD EXPERIENCES OF INSTITUTIONAL CARE

SECTION 2



2.1 LIFE IN THE FAMILY HOME

Many of the testimonies we heard began with people's memories of life with their families before they entered institutional care.

Although a few people entered care at birth, and did not know who their parents were or the circumstances of their birth, other people experienced various different family set ups; these included living with one parent, with both parents or in a blended family where one or both parents had entered new relationships, as well as being looked after by grandparents.

Some thought they had been brought up by parents but discovered later that it had been their grandparents who had taken on their care at birth or at very young age due to their mother being young or having children outside marriage, at a time when stigma was attached to this. Almost all the people who took part in hearings had siblings, with many coming from large families and being one of six, seven or up to ten brothers and sisters.

'There was, I remember, never much to spare in a material sense, but I did feel safe and secure, although I only appreciated this later, when it was all lost to me.'

Family relationships

When reflecting on their family relationships, only a few people remembered feeling safe and feeling loved, and reminisced about how they had felt being together or playing together. We understood this to be the case when children's families were unable to care for them due to poverty, material deprivation, bereavement, the challenges of meeting the needs of a very large family or old age. Others remembered feeling loved by their parents, or enjoying family home life, while also being affected by the 'chaos' or violence they experienced at home.

'I enjoyed
ma childhood.
Even although
you're staying
wi' a bunch o'
alcoholics.'

'My mammy just
didn't want me.
She didn't want
my brothers and
sisters. Because
she never tried
hard enough to
keep us.'

Some people, however, remembered that being with their parents had felt 'really hard', summing it up as a 'horrible upbringing', that it was 'terrifying' or simply that they 'didn't want to be there'. Others described running away or trying to find some semblance of safety by sleeping out. A few remembered the worry and anxiety they had felt for their parents and also being responsible for the care of their parents or their brothers and sisters. Some remembered their own anger and how this contributed to violence towards their parents; people also reflected on their sense of rejection and abandonment as a child.

'Every day was the same, her mind was insane, she was insane. She didnae know what was going on from one minute tae the next. We didnae know what to expect from one minute tae the next. I used to cry on the way home.'

Living conditions in the family home

Living conditions in the family home were harsh for many people. Their testimonies reflected experiences of poverty and material deprivation including poor housing conditions, overcrowding and even being homeless. For some, lack of access to food or electricity was a chronic issue. People described their parents dealing with a range of issues too, including mental illness, alcohol and drug problems, and emotionally abusive and physically violent relationships.

Experiences of neglect and abuse

People shared direct memories of their parents' neglectful and abusive behaviour or what they had subsequently learned about this by reading their social work records. Where people remembered neglect and abuse, they described feeling scared and confused as children but also accepting what was happening because it was 'normal' to them. This included neglect of their basic needs and people remembered being hungry, dirty and unsupervised as children, dealing with the effects of lack of healthcare for what started as minor ailments or being required to help their parents source drink or drugs. Physical abuse was a common experience.

People told us that as children they were slapped, hit, beaten, whipped, pushed into walls or off chairs, or burned by their parents.

This violence included being beaten with household objects (such as hairbrushes, belts or walking sticks), frequently resulting in bleeding, welts, bruises and other injuries. In a few cases, social workers or the police became involved. When, as children, they then remained with or were subsequently returned to the care of their parents under these circumstances, people remembered being confused, upset and frightened.

A few people described experiences of emotional abuse with examples of their parents explicitly rejecting them, treating them differently to their siblings or being continuously critical of them. In a few examples, this also included their parents abandoning them on a permanent basis. Others told us that relatives or friends of the family had sexually abused them and their siblings; a few also described

generational issues around sexual abuse (their mother having been abused by her own father) and a few talked of having had contact as a child with adults who weren't members of their immediate families, who groomed or were sexually abusive or exploitative towards them.

In addition to being subject to direct abuse, people told us that as children they had witnessed violence within the family home and within their local neighbourhoods. This included the use of weapons and seeing severe injuries inflicted on visitors to their family home.

'I had a social worker, I had a longstanding social work involvement but... there was a lot of risk and a lot of harm that wasn't picked up.'

Social work involvement

People reflected that as children they had felt bewildered, and as adults now could not understand how social services did not know what their home lives were really like. Some felt that social work support did not protect them from harm. During the hearings, people speculated that social workers may have been unduly influenced by what their parents said. As adults, they expressed grief and regret that their feelings and views were not sought or listened to; one individual was incredulous that despite frequent social work involvement and frequent visits from police, they continued to be returned to their abusive home environment. Another observed that, like them, their parent was disempowered by the social work support given, that their family was labelled as 'chaotic' and 'problematic', and that domestic abuse was not seen as a child protection issue. Although we rarely heard people giving positive accounts of social work involvement, one person emphasised their continued gratitude towards a social worker who '... actually listened to me. He believed me...' and 'saved my life' with a decision to separate him from his family. He said he would never forget that social worker or their actions.

'We were always taken back for some reason. We're going out the house covered in blood and it beggars belief how we always got taken back.'

'So, we were being social worked to death and my mum being totally disempowered by the men in her life and the professionals in her life...'

Reasons for entering institutional care

Family members and/or social workers decided when and if children should move into institutional care and different circumstances precipitated this decision for the people who took part in our hearings. Some noted that what they had understood as children was different to what they later understood as adults or to what they had subsequently learned from their written records.

For those put in institutional care by their parents, some told us this happened when they were babies and that they felt (or knew) that this was due to societal judgment around their legitimacy or their racial heritage for example or simply because their mother was unable to care for them due to her own circumstances.

Some people said they were placed in institutional care by their father due to the death or departure of their mother - in one case, because a religious figure in the community recommended that it would be inappropriate for a father to bring up daughters on his own. We heard that some had been placed with grandparents but that their ongoing care became challenging due to poverty, the demands of a large family or, simply, frailty.

Some people came into institutional care because their parents had died, had left an abusive relationship for their own safety or had been imprisoned. For them, and for other people who were subject to neglect and abuse at home as children, social work, children's hearings and court interventions led to decisions that they enter institutional care on a temporary or permanent basis. In some cases, we were told this was framed as children 'being outwith parental control' although people

remembered that how they behaved as children was in direct response to feeling unsafe at home. Some remembered, when they were in their teenage years (and even as young as nine), contacting social work for help. They did this directly and indirectly, either by telephoning and asking to be taken away from home, by going to see a social worker and 'begging' to be kept safe from beatings or by staying at school and refusing to return home.

'It got to the stage where I just had enough and I walked up to the telephone box... I actually had to phone. It was 999 back then and I asked to speak to anything to do with social work because there was x amount of weans sitting in the house, starving.'

'We didn't even know we were going 'til half an hour before we went and half an hour was spent packing up our stuff and going.'

2.2 GOING INTO INSTITUTIONAL CARE

With the exception of those who were babies or infants at the time, most of the people who spoke to us vividly remembered aspects of the day they left the family home to go into institutional care, and feelings of being shocked, confused, scared and sad.

Some were told what was happening before they were picked up or started out on a journey to a care institution, while others described being told on the journey or when their parents left them at places of care.

'Basically somebody came, chapped the door and she [Mum] says right, that's the social worker, she's gonnae take yous to a home... and I was like whit, whit are you talking about Mum, we're goin' intae a home? So obviously it was a shock.'

'He [Dad] did tell us on the bus that we were going to [care institution] to live with the nuns. Obviously we weren't very happy but we were a bit excited because it was something new. But we had no idea that we were going to be left there.'

Some people – specifically those taken into care between the ages of four and ten – revealed similar memories of the time they were taken from the family home. One recalled ‘a big, big car, darkened glass’ that came to pick them up and another mentioned ‘...a big black car. Used to come and you knew. They were coming to take you away.’ Others remembered journeys filled with uncertainty.

By contrast, some people felt relief and experienced kindness when picked up by a social worker.

People remembered arriving in the grounds of care institutions and sometimes the vastness of the buildings. One individual recalled, ‘...we drove up to this big, huge building and it was alien to me and us, you know, I hadn’t a clue...’ and another, ‘...we arrived at this big mansion type place. I had never seen anything so big’. Some also remembered their first encounters with their future carers and, for those arriving at care institutions run by religious organisations, they particularly remembered the unfamiliarity or strangeness of the adults’ clothes.

‘I arrived at [place of care]... I remember going up that drive. And we stopped, up the stairs, went in, there was a couple of nuns and there was this social worker, so they had a conversation but nobody spoke to me.’

‘My Dad told us not to change and we were going in the car. So myself and my two other sisters – two older sisters – were taken in the car and never saw anybody. We were never told anything about it, nothing was explained.’

‘We went in a black cab with two black bin bags all the way to [care institution] in the middle of the night. Can you imagine? In a black cab from [home town] to [care institution]? It probably took maybe three, four hours, maybe longer. The taxi driver knew nothing about us, no escort.’

‘The warmth was when I got into the car with the standby social workers who were taking me there, that was the warmth and the kindness that I remembered because I was leaving my cat behind. So I was worried about that.’

Relief was an understatement. So he drove me from [home town] in his XR3 Injection. Never forget it, beautiful car, it lit up like a plane. I felt as if I was a wean in a sweetie shop just in that motor.’

‘These are strange looking people. Because these are big white wings and all dressed in this... and I was scared. I didn’t know what was going on.’

‘... all these people walking around in all these black robes and stuff. I didn’t want to stay there. I wanted to go back with my Mum.’

We heard that people remembered being scared when they were left in institutional care, whether it was by their parents or a social worker and irrespective of whether they themselves had sought help or not. Some people also talked about how the carers’ tone and approach shifted as soon as their parents or social workers left, making them afraid of what was to come.

‘I was scared when I first went. Really scared. I’m alone.’

‘I thought, what’s happening. I was terrified. It was dark and scary and I had no control whatsoever.’

‘It was just terrifying from the day I arrived. It was just terrifying. I ran straight away as soon as my Mum took me to the school and my Granny... I ran off, all the way down, chasing the car. Running until the lights just disappeared and then I walked back there.’

‘Kids get scared easy I think. Well I did when I first went in there. Even the first tea we had. “That’ll be the last you’ll leave!” kind of thing. You knew by the tone, you knew.’

2.3 INSTITUTIONAL CARE SETTINGS

The settings in which people found themselves varied. Care institutions were often experienced as 'big, massive' and, in the words of one individual, 'there's this huge building and you're tiny'. They were described as 'old', like a 'castle' or 'mansion', like 'Hogwarts'.

During the hearings, some people contrasted the facade of the building and grounds with the reality of life inside.

'... those buildings were so beautiful, somewhere you'd aspire to live in, but not there, not with all that darkness.'

We heard that care institutions were often isolated, located away from local communities – '... it was kind of in the middle of nowhere...' recalled one person at their hearing. If schooling took place within the care institution, as it did in many cases, we heard that children rarely left. However, occasionally testimonies were positive and some people emphasised the amount of outdoor space available to them as children.

'... from the outside, the building looked quite nice. There were trees and the river but the inside didn't resemble this, it was dark, dull and depressing.'

'It was a nice place. It was like an old house, there were lots of grounds. Perfect because it was like, loads of kids, loads of grounds, loads of trees, loads of forests.'

Our hearings revealed that care institutions varied in the number of children who lived in them, ranging from small numbers right up to around 200 children. They varied too in the mix of ages with some housing babies up to young adults and others only housing children of a similar age group, for

example, just teenagers; some housed only girls or only boys, others were mixed. We were told that where children were mixed in age or gender, they were often separated within the building and grounds, especially if the care institution was run by a religious organisation, and we heard that different areas were allocated as nursery, infant or junior sections and areas were clearly demarcated for girls or boys only.

In some care institutions, however, we were told that girls and boys were mixed. This too could be difficult when there was a higher proportion of one gender than the other. One person told us that they felt they didn't have any male role models as they grew up: 'It was hard. Now, there was no' many males. Wasn't role models...' Another shared their experience of growing up as one of only a few girls in a care institution where it felt threatening to be outnumbered, especially as she got older and was sexually harassed by her male peers.

Communal spaces

People also talked about the communal space that was available to them as children. Some had negative memories: 'We weren't allowed there or other parts of the building that had some sunshine and daylight'; playrooms were 'empty' or cold, and playgrounds never seemed to be used. By contrast, one or two people remembered the communal space as somewhere children came together to have fun.

Isolation within care settings

We heard examples of children being organised and assigned to different carers within the care institution and having to stay in their own groups (for example a 'green or red group' said one individual) and we also heard these referred to as 'cells'. In such instances, we were told that different groups were physically separated and children from one group tended not to mix with another group. People giving testimonies were not always clear about what happened elsewhere in their care institution including, in some cases, to their own siblings who had been put into different groups.

'They were very good at separating you. Whatever dormitory you were in, you didn't know much about life elsewhere.'

Sleeping arrangements

Many testimonies focused on describing sleeping quarters. People talked about how the scale and communal nature of the dormitories or bedrooms was different to the family home and some talked about disliking the uniformity of layout, furniture and belongings. Some people told us they'd found it difficult to adjust to these different sleeping arrangements; they mentioned the strangeness of having to share a room with others, being separated from siblings, no longer co-sleeping or not being allowed to keep their dolls or teddies with them. We were also told that carers were seldom empathic to the distress caused by these changes. Some people recalled that, as they grew older, they were moved to smaller rooms and, for those whose experiences in institutional care were more recent, we heard it was less common to share a bedroom with other children.

'The dormitory windows were high and small. The dormitory was a long room with beds either side, there were about thirty beds. Two baths and sinks, each of us had a bedside locker where you kept your wash bag and PJs and shoe polish bag, nothing really personal.'

2.4 RELATIONSHIPS WITH CARERS

The nature of relationships with carers – usually the adults running care institutions – was at the heart of many people's lived experiences of institutional care as a child. Most commonly, testimonies reflected an overwhelmingly negative experience.

As adults, people reflected with disbelief and denial on those relationships and the care provided. For some, there had been an almost total absence of empathy, kindness, warmth and affection; for others, incidences of kindness were sporadic. We heard very few examples of people remembering carers being comforting, affectionate, encouraging or fun in their relationships with the children in their care. One individual commented, 'our feelings never mattered' and another, 'there wasn't any affection, nothing'.

'We just learned never to expect anything.'

Despite growing up in an environment with access to many adults who could have provided a nurturing relationship, many people experienced childhoods that were desolate. An abiding sense of loneliness and isolation characterised many of the testimonies we heard. It would appear that this sense of loneliness and isolation was true for experiences across different types of care institution. Where testimonies contained reference to consistently harsh regimes, however, these seemed to be almost exclusively the experience of

'The terrible loneliness was setting in. This was the beginning of my descent into the bottomless pit of rejection, evil, and hopelessness.'

people who had grown up in institutional care run by religious organisations. People described how their carers suppressed any expressions of happiness or joy, such as smiling, laughing, singing and play. They told us that during certain times of day, or during specific activities, they were forbidden from speaking to their carers or to each other. Some were not allowed to express feelings of sadness, upset, discomfort or pain and many described suppressing tears or crying, or waiting until they were alone and could not be seen by others.

Negative relationships with carers

Those who grew up in care institutions run by religious organisations expressed feelings of 'fear', 'being scared', 'being terrified', 'intimidation' and living in a 'state of terror' as they recalled their experiences. Sometimes this was associated with the unfamiliarity of the environment, pre-existing fears and carers' lack of empathy or compassion for their situation (for example, sadness at being separated from family, being scared of the dark, being left alone in a big dormitory during the day, even mice). Often, however, we heard that this resulted from deliberate acts by the carers.

'But we were really brought up through intimidation and fear. That's exactly how we were brought up.'

The adjectives used by people to describe their carers included 'nasty', 'cruel', 'vicious', 'venomous', 'tyrannical', 'sadistic' and 'psychopathic', in terms of how, as children, they were treated in their daily lives. We heard countless examples of children being

'There was no one there in my whole ten years in the care system that I ever had any connection with. No one who cared about me, who'd put their arms around me.'

'I was never aware of anyone. I was just in my own world. Very, very quiet world.'

'There was naeb'dy there. You were a number. That was it.'

routinely subjected to cruel and humiliating practices, of physical violence being endemic across care institutions and of the occurrence of sexual abuse (explored in more detail later in this chapter).

We heard that people experienced harmful treatment when they were children and were fearful of carers in other care institutions too, not just those run by religious organisations. However, the testimonies we heard and read indicated that this may have been less systemic and was sometimes linked to an individual carer. For example, we heard of a smaller care institution where one carer was emotionally cruel and exerted close control over the home: '...she manipulated and psychologically and mentally, I felt, affected a lot of the kids there.'

We also heard about a group of carers who were controlling and divisive and both treated children harshly and seemed to escalate tension and fighting between children. People reflected on the absence of anyone taking up parenting roles; they '... wanted to be your friend. They didnae want to be your parent,' said one. Others noted carers' inability to create a safe environment within the group: 'It sounds stupid but outside you were safer than when you were inside... should be the other way round. But that's the way it worked.'

Mixed relationships with carers

Some people reflected on mixed positive and negative relationships with different carers and of positive moments with some carers. Exceptionally, a few people experienced elements of a nurturing relationship while living within an emotionally cold and physically harsh regime. One individual recalled receiving protection and care from a woman who helped out in the convent she lived in, throughout her childhood years, while another held onto the praise, expressions of care and interest that were given, sporadically, by two nuns.

Positive relationships

For some people who lived in care institutions, the positive nature of their experiences was often only in contrast to their previous experiences in the family home. For example, we were told that the care institutions felt safer, people were friendlier or more supportive, and they enabled participation in different activities. Individuals with this kind of experience talked about feeling 'trust', being 'treated like an equal', 'genuinely cared for' and feeling 'loved'; they gave examples of carers demonstrating this by including them, helping them or to being kind to them.

'People were nice to you and smiling at you for no reason and you're wondering why.'

'They were quite loving people and the main difference between that and the ones I was with later was that the staff would do things with you, they would organise stuff, take you swimming, play hide and seek in the garden and just stuff like that so we were always involved which was, like, black and white compared to the ones later.'

'She would do whatever it took to scrape together funds to get us kids little trips, holidays or a skiing trip or something... so it was genuine people who did care and loved us.'

'We had a good, honest relationship where he just brought out the best in me, which was really nice.'



Only a few testimonies, however, reflected primarily positive relationships and experiences with carers. These included children's basic needs being met, such as having a 'warm bed to go', being fed regularly, being clothed properly and having a predictable routine. We were told about carers who conveyed emotional warmth towards children by creating a 'lovely home', and of carers who were 'nice', 'they were gentle', 'easy to talk to', engendered feelings of being 'well looked after' and expressed physical affection, 'they were always there for a cuddle'. People here described having 'fun', being encouraged in conversations, play, activities and outings with carers and with their peers.

'I built good relationships with key workers; they were quite encouraging. Once called [name of key worker], he was lovely, he really tried to encourage me academically and just to help me identify and build my strengths. The things that I learned there at that time have stayed with me, which is good.'

However, one individual also noted that from an adult perspective, 'I thought they were really good... they just weren't really trained for dealing with stuff like how actually vulnerable young children are...' They reflected that carers had not tried to intervene by addressing exposure to risks, including access to cigarettes at a very young age, running away and sexual exploitation by older men.

2.5 STRICT, HARSH OR ABUSIVE CULTURES

Where the prevailing culture of care institutions was strict, harsh or abusive, people described how this was reinforced by adults who held the most senior roles, by hierarchies that appeared to be operating within the adult group, and by the closed nature of that group.

Almost all of those who grew up within care institutions run by religious organisations recalled a dynamic that inhibited the expression of kindness, affection or responsive care by carers who appeared to want to provide more child-centred and nurturing care. People recalled carers or other staff (such as a cook in one example) intervening when they were subject to (or witnessed another child) being hit or beaten. Some experienced this positively, noting that the person responsible for the abuse was not seen again in the care institution. Others, however, experienced this negatively and described feeling afraid because they knew that the person who had intervened was challenging accepted practice; they worried this might result in repercussions for the child or the intervening adult. In such instances, people noted that adults who raised issues regarding the treatment of children soon 'moved on' or were 'sacked'. We heard that awareness of such dynamics affected children's willingness to disclose who had hit or injured them when queried by other carers.

Suppressing kindness

With specific regard to care institutions run by religious orders, people shared experiences of nuns prohibiting other nuns from expressing care towards children or of nuns caning or beating children when they had witnessed another nun being kind and caring towards them. We heard that this established a culture of fear, amongst children and some adults, and undermined the potential for a warm and caring environment to be established. People remembered moments where they believed nuns had wanted to express love, had their 'interests at heart' or had attempted to provide children with positive opportunities or activities. In a few instances, people remembered improvements in care when particular nuns, who had exerted control over others, moved on. For example, we heard of dormitories being decorated with colourful blankets or rugs, one individual gaining access to music classes and another being given pocket money.

'We were never allowed to show any sort of feelings. If you comforted someone who had been punished or tried to protect them, it was worse for you.'

Loneliness and isolation

Despite living within a group, people told us that as children they felt lonely and isolated; they gave examples of being forbidden to talk to, play with or comfort other children. We heard that carers in various types of care institution, not just those run by religious orders, created and reinforced negative dynamics within groups of children; some created hierarchies by attributing responsibilities and privileges to some, by encouraging children to dislike or hit each other or by trying to suppress their inclination to help each other.

'I remember one day sitting in the sitting room. This little girl, about three, was crying. You weren't allowed to pick up the children, you weren't allowed to hug the children, you weren't allowed to go anywhere near another child.'

Presenting a positive image to the outside world

We were told that when visitors came to care institutions, carers changed how they expressed themselves, what was on display or how the building was used. In contrast to how they usually behaved, we heard that carers presented themselves 'smiling, smiling' with calm 'quiet spoken' voices; they were more courteous and conscious of the image they were presenting. People told us that different food, drink, toys and activities were on display and available to them when parents, other visitors or social workers came. We also heard that when they went out visiting or to church, they were provided with better clothes to wear and people described how this undermined their confidence to share what was actually happening within the care institution because they felt that they would not be believed.

'So I went out of there like a new penny but as soon as you came back they take that gear off you. And you never see it again. There was so much falsehood about the thing. That to me, because I've been thinking about it a lot, none of this was accidental, it was actually a planned regime.'

'She would be sitting there, you know, quite the peacock, you know. "These are my children." I used to think it was a show for people who were important and once that door shut, that was it. It was a totally different atmosphere.'

'Who outside the walls of this 'home' would believe me against a nun who presented an image to the world of a quiet spoken, caring, compassionate human being!'

Hiding neglect and abuse

People's testimonies revealed strategies used to hide the neglect and abuse of children in institutional care. We heard that carers used parts of the building or grounds that had restricted access to inflict abuse on children and that children were encouraged or threatened to stay silent about what happened within the care institution. When children looked likely to contact parents or social workers about their care, we were told that carers attempted to appease or distract them by providing treats and outings. We also heard that when children were marked or bruised due to abuse, they were stopped from wearing clothes or taking part in activities such as sport that would reveal their injuries. We were told that carers restricted interactions with people outwith the care institution, maintaining a tightly controlled group of children and adults.

'It was a very closed institution. You weren't allowed to mix with the kids outside. You weren't allowed to, how would I say it, take a kid into play in the playground. It just... that was a no-no. You just... that was your area and that was it. Everything was in the house.'

'There was this kind of network of the guys, the old boys, and they all got each other jobs and stuff.'

'She tied it up so tight the outside world did not exist. Didn't exist.'

2.6 EMOTIONAL AND PHYSICAL ABUSE AND NEGLECT

The accounts of neglect and abuse in the testimonies were stark. The emotional pain experienced at the time, and since, was palpable in the sadness, anger and distress that people displayed as they revealed what had happened to them as children.

People recollected their own direct experiences, in addition to witnessing others being subjected to neglect or abuse, and their suspicions of the occurrence of sexual abuse. Across most of the testimonies, we noted that carers routinely perpetrated emotional abuse and that physical abuse was an everyday occurrence.

Across many testimonies, chronic neglect was described and some included experiences of sexual abuse; where this took place, people told us it often appeared to be endemic within the institution. We heard that both male and female carers were perpetrators of emotional, physical and sexual abuse against children.

'She hated me from the minute I went in there. The first thing she said to me was that I was the spawn of the Devil.'

'I was always made to feel that everything I did was never good enough. I was often told that I was thick and stupid.'

Emotional abuse

The intentionality, depth and range of emotional cruelty described in the testimonies was astounding. We heard that 'mental cruelty was what they brought you up in'. We heard that in some care institutions, carers referred to children by numbers rather than by their names, called them derogatory names or described them as being 'bad', 'evil', 'the Devil' and 'stupid'. People told us that they remembered being told by carers that they were 'unloved', 'unworthy', 'abandoned'; that it was understandable why their parents did not want them or why they had no friends.

'And then somebody's constantly saying, "You're a bad kid. You're bad."'

'They threw all sorts of things at you but you just took it as, you know... they must be right.'

Some people learned later that carers had prevented their parents or friends from visiting, had taken letters written by or to children and had even lied about the death of parents. Where parents visited and gave gifts or money to their children, we heard that carers took these away. When children had been separated from their siblings, we were told that carers refused to share any information about how they were doing or where they were, or to allow siblings to spend time together.

'So you believed every single thing that you were told. That our parents didn't care, that nobody loved us anymore, that we'd been abandoned in that place 'til whenever.'

'I asked one day when my Dad was coming and I was told, "You're Dad's no' coming back. You're staying here, nobody loves you, nobody cares, that's why you're here and don't you ever forget it."

'I think one of my sisters left when I was about eleven and a half... when I asked where she was, they wouldn't tell me. Told me it was nothing for me to concern myself with, to keep my mouth shut. So I had no idea what happened to my sister, she just disappeared. Then the same thing happened to the next one down the line and I was left. They never came back.'

'He said to me, "You don't have many friends, do you? I mean, no one comes to see you... I wonder why that is?" And he kept talking like this and I went upstairs feeling really bad. "Maybe he's right, nobody comes to see me."

'Oh, it was really bad. If you done anything, they used to put you in a corner. And face the corner. And then if you turned round she used to just slap you and make you face the corner and you would stand there for four and five hours.'

'That night, I had to stand in the corridor 'til she told me to go to my bed. I was on the cold corridor all that night. I was only ten years old. I will never forget her face.'

'So I am terrified of dead bodies because I think I was about five or six - no, maybe six, seven - I got locked in the mortuary by a nun, with two dead bodies lying there and it scared the life out of me. In a room no smaller than this... but you were terrified trying to get out of this mortuary and you had visions of these two bodies sitting up and coming to get you.'

We heard that if children did not adhere to a request or requirement, or did something that displeased a carer, they could be ignored for extended periods of time, forbidden from speaking to anyone within their peer group or physically isolated from the group. We heard that children were made to stand, kneel or lie in isolation; that they were required to stay facing

a wall or were left in a corridor, church, chapel or other space within the care institution. Sometimes they were isolated for hours, overnight or even for days. We heard that the spaces they were left in were cold and dark and, in two testimonies, people described being left where the dead bodies of recently deceased nuns or priests were being held. People remembered as children that they frequently felt a sense of 'terror' at these times but they told us that if they protested, they were slapped, beaten or made to stay where they were for longer.

'I don't know how much information they are given before you go in these places but she knew I was scared of the dark. Very quickly, within the first couple of weeks, she seemed to know all the things that bothered me. I was locked in a dark room, pitch black, I couldn't even see my hand in front of me and she was stood outside the door telling me the Devil was in there with me.'

Physical abuse

For most of the people who took part in our hearings, physical abuse was an everyday occurrence when they were in institutional care as children. We also heard that they experienced being made to witness abuse, being made to assist in it by holding the arms and legs of others, or inadvertently observing abuse occurring or the immediate aftermath of it. People described being disturbed by what they saw at the time and of being haunted by images of it to this day.

'Mostly the one that stands out is my brother getting... it wasn't a strap, it was a cane. You know? It was like the size of a pool cue. I witnessed that and I was made to witness it because he told that girl to leave me alone.'

'The picture of abject misery and the pleading look in their eyes is, for me, a recurring nightmare, not least because, although I was only a child myself, I was unable to do anything to ease their pain. I so much wanted to reach out and comfort them. If I could be granted only one wish, it would be to have this scene erased forever from my memory.'

'This woman often beat near-naked girls in full view of younger children. Older girls were forced to hold those selected for this by their hands and feet while they were beaten. On these occasions, when I found it impossible to watch, I closed my eyes so tightly that they hurt.'

'Oh you knew, but you didn't know exactly what was going on you see. I thought when he pooped, it was all down his legs and stuff, that he'd been beaten 'cause he was screaming and screaming and screaming.'

We heard that carers threatened children with violence and people also described living with a continual sense of fear as children because there was no recognisable pattern to the violence.

'So it didn't matter what you did, you always felt as if... you were going to get something done to you if you done anything... good, bad or indifferent.'

'But then she'd say, "I'll give you something to cry for." So you soon stopped and we had this way of cutting the tears off. I could do it. I had to because, if you didn't, you'd get some more.'

'Basically we were sent down to the boot shed and just with a dressing gown, pyjamas and stuff and then would be punished or be told we were going to be punished, like, "You're going to be punished but you're not going to be punished now."'

In the words of one individual: 'It is difficult to separate the physical from the psychological, in many ways the two seem inextricably fused together.' This certainly seems to be true of what we heard concerning the degrading and humiliating treatment exacted upon children who wet their bed or clothes. People told us that carers demeaned children by drawing attention to who had wet the bed. They made children declare they had wet the bed while they were sitting with other children for breakfast by making them wear their wet sheets, by making them wear their pants on their head and by stopping them from washing – this meant that others could smell the urine or the methylated spirits that had been used to scrub the rubber sheets on their bed. We were told that carers made children bathe in cold water, rubbed their faces in urine, excrement, soiled underwear or sheets, and beat them.

'You got terrible treatment for wetting your bed. Sheets got hung over ye and ye got chastised all the time, hit for it and so on and so forth.'

While perspectives on smacking children and the use of corporal punishment have shifted over time, the accounts given in the testimonies certainly catalogued a level of violence that was tantamount to a regime of cruelty. In some cases, as one person described it, it equated to 'systematic, organised torture'. When describing the group of people who were responsible for caring for them, one individual summed up that as '... well, basically the house parents were quite violent people.'

'They were all them quite violent, it was like a mini prison. The staff there made it very clear, they said on the first day I was there, "If you... if we have any problems, we basically hit you." That's what they said, "Our staff hit the kids."'

'She used to say, "Right, hands up who wet the bed?" And there'd maybe be ten kids sitting, faces like tomatoes you know what I mean? "Oh look, he did it yesterday and she did it - that's four days to you." And that kind of thing. She belittled them so much, the tears used to flow down their cheeks and I used to sit there and think, "Witch! How dare you!"'

'I tried to stay outside but wet my pants and had to walk up to find the laundry mistress, the games mistress, the nun, to ask for another pair of knickers. I was ridiculed, told I was dirty and lazy. After this, I decided that if it happened again I wouldn't tell and try and wash them secretly.'

'We were made to stand in a line, every night, in a queue and the nun would be there, turn your pants, your knickers, inside out. And hold the gusset up. And if they were marked or soiled in any way, another cold bath and belted.'

'Swish. Because it used to swish through the air and you could hear it before you felt it. She beat me for ages with the bamboo stick and again started going on about the Devil being in me.'

'You got the belt if you spoke out of turn. Smacked for nothing. "See what you got for something?" And that was a regular occurrence.'

Some considered how carers had appeared to enjoy inflicting pain. One individual commented: 'She enjoyed it. She was getting something out of it, they were getting a kick, sitting laughing at you and that was horrible.' Testimonies described carers as having 'slapped', 'smacked', 'punched', 'hit', 'whacked', 'beaten', 'whipped' and 'kicked' children. We heard that they did this with their hands and with their feet, and that they used a range of implements including hairbrushes, big rulers, belts, canes, a switch and walking sticks. We heard that children were hit in the face, on their hands, their naked legs and bottoms.

'I was punched in the face, in the nose, until bloody.'

'He used to hit us a lot. With whatever he had... we used to get lined up every night for that, after dinner, to get whipped or whatever. With a stick if you'd been naughty during the day or whatever they'd chosen as naughty.'

When giving their testimonies, people emphasised that being hit as a child in institutional care was an everyday occurrence, it happened frequently and for mundane reasons - 'not saying grace properly', 'not holding knife and fork properly', 'you looked back you got belted', 'last one out would get a smack', 'for not sleeping', 'for sleeping in the wrong position'. We heard that children were hit when they hurt themselves or when they expressed emotions, for example when falling over and crying. We were told that carers pulled children by their hair, ears or limbs, or nipped them.

'They would drag you out of bed, drag you out of bed by the hair or the arm... and throw water over us you know? Cold water, threw cold water over us. Naw, not all the staff, one or two.'

'[Name of carer] put me out of the bed, I was still in a kind of cot, and they ripped my lug. I've got scars behind my lug but they ripped you, putting you out the bed by the ear.'

'One nun used to nip you and it was like she left little bruises, she never ever - she very seldom smacked anyone.'

We heard that carers pushed children into walls and radiators; they 'smashed their heads together' with other children and they choked children while threatening them.

'She would take the two people together and bang your heads together. Now that was really sore.'

'[Name of carer] is calling you for everything and I mean you're losing the will to live here 'cause you canny breathe, because he's squeezing your throat going - and then, see in a blink of an eye, he'd just go like that [gestures] and [name of carer] is away doon the stair.'

People told us that as children they were force fed by carers holding their noses or mouths, or hitting them until they ate. They were made to eat food that they did not want to eat, food that was mouldy and even their own vomit.

'He made me eat it. I was just vomiting on it, you know, in my mouth. Keep swallowing my vomit and he keeps smashing me in the side of the face, telling me to eat it.'

'One day, I couldn't eat my tea. It was tripe. [Name of carer] held my head back by the hair and she forced me to eat it. I vomited and she made me clean it up. I didn't do it properly and she dragged me across the floor and lashed me with a belt and left me crying in the bathroom for hours.'

'I just got other abuse like beltings and eating vomit and face stuck, stuck in excrement.'

'You'd be stripped naked and you would stand with legs akimbo and a bar of carbolic soap in your mouth if you said a bad word.'

'She held my head under the cold tap. It was freezing. I didn't get any dinner.'

We heard that carers made children strip and bathe in cold baths or left them standing in the cold, for no reason, as punishment or as a means of exerting control.

Two of the testimonies we heard included descriptions of carers, nuns in both incidences, intentionally cutting girls in their care.

'The comb was her instrument of torture. She began with my right hand, beating continuously on my knuckles with the tooth of the comb. When the skin broke and the blood showed, she carried out the same treatment on my left hand. My head was then attacked in the same fashion and I felt the blood run onto my face. Twice during that day she returned me to the dormitory to sit and wait for her as she was, she said, "going to say my prayers". Later that night I lay in bed unable to sleep because of the pain. My hands were, by this time, swollen and discoloured. The pain in my head indescribable.'

'One of the most violent times... something must have happened, I've upset her in some way and she came over and grabbed me and before I knew it she was cutting me with a pair of scissors, down on the bench, cutting, digging in, bleeding. I put my hands up and I was struggling and another nun came along and held me and I got to the point where I just... and you'd done this quite regularly, you knew, don't struggle, don't fight back. And I just let her get on wi' it and I ended up, getting put in... they used to call it a hospital ward.'

People described both the physical and emotional pain associated with the harm inflicted on them as children. They described welts, bruises, wounds and scars that they retain to this day. One individual recalled that the worst thing about the physical 'discipline' in the care institution was not the treatment they received themselves, but hearing other children being punished; they told us that the amount of beltings you got was linked to your age and recalled that an older child had had to go to hospital after being abused in this way.

'We were going to bed, you know what I mean, hungry sometimes, really. And some kids would cry and that because, I think, they were hungry.'

'Everybody was hungry. They were hungry to the extent, as I say, they were pinching out the cupboard.'

Neglect

We heard that basic physical and emotional needs went unmet over a period of years for many children. They went hungry. While some people in the older age groups of those giving testimonies reflected that, at the time it was not uncommon for people to be poor or have limited access to food, we heard of an example in a family-run care institution where the carers and their own families ate well but the children in their care were restricted to fewer meals with the same food items (for example, porridge, oatcakes, cheese) day in day out.

We also heard that, at times, it appeared that restricting food was intentional cruelty on the part of the carer. One individual talked of carers choosing to 'starve us on a whim, for a day or two' or of locking them out of the kitchen so that they could not get food for themselves. We heard of one person becoming ill.

'I'd felt very ill and I'd gone to the bathroom and been sick and it was green and I didn't know what it was and I'd gone and disturbed her and she said, "It's alright, it's just bile. Back to your room." How cold. I don't get that. I don't understand that you know.'

'Our hands would be cold and stuck - we'd have our wellingtons on and our feet were frozen and she would say, "No, go back in the playground. Go back out to play."'

to the kitchen was monitored and the taps were taken off the sink and bath in the bathroom. We heard that children used to 'go into the toilet, flush the toilet and take handfuls of that water' or according to one person's testimony when they '... were out in the fields, see the wee clover things, the grass, we used to suck on them because it gave us some juice, aye.'

People described living in care institutions that were cold or being made to spend time in designated places that had little shelter. They told us that carers made them play outside for extended periods in all weather, irrespective of illness or health conditions that were exacerbated by the cold. If they forgot their hats, scarves or mitts, they were not allowed back inside to retrieve them.

We also heard that carers gave little attention to children's clothes, cleanliness and hygiene. People described having limited access to clothes or shoes and when they outgrew them, not having them replaced. Some described being unkempt and unclean. We heard that, as children, some were prohibited from cleaning themselves, from changing their clothes, or from fully changing their beds if they were wet or soiled.

Some of the women in the hearings described, as young girls, being 'panicked' and confused when their periods started with no understanding or explanation given as to what was happening. One told us, 'I thought I was dying.' We heard that access to sanitary protection during menstruation was controlled, 'one a day', which was humiliating.

Testimonies revealed that children's intake of fluids, including water, was restricted. In one testimony, we were told that children were allowed a drink with breakfast, at school and a cup of tea with dinner, and nothing else. We were told that access

'One pad, and that was a day, and if you were heavy and you needed another one - "Oh, no, no, no, no, you're not getting another one. It's not tomorrow yet, off you go." And I never knew pads came in a packet 'til I left the school.'

People told us that as children they experienced pain, discomfort, poor health and injuries that their carers did not acknowledge and did not seek medical care for. We heard of accidental or inflicted wounds that were not cleaned and left scars for life. One individual told us they'd had to access painkillers themselves because it was pointless seeking help from their carer. Another described experiencing severe earache and their carer refusing to seek medical advice until a schoolteacher telephoned to make enquiries.

The absence of nurturing care, compassion and empathy was an important dimension of neglect experienced by the people who spoke to us. We heard that carers didn't offer understanding or comfort to those who were experiencing loss and separation from their families or who were bereaved following the death of a parent, sibling or other relative. And we heard that carers were unresponsive to common fears and upsets that children had, such as nightmares. People described their carers as 'cold', distant and disregarding of them.

'If upset, put to bed. "Bed! I don't want to listen to you, go to your bed." That was her answer to everything and the next day, when you got up, if you were kind of feeling, you know... down, she would say, "Well, you're not any better, you just go up to your bed tonight."'



'She said to me, "Your brother's dead." And I remember waiting for her to tell me which brother, I've got three brothers. I had three brothers. And I looked at her and she never... and I said "Who?" and she said, "I don't know," she said, "You'll find out," she said, "You'll be going to the funeral and you'll find out then." And she still sat at her desk. She didn't get up. You know, she didn't do what would be natural. No compassion whatsoever and I was told to get out and get on with it and I didn't know who was dead.'

2.7 SEXUAL ABUSE AND DEGRADATION

We heard that both male and female carers subjected children to sexual abuse and actively perpetrated sexual abuse; some also facilitated access to children by other adults for the specific purpose of sexually abusing them.

The levels of depravity experienced by some of the people who took part in our hearings were palpable in their testimonies. We heard descriptions of direct experiences of sexual abuse and experiences of witnessing or suspecting that it was happening to peers, including people's siblings. Testimonies contained information suggesting there was knowledge - within the care institution and at higher levels of authority - of the occurrence of sexual abuse within care institutions and that there were few efforts made to prevent or address its occurrence and its impact on the children who were made subject to it.

We heard that where efforts were made to deal with the perpetrators of sexual abuse they were temporary, ineffectual and with a primary purpose of covering up what was happening rather than with concern for the children involved. We heard from people who suggested or believed that organised paedophile rings were in operation during their time in institutional care. Their testimonies included descriptions of witnessing other children being removed from activities during the day or taken from their beds at night to be sexually abused, and descriptions of children being brought into care institutions, from other care institutions, when certain adults were visiting. Three of the testimonies that we read described areas in buildings that were out of bounds to children who weren't targeted for sexual abuse.

In a few testimonies, we heard that adults ordered children to sexually abuse other children. And we were told that some children were sexually abused by older peers within the care institution or were fearful of sexual assault by other young people in the local community, due to their perceived vulnerability. People described feeling confusion and guilt about being subject to sexual abuse. For many, these were experiences that they had not, until giving their testimonies, been able to talk about due to the pain and shame they associated with them.

Examples of voyeurism

People told us that, as children, they were made to undress while being viewed or watched by adults, both their own carers and other adults who were invited into the care institution, such as priests or doctors.

'He used to also make us do naked exercises. We'd all have to get naked and do exercising in front of him. I think that was around shower times.'

'... there was a line - one, two [counting] four or five men outside the door of which [name of carer] was one of them... I didn't think of anything until I'm thinking now you know. It was obvious what was going on. Pimping the kids out.'

'They're all paedophiles, as bad as that sounds. I'd hate to call someone a paedophile when they're not 'cause I don't think there's anything worse on the planet you can call someone you know...

'Cause all that gang came at the one time including [name] right, he's another one that visited. He's like the high ranker... They were the same gang. Same group of people who visited.'

'There was a gentleman there, I assume was a doctor - [name of carer] asked me to strip. Of course you stripped and this guy walked round me several times. He never took my temperature or height or nothing. He walked round me several times and then [name of carer] told me to put my clothes back on. And to this day, I never knew why he was there. But I know I was embarrassed.'

Inappropriate sexual touching and masturbation

We heard that children were subject to sexual touching by adults, sometimes masked as teaching activities, medical checks or play; touching often happened when they were in their beds sleeping or when they were asked to go to particular rooms or parts of the care institution building, separate from other children.

'I was taught to read but the teacher who taught us to read wasn't teaching us to read. He was more interested in rubbing up against us and sitting us on his knee you know.'

'Once a year, we'd get a doctor come in. We'd be made to line up in our underpants. Hmm. I never understood why a doctor had to stick his hand down a girl's pants.'

'They said they wanted to have a talk with me and they started to talk to me about sex and started to say, "How does it feel like when you get an erection? Do you ever?" And I just thought... I didn't know what was going on. I just thought they were teaching me the ways of the world or something... then they started tickling me and one of the guys, the older guy, sat me on his knee and pulled my legs up like this and I thought they were just joking, I thought they were mucking about and then he starts patting my bum and then, even at the time, I didn't know what was going on.'

Testimonies revealed that sometimes children were made to touch each other sexually or to touch their carers.

'She used to make me and this boy stay behind in the classroom, and make us touch each other in our private parts. I remember him putting his hands down the inside of my pants. We never really knew what was going on. It's only later, when you're a bit older, that you realise. She would watch while it was going on. We were very young, only five, and didn't know any better but still felt something was wrong. I never told anyone.'

'... my hands were like ice cubes and I just walked in and went, "Oh man, it's freezing!" And he just pulls the front of his trousers open and says, "Oh stick them down there son, they'll get warm."'

We were told of children attended confession while priests masturbated in the confessional, of children waking up in the night to find carers masturbating over their beds or their bodies, and of children waking up in the morning to find semen on their hair, clothes or limbs.

'I knew that he was masturbating behind the confessional. Well, you know what I mean... his breath, we all knew.'

'He was spraying something on me, do you know what I mean? And I'm going, "What is it?" And he goes, "I dunno!" So I'm wiping it and smelling it but it wasn't water. I was saying, "It doesn't smell like water." You know what I mean. But then boys did come with stuff in their hair and stuff. I remember boys coming down, you're going, "What's that on your hair?" You know what I mean? So they were obviously coming in when you're sleeping, which I knew they did anyway, but at the same time... oh semen obviously. He was masturbating over my brother you know.'

Simulated and actual penetration with objects

Testimonies revealed that carers used objects to simulate or actually penetrate children, anally and vaginally.

'He hurt my big brother and my big brother told me to keep away from him... we had a little place where we played billiards, pool - a little room - and he came in there but he was massive... I was bent over taking a shot at the snooker and he picked up a snooker cue and shoved it right up my bum, you know. Just went like that - bang! I jumped up straightaway obviously and ran round the table away from him...I ran off.'

'She grabbed me by the hair, pulled me up off the chair, told me I was a brazen hussy... I was only eight myself; took me out the room by the hair of the head, all the way up in the lift, which was unusual 'cause you were nae allowed in the lift, into her cell, kept telling me that the Devil was inside of me, told me she was going to let me know how it felt to have the Devil inside of me. There was a dustpan and hand broom beside her bed. She used the hand broom to insert it inside of me and then asked if I could feel the Devil inside of me. In my head, in my head, I had no idea what it was.'

Accounts of rape and brutalisation

We were told through peoples' testimonies that, as children, they were raped vaginally and anally by the people who were supposed to be caring for them, by people who were invited to care institutions for the purpose of abusing children, and by people who were entrusted with taking children out on holidays or outings.

We heard that children were emotionally and physically brutalised. According to one testimony, the extent of violence inflicted on one boy (who the individual taking part in the hearing believed to be subject to regular sexual abuse in the care institution by a group of men) resulted in his death and its subsequent cover up. One individual told us in her testimony that, as a young girl, she was tied to a stool in an outhouse in the grounds of the care institution where a group of priests used an animal to brutalise her sexually and raped her repeatedly themselves. When she became pregnant, the nuns who were her carers subjected her to horrific physical violence, kicking her repeatedly and continuously in the stomach, until she miscarried.

'I told the priest what had happened. Worst thing I could've done. It just got worse. He comes out of the confessional, tells me I'm the most wicked child he has ever heard, takes me back to the nun. Tells her exactly what I said. The two of them look at each other with some kind of understanding. Some kind of unspoken language but they both knew what was about to happen. My punishment for repeating what had happened was being raped by him. It was on the front parlour table. I never told anybody again after that.'

'The nun went cuckoo because I hadn't used the [sanitary] towels. They just put them in your locker, they just miraculously appeared in your locker like everything else. She asked why I hadn't used them. I told her I didn't need to. I was taken into her cell and kicked senseless for hours and hours until the Devil came out of me. That's how she put it and that's what I believed. For years.'

'I asked [name of Brother], "Why does [name of Brother] keep hurting us all then?" You know. "Oh, he's a poor, he's a sorrowful sad man..." Da, da, that type of thing, you know. They felt sorry for him, not us.'

'So I managed to flee to the public phone and I rung my Dad, and he never believed me. He never believed a word I said. I'll never forget that call as long as I live.'

Unanswered cries for help

We were told in the testimonies that some children attempted to let others know what was happening to them. Of those who experienced or witnessed sexual abuse as children growing up in care institutions, many gave examples of children telling other carers within a care institution, telling their parents or other relatives who were visiting or trying to run away to escape abuse. We heard that they were neither listened to nor believed. No one who took part in our hearings described being removed from an institutional care setting, once they had raised the alarm, due to the abuse that was being perpetrated.

'My granny, she'd say these are men of the cloth, you know. When I told my gran things, must be your wild imagination. Yeah, I did. No shit. Yeah, I feel quite hurt by that, by my gran, you know. 'Cause I love my gran but she just put the church first.'

'I tried to tell [name of social worker] what had happened but I didn't really know how. I ended up lifting my skirt up to show him. Little did I know he was a good Catholic man. So it was the same scenario all over again. Taken back; he tells her what I told him. She tells him I'm lying, that I don't know the difference between fact and fiction, that I was riding a bicycle or something I think she came away with.'

2.8 ROUTINES, CHORES AND EVENTS

We were told that, in the main, daily life in institutional care was characterised by strict, structured routines and governed by rules.

Testimonies revealed that bedtimes, mealtimes and bath times were set and that deviating from routine, such as washing hair on the wrong day, was often punished. People vividly recalled the monotony of life growing up in a care institution, where each day felt the same.

'I could tell you everything I was going to have, it was just the same, the same, the same.'

'It was ritualistic... every single day was ritualistic, the same pattern over and over and over again. It was like Groundhog Day. The only difference was you didn't know who was going to be battered that day.'

People told us that they remembered getting up every day at the same time. They got dressed, (sometimes under a sheet to avoid showing their body) and washed only on designated days. They ate breakfast and completed morning chores before attending school or lessons. We heard that some were required to begin their days and undertake their activities in silence and that no talking was allowed in dormitories or washrooms.

'We had done so much from six o'clock in the morning 'til half past eight when we were leaving to go to school.'

'Most of your time, you were out to play. That's what you did, you were sent out to play, come back when the streetlights came on as they did in these days.'

Where care institutions were run by religious organisations or linked to churches, we heard that children prayed or attended church before school or lessons.

'From there on it was get up in the morning, do what you had to do, school.'

After school or lessons were over, we were told that children completed chores, then ate and that older children were often designated helpers to younger ones. One person acknowledged that as a child they had valued the predictability of the routine, the availability of food, of going to sleep in the same bed every night as this contrasted positively with a highly unpredictable family home environment. Others, however, described care institutions that had less structure imposed where, generally, mealtimes were set but the rest of the time as children they were expected to occupy themselves and stay out of the way.

Bedtime routines

For many of the people who gave testimonies, bedtime routines were regimented and overshadowed by a sense of fear. Within care institutions run by religious organisations, we heard that the children in each dormitory had to say their prayers each night, kneeling by their beds; also that lights went out at the same time, talking was not allowed and children were required to lie in the same position to sleep. We were told that carers closely monitored the dormitories, patrolling up and down the rooms. If children were found awake, talking or lying in the wrong position (even while asleep) they would be punished. People remembered the distress they had experienced at nighttime when they missed siblings and comforting toys.

'You had to sleep with your arms crossed, one hand on each shoulder, flat on your back like a corpse. I found that so hard to do because the last time I had seen anybody that was my Gran. I thought I was going to die so I didn't want to do that.'

Eating and mealtimes

While we heard that some people often went hungry as children, others reflected more positively on food and drink provided by care institutions. Some people commented on the good quality of the food, the fact they had choice in what they could eat, and the fact that food was available, which contrasted sharply with their experiences in the family home.

'When we went in to bed, I think I got a bit upset and I started sort of calling out for my sisters to see where they were and I was very quickly slapped and told, "You're not allowed to speak in the dormitory."'

'...if they caught you awake or no' lying in the position that you should be lying in then hell for leather you got in a bother 'cause you had to lie in bed like that.'

'It was different from what I got at home but it was good food. Three meals a day and then you had a snack just before you went to bed. A biscuit and a glass of milk or whatever before you went to bed. If you were hungry, you could go to the kitchen and ask for something, at any time, it wasn't regimented.'

'I think she said have yous had breakfast or something, lunch will be at such and such of a time and now that I'm actually telling the story there's more stuff coming back to me in my memory and I thought oh my god we're getting lunch today as well. This is fantastic.'

More commonly, however, people's testimonies reflected negative experiences of food and drink. We heard that poor quality food was given to them as children, variously described as 'gruel', 'gristle' or 'sour milk'; we were told it was 'disgusting'. People remembered seeing food donated to their care institution, but that the children did not receive it, and remembered carers' reiterations that they should be grateful for what they did receive.

'[Names of carers] used to take in crates of fruit and, ooh, god knows, there was crates and crates. They used to take a van up and empty it, went into the room, we never seen any of it, kids never got any.'

The monotony of the food available was also commented on – we heard that children ate the same meals on the same days at the same time, week in week out. Commonly we heard that children did not have choice over the food they ate and that each child got the same size portion: '... everybody got two sugars in their tea', '... you got a slice of bread each, everybody had a set amount of what, so it was quite regimented.' We were told there was a clear expectation that any food put in front of children had to be eaten; not finishing it was something children were punished for. Many people recalled being given the same meal again and again until they ate it and we also heard that children were force fed when they did not to eat their meals.

'Some of the things I remember, you were taken for dinner in the big dining room and if you didn't eat it, you got it for lunch, you got it for dinner, and if you didn't eat it, you got it for breakfast. And breakfast was put on top of it and if you were to eat it and if you were sick, you'd to eat that an' all. It was pretty horrendous but you got to the stage where, that if I don't do this, I'm going to have that for the next meal, you know.'

Chores

We were told that children had to undertake chores within care institutions and the testimonies that included descriptions of this revealed that children spent a considerable amount of their day carrying out domestic tasks and that this often took precedence over homework. We heard that both girls and boys were allocated domestic jobs and that these included scrubbing, polishing or waxing floors, stripping and making beds, cleaning toilets and sinks; in care institutions run by religious organisations, this extended to cleaning the church or chapel too. We heard that younger children were expected to help and, as children got older, they were usually expected to take on more responsibility. Other chores related to food preparation, such as helping in the kitchen to peel vegetables as well as washing dishes, setting tables for meals or cleaning shoes and ironing clothes. Carers, especially those in care institutions run by religious organisations, expected children to take their chores seriously and take pride in their work. We heard that not doing your job in the correct way or to the required standard could result in having to repeat the task multiple times or punishment in the form of being isolated or beaten.

'We were the cleaners. On your hands and knees for hours on end polishing floors.'

'I don't think they had many domestics in those days, I think we were the domestics.'

'The routine of cleaning the dormitory, stripping the bed, drying the mattress, cleaning my locker, washing the sinks, polishing all my shoes and boots and lining up for inspection and being frightened because it wasn't good enough, if you hadn't turned your mattress or cleaned the sink properly, you did it over and over again.'

'They had plenty of places we could go: the TV room, dining room, library, the main hall and then we had a recreation hall, then you had lots of stuff outside to play with.'

Play, activities and outings

People talked about the degree to which they got the chance to play as children, take part in fun activities or go on outings. Those who remembered good times in institutional care recalled having books and toys, having access to outdoor space to explore nature and taking part in sports; they recalled outings to the circus, cinema or park and being taught to swim or ride a bike. In these instances, we heard that carers were pivotal in creating a stimulating environment and that a few care institutions or individual carers seemed to prioritise this.

'The staff engaged with the kids, they had activities which seems to be key. They weren't like overly affectionate, the staff, or anything like that, they weren't trying to be your parents, they just had kind of... the staff were interested in you.'

By contrast, other people recalled there was little to do. They told us the communal play area was hardly used, carers made no effort to organise any activities or they were told to occupy themselves and be out of the way for much of the day. One person talked about how the ethos

of the care institution permeated their ability to relax and enjoy themselves, '... we were too scared to enjoy anything 'cause you felt everything was a trick'. Few talked about their individual interests being encouraged.

'We didn't really go many places. They never took us anywhere... we would mainly just go out in the fields and just play ourselves.'

Some people recalled having an annual holiday to a different care institution (often another convent for those already growing up in a convent) or a holiday camp or going to stay with volunteers – host families in the community.

Experiences were mixed. Sometimes childhood memories were happy and people emphasized in their testimonies the value they placed on doing something different to their daily routine or talked about being treated kindly.

However, others remembered having no choice about visiting volunteers or host families for a holiday. We heard that children were not well looked after.

'I had a very happy time and began to realise that the convent was a nasty place because I was never hit or shouted at or saw anything bad even though I did get dirty while out playing in the park. I had to go back to the convent and I remember crying as I knew that the happy times were over. It was so nice to be treated like a child, like the love I had received before I was five.'

'We mainly had to fend for ourselves. The lady was very abusive to all of us, had men we didn't know in and out of the house. We were sent out. Their neighbours often gave us food. [Name of host] raided our cases and took the money we were given to spend from us.'

Celebrating special occasions

About half of those giving testimonies talked about special occasions, such as birthdays and Christmas. A few people had positive memories of their birthdays in institutional care, such as being able to choose a gift, going to the family home if possible and having treats. More commonly, especially in accounts from those who grew up in care institutions run by religious organisations, people talked about never having their birthday acknowledged nor

'On the birthdays, we would be taken in to, like I said, the birthday room where all the new toys and gifts were kept. Depending on our age, we could choose presents for ourselves but we were also given surprise presents too and we would have a birthday cake.'

celebrated while growing up; one individual told us, 'I mean I don't remember birthdays, I never celebrated a birthday, ever.'

Two people told us they didn't know when their birthday was until they were older and another recalled they had received a gift from a relative but that it was taken away from them. Yet another remembered being hit on their birthday

and told they would have bad luck for the next seven years. Of the people who shared their memories of Christmas during their hearing, some recalled this positively. Christmas was described as a time that did not feel like the rest of the year; it was the 'best time' and 'Christmas, that was good. They always went out of their way to make it special.' People with positive experiences recalled parties, gifts, toys, a decorated tree, carol singing, good food and Father Christmas visiting.

'We're sitting in the dining room and there was a massive lawn and... there were all these trees. So, one of the nurses said, "Oh, who's that?" So, we're looking out the window – Father Christmas. I mean it was, as I'm saying, it was so real... bag, and he's trudging, 'cause it was snowing, trudging through the snow.'

However, not everyone got to join in celebrations; we heard that some children were told they were 'naughty' and were excluded from joining in the festivities. Some people told us that the toys they got were damaged or taken away from them, while others felt an increased sense of isolation at Christmas time as no one visited them and they had no opportunity to go to their family home as some other children in the care institution did.

'I really felt abandoned. No more than on Christmas Day when everyone had long gone home... It wasn't the presents, it just needed people, you know.'

2.9 RELATIONSHIPS WITH IMMEDIATE FAMILY

The majority of people who took part in our hearings gave testimonies revealing that little effort was made to support or facilitate them to keep in contact with their siblings or parents while they were growing up in institutional care as children.

Brothers and sisters

We heard that some siblings were placed together in institutional care and remained together. However, although they may have lived in the same place, we also heard that they did not always get a chance to spend time together, mainly due to the rules of the care institution or the actions of specific carers. We were told that siblings were split up because girls and boys were segregated or because of differences in age, for example. People also gave examples of specific carers deciding to separate siblings for no apparent reason, of children being made to sit at opposite ends of the dining room or to sleep far away from their siblings.

'She split us up. Now, she made up her mind there and then that we would never be together.'

'I was never allowed to sit near my sister or be seen talking to her. The terrible loneliness was setting in.'

'My younger brothers were in [name of care institution] and were housed in a separate building. They were allowed a visit with me once every two weeks.'

'One time he was hitting me in the dining room, probably over food again, and my big brother stood up, he went, "Leave my brother alone!" Brave bugger. He just attacked [name of carer] straight away. Just went over and started beating [name of carer]. I was shitting myself, thinking, "Oh no, my big brother."

'I just saw my little brother with both feet off the floor - BANG - on his back like that. I ran across. I looked for a brick or something to smash [name of carer] in the face. I was going to smash him in the head but there was only a handful of pebbles and I knew they would just bounce off him and then he would beat me.'

People described trying to catch a glimpse of their sibling and attempting to spend time together, for example, sneaking over to their bed at night. Children were punished if they were caught.

'I got to see her [name of sibling] a couple of times though, by hook or by crook.'

When it was permitted for sisters and brothers to see each other, we heard that their time together was monitored and tightly controlled.

'On these occasions we were allowed to walk together round a yard at the rear of the building, with either a nun or an older girl supervising us to ensure we kept our hands by our sides to avoid physical contact with our siblings.'

We also heard how distressing it was to see a sibling being treated badly by carers, how helpless people felt as children but also what they tried to do to prevent them from being hurt.

Sometimes, at the point that children entered institutional care, they were separated from their siblings. We heard that some children remained in the family home while others were taken into institutional care or that siblings were placed in different care institutions.

'It seemed that a social worker would turn up and my brother and my sister - I'm estranged from my brother and my sister and it's exactly down to this: because social work didn't have places. They wouldn't find a home that would take three kids, that's simply that.'

We heard that children were left not knowing basic details about their siblings, where they lived or how they were. People spoke about how acutely they missed their siblings when they were growing up in a care institution. Previously, in the family home, they might have slept together in the same bed, sought comfort in each other's company or acted as the main carer for their siblings. Some told us they felt guilty for having to leave them.

'I'm thinking where's he? Where's my brother? Where's my other two brothers? What the hell have they done with them? Will I see them tomorrow? All whirling through my head. Life just went on with no explanation whatsoever.'

'I didn't have any contact wi' any of my family for that two and a half year. Now, see genuinely, I'm no' saying that I felt great about him punching me and dragging me all over the place, to leave my wee sisters and my wee brother there, I don't mean it that way but I'm still saying to mysel' maybe if I had've just stayed. I don't know whether they got leathered or not. I genuinely don't know. They probably did but I don't know.'

Some people experienced being separated from their siblings after being together for a period time in institutional care. At times, we heard, this was due to an older sibling becoming too old to stay in the care institution and having to move out.

'My brother had left and he went into the army, the swine. He went into the army and I suppose you cannae blame him. It was getting him out of the situation you know.'

Some siblings simply disappeared. People told us that as children, when they were left behind, they felt anxious and worried because they did not know what had happened. We heard that when they asked carers for information, they were sometimes punished for asking or were not given any details, either because the carer did not know or refused to tell them. In one person's testimony we learned that carers denied that they had a twin despite the fact that they had been together until they were 11 years old. Such experiences were described as deeply traumatic in childhood and we heard that the impact resonated throughout people's lives.

'I thought there was absolutely nothing my sister could not do and when I lost her it was the death of another little part of me.'

Hardly anyone who had been separated from their sibling or siblings talked about being supported to keep in touch. Some people told us that they discovered later that letters had been sent but never received, and that very few people got the opportunity to visit siblings who did not live in the care institution. One individual said that after she left she had *'fought and fought and fought to visit'* her younger sister but was not permitted to. Even when children were not directly impacted by separation of their own siblings, they witnessed the impact on their peers who were.



'After what seemed like an eternity a nun reappeared. Roughly she took hold of both of us by the arm. She opened the playroom door and pushed me inside, then disappeared through the swing doors with [name of sibling]. I never saw my sister again and although I have constantly tried to, no trace of her has ever been found. But hopefully some day. There was no further reference made to this incident and although I waited with hope for news, these nuns saw no reason why they should tell me anything.'

'I went into school and my teacher says to me, "Where's your twin?" and I went, "I don't know, she must be coming." ... instead of going right into the dining room to have my dinner, I went up the back stairs and I discovered that everything was away for my sister. I looked in her locker, nothing there, her bed was stripped, you name it, and I went down and it was [name of carer] that was there and I said, I started shouting and I was crying and everything. I wanted to know where she was and she just threw me aside, told me to eat my dinner.'

Relationships with parents

For almost all the people who attended our hearings, whether they continued to see their parents or not as children, sadness underpinned their separation. In many cases we heard that carers had a negative influence on parental relationships, for example, by needling children about not being visited; by stopping family visits as a punishment for behaviour they deemed poor; by reading and altering letters; and by taking away gifts that parents had given their children when visiting. We heard that some people knew nothing about

'I just remember, later on, that it was kind of heavy for little children to be experiencing and the older one asking me to look after his little brother. He was going to be adopted and they weren't going to keep in touch. So it was all a bit adult.'

their parents and did not see them. Some were unaware of who their parents were or were unaware of what had happened to them after they were separated from them. Some knew that their parents were unable to visit, due to being in prison, due to the cost and distance of travel or due to their mental health or physical illness. Others remembered a parent visiting them regularly for a time and, when it stopped, not knowing why or what had happened. As children, they found this very painful. Others remembered very sporadic visits from their parents. In the main, people remembered experiencing parental visits as positive and enjoyable, although they also felt sad to be separated again.

'When I was in [name of care institution]... that's when I used to wonder about my mother and what's happened and that but, as I say, nobody knew where she was.'

'I was upset that I didn't get my Mum to visit me. Other children's parents and siblings visited them. The worst time was the Christmas concerts.'

'I didn't want to go home because nothing at home had changed and no one could see that.'

'And then this big bell would ring at the top of the hall and that would be somebody from the parlour ringing to say someone's got visitors but we always knew it was our Dad... it was lovely to see him but every time he went it was, you know. Oh, it was so sad.'

'I kept still thinking my Dad's coming back. I don't even know when I stopped believing that but I kept thinking it for years, my Dad's coming back. But he didn't, he didn't even come and see us.'

However, a few of the people who spoke to us remembered finding visits particularly hard, for example, when a parent turned up drunk, asked for money or broke the rules by taking them out of the care institution.

We heard that some children went back to their family home regularly, either because they were at boarding school or as part of an ongoing arrangement relating to their care. We were told that this could be difficult for different reasons. For some there was a significant difference in the material conditions of their care institution and their family home. They described feeling 'guilty', when they returned to a family home with no food or electricity. Some told us they bought food and cleaning products to help out at the family home. For some, visiting the family home highlighted how distant they had become from their parents, siblings and friends. For others,

'I was able to see my family quite regularly and they came for contact and I met with them in the community. Contact was difficult because I really missed my family, loved them lots and felt lots of guilt that I had got out and I knew that they were still suffering.'

'There was no looking at the family as the root of the problem, it was like, "Deal with the fallout!" which was the kids, and reacting to all this and so when my behaviour improved or when I wasn't reacting anymore to this, I went back.'

'Out of all the time I was there that was the most disappointing thing. That I was going back.'

we heard it involved having to deal with parental problems, with being physically and emotionally abused by their parents and, in one instance, coping with the threat of being sexually abused by a sibling. In some of these situations, people told us that they chose to stop contact with their parents.

A number of the people we spoke to had planned transitions back into the family home, perhaps intended to be permanent. In the main, however, they told us they had not wanted to return home. They remembered feeling confused, disappointed or distressed when they learned that they would be going back to live with their parents; it entailed returning to the same circumstances that had led to their going into institutional care in the first place. This included being subject to physical abuse, emotional abuse and neglect. A few noted that they returned to institutional care on multiple occasions, following unsuccessful returns to the family home. This resulted in a feeling of 'yo yo-ing' back and forth, disrupting the continuity of what they had experienced as positive in institutional care, such as access to material support (for example, clothes, social activities, outings) compared with the lack of access to food in the family home and also to education. Where children had remained in the family home after transitioning from institutional care, as adults looking back they described a level of resignation in their circumstances and of enduring it until they could find another way to leave through, for example, marriage or work.



'It was OK because I was still able to visit my Great Gran every day.'

Relationships with other relatives

Some people remembered aunts and uncles writing or sending gifts and one person remembered a family coming to visit her, but not knowing who they were - although they expected her to remember them and their family pet. We heard that some people had happy memories of seeing their grandparents.

'My Grandpa, my Mum's Dad, he was the only one that ever visited, come rain or shine, every weekend, but, at first, he didn't like it because he was angry I was put in a place with all these mental patients... Ice-cream, we always got ice-cream. But if he bought me a gift, he would buy my friend a gift.'

2.10 RELATIONSHIPS WITH PEERS AND FRIENDS

In the few positive examples shared, people remembered how children tended to play happily together in the care institution, and noted a mutually supportive environment.

Some talked about how they had been encouraged to look out for their peers and be helpful to each other, or carers actively working to reduce conflict between children who were arguing or fighting. In settings where children were comfortable and had good relationships with their carers, people's testimonies described how they had the confidence to confide in them if they had a problem with other children in the care institution and that staff would help them resolve any issues.

'Then if you were upset and you were angry with one girl you'd go to them... they'd get you both to sit down and talk and you'd be like "Oh sorry!" and you'd cry as teenage girls do, all emotional and then you'd sort it out and probably go to the cinema or something.'

However, other testimonies revealed that peer dynamics within care institutions were complicated. Many people described a primarily negative dynamic between children living together in the care institution and noted that carers' actions influenced these relationships. They were described as 'manipulative', causing divisions between children and operating with a 'divide and conquer' approach to managing the group. We heard

that certain children were either positively favoured or negatively targeted by carers. To be seen by peers as 'a pet' was damaging and perceived favouritism impacted on children's relationships with each other. Also, we heard that some children were picked on by carers and forbidden from playing or joining in with their peers. We were told that witnessing such treatment created divisions and could influence how children perceived each other, for example as 'naughty', 'bad boys' or a 'wimp'.

'[The carers] caused a lot of trouble between the kids, and like they would divide the kids so that some kids would like each other, and I was isolated because I was seen as the 'bad kid' and the staff would like wind other kids up, so that they kids would then target me and then they would wind me up so much that the police would come in and take me away, but the staff were behind it, like, that's what they did.'

'That's how she kept control... you're in, you're out, you're in, you're out, you're in, you're out. She played you off against everybody else. It was all about control.'

'I think it was divide and conquer 'cause see if you were in their good books, oh my god you tried your best to keep in there, it was so lovely. You'd go shopping and I've always been interested in fashion and things. See when you were a good girl you got many, many rewards, I have to tell you.'

We were given examples of children trying to protect other children by hiding any perceived misdemeanours, by offering to swap wet bed sheets or to dispose of food for children who could not finish their meal. One individual gave an example of being comforted after an extremely violent attack by a carer, however, we heard that helping others was risky, children had to 'watch their own back' and find ways to support each other covertly.

'Quietly my covers were turned down. One of the older girls took me very gently to the washroom where she tried to bathe my hands in cold water. In an attempt to comfort me she put her arms around me. I was then able to cry, for during my torture I had tried to scream; to call out; to cry... but no sound would come. I had difficulty breathing, the hurt was just too much. I never discovered the identity of this compassionate young woman for we had to 'work' in the dark saying very little for fear of discovery. I realised then, as I have done many times since, that in the face of evil, good can be found.'

'I often changed the little ones' beds when they wet them. One day [name of nun] caught me. She gave me a beating with the cane. That night I had to stand in the corridor 'til she told me to go to my bed.'

People reflected that in an environment that was monitored and disciplined they were often too afraid to confide or share things with others and so did not really get close to other children. In some of the larger care institutions, we heard that older children were expected to take on responsibility for looking after younger children. For example, they had to get them up and dressed and make their bed.

A couple of people recalled having to pick lice out of other children's hair. One person remembered that, by the age of 11, she was overseeing the care of around 25 younger children; another highlighted how her caring responsibilities affected her education. However, for a further individual, looking after younger children was a form of escapism and offered some respite from the daily routine.

Coping with peer dynamics

People shared how they coped with peer group dynamics; we were told that trying to fit in, being ignored, arguments, trying to avoid confrontation and getting into fights was tiring in the context of daily life in care institutions. One person described how 'rivalries' emerged between children, another that they were 'terrified' and intimidated by the behaviour of some of the other children, while another felt 'unsafe' in the company of the peer group in the care institution.

'These confrontations, you know, always having to fight your corner and stand up for yourself and all I want to do is just to try and make it through the day.'

'One night two of the boys were determined to get me, determined to have sex with me and they made it quite clear. I eventually do get a key, I'm sixteen at this point and I need to keep them out my bedroom so I get a key. I mean you'd wake up and they'd be in your room. Well that's just not appropriate for me. So what had happened, they'd set fire to my bedroom door, they used aerosols.'

Friendships within institutional care

Many of the people who took part in hearings recalled friendships from their childhood in institutional care. Friends from the care institution were often portrayed as an ally, someone to spend time doing things with (and this ranged from playing together to smoking or even running away) or, for one individual, daydreaming together about a different life. A few people reported that their childhood friend, who they had met in institutional care, was still their best friend in adult life, a relationship described by one woman as akin to 'sisters'. At times children left care institutions abruptly so friendships were disrupted; one individual commented: '... then one day she just disappeared.'

We heard that children were left with unanswered questions about what had happened and felt the absence of their friends deeply: '... they went away and didn't come back. That was my friend. That was a loss.'

Friendships outside the care institution

Testimonies revealed that other friendships developed outside the care institution with children from school or, on visits to the family home, in that local neighbourhood. However, we also heard that these relationships were usually not encouraged; friends were not allowed to visit the care institution and children were usually prevented from going to the homes of their friends. One person explained that the care institution itself drew negative attention.

'... local gangs used to come down and want a fight and we were seen as the troublemakers.'

2.11 SCHOOLING AND EDUCATION

People who took part in hearings described a range of scenarios regarding their education while in institutional care.

Schooling often took place within the care institution – particularly in the case of those run by religious organisations – often until children reached high school age; other children attended local schools from an early age and, for some, education simply passed them by. Testimonies revealed that going to school away from the care institution was a positive experience for many. We heard that, as children, people *‘just loved it’* or *‘enjoyed school and learning new things’*, it was *‘a release button’*, it meant that they *‘got away’* and *‘you didn’t have to be as guarded... it was a relief’*. One individual told us they felt *‘lucky’* because they were able to learn and experienced a sense of accomplishment: *‘I discovered I wasn’t that daft after all, amongst other things...’*

Others, however, talked about how hard it was to participate in classes, with the negative impact of their life in institutional care affecting their ability to engage – we heard that people felt *‘very, very shy’*, *‘often too tired’* or *‘unable to concentrate’* and that school was a *‘blank’* in their memory. One individual told us that they *‘... don’t remember my school, much about my schooling at all,’* and another, *‘... don’t even know if I went tae school. Don’t even know if there was an option tae go tae school.’*



We heard some isolated examples of teachers encouraging children, actively supporting them to make choices about their education or helping them to access opportunities. For example, one person described a teacher challenging the carer at their care institution to provide access to materials needed for classes. Another told us that they’ve continued to feel positive to this day about a teacher recognising their ability: *‘How good that actually felt that someone recognised that I had a talent, I was clever.’*

Non-attendance and the impact of frequently changing schools

People also described periods of non-attendance at school, of being excluded from school and of managing multiple changes in school as they moved within the institutional care system. We heard that these disruptions had a negative impact on their engagement in learning and education, and on their opportunities for the future. The reasons for school non-attendance were unclear for many people who gave testimonies – they remembered being kept off school

but not why. Some said they refused to attend, with one individual stating: '... never went to school. Tried their best to get me to go to school but I said no.' Where people had moved between different care institutions frequently as children, they talked about the challenges of integrating into a new school or of making transitions in learning, due to having completed parts of the curriculum previously or having missed parts the curriculum that their new school had already covered.

'... and this was one of the biggest things I have a burning anger for, is they messed my education up. This bouncing around thing, because the curriculums were nae on the same timetable... in every single school. I was in the kind of situations where I would go to a school and I'd just start to do something I've already completed... but there was stuff that they've already covered, I'm not getting, you know?'

Where children had fallen behind or appeared to be struggling at school, we heard that there were some teachers who took the time to help them feel confident and participate in learning; 'I remember them saying how well I was doing,' recalled one individual.

'I felt quite thick when I was in primary school but, when I went to secondary school, I think because we went back and.. they started things from the beginning, you know... say you were doing maths, they would start from the very basics, adding up and what have you, and so things felt better. I got a better idea of what we were meant to be doing, you know.'

Testimonies also revealed that people had felt shame as children in falling behind and sometimes this was exacerbated by the ways in which teachers approached helping them to catch up.

'I wanted an education, but I didnae want to be backward. It was this whole thing about being six months behind everybody else. How you ever going tae catch up?'

'I wisnae going to school and things like that. I just felt as though now my education had been stifled. No' want tae go to class and feel stupid. I was mair interested in nipping away.'

In their testimonies, people told us that they experienced being excluded from the core curriculum at school and that this was largely due to moving to different schools as a result of being in institutional care. We heard that teachers had lower expectations of them and that their choice of subjects wasn't respected or career officers discouraged them from their aspirations. We heard of specific examples where people who had grown up in care institutions were not able to participate in schooling in ways that met their needs or abilities. One person remembered being labelled as 'slow', another experienced perceptions that her physical disability inhibited her ability to learn, and yet another spoke of being judged as not intelligent enough due to her ethnic origin. In the two latter examples, we heard that both experienced being bullied by their peers at school.

"You are clever, you should, you know, make something of yourself." And she was very good if I done a good bit of work. And I used to do it loving it because I knew I was going to get a bit of praise. That was great.'

'I mean it was a crap home... but they gave me an education, that's one thing I'll always be grateful for, they gave me an education.'

One person described their experience of attending another new secondary school and 'being basically, the way I see it, refused an education'. We heard that growing up in the institutional care system had a significantly negative impact on education with one person commenting: 'I always felt people were down on me an' reinforcing, reinforcing everything ah felt about maself, they were reinforcing that'. For some, the challenges of moving from school to school and trying to cope with different curriculums precipitated their own decision to withdraw from education - they told us they 'disengaged', 'rebelled', 'started skiving off' and for some this meant that their secondary education was 'non-existent'. By contrast, where people who recalled that as children their schooling had been continuous or well supported, as adults they noted how fortunate they felt for having gained access to an education. We heard that sometimes the interaction between carers and school was positive. People told us they felt valued when carers encouraged them, acknowledged their abilities or praised them on education achievements. From others, however, we heard that there was an absence of any conversation about school or any encouragement to learn or to think about the future. 'Nope! Not whatsoever, no... Naeb'dy taking time oot to sit doon and say

“Right, where are ye? How’s school?” Naeb’dy gave ye a five year plan,’ said one individual. We were told that carers did not enable participation in education. In one example, we even heard that carers responded so negatively to a child doing well that it impacted on their ongoing engagement in school.

‘I did really well at school. I was in the second highest class. I came second in the class. I thought she would be pleased because somebody from the children’s home was going back with a report card saying they were second in the class but I got beaten for being proud. Pride was a sin. After that I just thought, what’s the point? ... and I just didn’t bother going to school. I didn’t take any exams at all. I decided, what’s the point? I left school with nothing.’

Testimonies revealed that frequently carers did not support homework being done. In some instances, we heard that carers created barriers to children being able to focus on homework or to complete it. For example, we were told that children who were required to follow regimented schedules on their return from school, or who were required to do excessive amounts of chores, did not have time allocated for doing homework. Despite carers imposing such a regime, we heard that children would still be punished by them if they hadn’t done their homework; we heard examples of children being caned and, in order to avoid this, trying to do their reading and writing exercises at night in bed or in the toilet. We were told that children were also punished at school by their teachers if they had not completed their homework.

‘Most of the staff in [name of care institution], apart from that wee bitch, supported me in school and I got my O Grades and things like that. Actually, one of the care staff, he was like that “I’ll gie you a fiver if you go.”’

‘You’re in a home and... naeb’dy sitting doon - “Let’s go through yer homework wi’ ye,” and then ye’d know what to do. Nothing. Nothing.’

‘That’s just it, you lost everything. You lost your own identity; you lost your family unit; you lost the ability to even think at times. Everything was just forced.’

2.12 PHYSICAL AND EMOTIONAL HEALTH AND WELLBEING

People’s testimonies contained references to a myriad of ways in which their identities, and a sense of self, self-expression and autonomy were eroded.

We heard that in some care institutions, children were given a number in place of a name and, as adults looking back, they couldn’t remember their name ever being used. In other care institutions, we were told that the spelling of a child’s first name was changed, that their first name was replaced or substituted with their last name only.

We heard about care institutions where children were all required to wear the same clothes, had the same belongings and slept in rooms with the same layout and colour of furniture and blankets. We were told that they weren’t allowed any personal belongings. ‘Not allowed anything personal, everything looking the same, stripping out any expression of difference,’ said one individual. People told us that children followed the same rules and regimented ways; ‘There was no individuality, you know, everybody, there was just like two rows or three rows and that was all,’ said one; and another, ‘There wasn’t really an avenue for self-expression.’ In the face of such de-personalised environments, we heard that children experienced an overwhelming loss of self. Testimonies revealed that children were objectified and denied dignity in the ways in which carers talked about them, in addition to being subjected to humiliating treatment.

'To a certain extent they succeeded in their evil quest, which was to take away all sense of worth, self-esteem, self-respect, confidence and the dignity that is the right of every human being regardless of origin or status.'

We heard that focusing on 'survival' and employing coping and protective strategies required lots of 'energy'; daily life could be 'exhausting'. Some testimonies revealed that children felt constantly 'on edge' and watchful; we were told that children lived in constant fear and, feeling 'terrified', tried to make themselves 'invisible', avoided certain carers or parts of the care institutions, and worked hard to be compliant with the rules and regime laid down. Some people described how they found small ways to retain a sense of control, choice or expression (for example, actively choosing not to eat, when to eat or what to eat) or outlets in humour or 'rebellious' acts. We heard that individuals 'learnt to be quiet' and that carers 'wore you down basically by the regime'.

'Because I was terrified, you know what I mean, really. Now, it was better to do as you're told rather than be, now, boisterous and different things, really and I was a bookworm. I used to hide away in a corner and read a book and different things rather than get involved in anything and that was just me.'

During the hearings, looking back on their childhood in institutional care, people told us they now realised how the adults around them at the time were impacting on their wellbeing and development. They articulated both what it meant as a child to take on responsibility for a parent and what it meant, as a child to be subjected to cruelty perpetrated by carers within care institutions. They talked about ways in which they had challenged their parents and carers about their behaviour and the harm it was causing. Many people described running away.

'Same scenario, runnin' away, again. Runnin', runnin', runnin', runnin'... nae where tae go, have got aw this stuff inside me and I cannae dae anything about this.'

Some people talked about their capacity to adapt and to endure as a child growing up in institutional care; 'You seemed to have an inner strength that you didn't realise you had,' observed one individual, while others described their fearlessness at the time. We heard ways in which people had unconsciously

'I was very defiant. Very, very defiant. I always have been. I'd stood me ground because I thought, "You're not my Mum, you're not my Dad."'

'I was solvent abusing, this is at ten and a half, eleven years old. I was sniffing glue and gas to try and fucking not think about what was going on with me. He was raping me, fucking raping me the bastard.'

tried to protect themselves as children - as someone who could 'manage myself', by developing a reputation as a 'hard nut', by 'fighting back' and by continuing to question and challenge carers.

During the hearings, some people struggled with feelings of being 'ugly', 'unworthy', being 'bad' - as a child then and as an adult now - they spoke about feeling responsible for the treatment they had received and that those feelings were compounded by a sense of rejection and abandonment by their parents.

'You think it's you as well, at least I always did. Whenever anything was going on, I just thought it was me, because kids are just egocentric and they're in the centre of their own universe, so if there's anything wrong it must be me and I'm wrong anyway because I was abandoned by my parents, so I must be kind of really wrong.'

People talked of feelings of disturbance, hopelessness and pain, and ways that they attempted to deal with this. A few described self-harming by cutting themselves during their teenage years, though they also reflected that no one had understood what it was or what it meant at the time, and the responses to their behaviour made them feel worse. Some described opting for smoking, drinking, drug use or fighting to help manage what they were feeling and having to live with. Drinking alcohol was a way to 'alleviate what's going on inside me' said one individual. Others described using solvents, using whatever worked.

'When I was, I think I was like 13, I used to self-harm, right up until I was 17.'

'I used to go and get a gallon of four star petrol and go and sit up the back of where my Gran used to live, up the back road in my home town, and just look out over the fields to the hospital, you know just anything to try and take it out of my mind.'

We discovered that thinking about suicide was not uncommon, and we heard that some people had attempted to kill themselves, both while in institutional care and after leaving, sometimes without anyone being aware of this.

'When you've got a lot of years of pure violence, there's no other way to put it, on a daily basis, it's no just once a day, it's maybe every couple of hours, your head's full of wee monsters that's crashing from left to right.'

'I felt absolutely hopeless. I used to think about suicide but I never had the courage to do it. But I thought about it because I thought it would be better than this.'

People talked about their poor physical health as a child growing up in a care institution. Common childhood illnesses were recalled, such as measles, mumps, severe earache and headaches. Sometimes being ill offered respite from the daily routine in the institution and people vividly remembered time in the 'sick room'.

'I got mumps and was in the sick room. It was [name of Sister] who was in charge. She was really kind. She would lift you in and out of bed. The bad nuns never came for a while. It was a big sick room. There were lots of us in the sick room. I can remember us singing songs and playing with dolls. I got better and didn't want to go back to the other group.'

In contrast, others were scared of being ill or having an accident as this was treated as an inconvenience by their carers. 'You sort of didn't dare tell them if something was wrong with you,' said one individual. Another spoke of children avoiding being ill so that they weren't left alone in their bed, vulnerable to abuse from carers.

2.13 CONTACT WITH SOCIAL WORK AND POLICE

Although social workers and the police often had involvement with children growing up in care, people's testimonies revealed an overwhelming lack of support or scrutiny.

Social work involvement

In general, we heard that people felt abandoned or 'forgotten' by social workers, and that social workers were experienced as 'cold' and 'aloof'; they 'did not have time for us'. One person spoke of social workers who 'just walked away and left me there' despite looking 'visibly terrified and traumatised'. We heard that social workers' visits to care institutions were too infrequent to build up trust or a relationship, and that social workers didn't appear to value the insight or judgement of children.

'They viewed children as if they knew nothing. But they do know plenty. You try walking an hour in my shoes. But there was just no support, no support.'

'They just take them and put them in there and forget about them. The kids are nae listened to enough. That's what I felt. If they'd sat kids down, maybe to this day, whatever's gone wrong should've gone bloody right because I feel nobody spoke to the children.'

People told us that social workers did not take time to speak with children individually and in private, they met them instead as 'part of a crowd' and carers stayed close during visits. Children were therefore fearful of sharing how they really felt and were being treated; testimonies indicate that there was little scrutiny of the running of care institutions or the suitability of carers or volunteers. Only one person shared the positive regard they had for their social worker, describing them as a 'lovely, lovely human being' and commenting that their weekly outings were a highlight.



'The social worker never went past the front parlour. I never saw them in the recreation room and never saw them in the dining area and [name of carer] never went round the children's home with them never, ever went out into the yard with them. It was always in the front parlour.'

'... when a social worker came to visit then [name of carer] would be there. You know there was no point I ever remember anybody saying, are you happy? They might've, but I don't remember.'

'I have an abiding anger towards the social work because they dropped the ball. You know? They were not there.'

'It's the fact that he was able to do all of that and the local authority who was supposed to be protecting me allowed the worst thing in my life pretty much to happen.'

'One woman in particular got out of her car and I flicked the drainpipe and I was playing and I was joking and a little bit of water went on her jumper. It was like this lilac jumper and she hit the roof and they got the police and got me charged with assault, and the police came and they were like, "Anymore of this and we'll be taking you away!" and basically gave me the charge.'

Police involvement

We heard some recollections from people about their experience of the police while living in care institutions. These interactions were overwhelmingly negative. People recalled how the police did not listen to them or try to find out more about what was going on and were over zealous in criminalising their behaviour. We also heard that children were returned to care institutions by the police, after running away, without any effort to find out what had caused them to run or to help them within the care institution. Children called the police for help when abuse was taking place, we were told, but when police officers attended the care institution they did not spend time with children to check their wellbeing, they only spoke to carers who prevented them from meeting with the child. We heard that carers' views were prioritised over those of children and that carers seemed on friendly terms with the police or had pre-existing relationships with them and would call on them to assist with enforcing discipline.

Some people commented that they had more frequent interactions with the police than children growing up in families would. Carers, they said, could be quick to ring the police and this could lead to children being criminalised for their behaviour and actions. The police were not seen as a source of help. One person gave an example of being assaulted by a police officer, being hit by him in the care institution, and another spoke of the police framing him for an offence he did not commit.



2.14 LEAVING CARE

People's experience of leaving care varied. A few people taking part in the hearings emphasised that the decision to leave care was their choice although for many it happened when they reached a certain age or because of a specific incident.

We heard, 'I couldn't do it anymore' or 'I just had to get away... couldn't get away quick enough'. Others left because they had reached a certain age, had been 'kicked off' or had finished their schooling. Some moved on abruptly due to specific incidents such as being excluded for fighting, falling pregnant or, in one case, because the care institution was closing. There was a sense of finality in this transition, young people – particularly those who left as runaways – sensed that they would not be welcome to return but the majority had no desire to go back.

'I was glad to get away from it I have to say but when I did leave I was told if you want to come back and visit you must make an appointment. And that's stuck in my mind.'

'I was a bit headstrong I think, really. I just thought, "I'm not going back." I just wanted away.'

'You got no other choice. That was it. "You are finished." She didn't want to know you after fifteen. "I've done my job, off you go."'

'We'd nothing prepared for when we left the home and she, or a social worker, whoever it was, had made the decision where you were going.'

People described mixed feelings upon leaving institutional care - fear, relief and occasionally excitement at the prospect of a new life. Most people, however, felt they had not been helped to prepare for life after institutional care. Some told us they had learnt basic domestic tasks but others felt very ill prepared and one individual recalled they didn't even know how to make a cup of tea.

Many people talked about the contrast of life in the outside world away from the institution; it was 'a rude awakening'. We heard of the many aspects of adult life that people did not know about such as managing money, using public transport, shopping for clothes, mixing with the opposite sex, or how to deal with smoking, drinking and gambling.

'I couldn't go out on the town, I didn't know what bus to take, I didn't know the size of my clothes.'

'I was terrified, you know what I mean? And it was purely how we were brought up. They terrified us about the big, bad world.'

'You're like yes, I'll go do what I want, I'll do this, I'll go get wasted and have so much fun. You're going out to get wasted and all that fun you're having is leading to either stronger drugs or jail or death.'

'I didn't understand anything. I didn't understand about money. I didn't understand relationships. I didn't understand how to communicate with people or never knew what was safe. Ended up scared of my own shadow by that time.'

Generally, the experience of leaving care and the subsequent early years of adulthood were described as very difficult. 'Very, very depressed with the circumstances and abandonment,' said one person. People felt forgotten; they were 'dumped'. Some people described a desperate lack of financial, emotional or practical support upon leaving care. This lack often led to challenging personal circumstances, ranging from limited employment options, housing insecurity and poverty to isolation, abusive relationships, sex work and mental health issues.

'So that's that, straight into the homeless wi' nothing, naeb'dy. I didn't have friends, I didn't have nothing at that point and I was left in the homeless.'

'I moved back in wi' ma maw. Moved intae her room and glue sniffed for the next, whit, three year?'

'A lot of them [social workers] just see you once a week, hand you your money, oh how are you, aye I'm fine. They dinnae go into detail or anything. Never ask you, what have you been up to? Who you been with? Where you staying? Like, don't ask you none of that, they just leave you, whereas I think if you had the support you widnae be like acting out and stuff.'

'I needed someone to come and sit me down and tell me everything was going to be alright.'

'It's all messed up. So because of my criminal record I can't do what I wanted to do.'

'I was the only one that was in a children's home and it kind of set me on the right path but I wasn't held enough when I came out of care and I could have taken an alternative road and the thought of that terrifies me.'

A number of people recalled how their choice of job was influenced by their desire to move away from their care institution. Some people deliberately chose a job that had accommodation included, for example, hotel work where it was possible to live in, nursing which came with lodgings, or the army. Some found it hard to get a job as their education had been disrupted or they had a criminal record from their childhood¹.

'I had absolutely no education to back anything up. I was on the lowest rung of the ladder, I think, at that point. It was all very difficult.'

We heard rare occasions of people reflecting positively about finding supportive work environments, with one person highlighting their manager's understanding as they adapted to life away from the institution.

'...but it was a really good company and my boss was like an old fashioned boss and he really took me under his wing and I was like his apprentice. It was an amazing job. So, that was a real stable thing in my life.'

¹The age of criminal responsibility in Scotland was raised from 8 years to 12 years in the [2019 Act](#).

EXPLORING THE IMPACT OF A CHILDHOOD IN INSTITUTIONAL CARE

SECTION 3



3.1 CHILDHOOD MEMORIES AND EXPERIENCES

As people talked about their childhoods, retelling memories they had told before but also articulating for the first time things that had happened, and thinking about the effect on them over time, different feelings and emotions were expressed.

Many described living with emotional disturbance throughout their lives and up to the present day. *'It's always there, it never leaves you,'* said one; and, *'If you affect a person's mind that's something they carry with them for their entire life.'* Memories were painful. While giving their testimonies, people became upset and distressed as they returned to how they had felt living at home with their parents or being in the care of people who not only didn't take care of them but often deliberately harmed them.

'Being not looked after by people who were really there to do that, that's traumatic,' we were told. Many people highlighted that, throughout their lives, there were images, memories, tastes and smells that took them back to traumatic or unpleasant experiences that, for many people, had occurred several decades before.

'All along I have tried to shut the bad memories out of my mind. I will never forget them nor will I ever forget the faces of the people who dealt out that treatment to children who were entrusted into their care.'

'I could just hear, without a word of a lie, I could hear all those wee cries, all the voices. Those clinks, those chains. It was just like being in jail, those nuns with those chains.'

'I would just like answers. I want answers from somewhere. Am I ever going to get any answers?'

'I still think, how can that have happened? Not why did that happen but how did it happen?'

'Why did I get dragged about like that? And why's my body still got scars on it and my brain's all over the place wondering why?'

'I can still hear my maw screaming at night 'cause of what he was doing to her.'

People expressed disbelief and confusion about what had happened to them, why it had happened, and how it could have happened; for some people, there is still much that goes unanswered.

'There are many questions left unanswered. Was there a purpose to all of this, a reason, and did anyone benefit, was there even regret on the part of the perpetrators?'

Some people described living with anger. They described struggling with trying to make sense of who was responsible and who should be held to account. Many desired an acknowledgment or apology for what had happened to them, by representatives of the official bodies responsible for decisions regarding their care or for running care institutions they had lived in. Some wanted justice in the form of individual perpetrators being held to account in the criminal justice system.

'But the pain... it's just... really not a place I go very often, it's really not. It's so sore... and I just want people to recognise that.'

'Human beings shouldn't be allowed to treat other human beings like that. If these people done that to dogs or cats, it would be different, wouldn't it? They're just bullies. Bullies. Bullies. And getting paid for it. Getting paid to be a bully.'

'I knew her saying sorry would be too much to ask for. I'm now 47 and it still bothers me to this day, I must and have to move on and so now it's time for me to bring her down, not out of vengeance but out of sanity.'

'I don't know what they could do now, it's too late. I wouldn't get what I would be looking for out of it... What would have been the point in that? The damage was done. It was about being able to say to her, "What did I do that was so bad? Why was I such a bad child that you felt it was OK to do that to me time after time, after time? What did I do wrong?"'

'What worries me is like I know I can't get justice because the man is dead now, but it's knowing that there is still going to be some sort of justice to make my future, to be held accountable for what's happened to me, you know? The people who were supposed to be protecting me should be held to account as a state authority and I should have some sort of way of trying to make my future brighter.'

'To allow her to be able to have done the things she did... the Reverend Mother knew what was going on and she was the only one in the position that could have stopped it and she didn't.'

We heard that growing up in a care institution brought embarrassment and shame for many and was associated with being 'rejected' by parents for some. It was an area of their lives that many people chose to keep secret or hide because it gave rise to questions and assumptions. People said they felt guilty for what had happened to them, their siblings and others. Even when people had tried to seek help and protection from other adults, such as the police, social workers or members of religious organisations and had not been believed or heard, they still felt a sense of responsibility.

'I would always tell people not to be like me because I didn't chap doors and look for help. I just carried on and battered through it, all but that's probably not the right way.'

'There's actually some guilt about not doing something earlier... The abuse if I can use that word, the punishment or whatever you want to, continues to be perpetuated.'

'I was only in my early 40s before I had the courage to start dealing with it you know and now realising that, thinking that, I've left it too late for other children, thinking to myself if I'd said, spoke out sooner you know that maybe that other children wouldn't have got hurt...'

For some people, the absence of nurturing care and the impact of abuse contributed to feelings of self-loathing.

'I thought it was all my fault and all me and I'm a bad person and aren't I terrible?'

'I wish I could find the words, because you're carrying that about with you that you're not of any value and so on and that other people are always better than you.'

'For it was like every time something bad happened I wouldn't see it as just coincidence... I would always hear her voice in the background. Because you've got the Devil inside you. It's happening because of the Devil.'

'I do believe that I've been put through a healin' process for a long time, a long time I've been through healin' tae try an' come to terms wi' how ah felt, know whit ah mean?'

who had very little recourse to prevent or deal with the neglect and abuse they were experiencing at the time.

In their testimonies, people conveyed a sense of survival, strength and resilience as they reflected back on what they had endured in their lives. They described different ways of coping. Some described actively dissociating from their self and their memories: 'I can't talk about some of these things. I just sail out of them, you know, say, "It didn't happen to me", do you know what I mean?' "Nothing happened to me," explained one individual. Some described keeping busy, with people around them, as a way of avoiding thinking about the past and the distress associated with it. Such strategies helped people to continue to function, we were told, but were also experienced as 'exhausting'.

'I get very restless and quite irritable. I don't like being on my own, I don't like my own company too much, I don't like being in my head too long. I make myself do things because it's better for me, I think it's better for me to do things than not do things...'

Some described finding ways to process and accept the past, often with psychotherapy, to find positive ways to overcome harmful ways (alcohol and other substances) of trying to shut the past out and enjoy the present and look forward to the future.

By contrast, other people told us that they felt very clear that what had happened to them in institutional care had not been their fault. They recognised that they were children, who had been subject to an abuse of power by adults, and

3.2 A SENSE OF BELONGING AND IDENTITY

People described feeling 'disconnected' from others, 'not fitting in', feeling alone while with other people and of maintaining a facade of happiness and humour in order to be with other people.

They talked too of ways in which they had experienced a sense of belonging and of routes they had taken to obtain a sense of connection with others – this ranged from training in the helping professions to joining the army or even entering gangs with shared identities and purposes.

At different points in their lives, we heard that many people chose to seek out more information about their past, including what had happened to their family and their lives in institutional care. A few people told us that they sought information about their birth and heritage through libraries and registers, and experienced significant challenges in clarifying the circumstances of their birth and parentage. A number of people described their attempts to obtain records from local authorities, organisations that had run care institutions or from those institutions directly. All experienced barriers to this, including refusals, delays (sometimes of years), requirements to complete psychological evaluations and only gaining access to partial records. We were told that records were often of poor quality; they were perfunctory, containing gaps in chronologies and inaccuracies, and used pejorative labels and judgmental language. In a few cases, we heard, they appeared to have been doctored. People experienced pain, sadness, shock and confusion on reading them although, occasionally, records and documentation helped them to piece

'I says, "Can I get all my documents please?" "No." "Why?" "You'll need to come and see us face to face," and I says, "I can't do that but I'll send you my passport and what have you." And they went "Nuh, you're no' getting it." And I've got nothing from my childhood before I was eight years old...'

'All they gave me was six pages – and so they didn't give me my full records. All they gave me was six pages. It wasn't 'til I went to [name of local authority] for a hearing, 'cause I made a complaint saying that they'd been biased against me, they're not listening, and where I got all the records – most of them were redacted, right enough.'

together an increased understanding of their family, the decisions that had been made about their care, and the places that they had stayed in during their childhood.

Some people told us that they had retained a few belongings or photos from their childhood. Others had none, either because they never had anything in the first place or because their possessions had been lost during the many transitions they had had to make. People described returning to places and buildings as part of making sense of their past. Buildings and grounds appeared so much smaller than they remembered.

Often, they found visits hard because they evoked traumatic memories or because buildings had been changed in purpose or demolished, eroding evidence of their past. Some took photos so that they could share information with their spouses and children about where they had grown up. A few people described how they had attempted to record their memories on paper, either for themselves or their children.

3.3 DEVELOPING RELATIONSHIPS IN ADULT LIFE

Linked to their childhood experiences, people in our hearings spoke of a loss of trust in people. The violation of trust by their parents and by their subsequent carers, the frequency and intentionality of the abuse that carers had exacted upon them, and the absence of support from social work or the police, made it hard for them to believe in the good in people.

When giving their testimonies, people talked of being guarded in relationships throughout their adult lives.

Relationships with parents

We heard that parental relationships were complicated for many people in adulthood, after leaving institutional care. People variously described a desire to know more about their parents, to be in contact with them, to strengthen relationships with them or to have nothing to do with them at all.

A few people described discovering that what they had been told (or had understood) as children was not the truth; for example, who their parents were, the family reasons that led to them entering institutional care or even that their parents were alive rather than dead. People were often hurt, saddened and disappointed by what they learned.

'I don't trust anybody. I don't have any - I don't know. I just don't trust anybody.'

'I'm not easy, not good at opening up. I don't trust people.'

'I was still feeling responsible for my family and, you know, even to this day, you know, I still pay my Mum's utility bills for her because nothing has really changed for her.'

For most of those who had continued to have contact with their parents, they described taking care of parents with ongoing alcohol and drug issues, chronic mental or physical health conditions or other challenges in their lives.

'At what point do you stop looking after your mother? If you've been looking after her since you were five or six year old 'cause that's really what's happened and I just think I'm no' doing it anymore and if people want to call me selfish that's up to them, I could not care.'

In just two testimonies, people reflected on experiencing a positive relationship with a parent, in both instances, however, they chose not to share with them how harsh and abusive their childhoods had been.

'I only found out who he is when I was 32, you know, I found him. We still rarely talk but he's alright my old Dad and he don't know about any of this, even my father don't know about this. It would break his heart if I told him, I'm sure.'

'She just drank. But she was marvellous wi' us, as you know, she was so, so good.... I felt sorry for her as well, you know but she used to say, "Are you angry at me?" I said, "No." I never mentioned once to my Mum about they homes. "How did they treat you, hen?" I said, "Och, it was alright, Mum, you know what it's like." That's all I used to say to her.'

A few described feeling hatred for a parent, given the harm they had done to them, and some acknowledged that they had wanted a parent to die or that they were relieved when they had died. Some described feeling guilty following the death of a parent because they had not managed to resolve their issues.

Where parents were uninterested, unkind or abusive, some people described feeling very clear, from a young age, that they wanted nothing more to do with them; others told us they arrived at this conclusion in adulthood, after making efforts to see and spend time with their parents.

'Well that day I made a lot of decisions about my life and I've never seen her face to face since... she slapped me and she said, "Don't you dare talk to me like that I'm your mother." And I said, "You've never been my mother, I'm the mammy not you." They went back on the two o'clock train and it was weird, they went back on the train after I told her, "I never want anything to do with you as long as I live." That was it, nearly forty years ago.'

'I buy my mum a massive bouquet of flowers because I'm working at this time. Walk all the way there 'cause I forgot to keep money back for the bus.... Then thought, I don't know why I wasted my time. I think I realised then that everything I believed in all those years, all the 'Little House on the Prairie' stuff, all the family that love you stuff, was all rubbish. It didn't exist. So I left.'

'So, after my children were born, she was going to do this twisted thing again but it was going to hurt one of my children. And that was it. That was the end. I terminated everything at that point.'

Relationships with siblings

Nearly everyone who gave a testimony talked about their relationship with their siblings in adulthood. The picture was complicated. Some people explicitly stated that their childhood experiences, including being separated from their brothers and sisters while in care institutions, continued to negatively impact on their relationships in adulthood – as one person told us: ' 'Cause it changed my whole life, you know what I mean?' Often people did not have the relationships they would have wanted with their siblings and this was a source of anger and sadness.

'We're not really close, not as we would like to be. We tried, with each other, but it's difficult.'

'Care broke the link between us, care has meant that I am alone. I don't have any blood relatives, I don't have any siblings even though I fought so hard to keep us together as a family.'

'We'd pretend we were normal and we'd pretend we knew one another... And we'd pretend we loved one another because we wanted to... But it wasn't there, we'd end up fighting...'

'I managed to make contact at a later date with [names of siblings] but by then our family history had been lost to us.'

' 'Cause it was twelve years later when, now, we met up with each other but we were complete strangers by then. We were adults. And, what was it? We just looked and I can still remember the day that I met her and we just looked at each other. We didn't hug. Nothing. And that. It was terrible.'

A few people told us they got on well with their siblings. One explained they had reconnected later in life which was '... strange, but it was good.' Others were not in touch as relationships had not been sustained; 'No common ground anymore,' said one. Some people were estranged or had relationships they described as difficult. Some talked about the issues their siblings experienced as adults, including alcohol problems or drug abuse, mental health issues, neglect and abuse of their children, violence, sex work, prison and suicide. On occasion, people did not know where their siblings were or how to get in touch with them.

'It all fell apart my family, you know? My brother, one of, is in addictions and he's older and he really doesn't like being around because we met a few times but ...he thinks he's got to fix himself before he can be

'I wish things could have been different for them, because for my brother, history repeats itself. He has addiction issues just like my Dad. His children are 'looked after'.'

around me, so he can be the fixed, sorted big brother. He's shared a few things with me, he just says that he has no confidence.'

Some people reflected on the different approaches that they and their siblings had adopted to cope with their past; some told us that they did not acknowledge or talk about it. One person thought they represented 'too much of a reminder' to their siblings of their childhood. Another told us that they didn't talk with their sibling about their past abuse as it would be too painful to hear what their sibling had gone through.

Relationships with partners

The testimonies we read revealed how much those who had found relationships valued their supportive partners while others described finding it hard to meet someone or be with someone.

'I have felt a very insecure person and it took me a number of years to form any sort of relationship with a member of the opposite sex.'

'I haven't been very good at picking people to have a relationship with and that's been something I think has had an impact on me.'

Those finding good relationships highlighted them as positive turning points in their lives, enjoying loving, supportive relationships with partners who were kind, compassionate and understanding. People sometimes chose to share with their partner, in detail, what had happened in their childhood, whereas others chose to summarise it as, for example 'difficult' or 'hard'. For many people, those relationships have been long lasting and a source of great joy and pride. For others, over time, relationships have broken down. In such cases, people often told us that they attributed this to aspects of their own psychological and emotional experiences growing up in institutional care. Issues ranging from concerns for their own safety to the burdens of their past having a cumulative, negative impact on their partner have, we were told, got in the way of being able to trust or participate in life and sustain a long-term relationship.

'My wife has suffered for it, not suffered but at times I would just go into a deep depression. My wife and I split up for a bit and she just said, "I've had enough."'

'Me and my husband split up and got divorced. I felt as if that was a big blow. And that was all to do with childhood... the lack of confidence and lack of ability to do stuff.'

We heard that some had experienced a succession of relationships that had a negative impact on them or that long-term relationships had been fraught with conflict, abuse or violence.

'It just made me vulnerable to men. Like, all the way up until I've got to my partner now, I was vulnerable to men in that I got treated like crap.'

'I had no money, he paid for my lecky, food, he took me to a place for a weekend. I was violent to him and that was it. Aye. Lights in his car, I smashed the car window, punched him. Then he called me, "I love you." He loved me. I don't know what love is.'

'Got married and had two children. That never worked out. He was a bit of a drinker and not coming home and seeing other [workplace] staff. So, I packed my bags, got the kids and left him. I never looked back.'

'I lost the plot and smashed up the house. My house. Me and my partner's house. Never touched her or anything like that but I pled guilty to a domestic. The worst thing I've ever done in my life because I was put on the Change Programme and this was my first contact with social work since I was sixteen.'

'I lived in a relationship for two years with a woman that was a narcissist and she was violent both in a physical way and a psychological way, and I also understand the reasoning behind why I'm drawn to that kind of person.'

Relationships with children and grandchildren

People's testimonies described how they became parents themselves in their teens, twenties or thirties – either giving birth to their own children or parenting through relationships with partners who already had children. We heard that having children and grandchildren was a source of great joy and pride in people's lives and also a surprise for those who thought this would never be a possibility in their lives.

Becoming and being a parent brought a different perspective and understanding to people's experiences of their own parents and of their upbringings in institutional care. People talked about their commitment to their children and one individual told us:

'I think that the first emotion that I felt for him... the need to protect him, and that was quite strong and I just kind of feel that was lacking you know for me, for all of us.'

'I found it difficult in the beginning, bonding wi' my daughter because I was, like, my mum was never a parent so how can I know what a parent is?'

'God forgive me, I never gave them the love that they should have had, I couldn't cuddle them. I couldn't, well, I could cuddle them occasionally but I couldn't go up and 'come on darling'. You know. Even now I'm a bit apprehensive.'

'My weans know that I love them but I canny show them. There's always a brick wall there.'

We heard too about the complexity of parenting without easy access to positive role models from childhood. Some people highlighted discovering that they found it hard to bond, to express love and physical affection towards their children, or to play with them. They reflected on the absence of seeing or experiencing this in their own childhood and how it impacted on their readiness and ability to be a parent themselves.

Some people described drawing on their knowledge of what was 'wrong' in their own childhood to identify what they would do differently as parents. They stated the need to be dependable for their children; to listen to their children, allowing their voices to be heard; to praise them for their efforts and achievements, rather than criticising or stating expectations of what more they should do; to speak with their children, rather than shouting or screaming; and to be very clear that any form of violence was unacceptable.

We heard that parenthood was fraught with fear for many. People told us they were anxious that their children would come to harm, as they had done in their own childhoods.

'I always vowed what happened to me will never happen to my weans.'

'The two of them will tell you. I'm absolutely petrified, petrified, petrified that anything happens to them.'

People talked of being protective, even 'over protective', and of experiencing an overwhelming sense of relief when their children reached adulthood, safe from harm. People were fearful that they might lose

their children into 'the system'. We heard, 'I used to worry sick, I wished their wee lives away' and 'I wish, I wish they were older, I wish' and 'I was terrified they would get put into a home.'

People talked about a desire to give their children opportunities that they never had. This included ensuring their engagement with school and education into adulthood, accessing recreational activities such as clubs and outings, and having belongings such as toys and games.

'Like don't do daft stuff, don't go down the road I went down. Do something with your life. Get a job, get a career like, do what you can. Do whatever you want, if you want to go to college and do a million things, go to college and do a million things. Like I really want the best for my kid.'

'I couldn't tell you anybody I went to school with. Nobody. And I never ever wanted that for the boys. Always wanted them to go to like one primary school and one secondary school. One primary school and one secondary school. And know people.'

'I wanted them to go to clubs. I was never in a club. You don't get clubs when you're in care.'

We heard that most people enjoyed positive relationships with their children throughout their childhood and into adulthood. A few, sadly, had experienced bereavement while others had lost access to their children due to divorce, separation or their children being removed into institutional care. People described their efforts to make, retain or repair contact with their children, with success for some and ongoing challenges for others. For those who stayed close to their adult children, they described a sense of pride in their educational and employment achievements and how they enjoyed spending time together routinely, at Christmases, birthdays and holidays. Specifically, they spoke of finding joy in the time spent with grandchildren and some reflected on how much more easily they could express love and affection for their grandchildren.

'[Name of grandchild] makes sure he gets his cuddles. "Come on Grandpa I want a cuddle." "Can you just try later?" "No, no now." "Okay." You know, it's completely different, brilliant you know, to go up and gie him a cuddle.'

3.4 CHALLENGES AND EXCLUSIONS EXPERIENCED IN ADULT LIFE

The majority of people who provided testimonies talked about problems they had experienced as adults. People shared their experiences of social isolation, poor health, alcohol and drug abuse, mental health issues, homelessness or involvement with the criminal justice system.

Some spoke of the lifelong adversity they had faced and the emotional impact that their childhood experiences had had on them.

'The damage that this man has mentally fucking tortured me all my life, I've had to live with this. I've no bloody fingertips where I bit my fingernails all my life, I'm a bag of nerves, I'm on all sorts of antipsychotic medication and anxiety medications, I barely leave my house.'

'I've had anxiety, depression. All my life. I've no confidence in myself.'

Physical and mental health issues

We heard that some people had poor general health. While some aspects of this could be related to ageing, some thought many of their other health problems were directly related to their childhood, including separation from their family, experience

'I'll do anything to kind of leave all this behind and move on because it taints the whole life.'

'I've actually been diagnosed in the last few months with IBS and they've said there's a lot of links to childhood trauma with that. The stress goes into your body, it has to go somewhere.'

'At times I would just go into a deep depression and I call it the clouds, black clouds. Sometimes I see them coming and sometimes it just hits and it's that last time it hit, I tried to take my life.'

in care institutions or not receiving adequate health care as a child for injuries or illnesses.

'We've [names of siblings] all got health issues. It's all because of what we were put through.'

Around half of those giving testimonies talked specifically about their mental health. Only one person described this in positive terms and asserted that they were in good mental health, telling us: 'I'm quite proud of my mental health, I'm okay with that'. Most people described poor mental health, and variously described their experiences and diagnoses as 'anxiety', 'depression', 'flashbacks', 'PTSD', 'two nervous breakdowns', 'bi-polar' or shared that they had felt suicidal at different points in their lives. Some recalled how they had had periods of poor mental health over the years and one person explained that this permeated their life continually: 'I don't leave my house, I don't care about myself.'

Problematic drug and alcohol use

A minority of people described problematic use of alcohol and or drugs in adulthood. Some explained that their use of alcohol or drugs (which, for some, began in care institutions) was usually in response to feelings, which were overwhelming. We heard that alcohol and drugs provided a form of 'escapism', a coping mechanism which helped to block out the past. Some people said they were now proudly sober; one individual told us: 'I've done some nice things since I got sober and I try to be good to myself, kind of re-parent myself.'

'Well, I almost died of alcoholism so I was drinking myself to death, basically. I was in and out of homelessness and I got a flat. I was just drinking myself to death. I had real depressions, kind of psychosis stuff and I was in the hospital and I didn't know what was wrong with me. I didn't know that it was dysfunction from the past.'

'... the years of self-medicating myself, glue sniffing, taking ecstasy tablets, taking speed, taking microdots, LSD, anything just to blot out the horrors o' care.'

Most of those who had or still were experiencing issues with mental health or problematic drug and alcohol use described accessing specialist services at some point. People's experience of support was mixed. For some, getting support from professionals (for example, rehabilitation, psychotherapy, counselling), taking medication (for example, for depression) or joining support groups (for example, for alcoholics or for people from 'dysfunctional families') had been helpful and a positive experience. We heard that it gave them insight into their childhood experiences and emotions arising from them, it supported them in coming to terms with the trauma and loss they experienced, and it helped them to develop coping strategies.

'I've always thought for years that I should actually get some help. I've just been a mess for years and not really knowing why as well until I sobered up and went through the rehab, counselling and the therapy process. Somebody said to me, "You can't change the story of the start of your life but you can change the end of your life." So I'm really interested in having a good ending.'

However, other people who had accessed support told us they had not had a positive experience of this. They felt they were not heard, that the breadth of their experiences in life were not acknowledged and that their therapist could not relate or empathise with them - '... wasn't understanding, really understanding me,' said one.

We heard descriptions of frustration at this: 'They might be able to write a good thesis on things but they canny [understand me] until they've experienced it really.' Not accessing or being able to access the right support meant that mental health and other issues were left unaddressed 'festering big time' for some.

'One of my more recent psychiatrists, he seems to have finally taken heed you know. Maybe because I got so angry with him, you know like how many times do I have to tell you this before you listen? You know I'm coping with all of the other stuff but this is the main thing that I've been carrying around with me all my life.'

'I wis goin' tae the doctors an they were throwin' antidepressants doon ma throat.'

Others told us they had not accessed any therapeutic support; one person had enquired about this but been told there was a long waiting time. Another person had had to stop seeing their counsellor due to funding cuts to the service. Some were considering accessing support in the near future, feeling that changes in their life, such as stopping work, meant they had more 'emotional space'. A few emphasised they didn't need or want professional support as they managed their mental health or other issues themselves - '... always pulled myself out of it, you know,' said one individual.

Housing insecurity and homelessness

Some people described moving to homeless hostels at the point of leaving institutional care as a result of inadequate support. For a few people, homelessness was an ongoing risk in their lives; they talked about multiple moves to temporary and emergency accommodation and some rough sleeping. Regardless of when homelessness had occurred in their lives people shared the horror of the experience; it was frightening, 'horrendous' and impacted negatively on their mental health. One person, however, talked about how being homeless meant they were now very diligent about paying their bills and avoiding it ever happening again.

'... see in a way, I'm actually glad it happened 'cause I wouldn't be who I am now if I maybe went that way but, obviously, it shouldnae have happened but I'm actually glad it kind of did 'cause it's taught me how to keep a house and all that kind of stuff.'

'This is the first time of me getting a little home of my own, I've been in temporary accommodation or emergency accommodation for the last five years before that and because I was like living pretty much homeless and now this is my own council flat, it's eleven months I've been there.'

Financial hardship

A small number of people talked about their financial difficulties and how they were struggling with money. One person told us they had been forced to stop work due to their parenting responsibilities; they had tried to access advice in relation to debt management but felt unsupported and worried about money. Another told us that they had recently had their benefits reduced and were struggling. 'If it wasn't for my friends, I wouldn't be eating,' we heard. Someone described how they felt there was no safety net provided by the social services who had been responsible for them as a child; a child brought up in institutional care, they had no access to family support.

'... because I've been living in my little flat, no carpet, no nothing not even curtains up, I've got an old sheet nailed over the window. I don't care about myself, I never really have.'

Involvement in violence and crime

A small number of people told us that they had been involved in some kind of criminal activity, sometimes this was soon after leaving institutional care. Some described their own violent behaviour and a small number of people revealed that they had been in prison; one explained how their treatment as a child, growing up in the institutional care system, felt akin to being a criminal and so they felt some degree of inevitability that 'you just became a criminal'. They described themselves in their early adulthood as 'very, very angry'.

We also heard reports of adults who had been in institutional care as children becoming victims of crime, such as assault or rape. Some people told us they were subjected to violence from the people around them, including neighbours, friends, partners or family members. Two people explained that they had long-term health issues resulting from violent assaults soon after leaving institutional care and another talked about having to move after an attack in their own home by a gang, which meant it was too unsafe to remain living there.

'Battered black and blue, raped from one of them, held hostage from one of them and it's like because, it's hard to explain... because you're used to going with older men that are arseholes.'

Social isolation

While most individuals who took part in hearings told us they now had supportive people in their lives, not everyone did and a few thought they still did not really have people available who cared about them. A couple of people reflected they had felt they were undeserving of positive relationships in their life.

'For years I was on the periphery, always feeling I was on the outside looking in, entitled to belong nowhere, and to no one.'

'If it hadn't been for meeting ma wife... That would have been it. Because there was nobody ever.'

3.5 GROWTH AND ACHIEVEMENTS EXPERIENCED IN ADULT LIFE

During the hearings, people discussed how different aspects of their lives had worked out. Some people were positive, while others reflected that at times life had been hard, but despite difficulties many emphasised aspects that had gone well for them.

We heard that, for some people, their lives improved over time and they felt happier and more content as they got older.

'I mean, to have to wait until your 70s before you can get a bit of... well, I've been happy, like, you know what I mean, but I still had my stresses and things but I just feel good now. I can do what I want to do and take my time and, I mean, I only stopped working last year.'

'... life's brilliant. It's a pity it didn't happen earlier.'

One person, however, shared that they were still working towards happier times.

'I'm praying that one day I'll be able to walk through that right happy, happy door. I don't need hunders of people standing there screaming and shouting my name and being excited because they've seen me. Just a quality of life where, you

'I have a really, really successful life and I don't often look back.'

know, you're doing your job right, they can see that you're doing your job right and they're actually really happy for you and that's what keeps me going.'

A sense of resilience

Nearly everyone who spoke to us reflected on a sense of their own resilience. In the context of their difficult childhood experiences, some people described their lives as being marked by their own determination, we heard that they were 'strong' or 'very resilient'; some thought they had 'inner strength' or 'spirit'.

'I've overcome many things in my life... not only has it made me stronger but I've always been the type of person who thinks things through, has strategies to achieve things within my life. I have done a great many things in my life which I'm very proud of.'

People talked about their personal ethos, about 'not feeling sorry for myself' or using their childhood experiences as 'an excuse' for not getting on in life. There was a sense from some of the need to persevere, to 'get on with it'.

'Somehow I found the strength and confidence to turn this catalogue of misery on its head.'

'It's certainly not done me any good but, saying that, I've managed to switch off, which maybe I'm one of the lucky ones because a lot of them, when they're older, keep it in their head or maybe get drunk all the time or suicide and that, and I'd touch wood that none of that... I want to get on wi' life, you know.'

One person, who had had a positive experience of institutional care, spoke about how this too built resilience in them, increased their confidence, and installed in them the ethos 'to do everything I could to the best of my ability but also to ask for help if I needed it'.

Personal achievements

We found that people were keen to talk about their personal achievements in life. These included successes in work or education; establishing a good home and family life; positive relationships with the people in their lives; their children's achievements; addressing their own issues (such as getting sober); and making a contribution to society (for example, through volunteering). Some explicitly stated that they wanted a better life and to be a better person than those who were meant to have cared for them in their childhood, but didn't.

'And I think that's what's kept me going 'cause I've wanted it. I've wanted to be the better person.'

Career and work successes

Mostly commonly, people talked about their career or work success and many talked about working in helping professions and roles, such as teaching, nursing, social work, support work, advocacy or probation. Some people explained how their background informed and shaped their approach to their work or to the volunteering they did; they described their empathy for others and a desire to improve the quality of life of other people. They also described how this helped them in their own lives; *'Helping other people helps me,'* said one.

'Not to have tried and had a measure of success in my chosen career would have meant a victory for evil and that must never happen.'

'I feel that a lot of my issues from childhood are resolved and that I don't carry them around with me every day. You know the young person that wasn't listened to and wasn't heard, she comes to work every day with me... and, if I think something's not good enough for another child then, you know, I'm not scared to say it.'

Meaningful work was an important feature of some people's testimonies; we heard that their job or volunteering formed a big part of their life and supported them with an alternative identity, away from being a child who grew up in an institution. We heard that especially in the early years after leaving institutional care, work could be somewhere where others talked to and treated them 'normally', and was also a source of support. A few remarked how important colleagues from work were to them as constant people in their lives: *'... had more loyalty to my friends in the army than to my family,'* said one individual.

Experiencing success in their work or volunteering was satisfying, especially in the context of an upbringing where people had been told they wouldn't achieve in life. We heard that people mainly thought they were doing well due to their own hard work and, on occasion, people talked about how investing in their work provided a distraction from feelings associated with negative childhood memories.

'... because you're carrying that about with you, that you're not of any value and so on, and that other people are always better than you, and when I started to realise that.. I ended up, I done really well in my career.'

'I use work as a way, you know, to keep things at arms' length, as I said, I guess work is my addiction... When I went on to maternity leave I just felt a huge loss, of not having work in my life, so for the first time in a long time, I've had the space to think about things, to reflect and to be in my own head.'

'But they used to tell you that you'd come to nothing and all this. But I've had a great life after that. I had a successful career as a senior official in local government at one time so, what can I say?'

RECOMMENDATIONS FOR POLICY AND PRACTICE

SECTION 4



The Victims and Witnesses (Scotland) Act 2014 described part of the Forum's functions as 'making recommendations about policy and practice which NCF considers will improve institutional care and while preserving anonymity, to prepare reports of the testimonies it received and its recommendations in relation to them'. A fundamental purpose of hearing those testimonies and acknowledging their impact was to ensure that Scotland learns lessons from the past.

The following recommendations are based on our analysis of the testimonies that informed this report and on the lived experiences of everyone who gave testimonies between 2015 and 2020.

We make these recommendations for children and young people who are in institutional care today or who live in institutions that have a duty of care towards them; and also for older adults living in an institutional care setting for the first time, or having experienced institutional care during childhood.

We recommend that this report and these recommendations are included in the education and training of all professionals, carers, support staff and volunteers working in institutional care settings across all age groups.

RECOMMENDATIONS

01. All people living in institutional care, regardless of their age, should be safe and have their needs met

- Ensure that care institutions are open and accessible to scrutiny that will have a positive impact on the quality of care provided.
- Review the framework for scrutiny to address the balance between adherence to processes and quality of engagement with people.
- Ensure that care institutions have clear policies on raising concerns about practice and standards of care and ensure that all staff understand their duty to report concerns.
- Ensure that organisations responsible for care institutions provide effective and appropriate training for staff, and provide support or access to support for all staff who report concerns about safety and care.
- Ensure that all people who are living in institutional care settings have access to named individuals to whom they can speak confidentially about whether their specific physical, emotional and psychological needs are being properly taken into account. These individuals may include care inspectors, advocates or other recognised and trusted adults.

02. Older adults, who experienced institutional care in childhood and are now in supported living or care homes, should have their specific needs addressed

- Ensure that all supported living and care homes for older adults identify and appropriately support the specific needs of those residents who experienced institutional care in childhood.



- Ensure that inspection frameworks for supported living and care homes for older adults include specific measures to assess and monitor the trauma-informed responsiveness and skills of staff supporting residents who experienced institutional care in childhood.
- Ensure that inspectors of supported living and care homes for older adults have completed trauma-informed practice training and can identify when current practices in these settings may fall short of meeting the physical, emotional and psychological needs of residents who experienced institutional care in childhood.

03. Adults of any age who experienced institutional care in childhood should have their needs addressed

- Ensure that health and social care services, at the point of need, prioritise access to appropriate psychological support or treatment for people who experienced institutional care in childhood, regardless of their age now.
- Ensure the full and effective implementation of existing policies on trauma-informed and trauma-responsive practices within health and social care services.

04. The scrutiny of care institutions currently providing care for children and young people should be significantly improved

- Ensure that, prior to children being placed there, care institutions hold high quality care as their primary driver for service provision and that the scrutiny of care organisations takes into account their values base and the physical and emotional aspects of care giving as well as key processes within the inspection framework.

- Ensure that both announced and unannounced checks of care institutions are frequently carried out.
- Support and enhance systems that scrutinise care givers and managers in institutional care settings; this should include ensuring membership of, or registration with, relevant professional bodies and Disclosure Scotland.
- Ensure that private boarding schools are subject to a similar level of regulation and inspection as institutional care settings.

05. The needs and rights of children and young people currently living in institutional care should be respected and protected

- Ensure that people who provide care and people who make decisions about care provision clearly explain their role and build open and trusting relationships with children and young people; ensure that care providers and decision makers fully take account of experiences and views and explain how they will support children and young people in the event of any disclosure of abuse, neglect or any other concern or adverse experience.
- Ensure that anyone who is involved (professionally or informally) with children and young people in institutional care, and who has concerns about their emotional or physical wellbeing, is able to either directly ask the child about their wellbeing and explore any possible adverse experiences or contact the appropriate professional or authority to raise their concerns, with the confidence that those concerns will be acted upon.
- Ensure that all professionals who are involved in conversations with children and young people about their wellbeing are equipped with the skills and qualities to enable such conversations to take



place safely, have the necessary training to ensure that all relevant policies and procedures (for example, those relating to child protection) are followed and are familiar with and comply with **GIRFEC (Getting it Right for Every Child)** principles.

- Ensure that effective, independent advocacy services are commissioned and made clearly available and accessible so that all children and young people in institutional care have direct and timely access to this.
- Ensure that children and young people living in institutional care are constantly supported on their journey to adulthood through a consistent relationship that is caring, respectful and meaningful, with at least one 'significant' adult; this could be a family member, carer, social worker, teacher or independent advocate as appropriate.
- Ensure that this 'significant' adult is, as far as possible, both a constant and consistent figure in the child or young person's life, taking responsibility for supporting their physical, emotional and psychological development and wellbeing, for helping them to develop a sense of self worth, and for validating their experiences, emotions and achievements.
- Create a physical and emotional space in which children and young people have the regular and frequent opportunity to be listened to by a person of their own choosing in a safe and confidential environment, away from their carers, and that their experiences of institutional care are believed and acted upon in a timely manner.
- Ensure that all opportunities for children and young people to be listened to include developmentally appropriate and creative ways to communicate and elicit information from children about their experiences.

- Ensure that listening to children and young people is enshrined in a rights-based approach, that they are treated with dignity and respect and understand that their opinions matter and will be taken into account.
- Ensure that all children and young people in institutional care are fully supported to access education consistently; that any barriers to this (including emotional, physical, behavioural or mental health) are addressed swiftly, robustly and creatively; and that education providers support educational achievements and aspirations without disruption due to changes in educational establishment when moving from family home to care institution or between care institutions.

06.

Access to care records should be expedited and current care record practices improved

- Prioritise the needs of all people, regardless of age, attempting to locate, retrieve and access their care records; remove any barriers and expedite access, taking full account of the collaborative work of Social Work Scotland, Who Cares? Scotland and CELCIS in relation to access to care records.
- Provide appropriate support for the potential distress associated with reading and processing the information contained in these records.
- Enable children and young people currently in institutional care to understand their care history, and any decisions made on their behalf by others, by making care plans and care records readily accessible and by using plain, non-judgemental language.
- Ensure that care plans and care records give clear accounts of a child's life and relationships, key milestones, experiences and achievements, and decisions made with them or about them, with clear explanations as to why these decisions were made.



- Carry out life story work with each child or young person currently in institutional care, at an appropriate and helpful time for them, by making a 'memory box' and including photographs and mementos which capture milestones, events, achievements and relationships reflecting their life, throughout their childhood.
- Treat information in care records with respect and sensitivity for the individual concerned and pay due diligence to the articles of UNCRC and the child's right to privacy.

07.

Compassionate and responsive family support services, which take into account caring strengths as well as caring deficiencies in the family, should be in place

- Ensure that neither poverty nor material neglect alone are reasons to justify children being removed from their families into institutional care by addressing or mitigating the effects of poverty.
- Ensure that reliable mechanisms are in place to support health and social care services, courts and other professionals and decision makers to exercise compassion, kindness, understanding and imagination to improve support to families.
- Provide more comprehensive support to children and adults at the earliest opportunity, including increased mental health interventions for parents who need it, to prevent families struggling and becoming stigmatised.

08.**Children and young people should have the right to choose to maintain or reject contact with their parents or other significant family members while they are in institutional care**

- Actively seek and document the views of children and young people and ensure these are central to decisions made around maintaining family contact or not.
- Support and facilitate positive experiences of staying in touch, especially with siblings, where there is evidence that this is in a child's best interests.
- Involve the family in the upbringing of a child living in institutional care where appropriate and when it is in the child's best interests.
- Consider how to support children and young people who may be visiting parents in challenging or unfamiliar locations (from example, when a parent is resident in a mental health setting, prison or rehabilitation facility).

09.**Decisions about a child or young person's future care should always be child-centred, evidence-based and in the child or young person's best interests**

- Ensure that decisions about a child or young person returning to the family home (including during any rehabilitation attempts or parenting capacity assessments) are weighted firmly in the child or young person's best interests, with serious consideration given to any possible negative impact - developmental, emotional or psychological. This is particularly important where such moves or rehabilitation attempts are numerous or frequent.
- Actively seek children's and young people's views, opinions, feelings and experiences and document them prior to any decision about their return to the family home being reached.



- Ensure that stability, consistency, education and potential lifelong impact are all taken into account when considering whether or not a child or young person's overall wellbeing is best served by returning to the family home.
- Review legal processes and frameworks to ensure that decisions made about a child or young person's future care uphold the best interests of the child or young person, are aligned with **United Nations Convention on the Rights of the Child (UNCRC)** principles and are not subject to unnecessary delays and decisions.

10.**Sufficient attention should be paid to learning from the lifelong impact that institutional care had in the past, and continues to have, on our adult care-experienced population**

- Ensure that government and local authorities involve people with lived experience of institutional care in childhood in decisions about regulation and inspection frameworks, service planning and unmet lifelong needs.
- Ensure that the needs of today's care experienced children and young people, and current care leavers, are properly resourced and planned for, to prevent and manage lifelong challenges for our future care experienced population.
- Consider how older care experienced people might be supported to share their experiences of institutional care in childhood with children and young people currently in institutional care, who would benefit from their learning, experiences and inspiration.

The National Confidential Forum endorses and supports the recommendations contained within the Independent Care Review, in particular:

- Testimonies heard at the Forum compel us to endorse all recommendations which protect and facilitate relationships between siblings of children in care, unless there is an explicit and compelling reason not to. Decisions made about the sibling relationships of children in care must always be fully explained to children with support from independent advocacy.
- We also support recommendations to improve the quality of sibling relationships in care, as described in chapter 4 of *The Promise (The Independent Care Review, 2020)*, alongside all recommendations to address stigma.

We recommend that Scottish Government work with local authorities and other bodies to agree actions to implement our recommendations effectively. Relevant bodies are likely to include but are not limited to:

Child protection partnerships	Universities and further education establishments
Integration joint boards	All providers of care
Health and social care partnerships	Scrutiny and inspection bodies
Voluntary sector networks	

Finally, The National Confidential Forum supports efforts to improve awareness and challenge social norms around the care and the abuse of children, and we welcome the Children (Equal Protection from Assault) (Scotland) Act 2019 which came into force in November 2020. We further welcome the full and effective implementation of the continuing care and after care duties, enshrined in the Children and Young People (Scotland) Act 2014, and the incorporation into Scottish law of the United Nations Convention on the Rights of the Child (UNCRC), to the maximum extent possible within the powers of the Scottish Parliament.

**National Confidential Forum
February 2021**

APPENDIX REPORTING RELIABLY ON WHAT PEOPLE TOLD US

It is important to note that *Shining a Light on Care* is not a research study, *per se*. However, in order to ensure that it represents as full a range of the experiences heard by the Forum as possible, we used a standard and systematic approach to analyse the testimonies of individuals.

Participant overview

Over a five-year period, from our inception in 2015 until November 2020, the Forum heard and recorded a total of 174 testimonies from people who had been in institutional care in Scotland. Our earlier report, *What we have Heard so Far*, reflects testimonies given in 2015 and 2016.

Of those 174 testimonies, 99 came from men and 75 from women. We found that most people (137 of the 174) were placed in institutional care when aged 11 or younger – 81 (47%) when aged between 6 and 11 years and 56 (32%) when aged 5 years or younger. A further 31 people (18%) had been placed in institutional care between the ages of 12 and 16 years and six individuals (3%) didn't provide information on their age when entering institutional care. In addition, we were told that 72 people (43%) had lived in one institution, 46 people (27%) in two institutions, 21 people (13%) in three institutions, 16 people (10%) in four institutions and five people (3%) in five institutions. We heard that one person had lived in eight institutions, one in eleven, one in twelve and one in twenty-five different institutions.

At the time that they shared their experiences with the Forum, 60 people (34%) were aged between 51 and 60 years old and 45 people (26%) were aged between 41 and 50 years old; 11 people (6%) were aged between 21 and 30 years old and 17 people (10%) were aged between 71 and 90 years old. Our youngest participant was 25 years old and our oldest participant was 85 years old at the time they gave their testimonies.

Institution overview

Over 200 institutions were identified by the adults who spoke to us about being in institutional care as children. Geographically, these institutions were scattered across the breadth of Scotland, in almost all current local authority areas, from the Western Isles to Dumfries and Galloway. The most frequently cited of these institutions were in the current local authority areas of South Lanarkshire, Stirling, Fife and in the cities of Glasgow, Aberdeen and Edinburgh. By far the most common type of institution we heard about was the residential children's home. People also told us about their experiences in a variety of other types of institution including private boarding

schools, school hostels, institutions for children with disabilities or special needs, wartime evacuation camps, young offender institutions, secure accommodation, approved schools and hospitals. Institutions were most commonly run by local authorities. Others were run by health authorities, religious orders, the voluntary sector and private or independent organisations. We were unable to identify a small number of institutions on the basis of the descriptions we heard.

Quality assurance

In order to ensure methodological rigour and reliability, the analysis of testimonies was guided by an independent academic consultant, Dr Sara Macdonald, who also works as Senior Lecturer in the Scottish Institute of Health and Wellbeing at Glasgow University. Dr Macdonald was appointed by the Forum in autumn 2019, initially familiarising herself with the work of the Forum and remaining involved throughout the process, from design and analysis through to completion of this report. Some preliminary scoping of the requirements of the task was undertaken and this work informed the two focus groups that took place.

The Forum appointed two independent research consultants, Claire Baker and Fiona Mitchell, who have expertise in undertaking qualitative research in relevant areas relating to child protection and childcare. Dr Macdonald consulted with the

researchers. Throughout their coding and analysis, the researchers met with Forum Members and the Head of the Forum to discuss the development of the coding framework and the analysis.

Selection of testimonies

Following on from *What we have Heard so Far*, the Forum had a statutory obligation to complete the current findings report within a given timeframe. Due to the length of the testimonies (ranging between 40 and 120 pages), our approach had to take into account the volume of data that could be robustly analysed within that timeframe. It was decided that 30 testimonies would be selected from those gathered since the previous report and this task was undertaken by current Forum Members, appointed in 2018/2019, who had heard a wide range of accounts and experiences of institutional care.

Purposive sampling of the 30 testimonies was employed, following two focus groups with the Forum Members and Dr Macdonald early in 2020. The purpose of the focus groups was to ensure that any sampling method used would capture the full range of participant experiences. Using an iterative process to agree the final selection, Members were required to read all testimony transcripts.

Members selected transcripts that provided detailed descriptions of specific memories and events. The sampling process ensured that the selected testimonies represented both the breadth and depth of what we have heard. Our aim in the purposive sampling was to ensure that all participants who attended the Forum would find resonance in the resulting report. The transcripts sent for analysis were anonymised and contained no information that could link them to any particular person, institution, place or time period.

The sample used

Of the 30 testimonies selected for analysis in this report, 17 were from women and 13 from men. More women came to the Forum between 2017 and 2020, while more men provided testimonies in 2015 and 2016. The youngest participant was in the 21-30 years age range and the oldest participant was in the 71-80 years age range. The youngest age of entry to institutional care was as an infant (less than a year old) and the oldest age of entry was 12 years old. In their testimonies, twelve people spoke about having lived in one institution, ten people in two different institutions, two people in three different institutions, four people in four different institutions, one person in six different institutions and one person in eleven different institutions.

Across the 30 testimonies, participants described a total of 67 institutions, including assessment centres, hospitals, list D schools, remand homes, boarding schools, approved schools and a convalescent home. The largest proportion of people who spoke to the Forum experienced institutional care in residential children homes, accounting for around two thirds (67%) of the institutions in this report. Of the 30 testimonies selected, the institutions were predominately run by a local authority (39 out of 67), 16 were run by religious organisations, five by health boards, three by the voluntary sector, three described as 'other', and one as 'private or independent'. Participants described institutions located in 19 different local authority areas. Three people were unable to describe the location of the institution they had been in.

Analysis of testimonies for this report

The researchers adopted an approach to analysis called the Framework Method (Ritchie and Lewis, 2003)², which is often used in studies that intend to generate policy and practice recommendations. As required by the Forum, the researchers used NVivo, designated qualitative analysis software, to conduct the analysis.

²Ritchie, J & Lewis, J (2003). *Qualitative Research Practice - A Guide for Social Science Students and Researchers*. London, Thousand Oaks, CA: Sage Publications Ltd. ISBN 0 7619 7109 2

The analysis involved a five-step process:

- 1. familiarisation**, where the researchers read 10 transcripts in detail and generated a note of a range of observations and topics associated with accounts;
- 2. identifying a thematic framework**, where researchers used the information generated during familiarisation to construct a framework of headings and subheadings. This framework represented a full series of codes to be applied to a reading of each of the 30 transcripts. At this stage, researchers consulted with Forum Members to explore if the framework reflected their own sense of themes and subthemes emerging in hearings and made some minor tweaks to the framework;
- 3. indexing**, where the researchers integrated the framework into qualitative analysis software and used it to code the full text of 30 transcripts;
- 4. charting**, where researchers, using the codes generated, drew together charts of data; such charts display 'within case' and 'across case' extractions of data relating to the headings and subheadings drawn from the thematic framework; and
- 5. mapping and interpretation**, where researchers used the charts generated to interpret and describe key characteristics reflective of the participants' accounts.

Following completion of stages 4 and 5 opposite, the researchers proposed a structure for the report designed to reflect what emerged from the analysis across the 30 testimonies. With agreement and oversight from Forum Members, the researchers drafted sections of this report.

Forum Members met regularly with the researchers to clarify the findings and to agree how they would best be presented in the finished report. Our findings formed the basis of our recommendations.

Published references

What we have Heard so Far, National Confidential Forum, 2016
The Promise, The Independent Care Review, 2020

Legislation and guidance

Victims and Witness (Scotland) Act 2014
Children (Equal Protections from Assault) (Scotland) Act 2019
UNCRC (United Nations Convention on the Rights of the Child)
GIRFEC (Getting it right for every child) (www.gov.scot/policies/girfec)
Social Work Scotland (www.socialworkscotland.org)
Who Cares? Scotland (www.whocaresScotland.org)
CELCIS (Centre for Excellence for Children's Care and Protection) (www.celcis.org)



Forum Members 2015-2020

Anne Currie (First Head of Forum)
Dr Rachel Happer (Second Head of Forum)
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