



'I'm not an orphan'

Melinda Marjoram and Christa Fouche examine children's perspectives on experiences in a residential care setting

Introduction

Internationally there has been a decline in the use of residential care as a placement option for children in need of care and protection, resulting primarily from beliefs that children are best left in the care of their own families where possible. In New Zealand this is reflected in The Children, Young Persons, and Their Families Act 1989, which is based on the principle that 'whānau and families should be strengthened and maintained, should participate in decisions affecting the child, and (that) decisions made should encompass both the welfare of the child and the stability of the whānau/family' (Connolly, 2001). Recently debates have resurfaced about the use of residential care as a positive placement option rather than as a last resort for children's care and protection needs (Milligan, Hunter & Kendrick, 2006; Crimmens & Milligan, 2005). Irrespective of opinion about such debates, the fact remains that in New Zealand children are frequently placed into residential care settings, even if only for short periods of time, meaning there is a need for safe and high quality residential care to be made available in the care and protection sector.

As far back as 1977, concerns have been voiced in New Zealand about the lack of research in the area of residential care. A recent research project undertaken to collect information from the perspective of children about their experiences in a residential care setting was an attempt to fill this gap. This article will report on the results of this project against the background of international studies and existing literature on children's perspectives of residential care.

The project

A qualitative project was undertaken to explore a group of children's experiences and perspectives of life in a residential care setting. It has been influenced by the recognition of the importance of children's own views of their experiences as it has been argued that a necessary component of quality and safety in care 'is that children should have their concerns and views listened to and have their opinions and experiences taken into account in decisions about their lives' (Smith, 1997). It was a small-scale project involving seven children aged between 11 and 13 years living in a residential

care facility that provides medium and long-term care for children with care and protection needs. Though the project is limited in scope, it is the authors' belief that "listening to children" has provided a highly valuable pool of information which adds meaning to the way children experience life in residential care and which may be used to inform policy and practice. The scope of this article does not allow for an in-depth discussion on the dynamics of including children and young people as research participants.

Several themes emerged as significant when considering aspects the children identified, either explicitly or implicitly, as most important to them. It is significant that many of the key findings discussed in the context of these themes support those of larger-scale studies of a similar nature (CREATE, 2004; Dixon & Stein, 2004; Shaw, 1998) and reflect aspects highlighted in literature focused on residential care.

Security

The first theme of security refers to aspects of permanence, stability, safety, trust, belonging and the concept of home. Literature suggests that, although many children experience the negative aspects of being in care such as instability and multiple placements, a number of them view their care experience in a positive light (Ward, Skuse & Munro, 2005). Positive aspects include a greater sense of security and having someone to talk to (Shaw, 1998). Others acknowledge that, while not enjoying the experience, it improved life choices (Dixon & Stein, 2004). This mirrored findings of the project where a participant commented that living in residential care provided opportunities such as receiving pocket money and having their own room.

Security includes aspects of trust as well as safety. Shaw (1998) noted that participants in his study identified this as among the best three things about being in care. A participant in the project who had experienced an unsafe situation at home strongly expressed aspects of safety in care. This seems to relate to a better quality of life both emotionally and materially. These comments support findings from other research studies where participants identified positive aspects of being in care as including safety and love as well as improvement in material circumstances (Ward et al, 2005; CREATE, 2005; Shaw, 1998).

Findings from the project also suggest that security is influenced by the number of previous placements children have had as well as the

nature of their experiences in their own families. Those who had experienced multiple placements demonstrated a particular need for permanence and stability. One participant in the project described the residential care setting as a place that (s)he related to as

"home" even referring to the caregivers as being "like parents". The main desire was for safety, acceptance and a sense of belonging. Using words such as "comfort" and "feeling welcomed" reinforce this sense.

Attachment

One of the key areas of concern for children in care is the impact it has on aspects of attachment. For the purposes of this discussion, attachment is considered in relation to family background and relationships, as well as the importance of relationships with friends and peers, and caregivers and other staff in the child's life.

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Findings from the project suggest that for some children there is a longing to be with their parents that overrides all else. This is consistent with the view that 'the process of removing children from their parents, even where the parents are unwilling or unable to cope with the demands of parenting can be traumatic for children resulting in rage, grief, sadness and despair ... even among children and youth who are physically, sexually and emotionally abused' (Taylor & Smith, 1997). Most families desire to be together and to be happy. An Australian study highlighted the fact that contact with families was one of the most important things to children in care and that generally they wanted more contact than they were having. More importantly, it noted that for some children, lack of regular, quality contact with their birth family affected their schooling and emotional health (CREATE, 2004).

These studies also discovered that some children are relieved to be out of abusive or unsafe situations at home, despite missing family members (Ward et al, 2005). Some children view being in care as an escape from family or a troubled situation (Dixon & Stein 2004). One of the participants in the research project, even though (s)he is in close contact with family and still has a lot of involvement with them, believed that residential care was a more positive situation with "better opportunities". In contrast, two other participants, who indicated struggles in the area of attachment, still wanted to be with a parent. For these children, perhaps, their desire for this unfulfilled attachment to their own family is stronger than the need for security.

Relationships with friends and peers

Participants in some studies indicated that they didn't enjoy the care experience because they

were cut off from friends and had little say in when they could see them. Some children feel isolated from their friends (Shaw, 1998). One study of children's homes identified the solidarity that exists between children, giving residents a sense of belonging and identity (Berridge, 1985). Another study identified the socialising function children spoke about, as well as the sense of safety and belonging they draw from friends in the homes (Dixon & Stein, 2004).

Findings of the New Zealand project were interesting as it appeared that the most significant friendships for all participants were with people outside the residential care facility. Reasons identified by children tended to relate to the time spent with friends at school. This is not convincing, however, given that weekends, time after school and some school holidays, are spent with other residents. Such findings are clearly inconsistent with results of studies outlined above, which indicated that children identify with other children in residential care.

Significance of caregivers and staff

The literature describes a range of views about caregivers in residential facilities, which shows how important this aspect is in determining the type of experience a child has when placed into residential care. One study found that caregivers play a vitally important role in creating a sense of acceptance and belonging for children noting that children experienced this 'generally through someone sticking with them and not giving up on them, or making the effort to stay in contact' (CREATE, 2004). Another found that caregivers are seen as providing company and comfort with some children referring to feeling as though there is someone who 'understands' (Dixon & Stein, 2004). Findings from this project are consistent with these studies. Participants

who were happiest living in that care setting had secure and trusting relationships with at least one of the caregivers.

Difficulties are experienced in residential settings where carers work on a shift basis (CREATE, 2004). Similarly, a change of social workers has a negative impact on children's experience of the care system in general. Although some studies outlined positive relationships between children and social workers with participants valuing social workers' ability to act as an advocate for them (Ward et al, 2005), one study concluded that generally children did not have good relationships with social workers. Children commented that they are difficult to contact, they hardly see them and they don't know who they are (CREATE, 2004). Such findings were consistent with comments made by a number of participants in this project.

Identity

Findings from the research project suggest that children in residential care struggle with issues of identity for a number of reasons. First, those who had not known their own parents have very little sense of who they are. There is little, if any, family connection.

The preoccupation with this is similar to findings of other studies (Shaw, 1998; Dixon & Stein, 2004). It has also been noted that children want to be able to talk about and understand where they came from (Smith, 1997). For those children who are aware of their family background the fact that they have been removed means they may also struggle with self-esteem and lack of self-worth. These characteristics have been identified in other studies (Smith, 1997; Owen, 1996). Similarly, with respect to the project,

low self-esteem and other identity issues were implicit in participants' comments about the things they want to do when they are older. There was a sense that they have no confidence at all in their ability to achieve very much, which in turn affects their hopes for the future.

Confidence and self-esteem are also affected by comparisons made with children at school. The stigma associated with being in residential care emerged as significant in this project. A participant's experience of the stigma attached to being in care was accentuated by the fact that children at school knew (s)he was placed into care. Feelings of isolation and being different did not emerge as strong issues in this study, as they have in some others (Shaw, 1998; Owen, 1996; Dixon & Stein, 2004). As noted earlier, findings of this project suggest that children's closest relationships are with those outside the residential care facility.

Finally, children's identity is affected by the fact that they have been placed into care. For some this is exaggerated by having no understanding of the reasons. Findings of this project suggest that children would be far more secure if they were given such information rather than left wondering and at times blaming themselves for situations that are out of their control. Once again, this is consistent with findings of other studies (CREATE, 2004; Owen, 1996; Shaw, 1998).

Normalisation

Normalisation refers to the desire expressed by certain participants to be in a situation that feels as much as possible like "normal life" to them. Findings from this project suggest that for participants in the study some aspects of

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normalisation are important. One participant emphasised several times: “normally in another house ... you just ask and they’ll let you go out the front or something”. Another child stressed the desire to be able to do normal things when (s)he spoke of wanting to climb trees, ride a bike and be able to be alone outside. For those who mentioned not seeing their friends on weekends there was disappointment evident. Restrictions such as these, for some, appeared to accentuate their feeling of isolation (Shaw, 1998) and being “different”.

Participants in the project identified such things as taking part in extra-curricular activities at school, joining sports clubs, and being able to do things that they really enjoy doing as part of being “normal”. This is consistent with another study, which noted that most boys wanted to have the freedom to be involved in extra-curricular activities, as well as some freedom in choosing what they would be (Smith et al, 2004).

Autonomy

The concept of autonomy refers to those aspects identified by children such as the desire for freedom, the ability to make choices, and the sense of having some control and power over areas of their lives. This was found to be particularly significant for children in residential care (CREATE, 2004; Dixon & Stein, 2004; Shaw, 1998). In the findings from this project, the restrictions of life in residential care were identified as a problem, with several participants concluding that the facility was like a jail. Significantly, many children in residential care are dealing with issues of abandonment, grief and some form of abuse or neglect. It is not unusual then that they would express a need for “space” and the freedom to make choices for themselves. These participants were aged between 11 and 13 years and beginning

adolescence, adding to their increasing desire for independence.

Conclusion

It is apparent that children have much to offer policy and practice-related decisions on residential care in New Zealand. The lack of studies on outcomes, which are child-specific and reflect their perspectives on care, indicates a research gap.

The findings of the project were generally consistent with studies carried out with children in other parts of the world (CREATE, 2004; Shaw, 1998; Dixon & Stein, 2004). As far as we are aware, no studies of this nature have been carried out recently in New Zealand. This is a matter of concern. If we are to take seriously issues of children’s rights, policies about care and protection must be informed by current child-centered research.

The title chosen for the article, ‘I’m not an orphan’ is a quote and reflects the fact that, largely knowing who they are and where they come from, informs the identity of children in residential care. None of the participants in this study were orphans. For most, their memories of, or desire for, connections with their family – whether acknowledged by that family or not – did not disappear when they were placed into care. It is important that as people involved in the lives of these children, we demonstrate a commitment to providing a safe and high quality care environment that may contribute to these children positively surviving such an experience.

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