



The first 18 months:

# What we have heard so far



*“People need to know  
what happened  
to us...”*

## Glossary

In this document:

We refer to the National Confidential Forum as **‘the Forum.’**

When people come to speak to us, they attend a **‘Hearing.’**

The account people give of their experience is a **‘Testimony.’**

When we refer to **‘Forum Members,’** they are the experienced listeners who hear the Testimony.

Some people may find the content in this booklet distressing.  
If you are affected by any of the issues raised, please call us on  
**0800 121 4773**, our website also has information to help  
**[www.nationalconfidentialforum.org](http://www.nationalconfidentialforum.org)**

# Welcome



**What follows is an account of the experiences of children who have been looked after away from home in a variety of institutions, for a variety of reasons, for a variety of length of time: children whose care was Scotland's responsibility regardless if it was one night, several weeks, months or years.**

The National Confidential Forum has been given the privileged task of hearing about those experiences; remembering, acknowledging and learning.

From our first hearing on 19 February 2015 until 31 July 2016, we have heard 78 adults talking about their experience of 117 institutions in Scotland. Twice as many men as

women have spoken; participants have come from all parts of Scotland, the rest of the UK and overseas. So far, those who have spoken to us have predominantly been aged over 50, and therefore this account reflects a period of care from the second half of the twentieth century. However, some were in care as recently as five years ago; others are sharing experiences from eighty years ago.

This account captures a period of Scotland's care history that spans seventy-five years, and it is based solely on what people wanted to share. They were not questioned or probed, nor asked for more than they were willing to give. This account is not definitive, nor does it have all the answers. It is powerfully illustrative with no analysis. Yet it is important to begin to share what people are telling us. While those who speak to the Forum remain anonymous, their histories will be remembered.

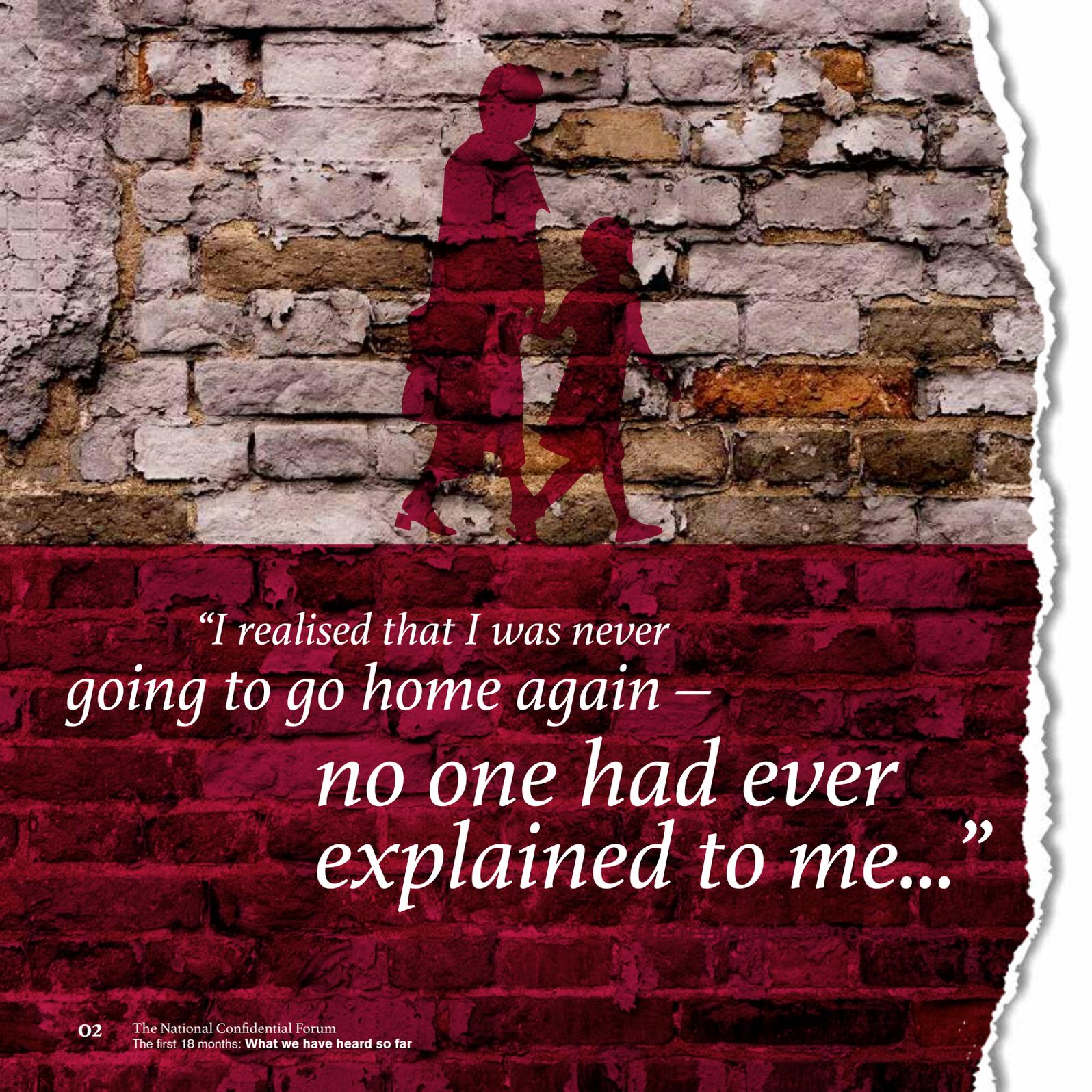
By taking part, each person is helping to create a national record that will also provide a basis for learning. Most of the former care residents

have told us that they have spoken to the Forum to ensure that what happened to them does not happen to other children. Whether this is about vulnerability to maltreatment, lost records or photographs, or dislocation from Scottish identity and personal histories, we honour those who share their experiences by learning all we can from them.

Most people described experiences in residential homes or schools, but we have also heard about hospitals, boarding schools, school hostels and secure facilities. Fifty-nine people described experiences of abuse, and the Forum passed on 38 incidents of abuse to Police Scotland.

Gathering testimonies is an ongoing process, and we encourage all who have experienced childcare in Scotland to add their voice. Our hope is that more adults of all ages feel able to come forward in the coming months because Scotland is listening.

**Dr Rachel Happer,**  
Head of National Confidential Forum  
December, 2016



*“I realised that I was never  
going to go home again –  
no one had ever  
explained to me...”*

# What we have heard so far

*The following outlines experiences of living and studying while in institutional care in Scotland and then describes adult life after leaving care. The reasons for any child staying in an institution are many and varied, from those deemed to be at serious risk due to home circumstances, to receiving hospital treatment or leaving remote rural areas to access secondary education.*

# Before care

Of those who gave testimony, nine people either did not talk about or did not know the reason for being taken into care. A further eight described boarding school or hostel accommodation for schooling at a distance as a decision made within a loving family context.

*“The first thing I remember about care was fear”*

*“Mother did not have a loving bone in her body... she was very violent...”*

*“I was taken away too quickly... Mum and dad did not take drugs, it was a stable family... they took away the only thing that mattered”*

For most, however, common causes for being removed from the family home became clear. We heard about physical and sexual abuse within the family from half the people who have spoken to us, often accompanied by parental alcoholism, parental rejection, or neglect. Parental mental illness was described in several testimonies. Fathers being sent to prison, divorce and maternal death were other reasons given for being taken into care.

In several cases, we heard of children bouncing between parents, foster and residential care placements. About a third of the people who spoke to us did not know how long they would be staying in an institution, why they were there, or whether or not parents wanted to maintain contact. This confusion continued into the care experience. Those who experienced multiple care settings often described short placements suddenly terminated and with little or no involvement in the decision-making. However, one individual described being asked about his preference for a full-time residential setting, reporting this as a positive experience that helped him not to rebel.

What has been impressed upon the Forum members is the distress, fear and confusion that children and young people coming into care frequently experienced.



*“Children in care are the most vulnerable;  
they are placed in care  
to be  
protected”*

*“People need to belong somewhere  
– whether a school or a  
football club”*



# During care

Descriptions of care varied from single institutional experiences to multiple care settings. Institutions were usually children's homes or residential schools.

## *When care goes well*

Amidst the accounts of abuse and emotional neglect, a small number of people have come forward to talk about positive care experiences. These people have spoken about the care and attention that some members of staff gave them. They spoke of the importance of home-cooked meals, Christmas presents and the value of having adults celebrate their accomplishments. For these people, institutional care saved them from sometimes intolerable home circumstances. They described feeling cared for, safe, and part of a community or surrogate family.

In several hearings reference was made to the positive influence of an adult in the absence of a loving family. These individuals included teachers, matrons, nurses and care staff and were clearly valued. Nurturing actions such as listening to and talking with a child, gifting a keepsake or showing interest in a child's potential were described. For many, this was sufficient to show that they were good and had a future worth striving towards.

For a minority, their care experiences were a respite from neglectful and abusive parenting, and demonstrate that substitute parenting offered by the state can be successful. Simple practices by properly trained and screened staff of providing love and affection, closeness, and a confiding relationship without fear about what will be expected in return, can dramatically improve the chances of children to achieve their potential. Regular contact with family members can help maintain a sense of connection and build a sense of identity.

*“How can you expect a child to grow without the basics?”*

*“He was a father figure... he stood out... if it wasn't for him I'd be in jail”*

# During care

*“If you did not eat what was on your plate it would be mixed in with your next meal until everything was eaten...”*

*“[Staff] did not show any love – it was almost a pride of having that power”*

*“... I had my nationality and my country stolen from me...”*

## **Physical and emotional needs**

The testimonies we heard distinguish between physical and emotional needs being met. In comparison to the family home where there might have been extreme poverty or neglect, physical needs such as food, clothing and cleanliness were generally met. However, sometimes food was used to control behaviour such that children could not take access to food for granted.

Emotional needs were less frequently considered, and in many institutions we heard that there appeared to be little recognition of the need for children to feel loved or valued. Instead, people spoke of the importance of institutions valuing treasured objects such as teddies and protecting these for children and young people. Again, however, pocket money, sweet treats and gifts were frequently withheld. Adults described themselves as children, being unhappy much of the time.

## **Identity**

We heard when placements were outside Scotland, some children found the loss of identity from their birth family along with the change in culture and/or religion very distressing. The sense of a lost history was present in many testimonies.

### **Going to school**

A number of people spoke about their experience of education during their time in care, sometimes as a welcome break from their placement.

The school community had the potential to provide security and opportunities, but many spoke of considerable instability, such as attending twelve different primary schools. Others talked about education not being a priority in placement decisions even when they showed natural talent.

We heard that the effects of disrupted schooling were not always recognised, with children in care described as ‘slow learners’. Specific learning difficulties such as dyslexia were not recognised, and people described being punished rather than supported.

The disruption caused by changing schools and difficulties in engaging with education and learning meant missed opportunities to sustain meaningful relationships with teachers. It also prevented the making and developing of hobbies and bonds with friends that can protect children and young people from mental health problems, build self-esteem and develop identity.

### **Life in school hostels**

A small number of people have come forward to describe life on the Scottish islands before coming to live in hostels in order to attend secondary school on the mainland. These accounts described the aspirations of parents for their children to have a better life through education. We have heard about loved children missing their families, having religion imposed upon them as a means of filling spare time, and being bullied. However, we also heard about strong friendships, compassionate matrons, and weekend treats.

*“My happiest hours were at school”*

*“You can’t learn when you live in fear”*

*“I was subject to regular physical abuse and intimidated by a small group of boys and lived in constant fear of random unwarranted attack”*

*“Nobody was deliberately cruel but... I recall the strict discipline and the general bleakness of our lives”*

# During care

*“It was a systematic torture chamber... a systematic abuse... a way of life all the time, morning and night”*

*“I thought I was going to go mad, in a way I think I did... I remember feeling utterly broken”*

*“I was always getting it from the nuns... hit with anything... table leg... the pain never goes away”*

*“I could be shaking in fear. Living under such stress resulted in my bedwetting getting worse”*

## ***Institutional abuse***

Physical, sexual and emotional abuse was typically described as happening frequently. For some, abuse was part of a regime of punishment and control that was at the core of the institution in which they lived. We have heard about individual abusers perpetrating systematic and hidden abuse or of whole staff teams abusing or colluding with abuse. People wanted to make sense of the abuse and reflected that untrained care staff were introduced to, and became part of, a culture of bullying and abuse in some institutions.

Testimonies described dehumanising and cruel treatment that people felt were designed to humiliate and degrade them. Examples included children being forced to carry soiled linen, having their hair cut off and of visits being cancelled at the last minute.

## ***Physical abuse***

Physical abuse was common in former care residents' descriptions and presented as either extreme but routine forms of punishment such as beating, force-feeding or withholding food or sleep. It was sometimes described as casual violence apparently delivered for enjoyment. Sometimes this appears to have been part of a culture of bullying by staff. The unpredictability of such violence made it difficult to avoid.

## ***Bedwetting***

We heard of experiences, within specific institutions, marked by physical maltreatment, bullying, and fear of adults. Punishments were often severe, particularly in the case of the institutional response to bedwetting, a common childhood issue.

We heard of children being forced to sit in a cold bath as punishment for bedwetting, beaten by staff with wet towels, having had their head wrapped in a towel and held under running water, and in some circumstances had to parade around naked with their soiled sheets.

### **Sexual abuse**

Sexual abuse was talked about by several people and often linked to specific members of staff within institutions. A veil of secrecy was described in which other children were similarly victimised, witnessed or knew what was happening, but did not speak up.

We heard that sometimes the only available love and affection were for the purposes of grooming children for sexual abuse. In abusive institutions, people described accepting affection from an adult making them vulnerable to being sexually abused. Those who rejected affection for fear of the consequences described missing out on any chance of love and nurturing.

*“She’d fill a bath with cold water and throw you in it, with the towel wrapped around your head, which I think is called water-boarding...and then pour buckets of water over your head”*

*“When I was about eight, a male member of staff kissed me, it was not just a smack on the lips”*

*“They took me into the night duty room and wanted me to do things... they gave me cigarettes to keep it quiet”*

## During care

*“... and they have named a street after this man, I feel so angry I could rip the sign down”*

*“I could tell no one because he had power... can't say nothing. If you say something, you will be in trouble and they will send you to bed”*

*“There was an absolute culture of ‘don't tell’... I can easily see how the climate of secrecy and intimidation would have been the perfect environment for abuse”*

### ***Hiding the truth***

Most of the experiences the Forum Members heard about were inflicted by those who should have cared for and protected children, some of whom held considerable power and respect within the community. People described being silenced. Either they were too fearful as children of speaking out, or the abuse regime represented normality for them – people described not knowing that adults should not be allowed to behave in abusive ways.

When individuals as children did report the abuse, in the main they rarely recollected any action being taken, but at least one person recalled the abuser being removed. We heard that other responses included the abused child being punished or moved to another institution. This contributed to the child's self-blame and sense of shame. Many people have told us that adults' views and accounts were always believed over children's, and that this reflected a perception of children in care as 'deviant'.

In several of the testimonies, bullying by staff or peers was widespread, reflecting a culture of violence and cruelty. Emotional neglect was described in terms of an absence of caring adults. The threat of physical or sexual abuse was used to control the children psychologically. In several testimonies, it was apparent that constant exposure to others' distress, frightening adults, abuse and bullying severely affected development.

### **Contact with family**

Relationships with parents and/or siblings were critical to many of the people we have heard from, but were frequently overlooked or actively prevented by institutions.

### **Separating siblings**

Several people talked about the relationship with their brothers and sisters. Whilst a minority described being kept with siblings, and the value of this, several more talked of being separated. This was either because sibling groups were split between institutions, or because brothers and sisters were left in the family home. In some cases, children had not known that their siblings existed until much later, even when they had been placed in the same institution. Some family members were the only one of a group of siblings to go into care, and recounted the negative impact on their self-belief and self-worth.

### **Contact with parents**

Some described unwillingly returning home to abusive and/or neglectful circumstances for holidays or longer periods. In these cases there seems to have been repeated attempts by social services to reunite the family against the wishes of the child. These people talked about being frightened of abusive parents and step-parents or feeling rejected by apparently uninterested parents.

*“The bond that we had before I went in, I could never get back. I regret that so much”*

*“As a little child you try to protect your sibling”*

*“Obviously I was pining for my mother all the time”*



# After leaving care

Some children in care may have moved away from their home communities or faced the challenge of returning home or moving into the community.

We heard about the experience of people who left care for independent adult life, usually between the ages of 14 and 16 years. A common theme was how ill-prepared young people felt on leaving care. This was reflected in descriptions of their circumstances after leaving care, which included homelessness, crime and substance use problems.

Many talked about not having the social skills to manage and having nobody to turn to for support and help. In some cases, social services were described as reluctant to provide support – financial or otherwise. The absence of a loving family and the support that should have been taken for granted were particularly apparent in these accounts.

Some talked about being institutionalised and not having even basic skills for managing adult life – from managing a budget, running a house, cooking, to dealing with official bodies.

## **Homelessness**

Some described being deposited at homeless hostels on leaving care. Well into adulthood, homelessness continued to be a risk for many, leading to loss of precious belongings, substance misuse and unemployment. From the testimonies we have heard, the experience of homelessness further added to feelings of exclusion, stigma and shame.

*[On leaving care]  
“Nothing made sense  
out there”*

*“It was as if they never  
wanted us to have a  
chance at a better life”*

*“Being booted out...  
nowhere to go... having  
to go to the homeless  
unit”*

# After leaving care

*“If someone can write and read it helps them throughout life. I do get embarrassed when I have to write things and helping the children with homework”*

## **Literacy and education**

On leaving care the lack of consistent formal education was felt; for some, the quality had been poor, for others, education was disrupted. Literacy problems made it more difficult to fill in forms required for statutory support. Job opportunities and further education were blocked by lack of educational qualifications. Some described shame and embarrassment at their lack of literacy, but others have gone on to pursue further education and professional training, often with no support from others. The availability of free further education and educational grants was critical to allowing some young adults to create a career and stability in their lives.

Former residents highlighted education as an aspect of childhood that should always be prioritised, as something that can help children to fulfil their potential no matter what their personal circumstances are, and which can make more life opportunities available.

## **Crime**

Years of exposure to violence and hardship added to these challenges and increased the risk of getting involved in crime – some people have provided testimony to the Forum from prison. A fifth of people who spoke to us described being involved in some kind of criminal activity, often when first leaving care and finding themselves without financial resources or family to rely upon. We also heard reports of adults becoming victims of crime after leaving care, experiencing rape, sexual assault or being exploited and forced into prostitution. Some described their own violent and aggressive behaviour; and the distress at fearing they had become

*“They always used to say ‘you’re leaving here for prison’ and I thought how do they know that, and if you know it why not do something different?”*”

the adults that ruined their childhoods. Previous experiences of the police, who were often responsible for returning runaway children to institutions, meant that people were reluctant to report crime or seek support. Some spoke of crime as a vehicle to return to institutional life, because surviving day-to-day life was too hard.

### **Relationships and family life**

Several spoke about feeling that their social skills had been badly affected by their experience of being abused, bullied and stigmatised. This led to anxiety in social situations, difficulties building and keeping relationships, and feeling vulnerable. Intimacy and trust have been very difficult to achieve for some – people have described not knowing how adult relationships work or having to get used to being isolated.

However, many have gone on to have families of their own. They have spoken of their fear of passing their own experiences on to their children, and making great efforts to compensate for their own experiences. Some described long-term relationships with partners, children and grandchildren and of the healing effects of a loving relationship. Some described the opportunity to re-connect with siblings and other family members. This was talked about positively in terms of re-discovering birth family, but pain was also expressed in relation to all that had been lost in the interim. We heard about the discovery in adulthood of lies that had been told to children and their families by institutions to prevent ongoing contact. In adulthood, people spoke of discovering the existence of siblings or of reading that family had made contact. Many voiced a profound sadness

*“I didn’t have choices or anyone I could turn to. I couldn’t call up parents, family, and friends and say ‘could you just help me out?’”*

*“If a child in care gets close to someone, try to keep that friendship going”*

*“I still feel guilty over the effect this has had on my children and their lives as they were growing up and believe that everything that happened was my fault”*

# After leaving care

at the loss of relationships and family, with many unable to re-establish connections in later life. Others spoke of families fractured by divorce or estrangement, and of children or grandchildren being taken into care. People referred to their own lack of childhood giving them little sense of how to function within a loving relationship.

*“... nowhere to go to, nobody to turn to, just me... I was desperate, I was hopeless, I was helpless, and I thought there was nothing for me”*

*“Even now I feel imprisoned by circumstance, by situation, by poverty, by lack of funds, lack of supports... and I am at this crossroad. I think this all relates back to childhood”*

## **Mental health issues**

Mental health problems were mentioned in nearly half the testimonies. This included experiences such as flashbacks, panic attacks and nightmares. Recurring depression and suicidality were common, including suicidal attempts whilst in care and subsequently. Some described receiving diagnoses of psychosis, personality disorders and bipolar affective disorders linked to childhood experiences. Two-thirds of those experiencing problems described having received input from mental health or community-based services at some point. GPs were often a regular support; however, follow up specialist care at times was mixed. Some described mental health problems as an additional obstacle in getting the support they needed from local authorities, and feeling shame and stigma. The need for authorities to respond sensitively to those with mental health problems was highlighted by some.

A minority described problems with alcohol and drugs, often in relation to mental health problems. Alcohol was described as a way of coping that got out of hand for some.

### **Disabilities**

We heard about developmental disorders such as autism that were not correctly diagnosed until adulthood. Such testimonies were filled with regret for the understanding and support that had been missing during childhood. For those with a disability, we heard that families could have avoided being split up if proper support had been available to parents and schools.

### **Lifelong impact**

Many spoke of the lifelong impact of their experiences on every aspect of life, of constantly living in fear, the loss of potential, and of not being listened to or believed.

The testimonies highlighted the need for robust, well-resourced and long-term through-care and after-care that recollect experiences before and during care. Those who have received counselling or therapy for their childhood experiences spoke of how important the ongoing availability of such support was to them. It was apparent that those who are on a therapeutic journey expected recovery to be a long-term goal, and for recovery to mean being believed and finding a way to survive their adulthood, rather than making everything better.

The Forum was regarded by some as part of a journey of recovery, in which proper acknowledgement on behalf of the state and the public, and the documenting of childhood experiences could contribute to a healing process. For others, contributing to the Forum was part of a process of seeking justice.

*“You live in fear all the time... to put it in a nutshell, it affected self-confidence, my inner strength”*

*“You need to follow [the child’s] future... this will haunt them... they will need time, support, guidance... be prepared to help them for many years”*

# After leaving care

*“Lost faith... lost trust...  
I bottled things up and  
became a one-man band”*

*“... my brother and I think we  
should have photographs...”*

*“... hated the way they  
described me in files...”*

## **Seeking justice**

We repeatedly heard about the need for justice, and that justice takes different forms. Some individuals described previously reporting their experiences to the police. This has, in some cases, contributed to prosecutions. However, in other cases, people did not have sufficient details about names and dates, felt they were not taken seriously, or alleged perpetrators had died before a prosecution could be pursued.

Many described the widespread loss of records by institutions as deleting their own history as well as concealing evidence of their experiences. Many described the experience of accessing records and finding them incomplete. The experience of reading records was accompanied by many emotions; anger at how they or their family were portrayed, confusion at not being able to see themselves in what was written, or sadness at the level of negative descriptions of failure. Few spoke of any understanding given in notes around what may be going on for them that may explain their behaviour. Many were searching their records for knowledge of lost family members and expressed grief at the information not being there.

Some have felt unable thus far to take their experiences to the police or other inquiries due to their fear of being disbelieved. Echoes of being ignored and denied in childhood were apparent in these testimonies. The testimonies reflect the power of institutions to act, and the relative lack of power of individual children and adults to challenge institutions or achieve proper acknowledgement of the abuses they felt were perpetrated upon them.

### ***Living on the margins of society***

Individuals have described the lack of records (including photos), contact with birth family or acknowledgement by institutions and the impact this has had on their sense of identity. Reflecting back on childhood, the sense of loss in people's testimonies stands out. People have often become upset during the hearing when recalling a lost childhood. In particular, we have heard people grieve for the opportunity to be loved, to play, to live without fear and to fulfil their full potential.

Many described feeling isolated as adults, either because of difficulties building relationships or because it was so hard for others to hear and understand their experiences. Some had carried a sense of stigma and exclusion over from their childhoods, and found that poor education, difficulties in employment, homelessness, low self-esteem and confidence, and lack of family all compounded their experience.

### ***Successful outcomes***

Some spoke about achieving success in adult life and the pride they felt at their accomplishments. The 'survivor' label feels particularly important for some, whilst for others they identified small tokens in their childhood that helped them to embrace their potential as adults, such as friendships, positive attention from an adult, or schooling. Some have actively pursued social justice agendas or caring professions in their adulthood, informed by their own experiences – good or bad.

*"I didn't realise how much they have taken from me, they've taken everything"*





# Reflections on what we have heard so far

For all children, early experiences play a significant role in shaping their lives and building their future life chances. Self-confidence and self-esteem, the ability to manage relationships, trust others and build life skills are all rooted in the care and protection that surrounds children from birth. A strong early start guides a sense of self and identity, who you are as a person, that builds resilience for coping with distressing events.

The testimonies we have heard paint a picture of childcare that in some ways might seem alien now. Many of the testimonies describe family, school and institutional life in post-war austerity and the early days of the welfare state.

The abuse that took place in institutions was unequivocally wrong even at the time and cannot be excused by assumptions of 'that's just how it was back then'. The experience of care has often led to lifelong adversity. Some of the consequences of institutional failure are not as obvious as homelessness or unemployment, but are carried as a psychological burden by those who have spoken to the Forum.

Of those who have spoken to the Forum, a large number have described abuse inflicted by those who should have cared for and protected children. Repeated incidents by the same or different adults at varying institutions would have left children with a deep sense of fear

# Reflections on what we have heard so far

and mistrust. When the source of fear and harm is also the place that children reach to for comfort and protection, they may engage in a variety of understandable strategies to cope. We have heard about denial, shutting off, and self-blame, which all serve to protect the caregiving relationship that is essential to children. We have heard of the lifelong impact of these experiences and coping strategies in those who describe adulthoods marked by low mood, dissociation, self-harm, suicide and violence. There are costs to dissociation and internalising shame and guilt; costs many adults with these care experiences are carrying to this day.

When the response to disclosure is punishment, disbelief, or moving the child, this can have a further damaging effect. The failure of institutions and responsible adults to make abuse stop can have a profound effect on an individual's beliefs about deserving such

treatment. When witnesses are other children, the abuse provides a way of maintaining control and silencing the voices of others through fear of being subjected to the same treatment. Living in an atmosphere of fear and humiliation, of constant threat, makes it hard for any child to focus on anything but survival. Education, enjoyment and a child's belief in its own value will be threatened.

Making abusive practices part of the way things are done can disempower children and young people, making it even more difficult to challenge such practices or believe change is possible. Some have described experiences that, up until now, they considered unspeakable. For some, speaking to the Forum is the first time they have been heard. Giving testimony and being taken seriously have the potential to break a long-held silence, protect others and challenge the hold over people, long after abuse or mistreatment has seemingly ended.

It is essential that we build and maintain services that understand the experiences of people who have lived through abuse and trauma in care, and properly recognise the lifelong impact.

Care settings should be properly resourced to provide a nurturing environment in which children and young people can recover and thrive. Caring for children and young people who have been separated from their families, often repeatedly displaced, and who may have experienced significant trauma before entering care, requires staff with specialist skills. Well-trained, supported and screened staff can experience and manage emotions, support positive, long-lasting relationships, and provide safe contexts for disclosure.

The absence of records is felt deeply by many who have spoken. The Forum has a pivotal role in documenting children's experiences in residential care in Scotland. In doing so, it creates a national record for Scotland that forms a public acknowledgement of experience and ongoing consequences. It is essential that individuals with these experiences have the opportunity for acknowledgement, accountability and appropriate, tailored support. However, we also need to keep in mind the importance of maintaining the progress made, creating care environments where future vulnerabilities to exploitation are tackled, and continually strive to support children and young people who are looked after away from home to reach the same potential, despite the unique circumstances that shape their lives. The care and support that surround young people on leaving care and beyond are pivotal to them continuing to strive and achieve.



# Learning from good practice

We can determine from testimonies that there are things that people who worked in residential care did get right. For a minority, institutional care was a respite from neglectful and abusive parenting and shows that substitute parenting can be successful. A child's potential can be dramatically improved through some apparently

simple practices carried out by properly trained and screened staff. These include providing love and affection, closeness, and a confiding relationship within safe boundaries. Without doubt, regular safe contact with family members could help maintain a sense of connection and build a sense of identity.

# Be heard, make a difference

We invite all people who have experienced residential care in Scotland to think about giving their testimony to the Forum.

You can take part if you spent time as a child in an institution providing a care or health service in Scotland.

**Visit [www.nationalconfidentialforum.org.uk](http://www.nationalconfidentialforum.org.uk) or call 0800 121 4773**

If you would like  
to **come to the**  
**Forum** you might  
like to know...

Each person who came forward has been helped to take control of the process and made to feel as safe and comfortable as possible. An individual member of staff was assigned to provide consistent and familiar support through the process from beginning to end. This process varied from 3 weeks to 18 months.

The first step in taking part was the completion of a form available on the Forum's website ([www.nationalconfidentialforum.org](http://www.nationalconfidentialforum.org)). Once received, support staff made sure each person was fully aware of the Forum's purpose and understood the process. It was entirely each person's decision if he or she wanted to give a testimony at a hearing to be held at a convenient time in the morning or afternoon during weekdays.

Special measures were put in place to remove any barriers to participation, both in terms of emotional needs and on a practical level. For example, overnight hotel accommodation and its costs were provided for those people travelling long distances. For those unfamiliar with Glasgow, support staff were able to arrange transport to reduce the stress

of finding the venue. All of this was established by several telephone conversations, the pace and frequency of which were guided by each person.

People were encouraged to bring one or two supporters to the hearing. Support staff made people aware that they could provide testimony by being recorded at the hearing or in a written submission. In the Forum's experience, recording the testimony ensures Forum Members can focus on listening and capture all that is said.

The act of retelling childhood experiences – both positive and negative – can evoke strong emotions. Everyone who took part could stop the process at any stage – they were always in control.

*Some people identified areas where they were struggling with the long-term impact of their care experience. After the hearing, support staff signposted people to organisations, where possible, such as counselling, trauma support services, survivor support services and advocacy.*

# What we have learned and **improvements** to processes

Gathering testimonies is an ongoing process, and the support staff at the Forum are keen to make improvements to procedures as we go along. Specific improvements to date include changes before, during and after giving testimony.

# More **support** after giving testimony

## ***The situation***

The relationship between the Forum and participants would usually end immediately after the hearing. While the Forum's support staff would signpost information and give details of the Advice and Guidance Helpline, no proactive contact was made with those who had given testimony.

## ***What we learned***

In general, most who had spoken were relieved and feeling positive immediately after giving their testimony. Support staff would always advise that the feeling may not last and that they may experience more negative emotions further down the line. We encouraged calls, but the numbers were so low as to cause concern. So, we looked at how we could provide more support after the hearing process.

## ***Improvements***

We introduced follow-up calls; the first call is made two days after giving testimony when feelings are often most heightened. A further follow-up call takes place two weeks later, if necessary.

## ***Outcome***

According to feedback, the follow-up calls are welcome and effective, giving an opportunity to talk about any issues or concerns. The follow-up calls work well to complement the services provided by the Advice and Guidance Helpline.

# Informed choice

## ***The situation***

Applications were being taken over the phone, at the first point of contact.

## ***What we learned***

We needed to give people sufficient information about the Forum to allow them to decide if they wanted to give their testimony. This would not necessarily be possible over the phone, particularly if they needed to refer to information that was not easily to hand.

## ***Improvements***

We no longer take applications at first point of contact. After an initial discussion, we send the information booklet through the post or by email and encourage the completion of the application form in their own time. We will take applications over the phone after this point.

## ***Outcome***

We can be sure that people have the information they might need to hand, which the support staff can also refer to this during the process.

# Greater flexibility

## ***The situation***

When the Forum started to hear testimonies, the processes and protocols were based on set timeframes. For example, hearings would always be scheduled for two-weeks from receiving a formal application.

## ***What we learned***

Giving testimony is extremely personal, and many of those involved are vulnerable or may be engaged in other processes, such as other investigations, searching for records or therapeutic treatments. Some people, therefore, need longer between application and participation to have a safe experience, which they feel able to manage.

## ***Improvements***

Support staff pace the process to each person's needs: individuals can take as long

as they need before we schedule a hearing. Support staff also share observations and learning of how it has been for others; the possible impact and how this may affect other areas of their life, particularly if they are dealing with other difficult situations.

## ***Outcome***

Generally, there are longer periods between the point of application and attendance at a hearing. Those who give testimony are more prepared. The reassurance and sharing of information by support staff helps to build a positive relationship.

In some cases, the Forum has struggled to find appropriate services and identified a need for more extensive support services to navigate the many challenges they face in adult life.

*The Forum continues to listen, learn and review all aspects of our work and to make improvements aimed at providing the best possible outcomes for everybody giving testimony.*



# Contact

**Telephone:** 0141 352 2333

**Freephone:** 0800 121 4773

**email:** [information@nationalconfidentialforum.org.uk](mailto:information@nationalconfidentialforum.org.uk)

**web:** [nationalconfidentialforum.org.uk](http://nationalconfidentialforum.org.uk)

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