

Study 3:

Exploring the Long-Term Outcomes of Children in Residential Out-of-Home Care

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Abstract

This qualitative research explores the lived experience of ten adults aged between 22 and 27 who spent at least four years in institutional residential care in Malta. An interpretative phenomenological analysis of the in-depth interviews generated 12 superordinate themes which explored the participants' construction of meaning around events prior to admission into care, their life experience whilst in care and the transition into independent living. Results highlight how participants made sense of considerable hardships and suggest that for 9 out of 10 adults, transition to adulthood lacked the necessary emotional, social and financial support and occurred at an earlier age and in a more abrupt manner than for young people of the same age. Discussion of these results generated recommendations in terms of service and policy development.

Dedication

We would like to dedicate this work to all of the care leavers in Malta and Gozo.

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Study 3 Chapter 1: Introduction

1.0 Introduction

This study is about young people who would have left institutional care and made the transition into independent living. Osborn and Bromfield (2007) considered these young people to be among the most vulnerable and disadvantaged social groups. Much research carried out in different countries, across the world, has shown that the provision of accommodation by state governments often ceases abruptly, thus leaving youngsters in out-of-home care to face the difficult transition to adulthood without the necessary levels of support (emotional, social and financial), at an earlier age and in a more abrupt manner than young people of the same age in the general population (Arnett & Jones, cited in Cashmore & Paxman, 2006).

This kind of transition is out of synchronisation with current trends, where young people are gaining their independence at a later stage. Del Valle, Bravo, Alvarez and Fernanz (2008) point out that most youths today cope with major life transitions such as completing their education, finding work, and moving to independent living, one at a time. The authors report that in the UK, young people are normally 23 years old when they leave home. Southern Mediterranean young people are taking longer, with Spanish young people leaving home at 29.

1.1 Motivation for the Study

Members of the focus group, composed of major stakeholders and experts in the area of out-of-home care for children, are concerned with the situation whereby many children who are placed in children's homes in Malta are expected to leave care at the age of 16 or thereabout. This focus group, which was appointed by the Commissioner for Children, in 2007, to help her formulate a national policy for children in out-of-home care, felt that empirical evidence was needed to understand better how these youngsters were coping with this major life transition.

1.2 Aims of the Study

This study explores how youths who move out of the care system experience the transition and manage to settle down. Their stories take into account their life circumstances at the time of the interview, as well as their whole life story narrative, including their stories prior to admission into care and their life experience whilst in care. This whole life story account is in tune with the literature which points out that experiences prior to being admitted into care, the children's experience in the care system, as well as the conditions of the transition itself all leave an impact on the long term outcomes of children in out-of-home care (McDonald, Allen, Westerfelt, & Piliavin, 1996). For this purpose ten adults between the ages of 22 and 27, who had spent at least four years in residential care, have been interviewed in depth.

1.3 Conceptual Frameworks

The study “attempts ... to generate understanding through sharing first-hand experience” (Gergen, 2009, p. 66) and as such will focus on personal meaning and sense-making from the participants' perspective. A **social constructionist framework**, which gives value to the voices of ten youngsters who experienced life in out-of-home care, invites them to ‘tell their story’. “The attempt here is to increase the public understanding of these lives and an appreciation for the challenges people (they) confront” (Gergen, 2009, p. 66).

Attachment theory also helps us make sense of the children's needs for love and affection and the impact of the presence (or absence) of significant persons in their lives (Bowlby, 1973, 1979, 1980, 1988; Schore, 2001). The body of knowledge in the area of resilience can also shed some important light on how these youngsters bounce back from adversity. Resilience is about overcoming the odds, coping and recovery, relative to the different risk experiences lived through (Rutter, 1999; Schofield, as reported in Stein, 2005).

1.4 Conclusion

The voices of these ten youngsters will be telling us how they feel, the situations that they find themselves in, and the way they have coped and still cope with life's challenges, as they try to find meaning in their lives. The study will serve to highlight what helps and hinders their progress in life as they try to situate themselves as dignified citizens in an adult world.

Study 3 Chapter 2: Literature Review

2.0 Introduction

Relatively few studies have investigated the long-term impact of out-of-home care in terms of social, psychological, financial or vocational outcomes for this group of young people. In recent years there has been a development of research focused on the transition from child care to adult independence, and several important literature reviews of such research have been conducted in different countries, including Australia, the United States, Canada and the United Kingdom, among others.

In the context of the richness of data and findings emerging from this body of research, we have sought to provide an overall organising framework for our review based on the work of McDonald et al. (1996) which was carried out in the U.S. The authors argue that experiences that children go through prior to being admitted in care, the quality of the care experience itself, the immediate conditions/factors present upon leaving/transitioning from care, and the long-term effects after leaving care all leave an impact on the long-term outcomes of those who have been in out-of-home care.

2.1. Profile of Children in Care

In exploring the long-term effects of out-of-home care and the impact of the care system on an individual's transition into adulthood, it is important to create a profile of the population admitted into care, and a background context to the years spent in care. Research into this field has tended to focus on three major areas: attributes of the child themselves, the family environment, and characteristics of the wider social context.

Individual attributes of the child may include gender and age of admission into care. It seems that there are no significant differences in terms of rates of admission into out-of-home care according to gender. This also seems to be the situation locally, where there are an equal number of males and females residing in group homes under the management of the Church (personal communication, Mons. Zammit McKeon, Director, "Ejjew Ghandi", 27th September 2007), and in all the residential institutions (Muscat Baron, Muscat Baron & Spencer, 2001). On the other hand, it seems that more males are admitted into foster care

than females (Galea-Seychell, 2005); a difference which the author attributes to the possibility that females are more likely to be kept at home to fulfil a carer's role. There have not been any conclusive findings in terms of gender as a predictor of successful outcomes in long-term follow-ups, as some studies have found that females tend to do better, especially because they are likely to have achieved higher levels of educational attainment and have more practical skills (e.g. Stein, 2005), whereas others found that being male is likely to increase one's chances of having a successful outcome (e.g. Pecora, Williams, Kessler, Downs, O'Brien, Hiripi & Morello, 2003).

On the other hand, the literature on the age of admission into care is more conclusive and indicates that those who are at the highest risk of aging out of foster care are those who entered the care system at a later age, especially as teenagers (Wertheimer, 2002). Such children who enter the care system at an older age are also more likely to experience additional problems in parenting, intimate and social relationships in adulthood (McDonald et al., 1996). It is important to comment though, that both these findings emerge in the context of children who are cared for in foster homes rather than in group residential care settings. Great caution should be exercised in trying to impose the findings, formerly mentioned, onto residential care, especially in the context of recent EU research under the Daphne project (Browne & Hamilton-Giachritsis, 2004) which advocates a deinstitutionalisation process for children who are in residential care from a very young age (below 5 years) because of the significant impact such care has on the child's cognitive, emotional and behavioural development. Given the literature that suggests that admission into foster care is often preceded by a longer period of out-of-home care, probably in residential care (Galea-Seychell, 2005; Schofield, Thoburn, Howell, & Dickens, 2007), it is possible that contributing to the former findings is the length of time spent in residential care rather than the age of admission into foster care.

Among the most significant factors relating to the child, are specific, individual characteristics, including the child's ethnic background, disabilities and mental, behavioural or learning difficulties. For example, between 16.4% to 25% of looked-after children in the UK had a disability (Department for Education and Skills, 2004; Harris et al., 2002 as reported in Stein, 2005), whereas about 25% of 16+ came from ethnic minorities. Local research on fostered children indicates that 14.7% of children have a mixed heritage background, whereas 20% have some form of learning difficulty (Galea-Seychell, 2005).

Local research on behavioural problems among children in residential care gives the same figure of 20.7% (Muscat Baron, Muscat Baron & Spencer, 2001). The research shows that young people with mental health, emotional or behavioural difficulties are particularly vulnerable to poor outcomes. They are likely to experience more problems in parenting, intimate and social relationships in adulthood (McDonald et al., 1996), more likely to experience post-care instability and homelessness, have worse housing and career outcomes and weaker life skills than was the case for other young people (Wertheimer, 2002). On the other hand, higher childhood IQ scores and lower rates of temperamental risk were related to more positive long-term outcomes (Rutter, Giller, & Hagell, as reported in Stein, 1990).

The context of the family situation prior to admission into care is another important variable and this includes several aspects, such as the marital status of the parents, parental employment, the presence of other siblings in care and also specific types of family problems experienced. The latter might range from difficulties in organizing the home, financial problems, imprisonment, drug or alcohol abuse, domestic violence, mental disability or mental health problems, prostitution, physical disability or even a variety of factors together. Stein (2005) advocates the need to be aware of the impact of such family life experiences on the child, even though the research does not indicate that children from any one of these particular backgrounds have a more negative outcome than the others. In fact it is interesting to note that none of these factors were individually related to the social adjustment of young adults at long-term follow-up after leaving care (Del Valle et al., 2008). On the other hand, the literature on the resilience of young people from very disadvantaged family backgrounds has clearly identified the presence of a redeeming and warm relationship with at least one person in the family or the secure attachment to at least one unconditionally supportive parent or parent substitute to be associated significantly with positive outcomes (Rutter et al., as reported in Stein, 1990).

Children are admitted into out-of-home care for a variety of reasons; sometimes because of the parents' failure to care for them adequately, as may be the case when parents suffer from a physical or mental illness, be imprisoned, or because of problems of drug or alcohol abuse. On the other hand, they may be admitted into care because of child related issues, be it any form of abuse or neglect or the child's own behaviour problems. The few local statistics available in this regard refer to children who were admitted into foster care rather than those

who are currently in residential care and one can easily note that the great majority (over 80%) came into care because of parental issues (Galea-Seychell, 2005).

International research studies show that children who were placed in foster family care because their parents neglected, abandoned, or abused them had more negative outcomes than those placed because of mental illness, death, imprisonment, or physical illness of the caretaker (McDonald et al., 1996). Similarly, Del Valle et al. (2008) have also found that those youth with the poorest long-term outcomes were also admitted into care because of child-related issues, especially those admitted because of exploitation as child workers and cases of problem behaviour. However, contrary to McDonald et al.'s (1996) findings those admitted into care because of sexual abuse had the best outcomes.

With reference to the reasons for a child's admission into care it is also important to note the legal status of the child in question. Locally, there are three possible alternatives in this regard, that is: voluntary admission into care expressed through the family's consent, a legal obligation for admission into care covered by a care order issued by the Ministry for Family and Social Solidarity or a legal obligation issued by the court, also known as a Court Order. The local data on children who are currently placed in care indicates that the majority of children (53.7%) are admitted into voluntary care (Aldgate, Blewett, & Rose, 2008). Here, one must also mention the recent sharp increase in the voluntary placement of infants and children of immigrant mothers, who due to lack of provision of social welfare financial benefits are forced to seek employment to sustain their families. In fact, babies and infants of immigrant families constitute more than 50% of the children in crèche homes at the time of writing this paper.

2.2. The Experience of Out-Of-Home Care

Out-of-home care may offer the child new opportunities to receive support and develop significant attachments which were not possible within the family environment or it may create the possibility for the child to move out of abusive or neglectful family environments. However, it is also true that it may impinge negatively on the child's development in several ways. For example, children living in out-of-home care placements are more likely than those living with their biological or step-parents to have behavioural and emotional problems, problems in school adjustment, and to be in poor physical or mental health, even when

compared with an at-risk population of children living in single-parent, low-income families (Wertheimer, 2002).

Among the key aspects related to such an outcome is the breakage of attachment relationships that may occur with a move into out-of-home care. Relationships within the context of out-of-home care may prevent the development of significant attachment relationships such that the child may become 'avoidant', 'anxious' or 'disorganized' in his or her attachment making styles, thereby leading to difficulties in making alliances and building relationships. Children reared in institutions have difficulty in forming secure relationships and tend to be indiscriminately friendly, irrespective of the quality of care provided (Hodges & Tizard, 1989a, 1989b; Tizard & Hodges, 1978; Tizard & Rees, as reported in Vorria et al., 2006). Admission into the care system also leads to the breakage of bonds with culture and community networks, even more so in children with different ethnic backgrounds.

Thus, it seems clear that admission into care has been linked to a variety of negative outcomes. However, as will be clearly conveyed in this section not all experiences of care are the same. Rather, the existing literature shows us that there are several variables that can make the care process more or less supportive, especially when consideration is given to the impact of certain variables on post-care outcomes. In fact, what has been most strongly linked to long-term post-care outcomes are specific factors within the care system rather than factors related to the child's individual and family context prior to admission into care (Del Valle et al., 2008).

Many children spend a number of years in out-of-home care, often well beyond 4 years, thus allowing for the definition of long-term care to be applied (Schofield et al., 2007). 30% of children in the UK stay for 4+ yrs (Department of Health 1999, 2003). The average age when beginning to be continuously looked after for 4 years or more was 5.4, with the range being between less than 1 month and 14 years old. Locally, Galea-Seychell's (2005) sample of fostered children reflects a mean duration of being in care for nearly 7 years, with a range of 23 days to 17 years, indicating that in Malta too there are quite a number of children who experience long-term care. However, despite the widely held view that long stays are detrimental to the child's well-being some studies suggest that the length of the stay is actually related to positive outcomes, when changes are eliminated (Del Valle, Bravo, Alvarez. & Fernanz, 2008). Spending more than one year in foster care resulted in children

having less negative behaviour six years later and increased the children's ability to meet age-appropriate behavioural standards (Wertheimer, 2002). Thus, it seems that it is not the time spent in institutions, but rather the instability and the lack of responses to problem behaviour that lead to negative results (Zimmerman 1982; Department of Health 1998; Stein 2005). McDonald et al. (1996) also point out that it is the quality of care received and whether the child's needs are met when they are returned home that is a significant factor in this child's well-being. Some research on foster care also shows that children who were reunified with their families had more negative adult outcomes than those who aged out of the foster care system (Holland, 2006 as reported in McDonald et al., 1996).

Several studies have stressed the importance of stability in child care and the concern over the fact that there is not enough of it (Zimmerman, 1982; Biehal et al. 1995; Sinclair et al. 2005; Ward et al. 2003; Dixon & Stein, 2005; Held, 2005). Whilst reviewing these studies Stein (2005) finds that there is an average of 6 placements for each child or young person, with 30–40 % who experience 4+ moves and 6–10 % who have either a single placement or a very large number, as many as ten or more (Stein, 2004). Such instability is among the factors that are bound to inhibit the transition to independence (Maunder et al., 1999) and some studies e.g. Del Valle et al. (2008) have found that it is the variable most strongly related to negative social outcomes after leaving care. On the other hand, young people who experience stable placements providing good quality care are more likely to succeed educationally (Pecora et al., 2003), settle in and manage their accommodation after leaving care without having to make several moves. They also succeed in keeping a job, feel better about themselves and feel that their needs had been met while in care (Cashmore & Paxman, as reported in Osborn & Bromfield, 2007). They also achieve satisfactory social integration in adulthood than young people who have experienced further movement and disruption during their time in care (Barn et al., 2005; Biehal et al., 1995; Dumaret et al., 1997; Jackson, as reported in Stein, 2005).

Upon aging out of care, half the care leavers did not have supportive links to family or foster family or residential care (Del Valle et al., 2008). This group started to be looked-after earlier than the others and tended to have had long histories of instability within care, involving combinations of residential and foster care sometimes punctuated with short stays with parents or relatives. This suggests that one of the ways in which placement instability may create negative outcomes is because it disrupts the forming of secure attachments.

Furthermore, this is also compounded by the fact that such a lack of stability may create a lack of continuity in terms of friendships, neighbourhoods, schooling, carers and the 'cultures' present in different homes disrupting also the child's sense of 'felt security' (Jackson, as reported in Stein, 2005). Thus, it is also important to define stability not only in terms of continuity of care but also in terms of a 'sense of permanence' (Thoburn, 1994). Admittedly, placement continuity does not guarantee this sense of permanence and felt security on an emotional and psychological level (Beek & Schofield, 2004) however stability in placement is realistically more easily influenced and amenable to changes in policy and practice than is felt security and children can still benefit from such stability even if they are unable to form secure attachments.

Because of so many external changes occurring, the child's energy is spent on adaptations rather than focusing on internal issues, possibly bringing about anger, anxiety, guilt, blame and a sense of failure as each successive placement breaks down. This argument is sometimes reversed when authors have commented on the fact that it is not the lack of stability per se that leads to such negative outcomes but rather there is an inverse causative relationship whereby it is the child's personality maladjustment that leads to lack of stability in placements as plans for permanence do not work out as the child exhibits combinations of disabilities or behavioural and emotional difficulties, thus making him/her both '*hard to place*' and '*hard to parent*'. Possibly the presence of such difficulties may create the existence of a vicious cycle, where such experiences of placement failure negatively impinge on the child's behaviour problems which may in turn increase their difficulties. It is interesting to note however that Del Valle et al., (2008) data clearly indicates that the number of changes of institutions is still the variable most closely related to adult outcomes, even when the presence of behavioural problems are controlled for.

The presence of certain experiences during the time spent in care may also contribute to post-care outcomes. Specific behaviour problems exhibited during the years in care, including violence, theft, substance abuse, pregnancy, running away and experiences of abuse during out-of-home care may all impact the quality of the child's life in future years. Maunders et al. (1999) pointed out that contact with the juvenile justice system or imprisonment was an inhibitor of a successful transition to independence whereas Pecora et al. (2003) linked the minimized use of drugs and alcohol to successful post-care outcomes.

The quality of the care placement, both according to objective criteria and according to the child's own perceptions about it, is also an important aspect that merits consideration. For example, care in groups with large numbers of children, with a low child-staff ratio and possibly untrained staff may be less equipped to deal with the unique needs each child presents. A group care setting as opposed to a family-foster placement has been linked to more problems in parenting, intimate and social relationships in adulthood (McDonald et al., 1996). The lack of adequate care planning and development of long-term goals, in terms of education, vocation or living arrangements was also linked to worse transitions out of the care system (Maunder, 1999).

On the other hand, sensitive care placements will help the young child develop a positive sense of identity linked to self-knowledge and self-esteem. This goal might be achieved by providing good quality care that enables the development of significant attachment relationships, by providing children with opportunities to experience how others perceive them and respond to them and also by developing opportunities for the child to influence and shape their own life. All these aspects can help to build the child's sense of personal and cultural identity, factors that have been linked to the development of resilience (Stein, 2005). Losing one's personal history is a major issue in looked-after children, not only in terms of losing factual information, but especially the failure of those entrusted with their care to help them understand why their parents had abused or neglected them, or were unable to care for them and how this had influenced subsequent events (Biehal et al., as reported in Stein, 2005). Children not only need to understand their background and personal history but also work through their feelings of rejection and resentment.

Possibly one of the ways of achieving this is through the presence of trained staff, in a care culture that gives individualized attention and through the provision of specialized psychological, mental health services or group work targeted at addressing such issues. The opportunity of making use of such services can enable children and young people to work through unresolved anger not only towards the family but also towards the system of care and care workers. This has been linked to more successful post-care outcomes (Maunder, 1999). Direct support provided to the families of children in care, be it financial, social or psychological has also been identified as an important factor especially since ongoing contact with biological parents that is ambiguous has been linked to worse outcomes (McDonald et al., 1996).

Another key aspect linked to good quality care is the opportunity to be involved in a range of extra-curricular activities whilst in care, for example sports, art, music, social clubs, helping others through volunteering, or undertaking part-time work. This can help to promote the learning of competencies and emotional maturity, give the opportunity for youths to make a difference, and also expose them to challenging situations that provide opportunities to develop both problem-solving abilities and emotional-coping skills, thereby also increasing their sense of self-efficacy and personal control. All these factors have been linked to the development of resilience in children in care (Newman & Blackburn, 2002; Stein, 2005). These aspects have also helped youth from very disadvantaged family backgrounds to develop resilience by giving them the chance of a 'turning point' and a break from a high-risk area, and the chance to develop positive peer influences (Rutter et al., as reported in Stein, 1990).

Positive school experiences too have been linked to resilience among children from disadvantaged backgrounds, as schooling itself may also provide turning points and open the door for participation in a range of leisure or extra-curricular activities (Newman and Blackburn, 2002). Schooling is also associated, on a long-term basis, with career development and better employment opportunities. However, it is also clear that many children in out-of-home care experience difficulties in educational attainment, repeat a grade or more, require special educational classes or attend a number of different elementary schools (Pecora et al., 2003). Placement instability, lack of encouragement, exclusion from school or multiple school changes, therefore, contribute to poor educational outcomes (Barn, as reported in Stein, 2005; Kufeldt, as reported in Tweedle, 2005). Those who fare better in terms of educational outcome tend to be females, who have been looked-after longer in a settled placement, usually with a foster carer who values education and provides encouragement (Dixon, Wade, Byford, Weatherly & Lee, 2004). Few placement disruptions in the context of foster rather than group community care augur better in terms of educational attainment. There also seems to be value in delaying a child's first placement into the child welfare system, through better use of primary support and family prevention, as the younger the age at which the child was placed in care, the less number of years of schooling attained (McDonald et al., 1996).

As noted above, most of the youths who move out of the care system, transition into adulthood in an accelerated and compressed manner and at a relatively young age. For example, although care leavers often leave the care system at the age of 18, the average age of moving out from the parental home is much higher, for example 23 in the UK and 29 in Spain (Del Valle et al., 2008). This accelerated process has damaging effects on the youth's resilience (Stein, 2004). Most youths cope with the major life transitions of completing their education, finding work and moving to independent living, one by one, consecutively. However, young care leavers have to cope with everything at once, therefore increasing the stress they experience at this point in their lives. This expectation of instant adulthood leads to conflating the different stages involved in this transition process into only one stage; leaving little time for exploration, reflection, risk taking and identity searching (Hart, as reported in Stein, 1990).

In an attempt to counteract this difficulty including lack of preparation and support, several programs have been developed with the aim of conveying a variety of life skills to care leavers. These may take many forms, however several common components included are: educational planning, job preparation and maintenance, knowledge of community resources, legal skills and self-care. There is also some form of practical training, for example food preparation, health information, money management, hygiene, safety and transportation skills, housing, maintenance, emotional and interpersonal training, including decision making and parenting skills. The research carried out on this area verifies the assumption that such training improves the care leavers ability to live independently (Cook, as reported in Wertheimer, 2002), whereas lack of preparation may inhibit the transition to successful post-care outcomes (Mauders et al. 1999; Osborn & Bromfield, 2007).

To summarise, several factors, within the system of care and related to the quality of care provided, have been consistently related to increased success in the transition to aging out of care and have also been linked to positive long-term outcomes (Biehal et al., 1995; Cashmore & Paxman, 1996; Dixon & Stein, 2005; Mauders et al., 1999; Newman & Blackburn, 2002; Pecora, Williams, Kessler, Downs, O'Brien, Hiripi & Morello, 2003; Silva-Wayne, as reported in Tweedle, 2005; Stein, 1990, 2004; Stein & Carey, 1986). These comprise, being provided with a stable and positive experience in care, experiencing support and encouragement from within the care system, and developing the ability to make use of such support rather than alienating it. Other important factors include: having access to mentors

and role models outside the family, being exposed to different opportunities whilst in care, including group activities or employment opportunities, thereby allowing for the development of self-efficacy and a positive self-image. In addition, other salient factors consist of the provision of support to continue and complete high school education or job training; having supportive relationships and a strong social support network that provides a sense of belonging, be it to family, church or other organizations; being provided with opportunities or specialist services that would enable the child to learn to reframe adversities, such that the beneficial as well as the damaging effects could be recognised; being able to make sense of family relationships, so that they could psychologically work through their admission into care and move on; not making use of alcohol or drugs; life-skills training; and preparation for leaving care.

2.3. Factors Present upon the Youth's Departure from the Care System

The last group of variables related to long-term outcomes of care leavers has been labelled by McDonald et al., (1996) as output variables, that is, factors that are immediately present upon the youth's departure from the care system. Those youth with the worst long-term outcomes are likely to experience further movement and problems after leaving care, including periods of homelessness, low-paid casual or short-term unfulfilling work and unemployment (Pecora, et al., 2003). Here we are talking about very basic needs required for survival, namely housing and having the means to sustain oneself. Deprivation in both these areas inhibits the transition to independence (Maunder et al., 1999) and influences strongly one's sense of well-being (Dixon, et al., 2004).

Individuals with mental health problems, emotional or behavioural difficulties, or disabilities and those with continuing patterns of instability, were particularly vulnerable to 'poor' housing outcomes. However, how young people fared in housing is not greatly associated with past events in their lives but is rather more strongly linked to events after leaving care, for example employment or having a supportive network.

Maunder et al. (1999) also noted factors that were found to inhibit transition to independence. These include unresolved anger towards family members, workers or the system; unsuitable and unstable placements and multiple changes of carers and workers; lack of long-term goals (e.g., education, vocation and living arrangements); lack of sufficient

income; contact with the juvenile justice system and imprisonment; lack of preparation for leaving; and lack of later contact with the care system.

Such factors must be acknowledged and addressed prior to the young person transitioning from care to independence. In fact, preparation for leaving care remains an enduring challenge for the care system. Good preparation support is consistently associated with longer and more settled care careers. Where older teenage entrants failed to settle, there were fewer opportunities for adequate preparation.

Additionally, youth who left the care system earlier were more likely to be less prepared for entry into the world of work and unemployed at follow-up (Dixon, et al., 2004). In fact, the age of leaving care was associated to outcomes at follow-up, with youth leaving care at an older age faring better (Del Valle, et al., 2008). Those youth that left at a younger age, often left with few or no qualifications, often following a breakdown in foster care or a rushed, sudden exit from their children's home. This trajectory was also more common among those with less stable care careers and young people exhibiting challenging behaviours, such as offending, running away and substance misuse (Stein, 2004).

The last significant factor related to youth's long term outcome depends on the level of support available to them during their transition and right after leaving care. This support often comes from two sources: informal or formal networks. Youth have cited the need for ongoing supportive relationships developed during the years in care, and support from peers as crucial in ensuring a better transition into adulthood (Tweedle, 2005). Support received from members of the immediate and extended family was also important, however, this often depended on the degree of contact the youth had with their families during their years in care (Dixon, et al., 2004).

Specialist follow-up schemes provide another route to support which is advocated by the literature (e.g. Stein, 2004). These can be intended to provide support in terms of helping youths gain access to education, employment and training programs, improving access to financial support, improve accommodation outcomes, and provide support with life skills, budgeting and self-care skills. These aspects are often cited as needed by the youth themselves. Biehal et al.'s (as reported in Stein, 2005) comparative study of two groups of care leavers indicated that although specialist schemes were not likely to have an impact on

the development of social networks nor a positive self-image, they made a significant contribution to the lives of certain youths, especially those who had a more disadvantaged starting point, poorer family relationships, those who were more socially isolated and had less stable early housing careers. Such findings support the development of after-care policies and services as an essential part of substitute care planning.

2.4. Long Term Outcome for Children In Out Of Home Care

This section will look into the longer term outcomes of childhood and/or adolescence spent in out-of-home care placements in the light of research that shows that youth leaving care face many more challenges than their peers (Wertheimer, 2002; Dixon et al., 2004; Tweddle, 2005; Maunders et al., 1999 among others). It is pertinent to note that the area of longer term outcomes for young people leaving care has been researched mostly by the field of social work and social welfare and hence the analysis of the research produced has a clear social work slant.

This group of people generate high interest among academics and researchers working in this particular area since, clearly, these youths do not have a stable family support network; they have limited or no financial resources; they are often lacking in necessary functional life skills; they usually have not completed school; they often suffer from low self-esteem and bear emotional scars from the trauma of childhood neglect and/or abuse and the consequent out-of-home care placements. As a result, once on their own, they are at much greater risk of becoming homeless, engaging in substance abuse, becoming single parents, relying on social assistance, and coming into contact with the criminal justice system.

The main outcomes identified in the afore-mentioned study carried out in the U.S. by McDonald et al. (1996) can be categorized into four areas:

1. Adult self-sufficiency: to include factors such as educational attainment and intellectual ability, employment and economic stability, and residential status and housing.
2. Behavioural adjustment: such as criminal behaviour, use of alcohol and drugs
3. Family and social support systems: marital stability, parenting capability, and friends

4. Sense of well-being: mental and physical health and satisfaction

2.4.1. Adult Self-Sufficiency

2.4.1.1. Education and employment

Almost all of the studies of former foster children in the U.S., as cited in MacDonald et al., (1996), revealed that their level of education is below the average for those of comparable age in their state or country. While in school, foster children functioned at a level that was below average and below their capacity. They were more likely to pursue vocational training than college. Youth discharged from family foster care generally completed more schooling than those from group settings. The younger the child at placement, the fewer years of schooling attained.

Since academic performance is associated with adult employment and socio-economic status, the poor showing of children who have been in foster care is clearly a matter for concern. Yet the studies indicated that a majority of former foster children (between 64% and 92%) are self-supporting adults. Their employment tends to be steady but also precarious. About 25% of former foster children receive public assistance at some point as adults. Those discharged from foster family homes do better than those from group settings, and adoptees do better than foster children. Foster families, and to a lesser extent, biological families, appear to provide economic support for a significant portion of adult former foster children. This appears to be similar to the situation one would expect to find for young adults in the general population. Research work that was carried out by the Universities of Wisconsin, Chicago, Illinois and in the Midwest across the U.S., in the late 1990s and early 2000s, show figures that range between 30% and 66% as regards youth who did not complete school. Unemployment figures ranged between 20% and 61% in the said studies.

The UK study carried out by the DfES (Dixon et al., 2004) shows that educational attainment was quite poor for school leavers with a history of out-of-home care where 54% left school with no qualifications at all, although the figure read 75% at the time of the Utting report published in 1997. This study showed growing evidence that those who fare better tend to be female, have been looked-after longer, and have found a settled placement, usually with a foster carer who values education and provides encouragement.

The proportion of care leavers participating in post-16 education also seemed on the rise with figures at 35%, according to this study. However, sustaining participation is a challenge, as high drop-out rates were evident over the follow-up period. In terms of career paths, almost one half (47%) had a 'good' or 'fair' career outcome at follow-up, but a similar proportion (44%) were also unemployed. Once more, a more positive outcome was associated with a stable care and post-care career, leaving care later, faring well in housing, having good life and social skills, and being relatively free of troubles.

An Australian-based study found that levels of competency in literacy and numeracy achieved by a sample of young people in care, using standardised measures, was in general considerably lower than would be expected for students of comparable age levels. In the case of students with an identified disability, the level of achievement was about two standard deviations below expected achievement levels and about one standard deviation below that for students in care without a disability (de Lemos, as cited in Maunders et al., 1999). This study states that "despite the fact that a high proportion of students in care have been identified as having a learning or behavioural difficulty, there is little evidence to suggest that these problems are being addressed in any effective or systematic way" (p.48).

One widely-cited Canadian study conducted by Martin (1996) looked at former youth in care who had turned 18 in 1994 and had been previously in care. She found that none had completed high school, 66% were still in high school, 17% had never worked, 41% who had worked less than one week, while only 38% were receiving welfare benefits. Martin deprecatingly concludes that the social service system provides these youth with continuity: from child welfare to young offenders, to social assistance, to corrections and then to halfway houses.

Kufeldt's study (2003) looked at the outcomes of permanent wards in an unnamed Canadian province. She examined three cohorts over time: those who left care in 1987, 1991 and 1995, with ages that ranged between 23 and 31. This study revealed that 46% were unemployed and 32% were employed full time. Those working tended to be in low-paid jobs, for example, labourers and service sector workers, but income increased with the older cohorts especially for those who had completed high school since leaving care; the level of education increased

with the older cohorts. However, those who experienced multiple school changes while in care had lower educational achievement levels.

2.4.1.2. Housing

According to MacDonald et al. (1996), the majority of out-of-home care follow-up studies indicate that most (roughly 60% to 70%) of the subjects were living independently in adequate housing. Sizable numbers of subjects were found to be still living with their foster parents or friends or relatives. Biological families appear to provide minimal housing support. Studies of homelessness, however, have revealed that a disproportionate number of the homeless have spent time in out-of-home care (Piliavin, Sosin & Westerwelt, as cited in MacDonald et al., 1996).

Although positive economic activity (in education, training or work) contributed to young people's overall sense of mental well-being, this contribution was significantly less than was the case for housing. This finding suggests that housing is of greater importance to young people's well-being (Dixon et al., 2004)

In fact, housing consistently emerged as a critical area for leaving care services and one in which positive post-care intervention can make a significant difference. How young people fared in housing was not greatly associated with past events in their lives, and was much more closely linked to events after leaving care. Faring well was associated with having strong functional life skills, being economically active, and relatively free of troubles (such as offending or substance misuse). It also brought wider benefits with respect to young people's overall sense of well-being.

A majority of young people had a 'good' or 'fair' housing outcome at follow-up. However, young people with mental health problems or emotional or behavioural difficulties, young disabled people, and those with continuing patterns of instability, were particularly vulnerable to 'poor' housing outcomes.

With regards to potential differences as a result of ethnicity, there were few observable differences in the progress of white young people compared to that made by young people from minority ethnic backgrounds (including asylum seekers), although asylum-seeking

young people were more likely to be living in supported accommodation and engaged in post-16 education than was the case for other young people.

Maunder et al. (1999) conducted focus groups, nationwide across Australia, with persons who were concerned with care and protection (involving a total of almost 200 people), and also with 43 young people from five states and territories. The authors documented that half of the group in the study had experienced a period of homelessness since leaving care, and almost the same number reported committing criminal offences since leaving care. On average, they had moved three times during that 12-month period. The study also showed that the more placements the young people had experienced during their time in care, the more places they lived in after leaving care.

A review of Canadian literature reveals very little research on what happens to Canadian youth when they leave the child welfare system (Tweddle, 2005). Available data are generally based studies of small groups of individuals with current or former affiliation with child welfare. However, some examples of Canadian statistics cited in Tweddle's research include the following:

- 90% of street kids in Calgary had been in foster care
- 45% of homeless youth had been in care
- 48% of 'street youth' seeking post-transition services from Covenant House in Toronto were former children in care
- 80% of 16 and 17 year olds receiving child welfare services in Saskatchewan, under a voluntary agreement, will be on welfare sometime during their adult lives.

The number of former out-of-home children among the homeless may suggest that efforts have fallen short to provide some sort of transition to independence for those who age out of care. However, it may suggest something else entirely, possibly that children previously in out-of-home environments have severe problems of social adjustment that make them vulnerable to homelessness, or that the out-of-home care experience is debilitating in a way that leaves them unable to function independently, or that they lack family support networks to provide them with housing in a crisis. Hence, the exact link between foster care and homelessness, though apparently present, is not yet known or easy to decipher.

2.4.2. Behavioural Adjustments

Research shows that in general youngsters leaving care have some degree of emotional, behavioural, developmental and health problems. Wertheimer (2002, quoting Cook, 1991) reports that up to 38% of youth discharged from out-of-home care placements were emotionally disturbed, 50% used illicit drugs and 25% were somehow involved with the legal system. MacDonald et al. (1996) report that arrest rates in the U.S. for males with a history of out-of-home care, generally fall between 25% and 35 %, and of those arrested, one-quarter to one-half are subsequently convicted; arrest rates for women are down to about 10%. Although the arrest records are higher than one would expect in the general population, they may not be different from a comparison group controlled for race and economic status.

It emerges, however, that adults who had received foster family care participated in less criminal behaviour than those who had been in group care or had been living with relatives. Increased ties with family and community of origin were associated with higher rates of criminal behaviour. No consistent relationship was found between reason for placement (neglect, abuse, etc.) and subsequent criminal behaviour while alcohol and drug use do not appear to be particular problems for children previously in out-of-home care, compared to similar groups in the general population.

Leaving care early (at 16 or 17) is also frequently associated with shorter more unsettled care careers and was more common for young people exhibiting challenging behaviours (such as sexual behaviours, offending, running away, substance misuse). Furthermore, evidence suggests that young women leaving care are more likely to become pregnant than other young women in the same age group. Nearly one in three of the young women leaving care had been pregnant or had a child since leaving care, compared with only 2% of under-19-year-olds in the general population (Cashmore & Paxman, 1996). Pregnancy soon after leaving care, emerges as a salient issue in a number of studies, for example Wertheimer (2002), Maunders et al. (1999), and Cashmore and Paxman's (1996) longitudinal research.

Teenage pregnancy may also be related to factors over and above ignorance about sexual issues, such as the need for love and affection. Pregnancy for a teenage young woman brings

a whole set of everyday life difficulties. While it might be argued that these difficulties beset any young mother without adequate support, young women leaving care, who generally have less support available, are more vulnerable. Becoming a mother may signify the transition to a more adult role, but achieving the means of independence becomes more difficult for a teenage mother. There is evidence, in some cases, that motherhood assists independence both by increasing resources and by developing a sense of purpose in life. However, having a child may tie a mother to depend on benefits and restrict her long-term career options and life chances.

Resnick's research into causes of disturbed and acting out behaviours by teenagers in the U.S. concludes that "caring and connectedness" have a positive impact on adolescent health and well-being (Resnick, Harris & Blum, 1993). The most powerful protective factors were family and school connectedness. Family connectedness referred to a sense of belonging and closeness to family, in whatever way the family was comprised or defined by the adolescent. At the core of this was the experience of being connected to at least one caring, competent adult in a loving, nurturing relationship. Resnick's research team conclude that caring relationships, both inside and outside the family, are central to the development of resilient adolescents.

It is important to recognise that factors promoting independent living interact with each other and multiply positive or negative effects on behaviour and lifestyle patterns. Individual responses to similar situations may differ, and personal resilience and determination together with after care and continued support after discharge are decisive factors that can lead to more successful outcomes.

2.4.3. Family and Social Support

Research suggests that problems may exist for children formerly in out-of-home care in forming stable cohabiting or marriage situations, in parenting, and in establishing integrated social relationships in their community. The risks are heightened if the child enters foster care at an older age, if the child has social or behavioural problems, is placed in a group setting, and has ongoing ambiguous contact with biological parents. Children coming from former out-of-home care placements are likely to have more marriages to spouses who failed to provide emotional support, and greater social isolation than the general population. Further

findings suggest that the risks of these outcomes are reduced through a nurturing and stable foster family care experience and adoption (MacDonald et al., 1996).

Furthermore, the degree of contact young people had with their families while looked-after, strongly predicted the level of family support available after leaving care from both immediate and extended family members. Support from social workers around family issues tended to be low-key and reactive rather than planned (Maunder et al., 1999).

For the general population, parental or family support can take many forms, including loans or payment for education fees and requirements, cash transfers, food, clothing and household items. Many parents also provide support, once their children leave home, such as providing money or giving household items. Hartley and Wolcott (1994) and Jones (1995) note that those remaining at home are not necessarily fully financially dependent on their families, and the support families often provide for their children is designed to promote an interdependent rather than a dependent relationship.

Longitudinal studies in Australia (Cashmore & Paxman 1996), the United Kingdom (Biehal et al., 1994) and the United States (Courtney & Barth, 1996), have shown that young people leaving care cannot rely on any of this assistance and are often ill-prepared as far as the skills for independent living are concerned, for example, inadequately housed, manage on very low incomes, are lonely and isolated and have little advice and support. Many youth leaving care that had made the transition to independent living, even apparently successfully, mentioned that they often have to reckon with loneliness and social isolation as they lack family and wider community networks, and that government departments are often the only point of support and human contact once they leave care (Maunder et al., 1999).

2.4.4. Personal well-being

Although one could claim that young people leaving care are generally well, there was some evidence of deterioration in mental or physical health over a follow-up period (Dixon et al., 2004; Tweddle, 2005). Conclusions are difficult to draw from the mixed findings of a limited number of studies on physical health. Several studies suggest that compared to the general population, youth coming from care placements have poorer physical health, even when income differences are controlled. They also have poorer mental health, as determined by the fact that psychiatric referral and use were higher for them than for adoptees or persons in the

general population. Individuals from group settings - particularly caucasians - scored lower on measures of life satisfaction. They had less self-esteem, less happiness, and less satisfaction with life, as a whole, than did former foster-home residents and persons in the general population. Yet, these youngsters do not see life as any less satisfying than do individuals who were not separated from their families during childhood (MacDonald et al., 1996).

The interplay between mental and physical health issues and other life areas suggests that efforts to assess and monitor young people's health should be well rounded and take account of how young people perceive the different aspects of their lives and the impact these have for their health. Young people with mental health or emotional or behavioural difficulties are particularly vulnerable to poor outcomes. They are more likely to experience post-care instability and homelessness, have worse housing and career outcomes, and weaker life skills than is the case for other young people (Dixon et al., 2004).

Overall, international research clearly highlights that the vast majority of care leavers suffer from, or are at a great risk of suffering negative outcomes in their social and psychological functioning, financial status, and educational and vocational pursuits. The research findings presented here show that young people leaving care are one of the most vulnerable and disadvantaged social groups. Finally, the research available highlights the need for a range of support services to be available for care leavers.

In sum, research indicates the following as the most common risk factors in terms of outcome data for care leavers (Tweddle, 2005) as they are:

- More likely to be undereducated, as many will have not completed high school
- More likely to be unemployed or underemployed
- When employed, more likely to have low earnings, with many living below the poverty line
- More likely to become a parent at a younger age
- More likely to be incarcerated or involved in the criminal justice system
- More likely to experience homelessness
- More likely to live in an unstable housing arrangement
- More likely to be dependent on social assistance
- More likely to have mental health issues

- More likely not to have medical insurance
- At higher risk for substance abuse

2.5. Factors that Promote Resilience and Better Outcomes

Maunder and colleagues (1999) reported that there were several factors that could assist young people transitioning to independence leading to better outcomes after leaving care. These include the provision of a stable, positive experience in care; having resilience and belief in self; the availability of mentors or advocates, or extended support provided by previous carers and workers, and/or after-care support workers; family contact while in care, at time of transition from care, or re-established after leaving care.

Cashmore and Paxman (1996) and Maunder et al. (1999) recommended that young people leaving care needed much more assistance and support than they were currently receiving. Cashmore and Paxman (1996) asserted that they need to develop more employment and independent living skills and more social and emotional skills before they can be expected (or are able) to live independently. Furthermore, they suggested that after-care policies and services need to be developed as an essential part of substitute care policy and practice. Maunder et al. (1999) proposed a general model of care with three components: preparation, transition, and after-care. One potential model to follow in this respect is that adopted by New South Wales in Australia, which is one of the only jurisdictions in Australia to have achieved many of these components.

A more recent study, conducted by Cashmore & Paxman (2006), examined the links between perceived or 'felt' stability and/or security and later outcomes for young people four to five years after leaving care, by using semi-structured interviews, which included questions about the young people's living arrangements, family contact, financial and emotional support and their physical and emotional well-being. The authors found that young people "who had had one placement that lasted for at least 75% of their time in care were more positive about their time in care, were less mobile, and had better outcomes twelve months after they left care" (p. 234). The young people were also more likely to report more positive outcomes on a number of other measures, including having completed more schooling, having achieved better progress at school, and saying that their needs had been met while in care.

Additionally, preparation for leaving care remains an enduring challenge for the care system. Dixon et al., (2004) asserted that good preparation support was associated with longer and more settled care careers. Where older teenage entrants failed to settle, there were fewer opportunities for adequate preparation. Leaving care early (at age 16 or 17) was frequently associated with shorter more unsettled care careers and was more common for young people exhibiting challenging behaviours (such as offending, running away, substance misuse). Even when account was taken of these difficulties, it also appeared to carry an economic legacy, since those who left earlier were more likely to be unemployed at follow-up and therefore less prepared for entry into the world of work.

Kufeldt (2003) looked at ‘successful child welfare graduates’ in Ontario, ranging in age from 16 to 26 years, that is, individuals, who were working or in school or who were parents, who had a permanent address, who had one significant person in their lives, and who had a social network and a positive self-image. Her study shows that although all participants said they had felt devalued because of their life circumstances and foster care status, their transitions were more successful because they:

- Had role models and path finders to help them reach their goals
- Were involved in group activities, clubs, etc.
- Had developed a positive self-image through supportive relationships
- Were exposed to opportunities
- Engaged in positive thinking strategies – were self-reliant and assertive.

Kufeldt also stressed the importance of permanency planning, reducing the number of moves, inclusive foster care, and focusing more attention on education for children while they are in care, as ways to achieve better post-care outcomes. She concludes that despite the relatively poor outcomes of these youth compared to the general population, many of the participants in her study showed resilience despite their difficult life experiences and appeared to have more positive outcomes as they progress through the child welfare system and move towards independence and adulthood.

The Casey National Alumni Study (Pecora, et al., 2003) also identified the following factors as good predictors of successful outcomes:

- Completion of high school while in care
- Access to post-secondary opportunities
- Life skills and independent living training
- Not being homeless within one year of leaving care
- Participation in clubs while in care
- Minimal academic problems
- Minimal use of alcohol or drugs

It also appears that youngsters who spent their time in foster family homes function better as adults than those who spent time in group settings or institutions. MacDonald et al. (1996) however question whether this is so because children with more severe behaviour problems are generally not put into family care, thus leading to longer periods of time spent in institutional settings. As already indicated, children with fewer changes of placement while in care, function better as adults. However, fewer placements might also be indicative of higher levels of stability, resilience or adaptability that the child him/herself possesses.

In addition, Cashmore and Paxman (2006) noted that felt security, continuity and social support beyond care were the most significant predictors of young people's outcomes four to five years after leaving care. Interestingly, the authors also noted that, while stability was important, other aspects of felt security, continuity and social support (e.g. from parents; grandparents, foster carers, workers and older friends/mentors, partners, siblings and other networks such as church, sporting or other community organisations and people at work) were more significant. Their findings provide important data on the predictors of after-care outcomes and highlight the importance of not only maintaining stability in care for young people, but of fostering a sense of security and belonging to ensure that young people have a network of supports after they leave care.

Stable placements provide a basis for caring relationships, though many young people could also find mentors and caring adults without them. Many factors seem to interact with one another and it is difficult to determine which are the causes and which the effects. In fact, contrary to current thinking, time spent in out-of-home care for longer times as children do better than those who return to their biological homes after a short time (MacDonald et al., 1996). This finding clearly depends on the quality of foster care and whether the needs of the children are effectively met when they return home to their family. The issue of whether

contact or closeness with the biological family is advantageous or otherwise is still open to debate, as unstable and unsupported families can lead to more harmful outcomes for those children who remain in regular contact with them.

Ultimately, adoption, when available as an option, remains the better alternative to long-term out-of-home care. Theoretically, adoption can provide children with a second chance for a supportive and loving family. Where adoption is not feasible, long-term family foster care, particularly in a stable family setting, is the next desirable alternative to restoration and reunification of a family burdened with problems. However, it is clear that care and protection services must work to establish stable, caring placements, to continue to work towards family restoration, to widen the opportunity for young people in care to develop caring relationships with competent adults, and to help young people understand and accept their natural family situation (Maunder et al., 1999). When asked, many youngsters previously in care settings underscore the need for continuing support from a nurturing adult, and for extended support after discharge from care.

2.6. Cost Benefit Analysis

Overall, the studies conducted so far have highlighted the need for further research and the need to evaluate the impact of legislative change in relation to care leavers that have occurred in most countries, including cost-benefit analysis. Raman, Inder & Forbes (2005) claim that governments should invest in young people leaving care and highlight that if governments do not provide the necessary support, there are risks of enormous political and economic costs to both the young people and society. An accurate cost-benefit analysis needs to be carried out since the cost of doing nothing is ultimately detrimental to young people, society and the economy at large.

2.7. Conclusion

This comprehensive review of international research emphasises the need for more and better studies and compels us to carry out more research, especially on a local level, so as to verify the immediate, intermediate and long-term outcomes for out-of-home care leavers. We should raise the question of what we should expect from out-of-home care. Is it sufficient that the care does not damage children more than they have already been damaged by the events that led to the break-up of their family? Should we rate out-of-home care as successful if it

produces outcomes equal to those of adults in a comparable group in the general population? Should we seek to devise a system of caring for these needy children that enhances their future chances?

In addition, research is needed to evaluate and inform care-leaving policies and their implications for the outcomes of care leavers. Research can help to determine minimum leaving-care standards and support for care leavers. There is also a need to evaluate existing models of support for care leavers and their effectiveness in assisting young people to transition from care to independent living. It is important that research involves both the young people currently in care and care leavers so that they have the opportunity to voice their opinions, experiences and recommendations about leaving care.

In sum, there is no doubt whatsoever that when young people leave care, they constitute a vulnerable group in view of the traumas many have suffered before entering care (such as abuse and poverty) and the extended periods of uncertainty and instability they may experience while in care (multiple placements, changing workers, carers and schools). These circumstances complicate rather than promote their health and well-being. The problems they then face in negotiating the transition to adulthood are even greater. In comparison to their peers leaving home, young people leaving care do so at significantly younger ages, with few options for ongoing support to continue or complete their education and no opportunities to return to their former accommodation when they need to as part of a gradual process of “final leaving” and assuming self-sufficiency.

Study 3 Chapter 3: Research Methodology

3.0 Introduction

This chapter will focus in detail on the research design adopted for this study, the selection of the research participants, the methods employed to obtain the necessary research data while also discussing the processes involved and the reasons for using the methods selected.

3.1. Research Design

Originally, the aim of this project was to carry out a quantitative research study which would investigate the long term outcomes of children in care. For this purpose, a questionnaire was constructed taking into account a number of variables that were considered to be of significant importance in the literature review.

According to the old files, which were kept in the records of their former residential ‘homes’, approximately 76 young people met our criteria; these were to be traced and invited to take part in this research. The envisaged participants were to have left residential care between the years 1999 and 2002 at the age of 13 minimum and 18 maximum. This time frame ascertained that our participants would have had the experience of being brought up in a residential care setting in relatively recent years. We also sought young adults aged between 21 and 27, thus hoping that we would be able to obtain a snapshot of them as young adults. As a team, we were very aware that young people nowadays are going through a period of transition before they settle down as adults (Del Valle, et al, 2008); keeping this in mind, we would have preferred to select an older age group for the purposes of the study. However, given our interest in using this research to inform policy regarding children in care, it was also important to build a picture of how it was for them being brought up in residential care as we know it today. We therefore opted for the wider 21 to 27 age bracket for this purpose. Given that most children in care in Malta are likely to have a long term placement, we expected them to have spent at least four years in such care.

The social workers from the Children’s Home tried to trace these 76 children and seek their consent. However, contacting these persons proved to be a more arduous task than imaginable and most of them could not be found. Out of the 76 to be found on the registers in

the various homes, only 23 persons were eventually tracked. Given this situation, the research team had to abandon the idea of carrying out quantitative research and consequently opted for more in-depth, qualitative research.

The aim of adopting a qualitative and in-depth research design was to be able to give the research participants an exclusive voice and thus obtain first-hand insight into their personal experiences of care as they lived it, their transition into after-care, and their quality of life up to the present day. Focusing entirely on care-leavers experiences was an active choice undertaken by the research team, which was also endorsed by the 'focus group' set up by the Commissioner for Children when this study was commissioned.

3.2. Phenomenology and Interpretative Phenomenological Analysis (IPA) – Reasons for Choosing this Approach.

A **phenomenological study** was considered most appropriate for our study. This is because phenomenology is a return to the lived world of experience which Husserl sees as the starting point of all science (Sadala & Adorno, 2001). As the purpose of this research is to understand the life experiences of persons who have previously lived in a residential care facility for a period of time throughout their childhood and/or adolescence, Interpretative Phenomenological Analysis (IPA) was deemed a particularly suitable approach to apply when analysing the data gathered.

The uniqueness of this method is that it provides a systematic way of obtaining new knowledge about how a phenomenon known objectively comes into being through the meanings given by those who have experienced it. Moreover the phenomenological research methodology can be described as a profoundly reflective inquiry into human meaning as it aims to determine what a particular experience represents for the persons who have lived that experience (Moustakas, 1994). Through phenomenological research, one can produce a comprehensive, textual portrayal that resonates the meaning experienced.

IPA is phenomenological in that it wishes to explore an individual's personal perception or account of an event or state as opposed to attempting to produce an objective record of the event or state itself. IPA is concerned with trying to understand lived experience and with how participants themselves make sense of their experiences (Smith & Osborn, 2003).

IPA also relies on the researcher's capacity to become immersed in the private world of each participant as a phenomenological insider. However, it is also 'interpretative' because the researcher must also make sense of the participant's experience in a way that addresses the original research question, as will be explained further on.

3.3. IPA as a Methodological Tool

IPA is considered to be a bottom-up, inductive approach. The IPA analysis is understood to be subjective, resulting from the participants and researcher's act of coming to terms with the phenomenon (Reid, Flowers & Larkin, 2005).

Besides the philosophical construct of phenomenology, as put forward by Husserl, another important theoretical current for IPA is hermeneutics, that is, the theory of interpretation. In IPA, a double hermeneutic is involved as the participants are trying to make sense of their world and the researcher is attempting to make sense of the participants trying to make sense of a particular experience. IPA combines an empathic hermeneutics with a questioning hermeneutics. Therefore, consistent with its phenomenological origins, IPA is concerned with trying to understand what it is like from the point of view of the participants and take their side while also asking critical questions. Another significant influence on IPA is symbolic-interactionism which emerged in the 1930's as an explicit rejection of the positivist paradigm beginning to take hold in the social sciences at the time.

While trying to get close to the participant's personal world, IPA considers that one cannot do this directly or completely. Access is dependent on the researcher's own conceptions which are required to make sense of that other personal world through a process of interpretative activity. IPA is also a strongly idiographic mode of inquiry as opposed to the nomothetic studies that are predominant in psychological research (Smith, 1995) that make probabilistic claims about individuals, for example, there is an 80% chance that person X will act in a particular way in a particular circumstance. In an idiographic study, it is possible to make specific statements about individuals as it is derived from the examination of individual case studies.

Consonant with its theoretical commitment, IPA employs qualitative methodology and combines purposive sampling with flexible use of open-ended questions in semi-structured interview schedules. Through semi-structured interviews the participant provides a fuller, richer account than would be possible with a standard quantitative instrument. Such interviews allow the researcher considerable flexibility in probing interesting areas which emerge. During the interviews the participants are asked to share their direct thoughts and feelings so as to describe the lived experience in a language as free as possible from constructs of the intellect and society. In another sense the researcher must 'bracket' her/his own preconceptions and enter into the individual's life world, using the pure self as an experiencing interpreter, both throughout the interview to avoid directing it and also in data analysis.

3.4. Researcher Reflexivity

Moustakas (1994) also introduced the idea of researcher reflexivity in which the researcher casts the initial research question or phenomenon within an autobiographical context and describes his/her own experience of it.

For this purpose the researchers undertaking this piece of work felt the need to question their own motivation to carry out such a study. As part of the reflexive approach adopted throughout this research, a group interview led by a counselling psychologist was conducted with the research team prior to the process of data analysis and writing. The interviewer helped the researchers reflect on and verbalise their positions in relation to several issues ranging from their own motivations for conducting this research, their personal views regarding out-of-home care, possible sources of bias in the analysis and writing, the team's awareness of the limitations of this study and a reflection about the possible motivations of participants to take part in this research.

Through different work experiences with children in out-of-home care, the members of the research team developed an interest in this particular population and an awareness of their existing needs. The majority of the research team spoke about their personal desire to give these children a voice as they perceived them as underprivileged children who do not get what they deserve, since there are very few people advocating for their needs or speaking up for them. For example, one researcher spoke about the desire to develop awareness of the

children's needs and gaps in a system of care which is rarely questioned. Essentially all the researchers hoped that through this research they would be able to make a difference. This research was described as a first of its kind as it presented a local reality about this topic, and as such, it would give the authority to talk about this subject publicly and with professionals. Thus a common motivation amongst all researchers was a desire for change in current policies, practices, and government investment that is based on facts not personal opinions or mere foreign literature.

There was an overall agreement among researchers that children sometimes need to be removed from the family home, however, they should be offered a good enough alternative service that is not institutional. Thus, researchers did not show a personal desire to make do with residential care, although different researchers expressed strong views about different aspects of care. There was a general consensus among all that residential care will continue to be necessary. However, there was a desire to have less institutional environments, which give way to family models that are therapeutic, not just residential.

Amongst the various personal views there was a general awareness of the complex relations between the various stakeholders in the field, current service providers, who may feel unappreciated or taken for granted by authorities, and professionals and workers who are disheartened about the possibility of creating change. Different researchers expressed their awareness of the way in which such complex relations may have an effect on the manner in which the findings are reported. During the interview some verbalised their bias to mention positives not to feel bad when mentioning the negatives. Others expressed their ethical concerns about potential themes that may be difficult to write about in a manner that does not harm the children who are currently in care. On the other hand, there was a strong general consensus regarding the absolute importance of being loyal to the data that emerged from this research, ensuring that all significant themes are mentioned in order to give the research participants a voice.

3.5. Obtaining Approval and Clearance

As per standard procedure for any research study carried out locally by academics working at the University of Malta, the methods used in this research study were approved by the

Research Ethics Committee of the Faculty of Education and of the University of Malta prior to the onset of the research process.

3.6. Sampling

As is typical with IPA studies, non-probability, small and fairly homogeneous sample sizes are considered optimal. As is common in IPA sampling, the sample is also defined by who is prepared to be included in it (Smith & Osborn, 2003).

When we started contacting the 25 participants that were on the list provided to us by the Children's Home, the number of persons who were actually available for an interview was 10. We therefore sought to interview these participants in depth on their experiences of care and after care.

3.7. The Research Instrument: Semi-Structured Interviews

IPA researchers wish to analyse in detail how participants perceive and make sense of events happening to them. Such a research context requires a flexible data collection instrument; the most widely used being the semi-structured interview. This type of interviewing allows the researcher and participant to engage in a dialogue whereby initial questions are modified in the light of participants' responses and the investigator is able to probe interesting and important areas that arise (Smith & Osborn, 2003). With semi-structured interviews, the researcher has a set of questions on an interview schedule, but the interview will only be guided by the schedule rather than dictated by it. Through the interview process there is an attempt to establish rapport with the respondent, whereby the ordering of questions as pre-established in the schedule is less significant. The interviewer is therefore freer to probe and follow the respondent's interests and concerns and to enter his/her psychological and social world. In this way, the respondent is able to share more closely in the direction the interview takes, and can effectively introduce an issue that was not originally included in the interview schedule. In this relationship, the respondents can be perceived as 'experiential experts' on the subject and should therefore be allowed maximum opportunity to tell their own story.

During the interview process, the researcher also uses self-reflexivity to avoid influencing the data collected. This can help to highlight research effects, themes neglected and areas opened

up and closed down (Burck, 2005). By facilitating rapport and empathy, the semi-structured interview in IPA allows for greater flexibility of coverage and as the interview goes into novel areas, it tends to produce richer data. On the other hand, one must say that such forms of interviewing reduce control that the researcher has over a situation, and are also more time-consuming in terms of implementation and analysis than in the case of structured interviews (Smith & Osborn, 2003).

3.7.1. Design of the Interview Schedule

For the purpose of this study, interviews were carried out with 10 adults between the ages of 22 and 27, who were previously in residential care facilities for a number of years. An interview schedule was produced in advance. An interview schedule, albeit flexible, forces us to think explicitly about what needs to be covered, enables us to think of difficulties that might be encountered and also pay attention to wording questions particularly those addressing sensitive areas. To this end, the interview schedules were produced with particular topics addressed and put into sequence. As stated earlier, this schedule was used as a guide as during the actual process the interviewers needed to be open to follow the respondent's direction when necessary and explore areas of particular interest and concern as they arose. For this purpose questions were open ended and neutral and not value-laden or leading. The use of jargon or assumptions of technical proficiency were avoided.

While constructing the questions, the type of interviewing was aimed at encouraging the person to speak about the topic with as little prompting as possible. During the actual interview, the technique of 'funneling' was also used to elicit responses on more specific concerns after obtaining a more general view.

3.7.2. Establishing Contact with the Selected Subjects

The original point of contact for participants was by contact through the social workers working within the residential settings where they last lived. This manner of tracing this population has its challenges as the former might have contact details of those they had a better relationship with, those who had less tragic life outcomes (one person was dead), or those that still had contact and wanted to be traced. This implied that care-leavers who were more isolated were unfortunately not found.

After the initial contact by phone requesting whether they would like to participate in the study, each interviewer (we were six researchers on the research team) met each person individually at an agreed place and time at the convenience of the interviewee. In view of the demands that the research inevitably placed on all interviewees, it was ensured that all subjects interviewed were treated in a courteous and sensitive manner and inconvenienced as little as possible.

Initially, it was important for the interviewer to explain further the purposes of the study and how the information obtained from them would be subsequently handled. A pre-prepared consent form was subsequently signed regarding the following items:

- Information about the research and its aims
- Access to the file of the respondent in order to acquire further information, if necessary
- The right not to answer particular questions or to withdraw altogether from the research study
- Excerpts from the interview may be quoted verbatim while guaranteeing anonymity and confidentiality
- A final agreement to participate in the study and undertake a full in-depth interview
- Agreement to having the entire interview tape recorded for transcription purposes

3.7.3. Administering the Interviews

As semi-structured interviews tend to last for about an hour or more, it was important to ensure that the interview would proceed without interruption as far as possible. This process was also carried out while closely monitoring the effect of the interview on the respondent, as it may arise that respondents might feel uncomfortable with a particular line of questioning, and this may be expressed in their facial expressions or other forms of non-verbal behaviour.

After obtaining the necessary consent, all interviews were tape recorded. The purpose of tape recording is required to capture important nuances and produce a fuller record of the interview. For the purpose of analysis, all interviews were transcribed verbatim by staff

working with the Commissioner for Children. All respondents in this study agreed to being taped.

Special attention was given to the termination of the interview. Since the issues discussed were of a particular sensitive nature, the researchers allowed for the possibility of informally extending the interview so as to provide appropriate emotional closure. This debriefing was considered helpful and important given the difficult experiences most of the participants recounted during the interview.

3.8. Analysis of data

Once the interviews were carried out and fully transcribed, the process of analysis as prescribed by IPA methodology was carried out by the team of researchers. As already emphasised, meaning is central in IPA and the aim in the analysis of data is to try and understand the content and complexity of those meanings rather than measure their frequency. This process required that the researchers engage in an interpretative relationship with the transcript in an attempt to capture and do justice to the meanings of the respondents to learn about their psychological and social world, for example, their beliefs and constructs that emerge through their talk and those that reflect their identity.

To this effect, each of the transcripts was then subjected to detailed qualitative analysis by the interviewer. To enhance the reliability of the study, this exercise was blindly carried out by another member of the research team. The themes elicited were then compared and a high level of agreement was found.

Once this exercise was carried out, key themes in the participant's talk were elicited. Connections between themes were made and superordinate themes for the different cluster of themes were established.

This process utilised followed the idiographic approach to analysis: beginning with particular examples and only slowly working up to more general categorisation once all of the 9 interviews were analysed, and the various themes coming out of each interview were put with the appropriate cluster of themes under the relevant supra system (Smith et al., 1995).

Therefore, the process of analysis involved the following steps:

- The interviewer would read the transcript a number of times as each reading potentially elicited new insights with space for themes and comments prepared at the either side of the typed transcript.
- Identifying those parts of the interview that warrant commentary and annotating what is interesting or significant about what the respondent said (using left-hand margin of transcript). Such comments were attempts to summarise or paraphrase, others to establish associations or connections, or others still were preliminary associations.
- Documenting emerging theme titles (using right-hand margin of transcript). Here the initial notes were transformed into concise phrases which aimed to capture the essential quality of what was revealed in the text. This process involved a higher level of abstraction and use of psychological terminology, thus allowing theoretical connections within and across cases, but which are still grounded in the uniqueness of the particular case.
- The emergent themes were then listed so as to identify potential connections between them. Some of the themes clustered together while others emerged as superordinate concepts. This form of analysis is iterative and involves drawing on the interpretative resources of the researchers to make sense of what the person said. Phrases and verbatim quotes that support emerging themes were also identified.
- A table of themes was then produced in a coherent order with each cluster given a name to represent superordinate or master themes.
- This same procedure was carried out blindly by another researcher on the research team who acted as a blind peer reviewer. Agreement on the themes elicited was sought and obtained. Furthermore a summary of the themes was presented to the participant for verification. Participants were asked to make

any changes to the themes presented to them if they had any objections regarding the faithful rendition of the interview.

- At this stage all of the 9 interview transcripts were read by all of the members in the research team. Following that, the themes coming out of the interview were cut out in strips of paper each indicating line and page of interview supporting the theme.
- Following that the transcript with the biggest number of themes, clusters and superordinate themes was chosen as a master interview. On it were built the rest of the interviews. This exercise was carried out with the remaining transcripts. This exercise was carried out in pairs. The lead researcher was present throughout the whole exercise whereas the interviewer with the particular interview came along with the themes of his/her interview/s. The themes on the strips of paper elicited from each subsequent interview were piled with similar themes. New themes were added and put with the relevant cluster. As a result, the superordinate themes were established.

Given the richness of the material in each interview set, overarching themes across the 9 interviews were compared and contrasted in order to obtain a cohesive picture and for the purpose of triangulation across interviews which is useful in providing a thick account of the experiences under study.

This led to the final write-up outlining the meanings inherent in the participants' experiences. This stage is concerned with translating the themes into a narrative account. Here the analysis became expansive as the themes were now explained, illustrated and nuanced. The narrative accounts are also frequently interspersed with verbatim extracts from the transcripts to support the case.

3.9. Ethical considerations

Since the focus of the study is the shared experiences of people who have suffered some form of trauma throughout their childhood or adolescent years, ethical considerations focus mostly on the research process as carried out with this particular population. There have been many

ethical assumptions made about the potential risk of inviting traumatised people to participate in research. Some pertinent questions in this respect are: Will the research make life harder to cope with because sad memories and thoughts are revived? Is the researcher exploiting persons in a vulnerable position? Will the traumatised person be capable of giving informed consent to participate in the research?

Burck (2005) argues that such research interviews may actually be healing if carried out in a sensitive manner. Coyle and Wright (1996) also point out that a framework based on empathy and concern for the research participant is essential. Sensitivity and concern are deemed as important when approaching potentially grieving and traumatised persons with interviews. It should be an ethical demand to ensure that all participants are not left with the painful feeling of being 'exploitable objects'. To secure the possibility of beneficial effects of participating in such studies and minimising the risk, researchers needed to possess the appropriate human skills and training in conducting interviews with bereaved and traumatised populations in a sensitive and professional manner. In-depth interviews prove especially important therapeutically for the interviewee and are perceived as a significant factor behind the participants' positive evaluation of taking part in a research project (Reid, Flowers & Larkin, 2005).

Besides this consideration, there are a number of key principles that underpin an ethical approach to research in general especially when vulnerable populations are the main participants. These include respect for persons, equity, non-discrimination and 'beneficence', that is, avoiding harm and protecting the weak (Hill, 2005; Butler, 2000). Such principles can be developed and expressed as a set of rights, for example, self-determination, privacy, dignity, anonymity, confidentiality, fair treatment and protection from discomfort and harm.

Additionally, a number of important ethical topics arise, the most relevant being:

- a) Ethically speaking, the phenomenological methodology is strong in that it is respectful of the interviewees who are invited to become co-researchers due to their expertise in the experience. The researcher also brackets his/her own ideas thus putting them on equal grounds with the only difference between them being in their role (Giorgi, 2005).

- b) Consent and choice: It is important to regard obtaining and giving consent not just at the outset of the study but as a continuous process, with opportunities to withdraw at any stage, either temporarily or permanently (Burck, 2005).
- c) Possible harm or distress: As this research study also makes clear reference to the person's experience trauma and emotional pain, it is important to heed the warning by Fratter (1996) that researchers should be careful not to "open up painful or distressing areas" (p.75), especially in one-off contact as in this case. It is important to appropriately plan for follow-up support should the need arise. In our case arrangements were made with the Child Commissioner and *Agenzija APPOĠĠ* in order for participants to be referred to *Agenzija APPOĠĠ* should the need arise.

In tune with findings from other research (Campbell, Adams, Wasco, Ahrens & Sefl, 2010), it must also be said that subjects were not pressured in any way to divulge information or experiences that they were not ready to, or were not sufficiently comfortable to disclose. However, if at any time the researcher was to notice that the participant began to exhibit any some signs of psychological distress; interviewers were to terminate the interview followed by appropriate closure.

- d) Privacy and confidentiality were to be maintained at all times. The potential breaches of confidentiality include public confidentiality, which implies not identifying research participants in the write-up of the research study, or subsequent reports, presentations, etc., which as a research team and in the light of our relatively small local community, we felt we had to pay special attention to. The social network confidentiality requires of the researchers not to pass on information to family members, friends or others known to the person, unless after obtaining permission from the interviewee. Finally, the third-party breach of privacy, where a group or household member reveals something personal about another, also had to be preserved.

3.10. Issues Concerning Validity and Reliability

When addressing validity and reliability issues in qualitative studies, one should address criteria used to ensure the adequacy of the methodology (Kvale, 1996).

One of the main criticisms of the phenomenological research paradigm concerns the problem of reliability of the data which refers to the degree of consistency with which instances are assigned to the same category by different researchers or by the same researcher on different occasions. In fact, as Creswell (1998) points out, the phenomenological approach does not place substantial emphasis on verification beyond the perspective of the researcher.

By using audio recording, it was ensured that the raw data is available once the interviews were completed. In this way, the contamination of data is limited and guarantees that the researcher has other means available, rather than relying on memory, when analysing the data (Silverman, 2000). Furthermore, data transcriptions that were used for the purposes of this research enhance reliability. Blind peer review of the analyses carried out by the interviewer further enhanced reliability.

A second weakness of phenomenological research relates to how rigorous the explanations it offers are. Some argue, that the approach is anecdotal in its use of a few, telling examples of some apparent phenomena without any attempt to analyse less clear or contradictory data (Silverman, 2000). However, in our case the participants were not chosen by us and their motivations for participating in the study varied as explained further up. Moreover contrasting data provided by the participants about their lived experience in care and their situation at present was taken into account. The rich narratives provided by the participants have provided us with a comprehensive and detailed picture of their experience of living in care and how it is for them once they are expected to move out of care at the age of 18. Our conceptual framework, which highlights the importance of resilience in these children's well-being, also emphasises the positive moments of their struggle in life, and helps to build a consolidated picture of their experience.

Smith, Flowers and Larkin (2009) also give high importance to the validity of phenomenological studies. As has already been explained, there are a number of ways how the validity of a study can be enhanced (Cresswell, 2007). In our case, we opted for

respondent validity, whereby our participants were given the status of co-researchers. Following the theme analysis of the transcript, all those participants who kept the same telephone or mobile number we were given when we interviewed them, were in fact presented with a summary of the themes that came out of the interview. Participants were asked to state whether the summary was faithful to what they had stated during the interview. Besides ensuring the validity of the study (Cresswell, 2007), this approach further promoted an emancipatory perspective to our research by privileging the voice of the participants in the telling of their story.

3.11. Conclusion

In this section, we have presented a thorough description of the way the study was designed, conducted and analysed in the context of relevant literature on the IPA methodology. Reliability and validity issues were also put forward. In the next section, we will be presenting the findings that have emerged as a result of the qualitative analysis described in this chapter, together with the relevant discussion regarding the major themes that emerged from the interviews carried out.

Study 3 Chapter 4: Presentation of Findings

4.0. Introduction

Thematic analyses of the nine interviews and the thematic links made with literature are presented in this chapter. Verbatim excerpts from the nine interviews will support the various themes in an effort to bring forth the lived experience of the participants.

4.1. Superordinate Themes in the Study

The nine interview transcripts generated 12 superordinate themes, which in turn generated a cluster of related themes listed in Box 1

BOX 1

<i>SUPERORDINATE THEME</i>	<i>SUBTHEMES</i>
1. Supportive relationships and positive practices while living in care	<ul style="list-style-type: none"> • Positive experiences while in care • Characteristics of effective carers within the home • Qualities of effective mentors • Help received from school and other entities • Family-like relationships in the residential home • Appreciated qualities of mental health professionals • The home perceived as a safe haven • Apologetic towards imperfections in care system • Helping others as a sign of gratitude • Learning the value of responsibility for child rearing because of the care system experience
2. Important yet sometimes ambivalent contact with Family of Origin: always in the background	<ul style="list-style-type: none"> • Biological parents remain important • In search of missing fathers • Going back to one's roots after leaving care • Support by family of origin when in care • Siblings remain important • Disowning Family of Origin
3. Context around admission into out-of-home residential care	<ul style="list-style-type: none"> • Family circumstances pre-placement • Abuse in family of origin while being followed by the care system • Witnessing the tragic loss of siblings and other family members • Living in care perceived as acceptable • Having a say when admitted into care

4. Psycho-social well-being while living in care	<ul style="list-style-type: none"> • Traumatic symptoms and memory loss • Impact of trauma on one's sense of identity • Dealing with emotional pain • Challenging environment within residential care
5. Yearning to belong while experiencing rejection, shame and stigma	<ul style="list-style-type: none"> • Living in care is experienced as rejection from one's own family • Not growing up with one's family makes you feel like a misfit • Stigma and Shame • Longing for family of origin • Desire to belong to a family
6. Negative experiences while in care	<ul style="list-style-type: none"> • Abusive situation in care • Negative experience of the care system • Characteristics of ineffective carers • Anger at religious systems • Ambivalence towards religion
7. The needs of children with behavioural difficulties and the response by the care system and the mental health services	<ul style="list-style-type: none"> • Admitting children in a psychiatric unit and prescribing medication to control rebellion and misconduct • Inappropriate mental health services • Police involvement to escort children into mental hospital • Expressions of rebellion
8. Leaving Care: A harsh transition for the children	<ul style="list-style-type: none"> • Abrupt departure • Involvement or lack of it in the decision-making process and preparation to leave care • Too young to leave • Leaving care is a harsh transition • Leaving care makes you grow up quickly

<p>9. Innumerable needs faced upon leaving care: a desire for more protection</p>	<ul style="list-style-type: none"> • Experiencing emotional and financial hardship • Chaotic lifestyle • Unstable employment • Need for accommodation after leaving • Relying on social assistance • Lack of lifeskills after leaving care
<p>10. Extent of distress experienced after Leaving Care</p>	<ul style="list-style-type: none"> • Isolation after leaving care • Tragic Life Outcomes after leaving care as a result of alcohol and/or drug abuse • Difficulties in building sustaining relationships • Resorting to marriages of convenience • Premature parenthood
<p>11. Coping upon Leaving Care – voices of resilience</p>	<ul style="list-style-type: none"> • Coping Strategies • Positive Outcome after Leaving Care • Having children as a motivation to better one's life • Building one's family experienced as an accomplishment • The importance of attachment bonds • Supportive relationships with significant others out of the care system • Future Ambitions
<p>12. Proposing a Way Forward</p>	<ul style="list-style-type: none"> • Criticism of Institute Buildings • Suggestions for Improving life in care • Need for more protection by the care system • The need for therapy when in care • Need for help to be offered to parents (family of origin) • Advice for children in out of home care in present • Recent Improvements in the care system • Need for placements beyond the age of 16 • Need for personalised care and follow-up after leaving

4.3. Supportive Relationships and Positive Practices while Living In Care

All participants spoke about having experienced some kind of supportive relationship, for some time, while living in residential homes. The quality of relationships with carers emerged as very significant when participants recalled positive experiences in residential care.

4.3.1. Positive Experiences While In Care

In line with research that shows that extra curricular activities promote resilience in children (Newman & Blackburn, 2002; Stein, 2005), the male participants in this study, especially Benjamin and Simon, emphasised the positive impact of outdoor and sports activities:

“A friend of mine bought me a ball and I remember, everyday, after I returned from school, I went down to the playing grounds and played basketball. I used to play on my own, but it was a way for me to let off steam. I used to spend two or three hours there, alone, but it was enough ... just playing basketball by myself, it helped me a lot, and there, at the home, there were people who encouraged this behaviour” (ll. 483-91).

“Kien hemm ħabib tiegħi xtrali ballun u niftakar kuljum kif kont niġi mill-iskola dejjem ninżel fil-ground nilgħab il-basketball. Wahdi, imma kont niżvoga, kont nagħmel sagħtejn, tlieta biżżejjed wahdi ... noqgħod hemm nilgħab bil-ballun, dik tghinek u hemm hekk il-home kien hemm nies li kienu jaħdmu ħafna fuqha din” (ll. 483-91).

Samuel spoke about the benefits of discipline:

“They were strict. I agree with that, even in those days I thought it was necessary, let alone today ... that one learns to be disciplined. Then from five to seven we used to have some free time and if one wanted one could play football, one could go to Valletta and so on. They also gave pocket money to the fourteen and fifteen year olds ... they used to give about two Maltese liri¹ weekly.” (ll. 445-61)

“... kienu strict. Naqbel, anki dak iż-żmien kont naqbel, aħseb u ara llum ... li għandek dixxiplina u hekk. Imbagħad mill-ħamsa sas-sebgha jkollna free time u jekk trid tmur tilgħab logħba football, tista' tmur il-Belt, tmur. Meta jkollok erbatax, ħmistax kienu jagħtuna anki pocket money. Xi żewg liri fil-gimgha” (ll. 445-61)

He appreciated the routine within the home, being happy with friends and finding shelter: an overall experience that he sums up as “I got my life back” *ħadt ir-ruħ*” (l. 463). He

¹ 1 Maltese lira is equal to €2.33

was also very positive about the education he received through the home as he could move on to post-secondary education.

Alexia highlighted the learning that went on in the home and spoke about her stay as a “nice experience” clearly appreciative of the help offered by the nuns. This learning environment with duties being handed over to the children was also mentioned by Robert.

For Benjamin, getting his O’levels was a major achievement. He really stressed the positive aspects of a place which was “a good escape from home” (l. 91) to the extent that he said that it was more comfortable than his parents’ home. He spoke about the transition from living with one’s family over the weekend and returning back to the residential home for weekdays thus:

“We rather looked forward to it. We were bored at home ... watching TV and playing on the Playstation® ... we used to get bored. We came here and we had things to do, there were the other children ... you know?” (ll. 96-8)

“pjuttost konna looking-forward. Konna nkun bored id-dar...naraw it-tv u nilagħbu playstation...konna niddejqu. Niġu hawnhekk għandna x’nagħmlu, għandna tfal oħra ... taf inti?” (ll. 96-8).

Simon emphasised that the residential home, he lived at, prepared him for life. His observations can be linked to the fact that he was the only participant who could benefit from a service at the home where he lived, which catered for residents even beyond the age of 18 as they were just about to start off in life. Simon came across as a child who had the internal resources that allowed him to make sense of the relational bond that caring adults around him were offering, and thus make good use of this support.

4.3.2. Characteristics of Effective Carers within the Home

Five participants spoke specifically about the characteristics of what they perceived as effective carers within the residential home. For Alexia, the ability of the nuns who cared for her to make her feel special, loved, valued and wanted was very important. She seems to hold warm memories of her time spent in residential care.

“It is a positive thing as you are maturing and learning at the same time, many positive things, they took us out, there was the pool, the swings, they took us to the beach and she used to make this sandwich dip for us, I still make this dip myself even nowadays so I can spread it on my bread.” (ll. 29-32).

“Xi haġa sabiħa, għax qed tikber u qed titgħallem hafna affarijiet sbieħ ... joħorġuk ... kien hemm il-pool, il-bandli, joħduk il-baħar tagħmlilna d-dip u għadni nagħmilha sa din il-ġurnata ... sal-lum il-ġurnata nagħmilha mal-ħobż” (ll.29-32).

She spoke about the fact that one of the nuns wanted her in her flat in order to help her with the younger ones; this made her feel special. She summed up her experience as:

“A very good experience with the sisters, if it was not for them, you would not know where you would end up, you know, you would surely end up badly ... diseases, and nowadays it is worse. I always appreciated those days and what they did for us. If they had not been there, who knows where and how I would have ended up today?” (ll. 41-4)

“Esperjenza sabiħa mas-sisters, li ma jkunux huma, ma tafx fejn ħa tispiċċa, ħa tispiċċa ħażin żgur, mard u llum hawn iżjed jiġifieri ... imma le le dawn l-affarijiet jiena dejjem apprezzajthom. Għax kieku ma jkunux huma min jaf kieku fejn qiegħda jew kif spiċċajt jiena” (ll. 41-4)

Becky spoke about a particular nun who showed genuine interest towards her:

“This particular nun kept on helping me, she took me to private tuition, many parties, she even introduced me to her family and she did it out of the goodness of her heart ... she treated me like her daughter and she used to love me as such. Not the others, no, but you know how it is, each person finds that special someone to bond with it ... she was like a mother for me, I used to call her ‘mum’” (ll. 105-17)

“Din is-soru baqgħet tghini kienet teħodni l-privat ... ħafna ... u parties ... anke l-familja tagħha, u kollox kienet tagħmel minn qalbha ... qisni t-tifla tagħha kont, daqs kemm kienet thobbni, mhux l-oħrajn le ta ... imma taf inti kulħadd jikklikkja ma’ xi ħadd ... il-mummy tiegħi kienet fil-fatt, ‘ma’ kont ngħajtilha” (ll.105-17).

It is interesting that Becky perceived this nun as having gone out of her way because she introduced her to the nun’s own family and paid for her private tuition. It seems that it is through these acts, which surpassed the nun’s line of duty, that Becky could recall having been genuinely cared for rather than having been the subject of someone’s occupation. Luke highlighted practical acts that carers carried out such as making leisure resources available to children and also refusing to give children food that did not seem to be adequate. He spoke about having experienced carers who believed in him and added that he is still friends with a particular care worker.

Simon spoke about himself as a boy who at times exhibited challenging behaviour and so, reflecting on his experience, the most effective care givers were those who were able to contain instances of challenging behaviour. He spoke about carers who were able to calm him down:

“At the home for example, I would be on the verge of losing control because of someone and the carer would call me over and tell me to leave them be, not to pay attention to those who were bothering me ... and that was enough for me, it calmed me down and helped a lot. It’s like I had someone with whom I felt close” (ll. 436-9)

“Ġol-home, per eżempju, ġieli kienet tkun ħa taqbiżli u kien hemm dik li tieġu ħsiebna u kienet taġħmilli ‘Ara ġbin ejja ħdejjja u ħallihom dawk, tatix kashom’, tipo dik ġħalija tġħini, qisek inti miġbud lejn xi ħadd” (ll.436-9).

Simon brought in a new and interesting characteristic when he recalled having been understood by a care worker who had spent part of his own childhood in a home:

“There was this care worker; we used to tell him that he was the best of the lot as he was the one to understand us most. Even more than the priests ... he understood us, as he had been in care himself. He had spent ten consecutive years in a home” (ll. 260-5).

“Kien hemm care worker, konna nġħidulu int l-aħjar u hekk. Ġħax hu kien l-iktar wieħed li jfħimna. Iktar mill-qassisin ... Kien jfħimna ġħax ġħadda minnha. Ġħamel ġħaxar snin straight fil-home” (ll. 260-5).

Simon perceived this carer as his main role model. He also spoke highly about a particular social worker:

“There was a social worker (name of social worker) and he was always supportive.” (l. 468)

“Kien hemm social worker, (isem ta’ social worker), minn dejjem kien ta’ ġħajnuna” (l. 468).

With a sense of predictive certainty in his tone of voice, he continued, “If I had to phone him right now, he would come over.” *“Jekk inċempillu, issa jġififieri, jġi” (l. 469).* This social worker’s readiness testifies to the quality of attachment that he contributed towards this child.

Within the context of positive attachments between adult and child, seemingly fleeting gestures take on a new special meaning. The containing quality of such attachments has been cherished and recalled by the research participants. In the discussions chapter we will link this to studies of resilience.

4.3.3. Qualities of Effective Mentors

A number of participants spoke about the benefits of meeting an adult who could act as a mentor. While for Becky the main point of reference was the nun mentioned earlier, for Raymond it was his respite foster carer who started off as a social contact:

“When I had a problem, he (name of social contact) offered help once again ... so at the worst moments he (name of social contact) was always there, like my guardian angel. That’s what I consider him! As he began to be there for me once again ...” (ll. 542-4)

“Meta kelli problema reġa’ daħal (isem tas-social contact) ... jigifieri fl-aġar zminijiet dejjem jidħol (isem tas-social contact) ... qisu ‘the guardian angel’ tiegħi. Hekk jigi eh! Insomma għax reġa’ beda jiffollowjani” (ll. 542-4).

It is interesting he spoke about his ‘guardian angel’ as someone who was still available when he had reached rock bottom.

Daniel also spoke about a respite foster carer as a significant person till adulthood. For Abigail, the social contact was an important figure in her recovery from the difficult times she went through after leaving residential care, which seems to be akin to Raymond’s experience. Samuel also spoke about his social contacts as people that “loved me a lot” *“kienu jhobbuni hafna”* (l. 129).

Simon spoke about a long lasting relationship with a mentor who started off as a visiting volunteer at the home. Simon spoke about this mentor as a persevering, stable and consistent person. He described him as an adult who was able to go beyond his ‘duty’ and establish a relationship with a child even by relating outside the structures of the home (e.g. going out together). This sense of extending the traditional boundaries of caring relationships in an effort to build alliances with very vulnerable persons has also been highlighted by Neander and Skott (2008) in their research on effective interventions with marginalised populations. Simon spoke of this person as one who guided rather than imposed and he spoke of their relationship thus:

“... In fact I consider him like my father not a friend, I call him my step-father. My family really respects him ... if he comes over to my house and he tells me that a flower pot should be placed in a certain position, other than where it was, even if I like it where it is, I would move it to the place he points out because I respect his opinion so much ... he is extremely important to me, to my partner, to my son ... my son now calls him grandpa” (ll. 561-75).

“... Fil-fatt ngħidlu missieri, ma ngħidlux ħabib, ngħidlu l-istepfather tiegħi. Nistmawh id-dar jigifieri. Jigi hu, anke jekk qegħidt pjanta hemmhekk u jiena toghgobni hemmhekk, jgħidli isma’ għamilha hemmhekk, tant kemm nistmah nagħmilha fejn jixtieq hu ... dal-bniedem jigifieri huwa importanti għalija, għat-tfajla tiegħi, għat-tifel tiegħi. It-tifel tiegħi sa llum il-gurnata jgħidlu nannu” (ll. 561-75).

Whether in the form of weekend visits or a deeper relationship that Simon spoke passionately of, an enduring relationship with an adult who genuinely cared and remained available through rough times featured significantly within this theme. In line with this, Daniel emphasised the importance of having dedicated staff within the homes while Benjamin also spoke about the importance of such relationships.

It is interesting to note that while all participants could speak about positive experiences within out-of-home care, Abigail could not. This difference will be explored further as we learn more about the manner in which she created meaning around her story.

4.3.4. Help Received from School and Other Entities

In terms of supportive relationships, Luke gave prominence to the help received at school. He spoke highly about his teachers:

“There were people ready to teach you, wherever I went, teachers were ready to help and guide me” (ll. 1052-3)

“U kien hemm min jgħallmek, għax it-teachers għaldaqstant, kull fejn mort ippruvaw jgħinuni u jgħallmuni” (ll.1052-3).

“There were some who stayed after hours. He teaches you and gives you private tuition for free” (l. 758).

Kien hemm nies li anki jibqgħu wara l-ħin. U jgħallmek u jagħtik il-privat b’xejn” (l. 758).

For Alexia school was also a supportive environment and above all a safe place where she could find assistance when she was being allegedly abused and neglected at home.

“School, my school things, torn satchels, only one of my shoes had a sole, I used to feel dirty and unhappy, so I spoke to the guidance teacher ... I spoke to her and they helped me and told me not to say anything to my aunt and they also told me that they would soon come to take me away from there” (ll. 167-71)

“L-iskola, l-affarijiet ta’ l-iskola, basktijiet imqattgħin, biż-żarbun qiegħ iva, qiegħ le, hekk kont inħossni maħmuġa u mdejqa allura kont kellimt il-guidance teachers ... kellimtha hemmhekk u irrangawli qaluli titkellem xejn maz-zija u qaluli daqt niġu għalik” (ll. 167-71).

4.3.5. Family-Like Relationships in the Residential Home

Another emergent theme was the description of life within the residential home. It was compared to living in a family, and both Samuel and Luke focused on the sibling-like relationships with the other boys living at the residential home. Samuel spoke about his peers in the following manner:

“Even presently, I still meet up with some of them. They are important to me. They are my close friends and to me they mean more than my siblings. I have lived most of my life with them rather than with my family” (ll. 161-2).

“Anki s’issa għadni nara ffit minnhom. Hekk, huma importanti għalija. Dawn il-close friends għax qishom iktar minn ħuti. Iktar għixt magħhom milli mal-familja tiegħi” (ll. 161-2).

In line with describing the home as one’s family, Alexia emphasised the adult-child relationship while Becky perceived the nun as a substitute for her mother.

4.3.6. Appreciated Qualities of Mental Health Professionals

Becky expressed her gratitude to the psychologist who followed her for three years especially as she really struggled with identity issues. She described her relationship with the psychologist thus:

“I used to swear in front of her. But you know what? She used to tell me, I don’t mind just as long as you are letting the anger out of your system ... she did not take offence and she was very loving, for example, on birthdays she would get me a present, she was like that, she made me feel important.” (ll. 1406-13)

“Kont nidgħi magħha ta, imma taf x’kienet tgħid, hekk nieħu pjaċir għax toħroġ kollox ... u la kienet tieħu għalija xejn ta, u eżempju loving hafna, eżempju, jekk ikolli l-birthday iġġibli xi haġa, fhimt? dak it-tip, iġeġħluk thossok importanti.” (ll. 1406-13).

Abigail’s experience with professionals was different from Becky’s. It seems that professionals were somewhat not curious enough regarding how she felt about her placement. She felt that they were not sensitive enough to realise that she was unhappy with being placed in a home which catered for persons with learning difficulties when she had to move out of the residential home.

4.3.7. The Care Home Perceived as a Safe Haven

Becky could also express her appreciation towards the nuns: “if I did not have them, I don’t know where I would have ended up today ... it’s the truth” *“ara li kieku ma kellix lilhom ma nafx fejn jien ... il-verita”* (l. 188). This was also echoed by Alexia who expressed her approval thus:

“there are many people who think that care homes are sad places or that there they treat the kids badly, far from the truth, far from the truth, seriously. On the contrary I thank them because if it had not been for them, who knows? ... I don’t know ... I say this over and over again because I don’t know where many of the kids would have ended up.” (ll. 173-7)

“għax hawn hafna nies jaħsbu li l-homes tad-dwejjaq jew jitrattawhom hażin, lanqas xejn, lanqas xejn ... bis-serjeta` lanqas xejn. Anzi niringrazzjhom għax kieku ma kinux huma min jaf ... ma nafx ... nibqa` ngħidha u nibqa` ngħidha din il-kelma ma nafx kieku fejn kienu jispiċċaw” (ll. 173-7).

For Alexia the residential home seems to have been a safe haven away from abuse, at least for some time:

“I used to want to return to the care home because there I felt safer than ... even though they are your parents but you are going to choose what is best for you, who is the best for you.” (ll. 117-8)

“kont inkun irrid immur lura l-home ah, għax hemm safe iktar milli...allavolja jkunu l-ġenituri tiegħek imma t-tajjeb ħa tagħzel: min hu l-aħjar għalik.” (ll. 117-8)

She could recall the moment when the social workers came for her to take her to the residential home:

“ ... and I saw them coming and I felt good, because I don’t know ... you see someone helping you, any one, just as long as you would have escaped from the horrible situation you are in” (ll. 171-3)

“U rajthom ġejjin, ħadt pjaċir, għax ... ma nafx ... qisek qed tara l-għajnuna mingħand xi ħadd basta ħrabt minn dak id-dwejjaq li tkun qed tgħaddi minnu.” (171-3)

Alexia seems to have managed to fit within the system of residential care which she associated with protection and being away from her unsafe home. During the interview she said that she missed the nuns and still misses them to this very day.

4.3.8. Apologetic towards Imperfections in the Care System

Benjamin perceived his move into residential care as inevitable and timely. At points, he came across as apologetic of any imperfections in the system and this left us wondering whether he felt he could give himself the permission to mention what was not so positive.

4.3.9. Helping Others as a Sign of Gratitude

Daniel commented that he would like to find the opportunity to help children as a sign of gratitude for the help he received:

“One of my dreams is that in the near future when I have settled down, I will go to volunteer my help there because I learnt a lot”

“Jiena waħda mix-xewqat tiegħi hi li erbat ijiem oħra, meta jirnexxili nissetilja, nibda immur nagħti sehem lura hemmhekk għax tgħallimt ħafna” (ll. 784-786).

4.3.10. Learning the Value of Responsibility of Child Rearing Because of the Care System Experience

In terms of reactions towards the residential care experience, Becky and Daniel commented that the experiences taught them the value of bringing up their own children. Becky spoke thus about raising her child: “the best thing is that he would have spent his childhood with me, it’s good to know that I raised him” *“imma t-fulija l-aqwa li jagħmilha miegħi, naf li rabbejtu jien”* (l. 329).

4.4. Important yet Ambivalent Contact with Family of Origin

The family of origin featured prominently in the participants’ stories.

4.4.1. Biological Parents Remain Important

For Raymond, Daniel, Samuel and Luke, their biological parents remained important, at times emerging into the foreground while at others retreating towards an ever present background.

While living with his biological parents, Samuel had experienced bitter conflict and violence at home. He summed up his experience as “I don’t know what being part of a family feels like” *“familja ma nafx x’inhī”* (l. 360). Yet although his biological parents remained important, he portrayed a rather ambivalent relationship with them. Even though he spent long stretches of time without meeting them, “for example, I sometimes spent more than a year without getting to see my mother or father” *“għamilt hafna anki iktar minn sena ma narax lil ommi u l-missieri straight ezempju”*, (l. 362) yet he spoke fondly of his father:

“They had found him dead due to alcohol abuse. I really felt devastated, obviously, because he was my father after all. Even though, I had lived for a short time with him. He used to come to see me there, more than my mother did.” (ll. 599-601) ... Of course it’s a big thing, of course it is. Your father dies, even though you are not living with him. I felt it was the worst thing that had ever happened to me” (ll. 609-10)

“Imbagħad kienu sabuh mejjet bix-xorb u hekk. Kien iddispjaċieni hafna u hekk, li hija ovvja, għax tghid missieri. Allavolja ftit għext miegħu. Kien jiġi jarani hafna hemm, iktar minn ommi. (ll. 599-601) ... tkun xi haġa kbira ovvja tkun. Imutlek missierek allavolja ma tkunx qed tghix miegħu. Hassejtha ... l-aġhar haġa li qatt gratli.” (ll. 609-10)

Alongside this grief and yearning, he described his mother as being less available and spoke about her as follows “I look at my mother as if I were going through a depression” *“ommi nħares lejha bħala depression”* (l. 435). Reading such quotes, one may start to appreciate the intensity of contradictory emotions that these children have to contend with.

This sense of ambivalence also emerges in other accounts. Luke seems to have been able to maintain a positive relationship with his biological mother and speaks quite affectionately of her:

“She could not give us a lot of things, but I always appreciated her. To the extent that, to the present day, if I have money, I do give her some of it.” (l. 41)

“Ma setgħetx ittina hafna imma jiena dejjem apprezzajtha. Li għall-inqas ... sal-lum l-għurnata ... u jkollli l-flus, intiha.” (l. 41)

Yet, at other points, within the interview he spoke about how hurt he feels when he tries to understand why his mother gave up on taking care of him and his brother. Managing

the ambivalence of relating to parents one cannot live with seems to be a key aspect of some of our participants' experience. Daniel seems to have resolved it in the following manner: "There is nothing better than your family. If your family is not good for you then it is better that you avoid them. You have to find some alternative ..." "*Aħjar mill-familja m'hemmx. Jekk il-familja mhux qed tgħamillek ġid, warrab. You have to find some alternative ...*" (ll. 594-5).

Raymond expressed his longing to spend time with his biological family despite the difficulties that they faced. He still gave importance to his mother's approval of his life choices though he spoke about her as needing to steer away from bad habits. During the interview he recalled feedback she gave him on her deathbed:

"Yes ... that at least you have settled down. When they are close to death, they begin to change. She told me that is how I like you, you have settled down now and you are much calmer.

Interviewer: And were you pleased when she said that?

Of course I felt pleased" (ll.630-6)

"Iva ehe.....li għallinqas issa qiegħed bil-għaqal. Meta jmutu jibdew jikkonvertu qabel. Qaltli hekk nieħu pjaċir li inti bi-għaqal u miġbur.

Interviewer: *Ħadt gost imma int li qaltlek hekk?*

Tieħu pjaċir dażgur." (ll. 630-6)

There seems to be some resonance between these findings and Gleeson & Seryak's (2010) research which underscores the fact that although such parents are often perceived as unloving towards their children, many parents they interviewed wanted their children to have a better life than the one they had and wished to support them and be involved in their children's future.

4.4.2. In Search of Missing Fathers

Raymond's experience with his parents was further complicated due to the fact that he was older when he discovered who his biological father really was:

"I also met my father. He said that now that we have met, from now until the moment you or I are still alive, we will make sure that we have fun together, and he kept his word. We go anywhere and everywhere. Whatever comes to mind when we are at home, we do it ..." (ll. 494-592)

"Anke mal-papa tiegħi iltqajt. Qalli issa ltqajna issa, issa sakemm nibqa' haj jien jew int, qalli ngawdu flimkien u vera żammha kelmtu. Immorru 'l hawn u mmorru'l hemm. Li jġi f'moħħna d-dar, naħsbu..... nagħmluh" (ll. 494-592).

Raymond went through a journey of discovery. Initially he was led to believe that his mother's partner was his biological father. Eventually he started to question this man and his identity:

“Then when you grow up, you question how it could be that two siblings ... nothing ... they do not resemble me, how can it be that we were conceived by the same father?” (ll. 343-5)

“imbagħad meta tikber tgħid kif jista’ jkun żewġt aħwa ... (xejn ma) jixbhu lili, aw.....niġu taħt l-istess missier.” (ll. 343-5)

Eventually he was able to meet his real biological father and finally came to a resolution that he talks about thus: “I still say that both of them are my father” *“Xorta nibqa ngħid li both of them are my father”*. His journey of discovery is quite remarkable, yet the fact that he managed to make sense of his story without any support, is even more significant.

4.4.3. Going back to one's Roots after Leaving Care

Some participants, after a long-term stay in residential care, returned to their families and rediscovered their relatives, irrespective of whether this was adequate for them. Following a number of unsuccessful placements, when he was around 17, Raymond went to live:

“in the slum ... with someone who was related to my family. I began discovering my family members ... he was my mother's cousin. We hung out together for a while ... even ... taking drugs and such” (ll. 551-7)

“il-kerrejja ... ma’ wieħed li kien jiġi mill-familja tiegħi. Bdejt niskopri daqsxejn lin-nies tal-familja tiegħi....Kien jiġi kuġin t’ommi. Nagħmluha flimkien u spiċċajt daqsxejn...anke....nieħu drogi u hekk.” (ll. 551-7).

Following this he moved in with some friends and then spent some time living with his sister and her partner. Luke and his brother returned to living with their mother having to make sense of why their mum “locked them up” *“qaflihom”* in the first place. Daniel went back to living with his mum and then residing on his own intermittently. Similarly, Samuel, at sixteen years of age, went back to stay with his mum, followed by periods of living with his sister, then with friends until he returned to his sister again.

4.4.4. Support by Family of Origin When In Care

In terms of contact with his family, Simon spoke fondly of his mother as he recounted how she came to his defence when he was allegedly slapped by an adult while in residential care. He recalls her resounding: “I am the only one who can touch my children, but no one will touch them anymore.” *“it-tfal tiegħi mmisshom jien, imma hadd ma jmisshom iżjed”* (ll. 157-8).

He was never hit again following that episode. This sense of support by one's family of origin while living in residential care emerged as a separate theme.

Alexia found her father's support in dire circumstances. She was recovering after trying to commit suicide because her partner had cheated on her. At the time she was also pregnant and in need of a place to stay:

“And I had to send for my father and he came and he did not know that I was pregnant and they told him what happened, as soon as I saw him I fainted because I was afraid of telling him that I was pregnant and to ask him to live at his house. Anyway, one way or another, I told him and he told me ‘What can we do? We’ll take care of it’, I did not know the sex of the baby ... my father told me to go and stay in a vacant residence that he owned.” (ll. 365-70)

“u kelli nibgħat għal missieri u gie u dan ma kienx jaf li jien pregnant, xejn, u qalulu x’gara ... kif rajtu tagħni ħass ħazin għax bżajt u ma nafx kif ħa naqbad ngħidlu li pregnant biex jilqagħni f’daru. Insomma minn hawn u minn hemm għidtlu u qalli heqq xi trid tagħmel binti qalli mhux inrabbuh, ma kontx naf x’ha jkolli jekk hux girl jew boy... qalli heqq issa hemm il-post vojta qalli u mur hemm hekk.” (ll. 365-70)

4.4.5. Siblings Remain Important

The importance that Samuel, Abigail and Raymond gave to the relationships with their siblings, despite difficulties in terms of staying in contact, seems to be in line with the importance given to relationships with parents.

Samuel spoke about lack of contact with his siblings while living in residential care. His brother was not admitted into residential care while his sister was admitted in another home; yet he remained concerned about their welfare.

4.4.6. Disowning Family of Origin

While for all other participants contact with family remained in the background, Abigail actively wanted to distance herself from the family within which her abuse took place.

“My father abused me when I was 15 years old and I do not speak to my family up to the present day. My parents, to tell you the truth, want to speak to me, when I am in Valletta sometimes, he comes to speak to me but I keep on walking and I tell him I am not your daughter because you were not the ones to raise me but other people.” (ll. 110-5)

“Missieri abbużani ta’ 15-il sena u għadni s’issa ma nkellimhomx il-familja, ommi u missieri biex ngħidlek il-verita` jridu jkellmuni, inkun il-belt jiena, jigi jkellimni u nibqa’ għaddejja, ngħidlu jien mhux it-tifla tiegħek għax mhux intom rabbejtuni lili, nies oħra.” (ll. 110-5).

Her disownment can be interpreted as an expression of her anger and pain.

4.5. Context around Admission into Out-Of-Home Residential Care

This superordinate theme sensitises us to harsh life experiences. Many of the participants were abused and lived through harrowing traumatic events to the extent that their lives were in danger at the time of their admission into care.

4.5.1. Family Circumstances Pre-Placement

Abigail, Becky, Raymond, Simon, Alexia, Samuel and Luke all spoke about difficult circumstances caused by abuse within their family of origin that led to their admission into out-of-home care. One of these participants spoke of hazy memories:

“I remember that in those days we lived at *San Mark*, I remember a lot of confusion. That is the only thing I remember. Now maybe because I was too young but there was something that has remained with me ... that I remember ... how can I express it ... because that was a bit of a bad day and somehow I still remember it ... There was me, my mother and father ... he was on the bed and my father was really confused and disconcerted ... I think it must have been drugs ... my father’s usual problems ... he remained the same till the day he died. The same things ... not normal ...” (ll. 38-51).

“Niftakar li dak iż-żmien konna noqogħdu San Mark, niftakar jiġifieri daqxejn ta’ tgerfix u ġenn. Hekk biss niftakar. Issa jew għax kont żgħir, kien hemm xi haġa li baqgħet.....għax dik niftakarha.....kif taqbad tgħid.....għax dakinhar kienet daqsxejn kerha l-ġurnata u qisni bqajt niftakar ... Konna jien, ommi u missieri... kien qiegħed fuq is-sodda u kellu tgerfix u ġenn fuqu l-papa ... naħseb hassles ta’ missieri is-soltu ... naħseb droga u hekk. Baqa’ sakemm miet jiġifieri. L-istess affarijiet qisu.....mhux normali.....” (ll. 38-51).

Another spoke in a more direct fashion about an alcoholic father and how this led to unsafe situations at home:

“He used to drink constantly, and I remember even when I was a young boy I used to see them.” (l. 637). “I saw a lot of fighting between them (his parents) and the police and blood and I saw everything. And I remember going to court repeatedly and I went through a lot” (ll. 654-5)

“Xorb biss, u niftakar anki jien meta kont żgħir kont narhom” (l.637) *“...rajt hafna ġlied bejniethom (il-ġenituri) u pulizija u demm u kollox rajt. U qorti ’l hemm u ’l hawn kont nara hafna”* (ll. 654-5).

Another participant spoke about having experienced a very chaotic life style at home with the mother dying in questionable circumstances that may have possibly involved the

participant's father and also a newborn who was allegedly severely abused at home. Moreover, this participant claimed that the father was an extremely abusive person: "That's why they took us away; they took us away during the night when he was not at home ..." *'B'hekk kienu ħaduna, ħaduna bil-lejl meta ma kienx id-dar hu ...* (ll. 22-3).

Yet another participant also spoke of the severity of the abuse endured prior to admittance into care:

"My mother never wanted me, my parents have been separated as long as I have been alive, that is what they say, and they were always fighting, my mother never ever wanted to be responsible for me. I remember she used to take me home for a while and I used to ... she used to behave ... she lived in an old residence and she used to just shove me into the cellar at the least mistake I made being the young girl that I was. I remember she had many wine bottles ... instead of giving me a feeding bottle she used to dip the pacifier in the wine, or whiskey, so I would go to sleep. She always wanted to get rid of me ... then you get used to alcohol and in those days she used to store kerosene in the wine bottles and I drank it once ... it was terrible

"Jiena ommi qatt ma riditni, ommi u missieri ilhom separati kemm għandi żmien jien, għax dejjem hekk jgħidu u dejjem jiġġieldu ommi qatt, qatt, qatt ma riedet taf bija. Niftakar ċertu żmien kienet teħodni xi ftit u kont ... kienet titratta ruħha miegħi, kellha post antik hafna kienet tixhetni go kantina kif naghmel żball ta' tfal li jiena. Niftakar kellha fliexken ta' l-inbid ... flok ittini l-bottle tbill il-gažaža go l-inbid, whiskey biex norqod, dejjem teħles minni ...emmm...imbagħad qisek tidrah ix-xorb qed tifhem u fil-fliexken ta' l-inbid kienu jitfgħu l-pitrolju u mort nixorbu ... ma x'biżgħa"(pg. 48-55)

One of the participants spoke about his families' difficulties in less extreme terms: "Our childhood was not easy but it was not extremely out of the ordinary. My father had a drinking problem, once he was drunk, we used to see certain behaviour" *"Aħna bħala trobbija la kienet faċli u lanqas ma kellna waħda daqshekk ta' barra minn hawn. Li kellna d-daddy kellu problema tax-xorb, once li jixrob konna naraw certi affarijiet"* (ll. 7-9). This led to their mother consenting to their admittance in care when they were in their latency years.

One particular participant on the other hand was less specific about his family's context and spoke only in general terms alluding to it as a "long story" *"storja twila"* (l. 22). He spoke about an accident which physically disabled him and he had to spend a long time in hospital prior to being taken into care. While he was not specific he spoke about being terrified of his mother: "I pissed blood" *"kont inbul id-demmm"* (l. 137).

What emerged as particularly striking in the various accounts is the extent of abuse within families of origin. Interestingly, when one of the participants was asked by the researcher about her age when she was being abused at home she replied:

“I have no idea ... because I used to be so ... they used to treat me so badly that I did not even know how old I was, I was like an idiot ... even if they asked ‘how much do one plus one add up to?’ I did not know the answer... because your mind never focuses on the good things, because they never taught me anything good, always the bad things, without you wanting ... that ... she used to go out and leave me locked up alone and crying, she used to leave me in the dark without any lights on, someone even reported her, they had surely reported her, she used to return home and beat me up, and then she would lock me up again in the cellar, I remember it clearly, she would open the door, the stairs, bam, she threw me down the stairs and she would lock the door.” (ll. 59-65)

“... m’għandix idea, għax tant kemm kont ... kienu jitrattawni ħażin li la kemm ikollok żmien, qisni belha, anke jgħiduli one plus one kemm? Ma nafx ... għax moħħok mhux fit-tajjeb ħa jmur għax qatt ma ħadt tagħlim minn għandhom, dejjem affarijiet ħżiena, qed tifhem mingħajr ma trid...dak...anki toħroġ, toħroġ u thallini ġewwa u jien nibki hemm, fid-dlam, ma tixgħelx id-dawl, u anki rrappurtawha, kienu rrappurtawha żgur ... tiġi, dejjem naqla’, erġa’ ġol-kantina, niftakru dan, kif tiftaħ il-bieb, taraġ, bumm għal isfel u tagħlaq” (ll.59-65).

She could not recall her age yet she could vividly remember the door that led to the place of banishment and punishment. This participant spoke about the dynamics of abuse and how she was led into having to keep the physical abuse a secret and not tell her father. She was also physically and psychologically abused by her father’s partner who used to:

“she used to make us steal from the beach ... the beach here in B’Bugia, that is where I was, and if we did not steal, she used to even make her own children steal, anyway we used to steal purses and some small gold items, mobiles and what not, and then when my father came along she would tell him ‘look at your daughter, look at what she is doing, she is stealing’ ... so that he would beat me up and in that way she manipulated him into pushing me aside, so he would send me away ... (ll. 102-8)

“tibgħatna nisirqu minn fuq ir-ramla...ir-ramel hawn Birżebbuġa, Birżebbuġa kont, u jekk ma nisirqux jiġifieri, anki it-tfal tagħha kienet iġġiegħel din, insomma, konna nisirqu portmonijiet u xi deheb żgħir, mobiles, anqas naf, u kif kien jiġi missieri ara bintek ara bintek x’qed tmur tagħmel, tmur tisraq biex jiena dejjem naqla’ ... heqq jiġifieri naqla’ minn għandha mbagħad nispiċċa naqla’ mingħand missieri għax din qed tagħmel minn kollox biex iwarrabni, ikeċċini, sewwa” (ll. 102-8)

The stories through which participants made sense of ‘being placed in care’ reflect both actual external events alongside the participants’ understanding of these events as evidenced in Luke’s construction of meaning. Luke seemingly needed to justify his mother’s decision to place him in care and this is how he spoke about her decision:

“She locked you up for your own good ... but at the time I was still a young boy and I did not understand ... my mother realised that we were keeping bad company and she said to herself this boy is going to end up badly and he will not even live into his twenties.” (ll. 903-10)

“Qaflitek biex tipprova tagħmel għall-ġid ... imma dak iż-żmien kont għadni tifel żgħir u ma kontx nifhem ... ommi ratna qed nagħmluha ma’ kumpanija ħażina u tgħid dan se jibqa’ sejjer f’din it-triq, ma jasalx sa għoxrin sena” (ll. 903-10).

In line with this dominant narrative, Luke and his brother Robert spoke very respectfully of their mother even if she was the person who consented to them being placed in care. Their narrative seems to allow for the cultivation of an understanding attitude towards their mother and to a certain extent even towards their father. Within their narrative their family’s difficulties are linked to alcohol abuse.

As has been reviewed in the literature section, the impact of trauma has to take into consideration two aspects: the external event and the internal narrative constructed around that event. Abigail survived massive abuse. In her case, the external event seems to have been severely traumatic and abusive. In turn her internal narrative mirrors the same level of severity and thus supports her intention to dissociate herself and disown her family.

The first participant quoted in this section seems to be in the process of constructing an internal narrative around ‘him not being able to live with his family’. This can perhaps explain why his account came across as rather sketchy and still in the process of formation. In the discussion section, we will continue exploring the relevance of the internal narrative, linking this to the idea of a coherent story (Main, 1985) and its importance for the participants’ present psychological health.

4.5.2. Exposure to Abusive Situations with Family of Origin while being followed by the Care System

What is particularly surprising in Alexia’s story is the fact that the care system was not enough to protect her from the abuse described in the first theme. At a particular point in her life her father took her back into his custody and rejected the possibility of his child being adopted. This resulted in further abuse:

“then my father took me from the care home situated at (location) ... and I ended up at this woman’s house, his sister, do you understand? I don’t remember how old I was exactly, and I was treated badly again. I ... she used to lock up the fridge with a padlock, she used to wind wire around it, I don’t know what they call it, piping wire [*sic*]? Anyway she used to put a padlock on it. She had a dog; it was always biting me. This dog used to bite me and I still have the bite marks. She used to lock me up in the bedroom while the dog would be roaming the house freely, so the dog was treated much better than me ... School ... My school things, torn satchels, only one of my two shoes had a sole, I used to

feel dirty and sad so I spoke to my guidance teachers at school at (name of school's locality) where I used to go, I spoke to her there, and they took my case in hand and warned me not to say anything to my aunt about going into care and they assured me that they were soon coming to take me away from my home and when I saw them coming I really felt good, because I don't know ... It's like finally I saw someone helping me, any one, just as long as I escaped from my horrible situation (ll. 160-73)

“mill-istitut ta’ (isem tal-lokalita) reġa’ ħadni missieri ... u spiċċajt għand din jiena, li tiġi oħtu, qed tifhem ... ma nafx kemm kelli żmien eżatt, ma niftakarx u ergajt ġejt itrattata ħazin. Jiena ... issakkarli l-frigġ bil-katnazz, iddawwar wajer, ma nafx x’jgħidulha, ‘piping wire’ jgħidulha? Insomma bil-katnazz ... Kelb, dejjem jigdimni dal-kelb, għandi l-gdim jigifieri ... lili ssakkarni fil-kamra tas-sodda u l-kelb jigri ġod-dar, jigifieri dak aħjar minni...L-iskola l-affarijiet ta’ l-iskola basktijiet imqattgħin, biż-żarbut qiegħ iva qiegħ le ... hekk ... kont inħossni maħmuġa u mdejqa ... allura kont kellimt il-guidance teachers, għand l-iskola tal-(isem tal-lokalita` fejn hemm l-iskola) kont immur jiena, kellimtha hemmhekk u irrangawli ... qaluli titkellem xejn maz-zija u qaluli daqt niġu għalik, u rajthom ġejjin ... ħadt pjaċir, għax ... ma nafx ... Qisek qed tara l-għajnuna mingħand xi ħadd basta ħrabt minn dak id-dwejjaq li tkun qed tgħaddi minnu” (ll.160-73).

It is not at all surprising that following such a story she spoke of herself as “I have always been betrayed” *“dejjem traduta jien”* (l.181).

Abigail spoke about having been abandoned at birth. Yet, like Alexia, she found herself back home. Following a tumultuous incident while in residential care her carers felt they could no longer look after her (the incident will be explored in another superordinate theme) and she was sent back to live with her biological mother. She was very young, not even in her latency years and this is how she speaks about her experience with her mother at this point in her life:

“Then when I went there, my mummy, she left me without food, she used to beat me. I ate dog and rabbit food. My siblings used to encourage the cockerels (which they trained to fight) to attack me. If I peed myself, she would leave me in my wet underpants. I lived and slept on the roof, together with the dogs in their cages, summer and winter always there and the rain pouring down ... She burnt me with cigarettes” (ll. 86-90)

“Imbagħad il-mummy meta kont mort hemmhekk, mingħajr ikel, swat mingħandha, niekol ikel tal-klieb u tal-fniek, heqq ħuti kienu jgħellu lil x’għidulhom, is-sriedak fuqi, jekk nagħmel taħti thallini bih, fuq il-bejt, kont norqod fuq il-bejt jien ma’ dawn, mal-klieb ġol-gaġġa tagħhom, sajjf u xitwa hemm hekk u x-xita niezla, taħraqni bis-sigaretti” (ll. 86-90).

Following the reporting of such abuse, she was placed in care again. Later on in her adolescence she was sexually abused by her father. She spoke about her need to distance herself from her family as has been reported in the previous theme.

Samuel also hints at a lack of safety when at his parents' house, albeit this was not of the same extent as that experienced by Alexia and Abigail. He explained that between the age of 13 and 16, "I would return to my family, and then there would be trouble again ... between them ... fighting and all that ... I stayed for a while with them ... I think I stayed there for about two years" *"bdejt immur mal-familja tiegħi, u mbagħad beda jerga' jaqa' l-inkwiet ... bejniethom. Jiġġieldu u hekk fhimt? ... U domt hekk naqra magħhom. Domt qisu sentejn"* (ll. 78-88).

4.5.3. Witnessing the Tragic Loss of Siblings and Other Family Members

Apart from being exposed to trauma and abuse, some participants had to face the tragic loss of their siblings: an issue which formed part of the context being discussed within this superordinate theme. Raymond spoke of one sibling's substance addiction and another's overdose which added to the pain of losing his mother to terminal illness together with the death of his father in his early teens. Abigail mentioned her brother's accidental death while Samuel talked about his siblings' drug addiction. Becky revealed how she lost a sibling due to a drug overdose and a sister who committed suicide: "because my sister jumped to her death as they used to rape her, she committed suicide as she was so depressed, poor girl" *"għax oħti qabżet għax kienu jirrepjawha, bid-depression li kellha miskin"* (ll. 38-9). She mentioned another sister who was in out-of-home care and is presently using drugs and neglecting her own children. This inter-generational perpetuation will be explored further in the discussion chapter.

4.5.4. Living in Care Perceived as Acceptable

One participant in our study presented a significantly different picture regarding the context around his admission into out-of-home care and how he made sense of the experience. Benjamin spoke about his experience thus:

"Mmm ... no problem no ... I remember when we were young my mother could not raise us herself so she used to send us to a nanny and so we got used to changing carers when we were young. So when we came here it was normal for us that we would not live at home." (ll. 135-8)

"Mmm....le le problema ta' xejn.....niġftakar meta konna żgħar il-mummy ma setgħetx trabbina u allura kienet titfagħna għand nanny u qisna dik il-ħaga li nbiddlu u hekk drajna meta konna żgħar. Allura meta ġejna hawnhekk qisu kienet xi ħaga normali li ma nkunux id-dar" (ll. 135-8)

He seems to have made sense of it as just another normal life experience:

"No it did not bother me at all because I did not pay any attention to it. I used to say to myself just as long as I am enjoying myself

then it is not a problem, I will keep on going. No it was not a problem at all.” (ll. 38-40)

“Xejn, ma kienet iddejjaqni xejn, għax ma tantx kont nagħti kas. Jien kont ngħid jekk qed nieħu gost mhux problema, nibqa’ għaddej. Ma kienet problema ta’ xejn” (ll. 38-40).

He presented a very contrasting picture to the other participants:

“My relationship with my mum and dad? How was it? Hmmm. Normal. We did not get to see our dad that much ... He was at work most of the time ... My mum was always nagging us to keep everywhere clean, clean, clean. So we used to spend most of the time playing on our own at the most.” (ll. 51-4)

“Relazzjonijiet mal-mummy u mad-daddy.....kif kienu? Hmm ... Normali hux. Lid-daddy ma tantx konna narawh...dejjem kien ikun xogħol.....il-mummy dejjem tgerger biex inżommulha nadif, nadif, nadif. Minn dejjem konna nintefgħu nilagħbu wahedna l-iktar l-iktar” (ll.51-4).

As researchers we were left wondering whether he actually needed to be in out-of-home care.

4.5.5. Having a Say when Admitted into Care

Simon spoke about how his child protection social worker accompanied him to visit various residential homes in order to see what they were like, prior to his admittance. This made him feel some control in the process of admission. Though at first glance this may look like a seemingly trivial incident, Simon recalled this process. This social worker’s way of doing things contrasts and responds to the powerlessness and lack of control that our participants had to face.

4.6. Psychosocial Well Being While Being In Out-Of-Home Care

4.6.1. Traumatic Symptoms and Memory Loss

Trauma and its impact on participants emerged as a theme within the overall superordinate theme of the participants’ psychosocial well-being while living in residential out-of-home care. From an experiential viewpoint, Simon aptly described the impact of trauma in the following manner:

“No, nowadays, whereas before I used to be so irritable that whoever knew me then, at the home, would tell you that they would have tried to avoid me as I used to get cross very easily, for example if someone shouted at me or something like that, I would just lose it since I would imagine those moments when I used to live with my mum, everyone shouting at you, it’s like you would have been suffering so much that you would not want anyone else to hurt you any more ... How much can one possibly take? Having

everyone constantly beating you, beating you, beating you, then finally you say this is it, just stop.” (ll. 252-357)

“Le, illum il-ġurnata, ifhimni, fejn qabel kont nervuż ħafna li min jafni jiġifieri ġol-home, jgħidlek, Madonna dak it-tifel ma rridx narah ... għax kont niżblokka jiġifieri, tipo kif xi hadd kien jgħajjat miegħi, jew hekk ... nintilef, għax kont ingib immaginazzjonijiet ta’ meta kont għand ommi, kulhadd jgħajjat miegħek, kulhadd tkun tipo ... il-kelma eżatt, qisek tkun tant muġuġħ li ma tkunx trid min iweġġgħek iżjed, kemm ħa ddum ituk, ituk, ituk, fl-aħħar tgħid stop” (ll. 252-357).

One can appreciate how the carer’s shouting triggered a traumatic stress response which included flashbacks of past events. Under the impact of trauma, as the child’s survival and self-protection systems take over (Heard and Lake, 1997, 2001), it becomes difficult for the child to differentiate between caring and threatening acts; on initial impact every act tends to be seen and thus processed as a threat. When speaking about his present life, Simon stressed stability and also his recovery from this trauma. He spoke about a stable relationship with his partner and being successful in taking care of their child. As has been suggested in the first superordinate theme, the residential care experience seems to have provided him with a restorative experience where adults could soothe him and thus reinstate safety; the first step in the recovery from trauma (Cairns, 2002). Other features of Simon’s residential care experience such as Simon’s relationship with a mentor helped him to reconstitute trauma memories and thus enable him to make his way on a reparative path that in his case led towards a positive outcome.

As already indicated, Becky also spoke about having been through extreme traumatic experiences that included witnessing domestic violence and being sexually abused by family members. She endured prolonged periods of depression, paranoia and resorted to using marijuana possibly to appease herself. All this led to her being admitted into an adult ward at a psychiatric hospital: an experience which she did not perceive as having been helpful in terms of recovering from trauma. She longed for a more caring, less extreme and less stigmatising approach.

Becky could only recall the details of two main episodes from her childhood; a memory recall difficulty that is shared by Raymond, Daniel and Alexia and that can be related to the impact of trauma.

Daniel spoke directly about how he blocked off certain parts of his experience while living in residential care:

“For one thing, my memory seems to simply just block up. It’s like I almost don’t remember anything because apparently it was a bad memory” (ll. 41-3)

“Wahda l-memorja tiegħi tibblokka totalment, li kwazi kwazi ma niftakar xejn għax apparentament kienet memorja ħażina” (ll. 41-3).

In his account he perceives the memory lapses as having been a blessing in disguise.

4.6.2. Impact Of Trauma on One's Sense of Identity

The pervasive impact of trauma on identity emerged as a separate theme and can be appreciated in Becky's struggle in the following quotes:

“because I did not know who I was, I did not even know where I was, because I did not even believe I resided in Malta, as I simply thought that I lived in the world ... I don't know ... seriously ... I had many ... I had many names like Amanda, Bonnie, Roberta ... I had many. I had a vivid imagination... (ll. 1382-9).

“għax ma kontx naf min jien, ma kontx naf fejn jien, għax lanqas kont nemmen li qiegħda Malta ... kont naħseb li qiegħda ġo dinja ... ma nafx...bis-serjeta`. ... kelli ħafna ... għax jien kont nuża ħafna ismijiet, Amanda, Bonnie, Roberta ... kelli ħafna. Kelli ħafna fantasija jiena.” (ll. 1382-9)

“because it took me a long time before I discovered who I was. That is it, when you live in a care home you don't know who you really are, it takes a long time for you to discover your identity ... it took me a long time to mature, you don't even know what to do with yourself.” (ll. 160-6).

“għax jien domt biex niskopri lili nnifsi. Dik hi, meta tkun istitut ma tkunx taf min inti, iddum biex tkun taf min inti ... għax domt ma mmaturajt, għax ma tkunx taf x'ha taqbad tagħmel bik innifsek” (ll. 160-6).

Identity issues became even more complex when superimposed with the sense of isolation and stigma that Becky seems to have experienced:

“I did not have friends at school, I lived in a care home, and when I was 12 years old I was attracted to women ... I did not have any friendships at school.” (ll. 415-6).

“ħbieb ma kellix l-iskola jien, kont l-istitut, u għax meta kelli 12 kont attratta [sic] lejn in-nisa ... ma kellix ħbiberija l-iskola.” (ll. 415-6).

This isolation seems to have been further exacerbated by stigma:

“So for example they would say she lives with the nuns, she is not like us, she is not with us, and we don't want you in our group ... a lot ... for example they did not allow me to take part in all the items of the school concerts.” (ll. 434-6).

“Jgħidu eżempju din it-tifla tas-sorijiet, mhux magħna, eżempju fhimt, ma rridukx mal-grupp ... ħafna ... eżempju il-concerts ta' l-iskola ma jdaħħlukx f'kollox” (ll. 434-6).

The identity challenges, typical of adolescence, develop into a truly complex struggle when superimposed with the impact of trauma and the stigma of living in residential care. One can appreciate the complexity of such a struggle as Becky spoke about making sense of who she is and what she went through:

“That really affected me ... the nuns and the fact that I was attracted to women really affected me ...” (ll. 422-4).

“dik affetwatni eh ... tas-sorijiet u li kont attrattata [sic] lejn mara ħafna affetwawni...” (ll. 422-4).

In his contribution, Samuel also referred to his search for identity as he decided to leave his social contact/respite foster family and join his peers at the residential home whom he perceived as “they have a better life” *“għandhom iktar ħajja u hekk”* (l. 130).

4.6.3. Dealing with Emotional Pain

Alexia described how she coped through promiscuity. She explained her decision to get pregnant as a strategy through which she tried to speed up the process of leaving the residential home. One wonders about the deeper motivation of intentionally conceiving a child at such a young age. Perhaps having a child to care for was yet another way of coping with the emotional pain linked to the trauma of rejection and abuse. Coleman and Cater (2006) connect this to unmet needs for love and affection. She explained her action in the following quote:

“I did not have anyone to go to, family that is, I really kept everything inside me, then they allowed me to go ... regardless of whom came along or whom I met ... I met him in Valletta ... and I was constantly flirting with older men and young boys because I wanted to get pregnant, at all costs, by anyone, just as long as I could leave there.” (ll. 269-72).

“għax ma kellix għand min immur, familja, tant kemm żammejt ġo fija, imbagħad bdew ihalluni noħroġ, ġie min ġie, rajt min rajt ... iltqajt miegħu l-Belt stess ... u l-ħin kollu nittanthom l-irġiel ukoll, ġuvintur insomma, u ġie min ġie ridt noħroġ pregnant minn tiegħu biex nitlaq minn hemm” (ll. 269-72).

Samuel spoke about his experience thus:

“I was not loved much and I did not have a good family and I had only witnessed arguments and the like, so I ended up numb and not in touch with my feelings.” (ll. 362-3)

“Li ma tantx kont maħbub u hekk u ma tantx kelli familja tajba u ma rajt xejn iktar mill-ġlied u hekk, allura ġejt bla feelings ma tantx inħoss” (ll. 362-3).

One wonders whether the blocking off of feelings was an essential psychological defence mechanism for Samuel which enabled him to survive the intense pain provoked by traumatic experiences.

In terms of dealing with psychological pain, Daniel explained that within the residential home there was the possibility of seeking emotional support: “help is always available, but you have to ask for it. It is important that you do your part, don’t expect everything to fall into your lap” *“l-għajnuna dejjem hemm qiegħda. Imma trid titlobha. Dik importanti, toħroġ idek biex, ma tistenniex li kollox jiġi f’ħalqek u ...”* (ll. 964-5). Abigail also spoke about the need to speak out, in order to be able to cope. Yet, she felt that though carers and other professionals were involved in her care, they were not really aware of how she felt.

Throughout his interview, Simon accentuated how he coped with his own process and with the environment around him, by acting tough:

“I imagine you cannot be weak in such places, but in the beginning when I arrived at the home I was very reserved and I did not take any notice of what the others said, until the day when you cannot take it anymore arrives, and you lose it. I remember, I just grabbed a boy and beat him up and I showed them what I was capable of. From that day on, life for me seemed to change and everyone literally began showing me respect and it’s like everyone realises that they cannot take advantage of you” (ll. 100-7).

“Nimmagina li trid tkun fuq ruħek f’postijiet hekk, pero` ifhimni fil-bidu li dhalt qed ngħidlek kont kwiet ma nagħtix każ ħadd xi jgħid u hekk, sakemm kien hemm ġurnata fejn veru hekk tibroxka [sic] ngħidu aħna, titlifha. Niftakar kont qbadt tifel u bdejt intih tipo wrejtu x’niswa u minn hemhekk qisha inbidlet l-istorja u litteralment kulħadd jibda qisu kulħadd jibda japprezzak kulħadd qisu jibda ma jagħmilx dak li jrid bik” (ll. 100-7).

4.6.4. Challenging Environment within Residential Care

Simon presented the overall environment within residential care as rather challenging. In describing the tensions that sometimes arose between the boys who lived together, he mentioned that on occasions even knives were thrown during aggressive outbursts. He described the boys living there as being very needy. One is left wondering about how such an environment impacts children who have already been exposed to violence and trauma within their birth families. We will learn more about our participants’ experience of living in this environment in the following superordinate theme.

4.7. Yearning to Belong while experiencing Rejection, Shame, and Stigma.

Whereas within the last two superordinate themes abusive and traumatic experiences related to the participants’ birth families came to the fore, within this superordinate theme we continue to gain a better understanding of what it was like for our participants to live away from their families.

4.7.1. Residential Care is lived as Rejection by One's Family

As already referred to in 4.5.4, Benjamin perceived living in care as acceptable but for many children this was a constant reminder of rejection. Daniel described the experience of living in out-of-home care as “surely not normal” *“mhux normali żgur”* (l.10), then he carried on explaining the challenge of not belonging and feeling like you are missing out on life when compared to your same age peers. He summarised his experience thus:

“I grew up too quickly ... I felt it. I skipped a developmental milestone ... it's like you don't feel any stability ... you don't know where you are accepted or not ... not where you are unaccepted because that you can feel ... but that insecurity is enough to break down someone so young” (ll. 21-5).

“kbirt malajr.....rajtha jiena. Qbiżt stadju fit-trobbijabħal meta ma jkollokx stabiltà, ma tkunx taf fejn tkun accepted jew mintix....mhux fejn mintix għax fejn mintix tkun taf....jiġifieri dik biżżejjed biex tkisser bniedem ta' dik l-eta`” (ll. 21-5).

For Samuel, “I don't know what a family means” *“li familja ma nafx x'inhi”* was the most difficult aspect of living in residential care. Besides not belonging, feeling rejected by one's birth family also emerged:

“Since once you are in there, if your parents had consented to you being there, then you feel as if you are unwanted and abandoned ... if you went in there under a care order then your sense of emptiness is different ... the emptiness created by the absence of your parents will always ... it is ... (*silence*)” (ll. 738-41).

*“Għax meta tidhol hemm ġew, jekk il-ġenituri baġħtuk volontarjament int qed tħossok imkeċċi mid-dar. Abbandunat. Jekk inti dhalt taħt care order ħa tħoss ċertu nuqqasijiet t'affarijiet oħra. In-nuqqas tal-ġenituri dejjem ser ... hija ... (*silenzju*)”* (ll. 738-41).

As we saw earlier, Luke's mother placed him and his brother in residential care voluntarily. He recalled:

“I used to cry and beg her to return home. I used to tell her ‘Mum take me home’. She would tell me that I was better off at the care home. Life went on ... Then I started growing up ... I realised I had been betrayed ... At sixteen years of age that remained with me ... it remains in my mind till the present day” (ll. 1067-70)

“kont nibki u ngħidilha biex immur lura d-dar. Kont ngħidilha ma gibni d-dar. Kienet tgħidli mhux aħjar hemm. U għaddiet. Imma mbaġħad bdejt nikber. Bdejt inhossni li ġejt ingannat ... Imma ta' sittax -il sena, dik baqgħet ġo moħħi. Baqgħet ġo moħħi sal-lum” (ll. 1067-70).

His mother had taken him to visit the residential home and told him that she would be spending some time in another country with his father and then she would come back for him. At first glance, the sight of children playing football and running around on bikes seemed attractive yet he felt tricked and stuck, at the same time:

“Once you are in there, you don’t get out. My mother had the right that if I were to return home, the police would come and take me back ... because she had signed a paper.” (ll. 60-2)

“Once li dħalt ma toħrogx. U ommi kellha dritt li jekk immur id-dar jiġi l-pulizija u jerga’ jeħodni ... għax hi ffirmat karta” (ll. 60-2).

Stein (2005) highlights the need to deal with such emotional pain and Luke does not seem to have processed the pain of rejection.

4.7.2. Not Growing Up with your Family Makes you Feel like a Misfit.

Within this theme we continue to witness the impact of out-of-home residential care on identity and sense of self. Raymond’s experience helps us understand this. During the interview Raymond found the experience of having to recall his childhood and teen years as difficult, perhaps painful. He explained that when trying to remember, he experienced a split between making an effort to remember and not wanting to go there:

“sometimes I do not even want to remember things ... but still it seems as if there are two persons living in my mind ... one does not want to, but the other tells you ...” (ll. 389-90)

“xi kultant lanqas nkun rrid niftakar ... imma xorta ġo moħħi qisni għandi żewġ persuni, wieħed le u l-ieħor jgħidlek ...” (ll. 389-90).

This tension in the very act of recalling the past sheds light on the internal struggle that speaks about the shame related to the experience of not fitting in. Raymond seems to have felt this humiliation when he needed to explain his situation to his girlfriend’s parents. It seems that in Raymond’s case, although indignity bore fruit in the adolescent years, its seeds had germinated within the school yard’s “compost”. Raymond attended a church school where he was one of few children who lived in out-of-home care, if not the only child. This is how he described his experience:

“And I had lots of friends there ... obviously at school ... being young I felt strange ... I used to say to myself, they all have a family and I, it’s true that I had a foster family but I still had to return to the children’s home ... in the weekends I lived there (name of residential home). Of course it affects you ... you feel different, you feel the absence.

Interviewer: Was that the worst thing?

Of course, nowadays I say, if you are fostered it is better that you stay with them from Monday to Sunday, it is like being adopted ...

rather than sometimes there and then all of a sudden you are somewhere else. Even with regards to punishments, the foster parents' punishment meant staying at the children's home" (ll. 441-52).

"U kien ikolli hafna hbieb hemm.....heqq ovvja skola.....tkun zghir kont inhossni stramb ngħid dawn kollha bil-familja u jiena vera kelli l-foster parents pero` xorta ridt mmur il-home. Jigifieri fil-weekend kont inkun hemm, ehmm (isem l-istitut) . Taffetwak eh...thossok differenti. In-nuqqas thossu.

Interviewer: Dik sibt l-aktar diffiċli?

"Mhux hekk hu. Illum il-ġurnata ngħid fostered ahjar tgħix mit-Tnejn sal-Ħadd, tiġi qisek adottat....milli filli hemm u filli hawn. Filli ha tmur xi dwejjaq u mbaġhad tidra u terga' tmur hemm. Anke kastigi, il-kastigi mill-foster parents jkunu li toqgħod hemmhekk" (ll. 441-52).

Raymond used to be punished by being told that he had to remain in the residential home and would not be visiting his foster family over the weekend. This disciplinary measure must have exacerbated the child's feeling of rejection by one's parents.

Daniel also spoke about not fitting in and explained that at school he used to experience clashes between students: "like you don't have a daddy or a mummy and similar comments" *"tipu li m'ghandekx daddy u m'ghandekx mummy u dawn l-affarijiet"* (l. 143).

4.7.3. Stigma and Shame

According to Daniel, some people describe the home where he lived as a place which hosts "... children of the wayward" *"... tfal ta' l-imqarbin"* (l.189). He explained that the staff did not treat the children as different from other children. He portrayed staff as going out of their way to help children feel comfortable describing this experience: "as such we never lacked anything. We always had support, up to a certain extent, when we needed it" *"as such as such neqsin qatt ma hallewna min xejn. ghajnuna fejn ridna, sa certu limitu, dejjem kien hemm wkoll"* (ll.57-58). Yet this contrasted with how he felt treated as an outcast by the general public and judged this as an "old-fashioned and ignorant mentality" *"mentalita antika u mentalita` injoranta"* (l. 66).

Becky spoke extensively about the effect of this stigma on her development:

"you say, no one loves me, I have been through that, I used to go, the nuns accompanied me, and I used to say look at me I am with the nuns and they are with their parents, you do feel it, you feel these emotions strongly, even on parents' day for example, a nun comes along while the others all had their mums, it's such a good thing that a lay carer accompanies you on these occasions, they would think she is your aunt, you could come up with many

different relationships with such a person rather than the obvious nun.” (ll. 205-9)

“... tgħid jiena ħadd ma jħobbni, għaddej minnhom, jiena kont immur, kienu jwassluni s-sorijiet, ngħid ara, jiena mas-sorijiet u dawk mal-ġenituri, tħosshom ta dawn l-affarijiet, ħafna tħosshom. Anke parents’ day eżempju tara soru u meta kollha bl-ommijiet, kemm hi sabiħa tara carer normali jaħsbuha taparsi jien naf zitek, tista’ tgħid ħafna affarijiet min hi” (ll.205-9).

While being seen with nuns made her feel different, the negative reaction of her school mates contributed towards feeling an outcast and thus not loved and accepted:

“that you don’t feel accepted, you don’t feel loved, even going to school with the nuns, they label you as belonging to the nuns, for example friends don’t want to stay with you. (ll. 409-11) They say for example, she lives with the nuns, she is not with us, for example, we don’t want you in our group. There are many like that ... for example they do not include you in all the items of the school concerts.” (ll. 434-6)

“li ma tkunx aċċettata li ma tħossokx maħbuba, anki meta tmur skola, jarawk mas-sorijiet, jgħidu ara dik tas-soru, eżempju l-ħbieb ma joqogħdux miegħek (ll. 409-11). Jgħidu eżempju din it-tifla tas-sorijiet, mhux magħna eżempju fhimt, ma rridukx mal-grupp, ħafna ... eżempju il-concerts ta’ l-iskola ma jdahħlukx f’kollox” (ll.434-6).

She explained that the fact that she felt attracted to women further contributed to this sense of marginalisation.

Samuel explained that “the fact that I lived at a children’s home was always on my mind” *“dejjem kienet f’rasi li qiegħed f’istitut”* (l. 462), and he would react aggressively if someone teased him about it. The manner in which Alexia spoke about shame may help us understand the interplay between internal factors and external factors in the generation of shame and stigma (Kaufman, 1985):

“... because it’s like over there, when you start growing older, you are embarrassed to be seen with the nuns, I know that you don’t have anything to be ashamed of because the nuns went out so that I could go out too. They took me to the countryside, among the trees and they used to bring along a thermos flask and I really used to enjoy myself just as long as there were no people around.” (ll. 414-8)

“... għax qisek hemmhekk tibda tiżviluppa inti, tibda ssir tfajla qisek tistħi mas-sisters, erħilu m’għandniex għalxiex, huma kienu joħorġu s-sisters biex joħorġu lili, johduni ġol-kampanja hekk qalb is-siġar, nieħdu t-termos u dan, u jien kont nieħu pjaċir sakemm ma kienx ikun hemm nies” (ll. 414-8).

As an adolescent, she felt ashamed at being seen with nuns who could be clearly identified through their habit. Shame did not allow her to enjoy leisure time.

4.7.4. Longing for One's Family of Origin

While Luke tried to make sense of his mother's decision to admit him into out-of-home care, by reviewing all possible motivations - she may have been influenced by a social worker or a neighbour, she may have been unaware of the consequences - he made a most poignant comment:

“I felt deprived of a life with my family” (l. 108)

“għaliġa ġejt imċaħħad mill-ħajja tal-familja tiegħi” (l. 108).

He is still trying to make sense of her decision and feels he has lost the opportunity to be with his father who passed away:

“Why was my mother part of this (this decision)? Why? She had betrayed me, so I did not get to have a relationship with my father ... I did not do the things I wanted to do, especially with him, ok I can make up for lost time with my mother but not with my father. No one is going to bring him back for me.” (ll. 1112-7)

“Kif ommi ħadet parti minn (din id-deċiżjoni)? Għalxiex? ... ingannatni, tajjeb ma gawdejt x lil missieri ... l-affarijiet li xtaqt nagħmel ma lħaqt x għamilthom, tajjeb, speċjalment ma' missieri, alright m'ommi nista' nagħmilhom illum, imma ma' missieri ma nistax. Ħadd ma hu ser iġibuli lura” (ll. 1112 -7).

This sense of loss and the ensuing pain lingers on. Raymond explained:

“Even presently, when Christmas comes around, I admit I am lucky that at least I live with my foster parents but it would be much nicer if I had to be with my biological family.”(ll. 456-8)

“anke llum il-ġurnata jasal il-Christmas, nibda ngħid, vera qed ngħix magħhom mal-foster parents, imma tgħid sabiħa kieku mal-familja l-propja tiegħek” (ll. 456-8)

This sense of longing seems to persist and one is left wondering what could heal this unmet developmental need in children who live in residential care.

4.7.5. Desire to Belong to a Family

This sense of loss stands alongside a deep longing for family life. Becky explained that she experienced life within the residential home as very different from life within a family:

“you don’t get to see anything, like they don’t take you out, it’s not like a family, they do not take you out every Sunday and, sometimes, they take you out to eat. It’s like, sometimes, in a family it’s more important to gather and eat round a table, you talk during a meal. But, in the care home if we were eating, they would not let us talk until we finished our food” (ll. 145-9)

“ma tara xejn, ma jagħmlulekx eżempju tipo joħorguk, tipo il-familja ma joħorgukx kull nhar ta’ Ħadd u ġieli jeħduk tiekol eżempju ... ġieli jħossu taf inti, eżempju iktar importanti jew inkella tingabar u tiekol waqt il-mejda, titkellem waqt il-mejda ... Fhimt? Hemmhekk kulħadd jogħqod bilqiegħda jiekol, ma kinux iħalluna nitkellmu fhimt qabel nispiċċaw” (ll. 145-9).

Samuel spoke about the consequences of being raised away from your family of origin. He could not just automatically pick up his relationship with his mother at 16. He explained this difficulty in the following manner:

“Now, when I turned sixteen years of age, I went to live with my mother, it’s a bit difficult. Maybe if I had gone to live with her when I was ten or twelve, I would have grown up with her, but at sixteen ...” (ll. 439-40)

‘Issa ta’ sittax qisni mort ngħix m’ommi, naqra iebsa. Forsi kieku kelli ten jew twelve ... Fhimt? Kont nikber iktar magħha, imma ta’ sittax hu ... Ħeqq” (ll. 439-40).

This throws light on the long-term consequences of living in out-of-home care especially since our system is ready to provide out-of-home care for children till the age of sixteen or in some fortunate situations eighteen, and then, at times, expects them to settle back with an available relative, without much effort.

4.8. Negative Experiences while in Care

“I cannot say that my experience at the children’s home was a completely bad one, there were positive elements like I have already mentioned the nun who cared for me a lot and I will love her for the rest of my life. Sister (name of nun) her name is, but there are things which are not so good ...” (ll. 86-9)

“jiena l-esperjenza tiegħi l-istitut, mhux kienet, qed ngħid ħażina totalment, hemm affarijiet tajbin bħal ma għidtlek kien hemm soru kienet tistmani ħafna u nibqa’ nħobbha għomri. Sor (isem is-soru) jisimha, pero` hemm affarijiet illi m’ħumiex tajbin ...” (ll. 86-9).

This quote from Becky’s interview aptly introduces this superordinate theme.

4.8.1. Recounting Abusive Situations in Care

A number of participants in our study spoke about alleged abuse or abusive situations that they witnessed while living in residential settings. Simon and Becky spoke about having been hit by carers while living in residential care.

Becky described how on a particular occasion the nun on duty caught her masturbating in bed. The girl would have appreciated someone who would have helped her in such a situation. Instead she was smacked for her behaviour:

“What I did was not acceptable but there is a way and a way how to admonish children, true?” (ll. 127-30)

“Mhux tajjeb li għamilt imma hemm mod u mod kif tkellimhom it-fal vera?” (ll.127-30)

Simon referred to another incident when he was not washing himself properly and the priest who was in charge told the carer that he would be washing the boy himself. The context of being taken care of by a stranger and the child’s past trauma, changed the whole meaning of an action (washing the child) that might have otherwise been interpreted as adequate or acceptable within a family context not exposed to trauma. This is how Simon described the incident:

“It’s like he told her (the priest to the carer) as from tomorrow I will bathe him myself, as he wanted to imply that I was not washing myself well. I flipped out and I swore at him and told him ‘you will wash’ and I uttered some very strong expletives. He slapped me across the mouth, at the time I was shocked as I said is it possible that this priest takes care of children? I had been brought there from my mother’s home because there was ... and I remember losing control completely and I started hitting him, I was never one to allow anyone to take advantage of me ...” (ll. 128-41)

“tipo qalilha (il-qassis lil carer) speċi minn għada naħslu jien qalilha għax dak mhux qed jinħasel, speċi ma nħsiltx sew ried jgħid. U jien literallment qabziti u għidt tnejn jgħifieri la Maltija, f’kelma waħda taħsel ... ala salvaġġa. Kien tani daqqa go ħalqi, li dak il-ħin imblajt għax għidt dan possibbli jieħu ħsieb dawn it-fal? Jien speċi ġejt minn god-dar t’ommi għax kien hemm ..niftakar li żbranajt u qbadt intih jgħifieri, kont minn dejjem wieħed li ma nħalli ’l hadd jagħmel li jrid bija” (ll. 128-41).

Becky spoke about allegedly having been sexually abused at 8 years of age while in residential care:

“While living in the children’s home, there would be some maintenance men, I never told the nuns, but it is important that nuns should not allow children alone at any time and trust them with no one ... he was a maintenance man ... and I was still young.” (ll. 582-90)

“Meta kont l-istitut kienu jiġu l-ħaddiema irġiel, u qatt m’għidtilhom is-sorijiet ... jiġifieri dik importanti li qatt ma jħalluhom waħedhom it-tfal.... kien ħaddiem minn barra... u jiġna kont żgħira,” (ll.582-90)

This sheds light on the need for scrutiny in terms of who is given access to the premises and the children living there. What is even more alarming is the fact that this man was allegedly allowed to welcome another resident in his own home:

“I remember he had taken one of them to his wife (name of location), one of the care children who has now grown up, and he took me on that day ... he took his penis out... we had gone fishing ... I used to smoke in those days... he told me if you want a cigarette you have to do this to me.” (ll. 590-7)

“Niftakar kien ħa lil waħda minnhom għand il-mara tiegħu (isem tal-lokalita`), waħda mit-tfal li llum tfajla, u kien ħa lili dak inhar u kien ħareġ gismu u kien mar jistad u jien kont inpejjep, qalli jekk trid sigarett qalli għamilli dawk l-affarijiet.” (ll. 590- 7)

The impact of this alleged abuse was devastating:

“I felt dirty but it was not my fault and I used to cut myself because I felt really low, look you can still see the scars faintly; can you see them? ... I used to say ‘I am living in a home and I am still suffering?’ (ll. 625-30)

“kont inħossni maħmuġa u ma kienx it-tort tiegħi u kemm kont naqta’ idejja, hekk qed inħossni hekk, għadhom jidhru naqra ara qed tarhom? ... Kont ngħid istja qiegħda ġo istitut u xorta qed inbati?” (ll. 625-30)

Becky’s last line draws our attention to the intense pain and sense of disillusionment especially when abuse happens within a residential care settings. Living away from your family of origin is frequently rationalised and justified as a need to be protected from harm and abuse. The underlying assumption is that the new home will manage to protect you from further abuse. When the opposite occurs, the sense of disappointment, desperation, and hurt must be truly devastating. What is further disturbing is that Becky spoke about knowing other girls in residential care who went through such experiences.

The implication here is that it is indeed wise to invest in systems that are open to scrutiny and operate within a frame work that supports the implementation and auditing of standards. This will be explored further in the recommendations section.

4.8.2. Negative Experiences of the Care System

The institutional practices and how these led to an extent of rigidity were a common theme for a number of participants. Simon referred to the fact that at eighteen years of age, when he held a stable job and had settled within a section of the residential home, he

wished to buy a car. Yet the rules were clear: if you had money to buy a car that meant you had money to rent a place so you had to leave:

“I told him that I had decided that I will keep it and he told me you can pack your stuff and leave.” (ll. 397-8)

“għidtlu ddeċidejt jiena biha ħa nibqa’ qalli mela aqbad tista’ tippakkja u titlaq” (ll. 397-8).

This contrasts with the way his mentor, whom he had met as a volunteer at the home, had treated him when teaching him how to drive:

“It takes a special person, a saintly person, for you to crash his car three times, and he continues to help you until you get your licence. I crashed his car three times! Once, I hit the mudguard, another time I bent the bumper, and so on, yes I caused him quite some hassles ... But he still carried on helping me. (ll. 368-76)

“Jrid ikun altru persuna li waqa’ mis-sema għax tifqagħlu l-karrozza tliet darbiet u jibqa’ jgħinek sakemm iġġib il-liċenzja ... Għax tliet darbiet fqajthielu ta! Daqqa l-‘mudguard’, daqqa l-‘bumper’, jġġifieri minn hemm u minn hawn tajtu hassle ukoll jġġifieri ...baqa’ jgħini” (pg. 368-76).

There were other instances when participants mentioned how the care system failed to ensure a continuity and stability in care. Abigail spoke about how the frequent changes in care impacted her development:

“I did not even know how to write my name (l. 434) ... I never had an education as I lived a chaotic life, living at the care home, my father would then help me escape from the home, I would stay away for about one or two weeks and then I would go back ... I lived in such a confused state that I have not received the sacrament of Confirmation up to the present day” (ll. 441-4)

“Jiena lanqas kont naf nikteb ismi (l. 434) ...ma tgħallimtx skola għax kienet imgerfxa l-ħajja tiegħi, l-istitut, jerga’ jħarrabni missieri nagħmel ġimgħa ġimagħtejn ... nerga’...jiena fil-fatt tant kemm kelli tgerfix lanqas Grizma ma għamluli, għadni sal-lum il-ġurnata bla Grizma” (ll.441-4).

Becky also spoke about how living in an institution seemingly limited her life choices. Though at a point in her life, one particular nun paid for her education, she could not always attend private tuition and pursue ballet lessons. She recalled that she was academically able and added that had she been raised up in a different environment, she might have fulfilled her potential. Becky summed up her experience as:

“I can’t say anything as I did not receive any help except for the nun that helped me ... there were positive things but I cannot say that I was happy or anything of the sort.” (ll. 402-4)

“ma nista’ ngħid xejn għax ma kelli xejn affarijiet li jistgħu jgħinuni, apparti s-soru li għenitni...kien hemm affarijiet li għenuni imma ma nistax ngħid li kont għal qalbi jew hekk” (ll.402-4)

Luke spoke about the fact that food was frequently not enough for all the boys:

“We sometimes ended up having just one fishfinger, a bit of mashed potato and maybe some vegetables” (ll. 189-90)

“Ġieli spiċċajna patata mash u fish finger waħda u forsi naqra ħaxix” (ll.189-90).

He spoke about occasions when food was stale “*maqtuġħ*” (l. 299). Luke was also very passionate about the fact that children need to be heard and be allowed to speak out about abusive situations. Children should not have to wait to become adults to be believed.

4.8.3. Characteristics of Ineffective Carers

While talking about the negative aspects of their experience in residential homes, participants described the behaviour of certain carers within the home which rendered them ineffective. Participants mentioned the obvious such as care workers who used excessive punishments or who were unsuccessful in stopping bullying behaviour and cliques, which persisted amongst residents.

Preferential treatment was also mentioned by Daniel as a characteristic of ineffective carers. He stressed that care workers should be treating everyone in an equal fashion rather than unconsciously perhaps making some children feel inferior. Luke also mentioned that at times the most challenging children were labelled and some care workers discriminated against them and were more prone to reject them and their needs. Samuel explained that within the mixed gender home, in his perception, “the girls received preferential treatment” “*Il-bniet aktar ippreferuti kienu*” (l. 43).

Becky draws our attention to an interesting characteristic and alludes to the potential, unintentional negative consequence of when care workers or volunteers within homes tried to console her or tell her that they understood:

“because there were people who had tried to help me, but they did not have a clue how to deal with the situation, it’s not their fault, but they tried to appear as being all knowing but they were unsuccessful. For example, some carers used to come and help us in our homework, they used to tell us that they understood us ... How could they have understood our situation when they lived with a family? ... We really enjoyed ourselves with them, they took us out on hikes ... But why do you tell me that you understand my position when you can never understand it? It’s not possible ... that is my point ... I felt that they used to say that just so they could

make me feel better, temporarily, just to make me feel good for a little while.” (ll. 1238-52)

“għax kien hemm nies li ppruvaw jgħinuni, mhux għax riedu, imma ma kinux jifhmu x’inhuma l-affarijiet jaħasra, jagħmluha ta’ bravi imma ma kienu jaslu mkien, per eżempju kienu jiġu l-carers jgħinuna nagħmlu l-homework, kienu jgħidulna nifhmuk...tifhem jekk qiegħda ma’ familja kif trid tifhem? ... Konna nieħdu pjaċir magħhom, kienu joħorguna hikes, imma għaliex tgħidli li tifhimni meta mhux vera qed tifhimni...dak il-punt tiegħi ... hekk kont inħoss li biex jgħaddili, ta’ dak il-ħin biex jgħaddili” (ll. 1238-52).

Here, Becky is drawing our attention to how sensitive care workers need to be in their empathic responses. This is a feature which will be further explored when discussing care workers’ training and supervision. It is also particularly relevant to note that participants in this study could recall nuances and details most vividly.

4.8.4. Anger at Religious Systems

When speaking about negative experiences in residential care, participants expressed anger towards religious systems that they did not perceive as helpful. Luke was especially expressive of such anger towards religious congregations that he perceived as not living up to their ideals. He mentioned episodes when during his stay in a setting led by a religious congregation, children were not given the opportunity to express themselves about what was happening inside the home. He expressed an overall picture of residential homes as closed systems which were tough to penetrate and where children lost their rights. He expressed anger at the fact that some children were not allowed contact with family members:

“But, at least, let him express himself, maybe he has things he would like to tell to his aunts” (ll. 89)

“Imma għallinqas ħallih jarah biex jesprimi ruħu, forsi dan għandu xi affarijiet li jixtieq jgħid li forsi biex jesprimi ruħu ma’ zijietu.” (ll. 89)

This further fuelled his suspicion that the religious congregation did not want the children to speak up. According to him his suspicion was further reinforced when key members of religious staff were moved from one setting to the other in what he perceived as maintenance of the status quo. His anger was also expressed in the hope that the church could apologise regarding the sexual abuse cases within a particular residential home which have recently featured in the media. Luke commented that things have changed today and children within residential homes are much freer to speak out.

In line with such anger, Samuel expressed his disappointment towards the fact that the children and members of the religious congregation who lived on the same premises did not share the same standards of living of the children. He claimed that food given to the children was of an inferior quality and alleged that donation money was misused:

“We only had second-hand mismatched clothes, for example, when they received anything new, they rarely told us about it ... and then they all were very well off ...” (ll. 322-3)

“Aħna hwejjeg tilqit, eżempju, meta tidhol xi ħaġa rari nkunu nafu ... imbagħad huma too rich” (ll. 322-3).

During the interview Luke came across as still being angry about the alleged harsh experiences that he went through. Moreover, the negative experiences that he seems to have endured with the nuns and the priests seem to have impacted his religious beliefs:

“... maybe I spent about 3 years with the nuns and about 7 years with the priests, it was more than that, I spent 10 years with the priests and I lived like I resided in a church. There were all these thoughts in my mind and I had a lot of confusion, nowadays I am an atheist and I don’t believe in anything. Even though I spent 7 years living with the priests and I used to fight to go up and read during mass and to be an altar boy, it was all for show.” (ll. 592-4)

“...forsi għamilt 3 snin mas-sorijiet u għamilt 7 snin mal-qassisin, terġa’ 10 snin, qisni ngħix go knisja. Dan il-ħsieb kollu ta’ moħħi u ġenn, illum nara lili bħala atejist jġifieri ma nemmen xejn. Avolja għamilt 7 snin mal-qassisin u kont niġġieled biex nitla’ naqra u hekk fil-knisja u biex inkun abbati, dan kollu biex tidher.” (ll. 592-4)

4.8.5. Ambivalence towards Religion

The theme of ambivalence towards religion, featured prominently in Samuel’s interview:

“What bothers me a lot are prayers, I don’t like religion. Not only the Catholic religion, but all religions. The fact that you pray and nothing happens confirms that there is nothing. If there is, it must be something else, something else. In my opinion religions mean nothing, zero, just business. Christians ... the Church is just a business first and foremost. Even when I lived at (name of institution) and someone came along and donated 2000 Maltese liri for the children, we never got even 1 cent of that money” (ll. 675-83)

“Jien li jdejjaqni t-talb, jdejjaqni r-religjon. Ir-religjon mhux Kattoliku, kull religjon iddejjaqni. Ghax dik ix-xi ħaġa li tmur titlob xi ħaġa u ma ġara xejn, sinjal li m’hemm xejn. Jekk hemm, forsi xi ħaġa oħra. Forsi hemm xi ħaġa oħra imma żgur għalija għall-opinjoni tiegħi r-religjonijiet zero u business. Ibda minna Kristjani u ... l-Knisja business l-ewwel ħaġa. Dik il-ħaġa niftakar anki meta kont (isem tal-istitut) ġie xi hadd per eżempju u tana eżempju 2000 lira għat-tfal ... aħna lanqas 1c ma ħadna minnhom”. (ll. 675-83)

From this quote one may start appreciating the intensity of living with such anger, with the disappointment of unanswered prayers, and with the perception of not being a priority in the minds and hearts of those who cared for him.

4.8.6. Anger at the Unjust Legal/Judicial System

Becky's anger was directed towards what she perceived as an unjust system. She referred to an episode during which she was about to be fostered by what is known in the local residential care system as a social contact:

“I used to be taken out by ‘the lady’, as they used to call her. I used to go to this woman and she was going to foster me but my father did not accept, he did not sign my papers and I remained at the residential home. She did not keep on taking me out because she had wanted me as one of her own, but my father did not want me to go with her and I remained there.” (ll. 261-4)

“għax kienet toħroġni, jgħidulha lady qabel, kont immur għand waħda u kienet ha tiffosterjani u missieri ma riedx, ma ffirmawlix u bqajt l-istitut u ma baqgħetx dana hux teħodni, għax hi xtaqitni minn tagħha, ma riedx missieri u bqajt hemm.” (ll. 261-4).

“then she slowly stopped her contact with me because she obviously was hurt by what had happened, but it is not right also, because people are not playthings, that was another bad experience. I was not bothered so much because ... this nun really loved me and I said at least I have this nun who will care for me and so the situation did not bother me that much ... but if I had had no one I would probably have felt it more, what I mean is that such situations affect a girl or a boy. You initially are taking care of him, he thinks that he has found someone to love him and then all of a sudden ... it's not fair.” (ll. 304-10).

“...imbagħad qatgħet bil-mod fhimt għax imbagħad ħadet għaliha hux, pero` mhux sew lanqas eh, għax in-nies mħumiex pupi, dik ukoll esperjenza kerha fhimt, ma tajtx kas daqshekk ... ma tajtx kas daqshekk għax kelli dis-soru tħobbni ... Fhimt? U hekk kont ngħid, ngħid issa għandi dis-soru toqgħod tħobbni, ma tajtx kas għalhekk ah,li kieku ma kelli 'l ħadd, abbli kont inħossha, jigifieri dik taffetwa ukoll f'tifel u tifla. L-ewwel qed tieħu ħsiebu, min għalih li sab lil xi ħadd iħobbu mbagħad once upon a time hekk...mhux sewwa” (ll. 304-10).

One other participant regretted the fact that she was not adopted when there was a clear opportunity for this to happen:

“yes, she was going to adopt me but my father did not accept, he told her ‘I have five children and I want the five of them’, it would have been better had she adopted me but anyway it was not destined to be, there is nothing to do about it.” (ll. 158-60).

“ehe kienet se taddottani hi u missieri ma riedx qallha ‘jien għandi hamest ifal u l-ħamsa rridhom’, aħjar kieku addottatni imma insomma dak hu d-destin m’hemmx x’taġħmel” (ll.158-60).

This draws our attention to the need for liaison between the legal and out-of-home care systems in order to be able to deal effectively with such situations, and, if necessary, revoke parental rights rather than subject children to further abuse, as has happened most poignantly in Alexia’s story.

Becky spoke about a similar situation when her father refused the possibility of her being fostered by a social contact she had built a stable relationship with over a seven year period. This had an adverse impact upon her:

“... and I have a family of my own and I began feeling as if I was their daughter, then all of a sudden because my father ... you don’t blame them, but children are not objects. You are either going to really help the children or do not help them at all because you will instantly hurt them, even if unintentionally” (ll. 314-7)

“u għandi familja tiegħi u bdejt inhossni t-tifla taġħhom imbagħad f’daqqa waħda għax missieri...ma ttihomx tort, imma mhumieq oġġetti t-tfal. It-tfal jew ħa tgħinhom vera jew tgħinhom xejn mal-ewwel għax tweggagħhom hux, mhux għax tkun trid ta” (ll.314-7)

One participant also felt betrayed by the system when his/her abusive father was found guilty by the court yet he did not serve his prison sentence, but was sent to a psychiatric hospital because, according to the participant, he was related to someone in power who allegedly spoke up for him.

This sense of having experienced an unjust system was also echoed by Luke who expressed anger at the fact that his parents sent him into a residential home and that he lost the right to have access to his family. He sees this as unjust:

“because you have not only taken him away from his parents, but also from the life he grew up in ... Granted maybe he had been mistreated by his mother and father? So his grandmother is also bad? His aunts are also wicked? His cousins are also evil? So it’s just like you grabbed him and threw him in the rubbish” (ll. 45-7)

“għax inti qtajtu mhux mill-ġenituri biss, mill-ħajja li dan kiber fiha. Alright forsi dan ra l-ħażin minn ommu u missieru ... U dan allura in-nanna ħażina? Iz-zijiet ħżiena? Il-kuġiniet [sic] ħżiena? Allura inti qbadtu u tfajtu fiż-żibel” (ll. 45-7).

4.8.7. The Use of Inappropriate Punishment

This issue of inappropriate punishment also emerged within this theme. Luke spoke about alleged physical punishment such as when he claimed he was kicked and punched by a person in a caring role.

He also spoke about inapt and unsafe practices that he witnessed in the home such as when boys who misbehaved were supposedly sent to bed without supper or “you will be punished and he would tell you ‘tonight it’s under the stars for you’. ‘Under the stars’ meant that you just grab the mattress without any sheets, or any blankets, and you go to a room downstairs and you sleep in the open” *“ikollok punishment u jgħidlek illejla għall-istilel. L-istilel ifisser taqbad is-saqqu, bla lożor, bla kutri xejn, għal kamra isfel u torqod barra”* (l. 52). This apparently also happened during the winter. He spoke of other situations where adolescents were made to sleep in a corridor and locked there.

Becky also spoke of an authoritarian and coercive attitude. As she spoke about being appreciative of the fact that they were taught life skills, she went on to explain that:

“they made us wash our clothes to teach us but ... that is not the way to teach because there is a way and a way how to instruct children, not come one you have to do the washing whether you like it or not. Or once because I accidentally dropped a sheet off the roof, she spanked me.” (ll. 119-22)

“iġegħluna naħslu l-ħwejjeġ, biex jgħallmuni ... pero` ... mhux dak il-mod kif turihom għax hemm mod u mod kif tghidilhom it-tfal, mhux ejja bil-fors fhimt u trid tagħmilhom. Jew inkella għax darba waqagħli l-liz̄ar għal isfel sawtini” (ll. 119- 22).

Samuel also recounted how he was forced to eat all his food:

“I hated eating, you had to eat whether you liked the food or not, when you eat under duress you end up vomiting your food. Once a nun punished me because I did not want to eat my jelly.” (l. 38)

“Dik il-ħaga ta’l-ikel, trid tiekol bilfors, dak li ma jogħgħbokx trid tieklu, meta tiekol hekk, taqla’ l-ikel. Darba waħda soru tatni punishment għax ma ridtx niekol jelly” (l. 38).

By its very essence food and feeding can be an extremely nurturing part of the adult–child relationship, yet this does not always seem to have been the case.

This superordinate theme sensitised us to the possibility of negative and potentially abusive situations within out of home care settings. Different ways how this could be prevented will be expanded upon in the discussion section.

4.9 The Needs of Children with Behavioural Difficulties and the Response of the Care System and the Mental Health Services

In our conversations with the participants, several of them complained about the harsh treatment they received because of their rebellious behaviour.

4.9.1. Admitting Children in a Psychiatric Unit and Prescribing Medication to Control Rebellion and Misconduct

Two participants perceived being sent to the Young People's Unit (YPU) at a psychiatric hospital as a punishment or as one of them puts it as a "warning" "tbezbiza". One of these participants said that while in a residential home she was going out with a boy friend who was older than her and the home authorities did not approve. So:

"I jumped over the iron fence, the gate, or whatever it is called, at the home ... then they called the police on me and they just sent me to *Mount Carmel*². Why did they send me to *Mount Carmel*? ... if you escape I would punish you by taking away your pocket money and you are not allowed to go out ... I think they simply wanted to force me to take pills ... they send you to *Mount Carmel* as they do not have the courage to admit that sedating you is what they really want to do." (ll. 10-8).

"qbiżtilhom il-ħadid, il-grada jew x'inhuma dawk...tal-home imbagħad ġabuli l-pulizija u hekk u tefgħuni Mount Carmel, dik għaliex Mount Carmel? ... jekk taħrab nieħu punishment mingħajr flus u ma noħrogx ... jien għaliex biex ibellgħu il-pilloli ... jitfgħuk Mount Carmel m'għandhomx ħila jgħidu hekk" (ll.10-8).

One of the participants spent a long time living within the psychiatric hospital. Although she spoke about this experience as having started off as a punishment she also expressed awareness of the fact that during her early teens her behaviour was worrying and needed to be addressed.

"for example at the time I never understood what it meant, why they sent me to *Mount Carmel*, I was depressed, I would have liked to for example have found someone to tell me come one let's go out for a bit, that is how you cure a depression, you don't need to go to a mental hospital and just swallow pills ... I was not admitted there only because of the depression but because I used to smoke marijuana, that's why ... yes, I used to escape many times and they wanted to give me a warning. Then he told me you need some light sedatives since I used to smoke a lot of marijuana and I had ended up suffering from paranoia ... then I got better ... I improved." (ll. 854-65)

"eżempju jiena ma kontx nifhem x'jiġifieri għalxiex tellgħuni Mount Carmel, kelli depression, xtaqt kieku eżempju nsib lilek tgħidli isma' ejja noħorgu, id-depression tittekiljaha hekk, fhimt m'hemmx bżonn tidhol hemmhekk u tieħu l-pirmli apparti li mhux fuq hekk biss dħalt jien ta għax kont inpejjep ħafna ħaxixa ta għalhekk ... ehe u kont naħrab ħafna u kienu jridu jtuni tbezbiza. U mbagħad kien qalli għandek bżonn naqra kalmanti ħfief minħabba

² *Mount Carmel* is the national mental health hospital.

li kont ħafna npejjep u kont ġejt naqra paranoid u mbaġhad ġejt aħjar ta...u mbaġhad kont ġejt għall-aħjar” (ll.854 -65).

While she acknowledged that she was smoking marijuana extensively and was becoming paranoid, she did not perceive hospitalisation at a psychiatric hospital as having been helpful or effective in addressing her challenging behaviour.

“the police told me it was for my best but I don’t really think it was, I ended up badly anyway, if not worse.” (ll. 930-5)

“qaluli għall-ġid tiegħi l-pulizija, u ma naħsibx li kien għall-ġid tiegħi, iktar wassluni fit-triq il-ħażina” (ll.930-5)

At the psychiatric hospital, the carers at the residential care setting continued to follow her, yet she still doubted their intentions:

“... yes, she used to come there, although I did not like her, I did not trust her as I used to suspect she was coming there to tell the doctor to keep me there rather than to help me. On the other hand, I understood her as she really used to make it a point to tell them that I should not be there, that it was not a suitable place for me. ‘She is normal, she was forced to come here under police orders’” (ll. 930-4)

“ehe kienet tiġi hi għalkemm kont naraha kerha ta, kont naraha kerha għax kont nġhid di qed tġhini jew qed tiġi tġhid it-tabib żommha hawn? Għax hekk kont nifhimha jien, għalkemm hi kienet tirsisti ta biex noħroġ kienet tġhidilhom din mhux t’hawnhekk għax dik normali li għamlet bil-pulizija gabuha hawn. Fhimt?” (ll. 930-4).

On one hand these suspicions can easily be framed as a feature of paranoia. Yet on the other hand they can also be perceived as an expression of how the act of admitting a traumatised child into a psychiatric hospital may impact the child’s fragile trust in her carers.

Another participant also spoke about having been admitted into a psychiatric hospital after challenging behaviour exhibited in a residential therapeutic programme. He spoke thus about the stigma:

“They just shove you into *Mount Carmel*. You are stigmatised. No they kept me there with the adults. I was with the adults under supervision and I had a nurse surveilling me 24 hours a day. They also held ... I think I was there for about four or five days. We had a meeting nearly everyday to decide where they were going to send me. Anyway then from there ... You don’t like it.” (ll. 91-9)

“Jitfġhuk Mount Carmel. Għalik tkun name ħażin. Le, mal-kbar kienu tefġhuni. Tefġhuni mal-kbar under supervision u 24 hours nurse miegħi. Kienu saru anke...domt naħseb xi erbat ijiem ħamest

ijjem. Kwaži kuljum kellna l-meeting fejn ħa jitfgħuni. Insomma mbagħad wara minn hemm ... Heqq ifhimni ma tihux pjaċir.” (ll.91-9)

The use of the verb “throw/shove you” “*jitfgħuk*” implies a sense of coercion and power which must have had a negative psychological impact on these children.

Abigail, Becky and Raymond were all prescribed medication to help them manage their behaviour. Raymond commented in the following manner about this:

“There would be a boy who rebelled a bit and they just send him there. It was evident that there was no one who was able to manage you because just forcing one to swallow pills is not good management.” (ll. 80-2)

“Kien ikun hemm tifel jirribellalek ftit u jibagħtuh. Sinjal li ma kienx hemm min kapaċi jikkontrollak għax bil-pirmli u hekk mhux se tikkontrollhom lin-nies” (ll.80-2).

4.9.2. Inappropriate Mental Health Service

Three participants did not experience the mental health service as having met their needs and as appropriate in helping them deal with their difficulties. One of them said that she spent two birthdays at the psychiatric hospital and although the residential home staff still brought her cakes and organised a party for her at the hospital, she still recalled those moments as “that was a horrible experience ... I think that did not help me grow and mature personally at all” *“dik vera esperjenza kerha eh ... dik baġħitini lura naħseb ukoll jiena fl-affarijiet biex nikber jien biex nimmatūra jien personali”* (ll.663-9).

The experience has left this child feeling that her needs were not met:

“At most they should have dealt with the problem and not just shove you there; they did not really tackle my problem. They did not say she needs this or she needs that, she needs someone to help her plan out her life, for example, she needs to go out more, she needs to rest, there was no consideration you see? They just got rid of you by sending you there and then the doctor decided what do ... What is my problem? ... My life ... What she has is the result of what she went through, her problematic life. So because I have several problems you want to just make me take pills? ... That is not right.” (ll. 673-9).

“L-iktar, l-iktar iddiljaw mal-problema, just tefgħuk hemm ... Fhimt? Ma ttekiljawx il-problema miegħi li kelli bżonn, eżempju, għandha bżonn hekk hekk u hekk din, għandha bżonn pjan fil-ħajja tagħha man, fejn per eżempju toħroġ kuljum, għandha bżonn il-mistrieħ, ma kienx hekk fhimt? Qabdu tefgħuk hemm issa jara t-tabib x’għandha...X’għandi eh?...Ħajti ... X’għandha? Mhux għax

għaddiet minn problemi. Mela għax għandi 8 problemi trid tballaġhli l-pirmli ... Mhux sewwa” (ll.673-9).

4.9.3. Police Involvement to Escort Children into Mental Hospital

The three participants mentioned above were all admitted into the psychiatric hospital through police involvement who escorted the children there.

“My experience was not nice either, I had been taken there under police order, and the first time I was sent to Ward 10 until they took me to YPU ... they stripped me naked, they put a hospital gown on me ... without any elastic, nothing. I remember I had gel in my hair like this and it stood up like this ... then I spent 4 months in ward 6 with the adults. First in ward 10, then ward 6 and finally at YPU. I was the youngest one, I was 14 years old.” (ll. 893-900).

“Jiena ma rċevejthiex sabiħ lanqas eh għax jiena bil-pulizija dħalt eh u l-ewwel darba ward 10 tellgħuni qabel ma niżluni ward...il-YPU ... Neżżgħuni għarwiena, ġagaga jew x’inhi bla lasktu xejn. Niftakar kelli l-gel hekk u xagħari hekk ...u mbagħad għamilt 4 xhur ward 6 mal-kbar. L-ewwel ward 10, ward 6 u mbagħad YPU. U jien kont l-iżgħar waħda, kelli 14” (ll. 893-900).

One participant recalled when he was found by the police at a youth club after he had ran away from the therapeutic residential setting in which he was residing. He had no idea whether they were escorting him back home, but once in the police car he realised that he was being taken elsewhere.

4.9.4. Expressions of Rebellion

Expressions of rebellion within this theme include Luke’s description of some children’s refusal to learn even if provided with opportunities by their teachers, Samuel’s description of an episode when a student who lived in residential care hit a teacher and other incidents described and explored below.

It seems that the extremely challenging behaviour was perceived as a misconduct that needed restraint even through the involvement of police and as such deserving of such a consequence. Yet within this construction of meaning, the underlying issues could have been sidelined. Becky spoke thus about these underlying issues:

“I escaped from the home just so they would worry, just to attract attention, out of a sense of emptiness ... you show them ... for example I did not like to talk a lot about my problems ... they did not understand me, but it was my problem as I did not know how to explain myself well, I usually ended up misunderstood and I still do it to the present day ... it’s a problem still.” (ll. 965-75).

“naħrab mill-istitut biex noqgħod ninkwetahom, hekk hux biex tiġbed l-attenzjoni, in-nuqqas...turihom għax eżempju jiena ma kontx inħobb nitkellem kont nurihom bil-dak tiegħi ...ma kinux

jifmuha, pero' problema tiegħi għax ma kontx nitkellem pero` ma kontx naf nispjega, kont nispjega ħazin u għadni sal-lum il-gurnata nbati biha jien..." (ll.965-75).

This theme may help us understand more the underlying meaning of rebellious behaviour and perhaps provide us with an alternative construction of meaning around very challenging conduct. Becky linked the challenging actions that she presented at school to the fact that she felt stigmatised and not accepted by her peers.

"they don't accept you and I wanted to be accepted, I used to smoke a cigarette and go through the hall so I would make friends, you act foolishly because ... I smoked leaves from the trees, pretending I was smoking marijuana ... we used to laugh ... nowadays I consider my behaviour then as immature but in those days I just did it to be accepted. Even when I lived with the nuns, I used to buy a lot of cigarettes and I would not keep them in one place just in case they searched me for cigarettes ... just for me to be able to spend some time with my friends." (ll. 449-64).

"ma jaċċettawkx imbagħad jiena ħriġt nidher ta' sabiħa, għalija dak iż-żmien inpejjep sigarett u ngħaddi minn ġol- 'hall' fhimt biex taparsi jkolli ħabiba, taf int tibda tagħmel tal-boloh hux imbagħad ... u taparsi qed inpejjep il-ħaxixa bil-weraq ta ... konna nidħku ... hehehehe ... imma tagħmel affarijiet vera li llum il-gurnata tgħidilhom tal-boloh imma dak iż-żmien, kienu għalija biex jaċċettawni, anki mas-sorijiet tgħidx kemm kont nixtri sigaretti...biex...nifridhom biex jekk ifittxuli ... biex nagħmel naqra siegħa magħhom" (ll. 449-64).

Rebellious behaviour can be seen as a way in which these children are fighting back an institutionalised system that is not always meeting their needs. Responding to rebellious behaviour through hospitalisation and confinement, especially if prolonged, may further aggravate the resistance. A particular participant explained how in fact following admission, her behaviour deteriorated in a downward spiral as if the forced hospitalisation tended to aggravate the behavioural challenges:

"you defy them more and then you start taking it out on yourself and life, and you end up badly and you only realise this later, but at the time you would be saying to yourself just as long as I take revenge" (ll. 939-44).

"għax iktar timpika u mbagħad, timpika miegħek innifsek u mal-ħajja u twassal għal ħafna ħazin hux u mbagħad wara tirrealizza, imma għalik fik innifsek tgħid l-aqwa pattejthielhom" (ll.939-44).

One wonders who she wanted to take her revenge on and how she transferred her anger onto a system which sought to contain the misconduct by resorting to psychiatry. Thus was the extent of her rebellion:

“then once just so I would not go there anymore, I stole three tubs of disability pills, Stelazine and the like ... Stelazine and the like ... Stelazine and the like, I swallowed three tubs of pills.

Interviewer: Three tubs? ... You stole them from the nurses?

Of course because they used to let me pop them into the tubs so I could while away the time , they trusted me, I hid a little at a time and I managed to steal three tubfuls and I swallowed them ... then in the morning I ended up in hospital, at the time I did not know ...

Interviewer: They found you unconscious probably after swallowing three tubs of pills!

Of course, that is it, I used to see my siblings take them so ... (ll. 684-701)

“U mbagħad darba biex ma mmurx iżjed hemm ħadtilhom tliet bottijiet (pilloli) tad-diżabilta` eh, għax hemmhekk kienu jgħixu tad-diżabilta` ... Stelazine u hekk ... Stelazine u hekk ... Stelazine u hekk, kont blajt tlieta.

Interviewer: *Tliet bottijiet? ... Sraqthom lin-nurses?*

Mela ... le għax dawk kienu jħalluni nfaqqagħhom ġol-bottijiet biex ngħaddi ż-żmien, kienu jafdawni mbagħad bdejnt nahbihom kull darba, imbagħad għaqqadt tliet bottijiet u ħadthom ... imbagħad spiċċajt filgħodu, spiċċajt immur l-isptar, dak il-ħin ma kontx naf ta.

Interviewer: *Sabuk mitlufa x'aktarx wara tliet bottijiet!*

Mela, mhux hekk, u jiena peress li kont nara l-ħuti jieħdu ...” (ll.684-701)

While one wonders about the appropriateness of such a set-up where a child is trusted to while away the time by playing with medication as is alleged, this particular participant links this self-harming behaviour with her discontent at living in a mental hospital which she expressed by stating: “so as not to go there anymore” “*biex ma mmurx iżjed*”.

This is how another participant spoke about his rebellious behaviour.

“That is why the police came for me as I had run away from (name of home). I did not run away to get involved in other activities ... but I escaped just to be free. Maybe in those days I did not think twice to do those things ... nowadays I think more before I act ... I think more ... I react less instinctively and by talking things through” (ll. 121-5).

U għalhekk gābruni l-pulizija għax ħrabtilhom minn (isem tal-istitut). Ma ħrabtx biex nagħmel affarijiet oħra jew dan ... imma ħrabt biex inkun liberu. Forsi dak iż-żmien kont nagħmilhomlhom ... illum biex tagħmel dawn l-affarijiet ... taħsibhom ftit ... tagħmilhom aħjar bil-kalma u bil-kliem” (ll.121-5).

Abigail explained her running away from a residential home as a reaction towards the fact that the home authorities did not approve of her boyfriend.

Alexia spoke about her rebellious behaviour as an expression of anger towards the fact that she did not have a family to belong to, especially during the weekend:

“Nothing used to worry me except for the fact that I did not have parents and a family that took me home in the weekends, that used to hurt me a lot so I used to think up ways of escaping, but I always went back as I did not have anywhere to sleep.” (ll. 235-8)

“jiena minn xejn ma kont niddejjaq imma dik li ma kellix ġenituri u familja li fil-weekend jehduni, dik kienet iddejjaqni wisq, allura kont nara x’nagħmel, naħrab u nerġa’ mmur lura għax fejn torqod m’għandekx” (ll. 235-8).

Interestingly, she spoke about an alternative nurturing response by the nuns towards her rebellious behaviour:

“They would ask me where I went and I would tell them with friends ... so they used to tell me why did you not tell us and we would have allowed you to go ... ‘Who is this friend? Let’s meet her and we will allow you to go out’. We used to be afraid but in reality there was nothing to fear, because if you did not speak your mind with the nuns, they would not know what you wanted or what you were thinking ... then when I began telling them, they used to allow me ...” (ll. 235-42)

“Jgħiduli ‘Fejn mort?’, ngħidilhom mal-ħbieb ... allura għax ma tkellimtx konna nħalluk ... ‘Min hi din il-ħabiba? Ejja ħa niltaqghu magħha u nħalluk’. Aħna noqogħdu nibzghu mentri ma jkollniex għalfejn nibzghu, għax jekk ma titkellimx magħhom dawn is-sisters, mhux ħa jkunu jafu u mbağħad meta bdejt ngħidilhom u hekk bdew iħalluni qed tifhem” (ll.235-42).

The staff within the residential homes may have wished to resort to other responses other than referring the children to be admitted to a psychiatric hospital, yet one has to evaluate whether such alternative routes and resources are available. In view of the lack of alternatives, and also due to the fact that the protection of other residents needs to be taken into consideration, the residential home could have been left with no other option. Moreover, an alternative understanding of rebellious behaviour need not mean a disregard towards a mental health diagnosis, yet it may change the systems’ response to a much needed mental health diagnosis.

The following statement by Becky should stand out as a challenge to all in terms of creating alternative responses to rebellious and challenging behaviour:

“But you cannot help but complain because you don’t deserve to go through what you go through, you deserve to have a better experience in life than you actually do, I started off life since I was a young girl without a family, then I had to go through all this? It’s not right, true?” (ll. 948-51)

“imma mhux għax tkun trid tgħidha, għax ma jkunx haqqek li tgħaddi minn hekk, jkun haqqek hafna aħjar milli tgħaddi minn hekk, mela bdejt minn zghira mingħajr familja imbagħad tgħaddi minn dan kollu, mhux sewwa veru?” (ll.948-51).

4.10. Leaving Care: A Harsh Transition for the Children

Although youngsters living in care were aware of the fact that their departure from care was imminent, many said that they were not involved in the decision-making process prior to leaving the care facility, which often occurred hastily and without the necessary preparation. This experience can be linked back to earlier ones in their childhood when they were compelled to leave the family home, most often against their will, and settle in a residential home for much longer a time than they would ever bargain for.

4.10.1. Abrupt Departure

Although the change to another residential facility seemed to be planned by the care authorities, Abigail’s thoughts and desires regarding her future were not taken into consideration, despite being aged 17 by now:

“They informed me today and the next day I was packing to leave.”
(l. 180)

“Qaluli llum u l-għada kont qed nippakkja biex nitlaq” (l. 180)

Some residents were constrained to leave the care placement once they turned 16. As Samuel put it: “you just open the door and you just tell him to get out” (*“tiftaħlu l-bieb u tgħidlu oħroġ”*) (l. 238). However others like Daniel ended up having his placement terminated at age 15 due to constant misconduct inside the residential facility:

“When I was expelled it was about something petty. I must admit that I had been pushing the limits for a long time ... I don’t blame them ... But it’s ridiculous, I had not been expelled when I had beaten someone up, but then I was sent away because of something so petty like returning to the home very late, I did not keep my word.” (ll. 226-7, 232-3)

“Meta tkeċċejt fuq banalita`. Imma il-garra kienet ilha timtela.. U ma ntihomx tort... Ifhimni fuq xebgħa ma tkeċċejtx, imma fuq banalita` li hriġt u dħalt tard, ma zammejtx kelmti.” (ll. 226-7, 232-3).

4.10.2. Involvement in the Decision-Making Process and Preparation for Leaving Care

The respondents' narratives emphasise that although they did learn important practical life skills that were useful for future independent life, most often they were not psychologically prepared for the moment that they were expected to leave care and return home or seek alternative living arrangements. Very often, they also stated that they were too young to face such a major life transition.

Daniel stated that his former residential setting informally provided him with the necessary building blocks and learning of skills for daily and independent living, such as being able to cook, clean or take care of personal belongings, among others:

“Nowadays, when I look back, I say if I had not learned certain things there, I would not have been strong enough to go and live on my own and to look after myself, you understand? I mean if you want to know how to make a bed you have to do it. If you want to cook you have to learn how to cook. If you want to wash your clothes you have to learn how to do that, not that there weren't people to do those things ... there was the Staff. But it was a step at a time in preparation to leave and face the outside world.” (ll. 472-8)

“Illum il-ġurnata meta thares lura, ngħid isma' kieku ma tgħallimtx ċertu affarijiet hemmhekk, ma kienx ikolli saħħa biżżejjed biex noħroġ ngħix għal rasi u ma nistax insostni lili nnifsi, qed tifhem? Jiġifieri jekk trid tagħmel sodda trid tagħmilha. Jekk trid issajjar trid titgħallem issajjar. Jekk trid taħsel il-ħwejjeġ trid titgħallem taħsel il-ħwejjeġ, mhux għax ma kienx hemm min jaf jagħmilhom ... Staff kien hemm. Speċi pass pass għal barra.” (ll. 472-8)

In fact, he went on to say that he felt that the foundations for future autonomous living were provided:

“I look at the foundations of the person who I am today. The foundations were there ... the basics were well taught to us. Now if you paid attention or not, that is a different matter ...” (ll. 712-3, 719-20)

“Jiena nħares lejn il-fundazzjoni tal-persuna li jiena llum. Il-foundations hemm kienu....Il-baži kienet tajba li ċertu affarijiet ġew spjegati. Issa jekk smajthomx jew le, dik problema oħra...” (ll. 712-3, 719-20).

Abigail also believes that her former residential home prepared her for practical living such as carrying out basic and necessary house chores:

“They taught me how to cook, they showed me how to wash my clothes, how to clean the house ... my room. So that then once you

go to live on your own you would know how to do these things for yourself.”

“Għallmuni nsajjar, għallmuni naħsel il-ħwejjeg, għallmuni naħsel id-dar...il-kamra tiegħi. Għax imbagħad 'il quddiem meta tmur tgħix għal rasek tkun taf il-dik tiegħek” (ll. 174-179).

Simon claims that while living in the residential care setting until 18 years of age, he was able to learn basic daily living skills required for autonomy and independent living:

“it’s like you have freedom, you cook for yourself, you wash your clothes, we used to pay a small amount of money so that we prepare ourselves for the time we leave. (ll. 226-8) ... Sometimes I was completely on my own living in the flat. So that helped me to go and live on my own, that you learn how to cook is already beneficial, that I washed my clothes also benefitted me.” (ll. 732-4).

“qisek għandek il-liberta` tiegħek, issajjar inti, taħsel ħwejgħek inti, konna nħallsu xi ħaġa żgħira biex dejjem speċi nitgħallmu għal meta noħorġu...”(ll. 226-228) ... *għieli kont inkun waħdi fil-flat. Allura dik għenitni biex immur ngħix waħdi, li ssajjar diġa` qed tgħinek, li kont naħsel ħwejgi kienet tgħini.”* (ll. 732-4).

On the other hand, Becky felt that such preparation was inadequate and also suggested ways of how this could be improved:

“for example, there should be volunteers that dedicate more time with them, they take them with them to show them what life is about, they prepare them to go and live in the outside world ...” (ll.849-51)

“per eżempju jkun hemm voluntiera li jiddedikaw iktar ħin magħhom, jeħduhom eżempju juruhom x’jiġifieri ħajja jlestuhom, jippreparawhom għal barra...” (ll. 849-51).

Samuel also expressed his anger and frustration at the situation of leaving care when still too young and not adequately prepared to face life alone, especially when no family members to return to are available. He felt that leaving care was a leap in the dark and meant having to grapple with a lifestyle which not only surprises any care-leaver but can also lead to pain and suffering:

“There were some children (residents) that raised their voices as they were frustrated. There were some who suffered. For example as far as I am concerned I suffered and did not at the same time. I had my mother. I had a mother who was not really that good, so and so. There were people who were worse off than me. There were those who had no one and they had to fend for themselves immediately. (ll. 209-11) I feel they do not have much support.

They suffered a lot. So, not everyone has the same destiny and support.” (ll. 219-20)

“Kien hemm ċerti studenti (residenti) li għollew leħinhom. Speċi għax inħarqu. Hemm min bata. Per eżempju, kif rajtha fuqi bejn batejt u le. Għax kelli lil ommi. Jien forsi kelli lil ommi li forsi ma tantx kienet tajba, hekk u hekk. Kien hemm min kien ħafna aghar minni. Ma kellu lil ħadd u mal-ewwel irid jara x’se jagħmel. (ll. 209-11) Jien inhoss li ma tantx għandhom għajnuna wkoll. Huma vera batew bħali. Jiġifieri mhux kulhadd ikollu l-istess fortuna u għajnuna.” (ll. 219-20).

Samuel recalled one of his former mates in the residential setting who still lacks the necessary support.

“I know someone, I think he is about twenty years old presently, he has been out of the home for about four years. He sometimes sleeps outside and sometimes not. He is unreliable, it’s true, but you cannot give up on him ... I pity him, because it’s like he grew up with me ... what he needs is someone to get him organised ... Someone who shakes him up a bit and finds him somewhere where he can live and work. That’s how one helps a person.”

“Naf wieħed, jiġifieri, naħseb għandu għoxrin sena llum, ilu barra xi erba’ snin. Ġieli jorqod barra, ġieli le. Hu vera naqra mhawwad, vera. Imma bħal speċi ma tistax taqta’ qalbek minnu bħal dak ... Jien niħassru għax trabba miegħi bħal speċi ... Kull m’għandu bżonn naqra għajnuna sew. Xi ħadd jaqbad u jaqbd u waħda sew, u forsi jsiblu fejn joqgħod u xogħol. Hemmhekk tgħinu ħafna bniedem!” (ll. 229-34).

Although Samuel claimed that he learnt some important life skills when living in care which prepared him to live independently, to some extent, he felt that this is simply not enough to be able to face life’s challenges single-handedly. Additionally, he strongly and vociferously did not agree that the system, which he lived in, just automatically dismisses one at age 16, irrespective of his skills and the support structure available to that individual:

“In the beginning, until I was about 14 years old, I was immature. I worried about nothing. Then you suddenly realise that in a year’s time you have to live independently and then you begin to learn things. We used to cook, wash our clothes, so when you leave then you would know these things. In fact, it was not a very good idea that once they opened the door for you to leave, then you were immediately left to fend for yourself.” (ll. 289-92)

“Fil-bidu sakemm kelli 14, kont moħħ ir-riħ. Ma kontx nagħti kas xejn. Tkun taf li dalwaqt trid toħrog fi żmien sena u hekk qisek tibda titgħallem. Konna nsajru, naħslu l-ħwejjeg aħna, ħalli meta

toħrog, dik tkun taf. Fil-fatt, ma tantx kienet tajba li qishom kif jifħulek il-bieb mal-ewwel għal rasek.” (ll. 289-92)

He felt he was in the dark regarding some basic skills, how one should go about facing the new challenges or even basic tips on matters such as renting out a place:

“The only support that we wanted was, for example that once you leave there you don’t know what you will need immediately. Six months have to at least pass by or about a year ... at least in the beginning they need to help you maybe financially to cope with rent, some form of subsidy. For example it took us three years to get to know that there was a subsidy to help out with our rent.” (ll. 292-4)

“L-unika għajnuna li xtaqna, per eżempju, wara li toħrog minn hemm, ma tkunx taf x’ser ikollok bżonn mill-ewwel. Iridu mill-inqas jgħaddu sitt xhur, sena ... illi jibdew jgħinuk, jew xi ħaga tal-kera, xi sussidju. Aħna ma konniex nafu li hemm xi sussidju tal-kera għal tliet snin.” (ll. 292-4).

The female respondents such as Alexia and Becky claim that the nuns did not prepare them in terms of relationships with men and their sexuality. On the other hand, they felt that there was a lack of understanding about sexual matters from the nuns who treated sexuality as a taboo.

Alexia verbalises her lack of knowledge when she left care after getting pregnant:

“I had no one to teach me and I was not savvy enough to know what to avoid because I felt I did not know anything at all, or how to take some precautions, for example ... nothing ... Although the nuns do teach you some things but it is impossible for them to teach you everything” (ll. 475-9)

“ma kellix tagħlim biżżejjed u min jiftaħli moħħi, per eżempju oqgħod attenta, tagħmilx hekk, jew tagħmilx hekk jew jgħallmuk ċertu affarijiet għax ma kont naf xejn, jew uża affarijiet per eżempju...xejn. Għax allavolja jgħallmuk is-sorijiet, imma kemm ħa jgħallmuk affarijiet?” (ll. 475-9)

Becky also stated that she has problems with assertiveness and feels that she was not trained enough to say ‘no’:

“I don’t know how to say no, that is my problem as many people exploit me, but nowadays I have learnt my lesson and they do not do it to me anymore.” (ll. 1359-60)

“ma nafx ngħid le, dik il-problema, in-nies jużawni, pero` llum il-gurnata tgħallimt u m’għadhomx hekk.” (ll. 1359-60)

Daniel also pointed out that he needed to learn more about relating with others and specifically mentioned the issue of conflict management:

“It’s good that they learn how to handle situations on the outside. If you have a problem with someone and you beat him up, it’s not going to solve anything.” (l. 701)

“U tajjeb jitgħallmu kif tiħhendilja is-sitwazzjonijiet barra. Li jekk għandek problema ma’ Ċikku u qbadt ittih, dawn l-affarijiet ma jissolva xejn.” (l. 710).

4.10.3. Too Young to Leave

Nearly all interviewees claimed that they were still too immature when they left the residential care setting when still in their teenage years. They evidently were not prepared to face the challenges of life without the necessary emotional and social resources required and above all without the experience that adulthood brings with it.

Alexia rues the fact that she immediately clung to the first man she found without the necessary guile or wisdom that is required in such situations so as not to be taken advantage of:

“So how did I leave the home? I don’t even know as I was so immature in that I was seeing him as being more desirable than the nuns, because when you have had nothing, as far as family goes, it’s like you crave someone more ... I don’t know how to explain this because then you start seeing these things as being positive ... they pretend to be very nice but it is not genuine, you have to pay close attention nowadays, you have to study them closely, more than you did at school, you have to scrutinise them well...” (ll. 495-500).

“kif hrigt mill-home?...qas naf għax moħħ ir-riħ kont, moħħ ir-riħ jgħifieri iktar bdejt nara sabiħ lilu milli s-sisters għax qisek meta ma jkollok xejn min-naħa tal-familja qisek trid lil xi ħadd iżjed...lanqas naf għax imbagħad dawk l-affarijiet li tibda tarhom sbieħ, ħafna ħlewwa ma jkun vera xejn, trid toqgħod moħħok hemm illum il-ġurnata, trid tistudjhom iktar milli studjajt l-iskola, trid tistudjhom sewwa,...” (ll. 495-500).

Samuel recounted that although he was 16 when he left care, he felt it was as though he was still 12-13 years old and hence totally unprepared to face the outside world:

“Between the age of sixteen and twenty I was like a twelve or a thirteen year old. From sixteen till I was twenty, I was so immature. You understand? I also made certain mistakes and foolish things ... it’s like I was acting like a young boy but I was twenty years old ... I left when I was sixteen years old but I still felt like a thirteen year old ..” (ll. 169-70, 174-5)

“Minn ħajja ta’ sittax sakemm kelli għoxrin, kienu qishom ta’ tnax, ta’ tlettax illum. Mis-sittax sa għoxrin tiegħi hekk, qisni kont lura. Fhimt? Anki tagħmel ċertu żbalji u ħmerijiet hekk. Hekk qisek ta’ tifel u jkollok għoxrin sena eżempju... Ħrigt ta’ sittax imma kont qisni ta’ tlettax meta ħrigt minn hemm.” (ll. 169-70, 174-75)

Although Benjamin felt it was a necessary step to leave care, which also helped him mature, he would have certainly preferred to stay in the safety of the care setting which provided all the commodities necessary for him and felt like a safe haven:

“I would have remained here like I was because I was doing ok here and I would not have complained at all ...” (l. 195)

“Kieku kont nibqa’ hawnhekk kif kont għax kont komdu u...ma kont ingerger ta’ xejn” (l. 195)

4.10.4. Leaving the Care Home: A Harsh Transition

Leaving care early (at 16 or 17 years) is also frequently associated with shorter more unsettled care careers and was more common for young people exhibiting challenging behaviours, such as sexual behaviours, offending, running away and substance misuse (Wertheimer, 2002, Maunders et al., 1999, Cashmore and Paxman, 1996).

Many of the interviewees describe the time immediately after leaving care as difficult and traumatic. Daniel succinctly describes that time as very challenging and is characterised by chaos:

“A huge mess, psychologically traumatic but although difficult you have to see how to survive. You have to take the best from each situation.” (ll. 431-2)

“Taħwid kbir, tkissir tal-moħħ imma ifhimni, diffiċli biex toħroġ minnha. Trid tipprowa tieġu l-aħjar minn kull sitwazzjoni.” (ll. 431-2)

He feels it was a sudden shock that at the age of 16, he was faced with so many demands which he now had to deal with single-handedly. He pointed a finger at the inadequacy of the system which does not provide the necessary protection that a youngster leaving care at such a tender age would clearly require:

“They are not prepared enough for sure. Only a handful emerged from there, well prepared. You have to adapt to the times. I mean you cannot protect a person for sixteen years and then all of a sudden you let him go and there is no safety or protection anymore.” (ll. 332-5)

“Ippreparati biżżejjed ma jkunux żgur. Ftit li xejn harġu nies li kienu ppreparati sewwa. Ifhimni trid taddatta għaż-żminijiet tal-lum hu. Jiġifieri dan il-bniedem ma tistax iżżommu safe sa sittax -il

sena mbaġħad toħroġ u ma jkun hemm xejn bħala protection.” (ll. 332-5)

Samuel puts it like this:

“Once you turn sixteen, there is an immediate difference. From the very first day it is different ... at one instance you are at school and the next you are in the work field” (ll. 140, 144)

“Ta’ sittax differenti mill-ewwel. Mill-ewwel ġurnata differenti ... Filli l-iskola, filli għax-xoġhol” (ll. 140, 144).

Raymond thinks it was such a hard time that he prefers to avoid even just thinking about it now after a number of years:

“After I left there (name of setting), I was completely alone. Nothing ... At times, I try as much as possible not to remember ... but still at the back of my mind, it’s like having two persons, one wants to remember and the other does not ...” (ll. 388-9)

“Wara li ħriġt minn (isem l-istitut) ... waħdi, waħdi. Xej ... kemm jista’ jkun, xi kultant lanqas nkun rrid niftakar ... imma xorta jibqa’ ġo moħħi qisni għandi żewġ persuni wieħed le u l-ieħor jgħidlek” (ll. 388-9)

He goes on to state:

“Once I was out of the care home (name of setting) I did not have a very good time ... I went to live in a slum because I kept my distance even from the foster carers.” (ll. 527-9)

“Mill-care hemmhekk meta ħriġt minn (isem tal-istitut) ma tantx kelli xi triq sabiħa...ifhem. Mort il-kerrejja għax imbaġħad bdejt naqta’ anke minn mal-foster carers.” (ll. 527-9)

Daniel relates that he had a feeling of lack of direction where he was faced with the world’s demands without the necessary skills and tools to do so, a feeling of helplessness which resonates with the childhood memories where he had to face challenges without being prepared for them:

“Listen, it’s good that you have direction in life. I do not have an aim in life up to the present day. I don’t know where I am going and what I am going to do ... When you leave and, unlike the majority, you do not have O’Levels, you are going to be terrified. It’s like arriving in a strange land and you do not have any directions ...” (ll. 310-1, 318-20)

“Ifhimni tajjeb li jkollok direzzjoni fil-ħajja. Jiena għadni s’issa m’għandix direzzjoni. M’għandix idea fejn sejjer u x’se nagħmel u

kollox ... Meta inti se toħroġ u m'għandikx, bħall-maġġoranza, O' Levels u hekk, ħa tispiċċa, ħa tieħu twerwira. Għax qiegħed go art fejn ma tafx fejn se tmur sewwa.” (ll. 310-1, 318-20)

Benjamin describes leaving the comfort of a care facility where he felt “spoilt” and suddenly facing life outside is a big leap, thus finding it difficult to adjust to the new reality. He certainly was not prepared for it but, in a rather resigned tone, he said that at that stage, leaving care was an inevitable step:

“You don’t know anyone ... you are starting afresh, you don’t know anyone, you are completely on your own, and you have to completely depend on yourself. So until we got used to it ... in the first few months you know ... you don’t feel prepared at first ... it’s a big change” (ll. 172-84)

“ma taf lil ħadd...tibda kollox mill-ġdid, ma taf lil ħadd, tagħmel kollox għal rasek terġa’, trid tfendi għal rasek. Allura, sakemm drajna ta jiġifieri....mal-ewwel tagħmel naqra xhur...ma thossokx lest għall-bidu...hija qabza kbira” (ll. 172-84).

4.10.5. Leaving Care Makes You Grow Up Quickly

The leap from life in a residential care setting to living semi or, at times, fully independently was perceived, especially by the male interviewees, as going straight into adulthood without being able to enjoy those experiences that are typically linked to the teenage years. Daniel stated that his late teen years were certainly not typical:

“It’s not normal for sure. A lot of things you have not done before. But that’s me, they are like lost teenage years. I never did anything that was normal like everyone else.” (l. 10)

“Mhux normali żgur. Hafna affarijiet li qatt m’għamilthom. Imma dak jien, qishom teenage years mitlufin. Qatt ma għamilt xejn li ...li jiġi bħala normali bħal ħaddieħor.” (l. 10)

He also saw this as quick transition which immediately demanded adult responsibilities, which he was not yet ready to face:

“I matured too quickly; I grew up fast ... that is how I saw it. It’s like I skipped a developmental milestone.” (l. 23)

“Għaġġilt fl-esperjenza, kbirt malajr.....rajtha jiena. Qbiżt stadju fit-trobbija ...” (l. 23).

Benjamin said that it was almost a shock to be suddenly out of care but claimed that it was a maturing experience at the same time:

“No you don’t feel prepared in the beginning. But you need to go through it because then it’s like you mature a little” (ll. 178-9)

“Le ma thossokx lest għall-bidu. Imma tkun tridha ... għax imbagħad qisek timmatura naqra...” (ll. 178-9)

This section focused particularly on the the main needs that the interviewees in this study mentioned as their main challenges regarding the transition from out-of-home care. It emerged clearly that more often than not, the support systems they required were highly inadequate without the necessary process and preparation for their departure from the residential care setting. As a result, they were often left to fend for themselves and face life’s challenges, almost single-handedly, when still in their adolescent years. The research carried out in this area suggests that training improves the care-leavers ability to live independently (Cook, 1991 as reported in Wertheimer, 2002), whereas lack of preparation may inhibit the transition to successful post-care outcomes (Mauders et al. 1999; Osborn & Bromfield, 2007).

Among other factors, Mauders and colleagues (1999) reported that the availability of extended support provided by previous carers and workers, and/or after-care support workers together with family contact while in care, at time of transition from care, or re-established after leaving care, could assist young people having a smoother transition to independence, thus leading to better life outcomes after leaving care.

4.11. Innumerable Needs Faced Upon Leaving Care: A Desire for More Protection

Leaving the care facility after a number of years, normally when still in the peak of one’s adolescent phase, was certainly a gross challenge for these youngsters. The challenges ahead were multiple and complex.

4.11.1. Experiencing Emotional and Financial Hardship

Daniel’s narrative reflects various moments ranging from almost giving up entirely, to other moments where he knew he had to soldier on in order to survive:

“I am not waking up with a positive attitude obviously; positive is not part of my vocabulary. But I will try to do the best I can and how I was taught so that ... you have to go on. Whatever happens ...” (l. 616)

“Qed inqum mhux pożittiv ovvjament, il-pożittivita` ma tantx qiegħda fil-vokabularju tiegħi. Imma se nibqa’ nagħmel l-aħjar li nista’ kif tgħallimt biex speċi...you have to go on. Jiġri x’jiġri.” (l. 616)

“All in all, I learnt that I have to keep on fighting against the opposing currents of life. Granted, sometimes I do lose heart, what I can tell you is that at the moment I have grown tired. It’s too much.” (l. 804).

“All in all, tgħallimt inkompli nigġieled kontra kull kurrent li jista’jiġi. Alright kultant nibda naqta’ qalbi, li nista’ ngħidlek issa għejejt. Too much.” (l. 804)

An immediate concern, once out of care, was money and the need for the financial help necessary to cope with life's basic necessities. Becky verbalised her frustration at not being able to cope with the financial demands she was suddenly compelled to take on. She stated that what she needed most as soon as she left was:

“someone who monitors you and supports you because for example you have no money, what are you going to do about it? Are you going to live off prostitution? Do you turn to stealing? Apart from all this, in past times, you had a right for some small social benefits. But how are you going to survive on 13 Maltese liri in a week? ... Do you do the shopping, pay the rent, you understand?

“... xi hadd li jiffollowjak u jghinek ghax, per eżempju, bla flus x’ha tagħmel? Ghax tispiċċa titqahhab, tisraq, fhimt? Apparti qabel kien hemm permess li tieħu social benefits ħfief. Imma 13 Maltin x’tagħmel bihom fil-ġimgħa?... xirja, flat, fhimt.” (ll. 1343-6)

Becky reflected on the financial hardships and the difficulty in making ends meet, especially, when her only source of income were state benefits or relief, while living in rented accommodation and caring for young children:

“now ... I will try to survive as I can, I cannot really live on just the relief money I am getting, apart from the financial support I get from my husband, but he cannot always do that, because he has his work, he is a plasterer, sometimes he has work and at other times not. The truth is, that there are generous people who have a good heart and sometimes they offer to buy some shopping for me and even give me some money, but, my dear, it is very difficult to live on just the relief money with a furnished flat and a child, you cannot survive on your own. It is because I am very careful about spending money and I know how to budget well, otherwise I would be sleeping out on the street.” (ll. 1289-94)

“issa...nikkowpja kif nista’, bir-relief ma tantx nista’ nikkowpja, apparti li jghini naqra r-raġel, imma mhux dejjem jista’, ghax dak għandu x-xogħol tiegħu, kisi u hekk, daqqa jkollu u daqqa le. Il-verita` ... nies li jkunu naqra qalbhom tajba, u ġenerużi, li jtuni xirjiet u naqra flus, pero` bir-‘relief’, qalbi, iebsa biex tgħix ġo furnished flat u t-tifel, waħdek ma tgħixx, jiena ghax vera bil-ghaqal bil-flus u vera naf nġhaddi ghax kieku barra fit-triq.” (ll. 1289-94).

Soon after leaving care at 16, Alexia passed through a very turbulent time and was not able to cope adequately, not only financially, but also emotionally:

“I have the rent to pay, I pay for everything myself, and I cannot go out to work as I have little children ... everything, everything. This is how I spent my life till the present day, I cry all the time, all the time because nothing is going in my favour.” (ll. 275-7)

“spiċċajt bil-kera nħallas kollox waħdi bir-relief, bit-tfal ma tistax taħdem...minn kollox, minn kollox. Il-ħajja tiegħi vera sal-lum nibki ara nibki, nibki għax għax m’hemm xejn favur tiegħi.” (ll. 275-7)

In retrospect, she felt that she was too immature and naïve, at the age when she left the home, and was longing to find a man who would love her and give her the security and sense of belonging she craved for since her childhood. However, she not only got pregnant at 16 but also had an abusive partner who finally abducted her son when he was born. As a result, she ended up with no support whatsoever:

“you end up having no one, no family, no one to protect and understand you ... you end up with your back against the wall and you have to be submissive to whatever he says” (ll. 502-4)

“tispiċċa ma jkollok lil ħadd, la familja, min jilqagħlek u min ifehemek u jgħidlek ... tispiċċa dahrek mal-ħajt u trid toqgħod għal li jgħid hu.” (ll. 502-4)

Presently, Alexia still struggles to make ends meet. She directly stated that she can only do so, by denying herself those things she would love to buy and own:

“I restrain myself as much as I can, I try to act wisely. I really desire a lot of things and I see many beautiful things but first there are the basic needs to survive. First I need to have money to live and pay the rent, because I live in a rented property. I, at times, would really like to change my clothes because I am tired of wearing the same things for I don’t know how many years, it’s true ... but you have to lump it. You want your children better off than you; I will continue living frugally as I have managed to do up to now and to sacrifice my desires for the sake of my children, just as long as it is for the children but for nobody else, just for my children.” (ll. 538-44)

“noqgħod lura jien kemm jista’ jkun, inħaddem moħħi heqq. Nixtieq ħafna affarijiet u nara kollox ħafna sabiħ imma l-ewwel il-ħajja. Importanti l-ħajja u l-kera, għax ngħix fil-kera hux, inkun nixtieq ħafna, ħafna, mqar inbidel dawn li għandi għax iddejjaqt nilbes l-istess, ma nafx kemm-il sena ilhom għandi, vera...imma jkollok toqgħod bil-fors. Bil-fors li lil uliedek tarhom aħjar minnek, jiena ngħid għalija fejn ilni, nittortura ruħi u ħajti, nibqa’. Basta għal uliedi u mhux għax għal ħadd ieħor, basta għal uliedi.” (ll. 538-44).

4.11.2. Chaotic Lifestyle

Once on the outside, care leavers were suddenly faced with multiple demands. Often they were not prepared in any way to cope with so many difficult situations such as seeking adequate accommodation, finding a job to earn a living, and dealing with various

relationships with others who often faced their own serious life challenges. This frequently led to a chaotic life style, which certainly delayed their possibility to find stability and lead a relatively tranquil life. Almost all the interviewees in our sample struggled with a rather disordered life, longing to find the stability that the residential care setting may have provided them with.

Raymond faced huge challenges in this respect and was constrained to seek some alternative temporary accommodation, which also proved inadequate, before then getting hooked on drugs and ending up in a rehabilitation programme:

“When you are in that situation, the chaos and confusion gets worse”

“Meta tkun hekk jizdied it-taħwid u l-ġenn” (ll. 602),

When he said these words, he was referring to his temporary lodging with relatives who also had troublesome company for friends:

“When I was at my lowest (on drugs) ... Anyway ... and then I slowly began settling down a bit ... then I began taking smack again and after that, I ended up at the Detox” (ll. 613-8)

“Meta kont qiegħed total loss (bid-drogi) ...Insomma....u minn hemm bdejt nikkalma ftit....imbagħad ergajt bdejt nieħu l-ismack u imbagħad minn hemm spiċċajt id-Detox.” (ll. 613-8)

At least five interviewees recounted high risk experiences, including involvement in illicit activities such as doing drugs and meddling in petty crime. Raymond put it this way:

“What type of people can you possibly befriend when you are in that situation? It is nearly impossible that normal people will frequent your company. You steal and so on ... you probably come face to face more with the police. Anyway all that is behind me now ... I ended ...” (ll. 591-3)

“Ma’ min tista’ tiltaqa’ heqq ... meta tkun f’dik is-sitwazzjoni naħseb diffiċli biex jagħmluha nies normali miegħek. Tisraq u tagħmel ... każijiet mal-pulizija. Insomma għadda kollox imbagħadspiċċajt...” (ll. 591-3)

In this regard, Daniel says that once involved, it takes a great effort to get out:

“And you might end up in bad situations too. Not everyone has the strength to free himself from those.” (l. 562)

“U taf taqa’ f’positijiet ħżiena ukoll. U mhux kulħadd għandu s-saħħa biżżejjed biex joħroġ minnhom dawk.” (l. 562)

Daniel also expressed his difficulties in adjusting to life after care as he faced one risk after another although he remained resilient and never gave up on life:

“Listen, from the moment I left there and up to the present day I look at life not as living but as taking risks. To take the next step involves a painstaking effort ... At the same time, I have learnt not to give up” (Il. 600-3)

“Ifhem minn ċertu żmien li tlaqt minn hemm sal-lum il-ġurnata għadni ħafna affarijiet narahom bħala jiena qed nirriskja mhux ngħix. Għax minn maduma għall-oħra tagħmilha b’ħafna xkiel, speċi imbagħad... Fl-istess hin tgħallimt ma naqtax qalbi.” (Il. 600-3)

Simon, who managed to settle down in life, to some extent, after leaving care, was wary of trusting other past residents, indicating that they were “wayward” “*sfrattati*” or leading a rather chaotic lifestyle.

“I know some who left there and they have not settled down up to the present day, but then I know others who have settled down like me. I do still speak to those who have not settled down but I limit my friendship.” (Il. 304-7)

“Jiena naf minnhom li laħqu ħarġu u huma sfrattati sal-ġurnata tal-lum, u naf minnhom li ħarġu u rabbew l-għaqal bħali. Pero` dawk li huma sfrattati, ifhimni nkellimhom, imma noqgħod lura sa fejn għandi nasal.” (Il. 304-7)

Other interviewees like Alexia, struggled with a chaotic and unstable lifestyle due to having multiple intimate or love relationships after leaving care. On one occasion, after she got pregnant, her partner abandoned her and she was left alone and empty handed until she managed to find refuge at her father’s place:

“Nothing, I took nothing, no one ever gave me anything, nothing, nothing, nothing. I always had to work for things myself, I worked in ... I did not take anything, not even clothes.” (Il. 356-7)

“Xejn, ma ħadt xejn, ħadd ma tani xejn, xejn, xejn. Kont naħdem jiena jiġifieri, kont naħdem go ..., xejn ma ħadt, lanqas ħwejjeġ” (Il. 356-7)

The cost of having been betrayed by persons who she trusted and loved was evidently very high for Alexia as this led her to consider and attempt suicide on various occasions following such a harrowing period. The sense of loss experienced in her childhood was once more renewed by these episodes of betrayal and abandonment, which were devastating considering her vulnerability and fragile ego strength:

“I was happy with him; I lacked nothing. But the fact that they betray you, it’s too much, because it’s one thing after another, and I ended up in a mental hospital, at the psychiatric unit because of this problem, I wanted to commit suicide and he disappeared; her father.” (Il. 348-51)

“jien kont kuntenta miegħu għax ma kont nieqsa minn xejn. Imma dik li jittraduk, vera wisq, għax waħda wara l-oħra u nsomma spiċċajt għamilt xahar l-isptar f’psychiatric unit, ħabba din il-problema għax ridt noqtol lili nnifsi jġigifieri u dan ma deherx iżjed, missierha.” (ll. 348-51)

Additionally, she was also betrayed by her own sister and had to face further division within the family. Finally she started another relationship with a new partner from whom she recently had a child:

“I had a boyfriend, until my sister betrayed me and took him away, so it was one thing after another. Presently, I have another boyfriend, there’s nothing to do about it, but I am ok. I have a baby who will soon be 4 months old, he is the apple of my eye and up to now I am not envisaging any problems. I ended up arguing with my father, because of my sister, because he had not accepted my other boyfriend. He did not even want him to come inside our house. I used to meet up with my boyfriend outside until ultimately my sister took him away from me; they even changed the house lock. I ended up thrown out from my father’s house with a child in tow and I had to sleep at strangers’ homes until I found this place I am living in today.” (ll. 385-92)

“Kelli l-boyfriend jiena u spiċċat ittradietni oħti ukoll. Jġigifieri waħda wara l-oħra. U llum il-ġurnata għandi boyfriend ieħor, m’hemmx x’taġħmel, qiegħda tajba. Insomma għandi baby ħa jagħlaq 4 xhur, inħobbu daqs id-dawl t’għajnejja u s’issa mhux qed nara problemi. Spiċċajt iġġelidt naqra ma’ missieri minħabba oħti għax il-boyfriend li kelli ma kienx iridu jidħol id-dar. Ma kontx indaħħlu, kont niltaqa’ barra biex spiċċat tiegħdu oħti u anke biddlu s-serratura. Spiċċajt b’tifla barra jiena, u spiċċajt irqadt għand in-nies sakemm sibt hawn fejn qiegħda.” (ll. 385-92)

4.11.3. Unstable Employment

One of the biggest challenges that the persons interviewed all spoke about is that of finding a stable job and being able to rely on a steady source of income. Many had to take on various jobs as long as they had some money to keep going. The fact that many did not possess any academic or vocational qualifications made finding the right job all the more arduous:

“I used to work long hours and I sometimes worked even ten, fourteen hours daily ... I worked as a waiter and dishwasher as my first job. Then I switched jobs but I still remained in catering. I think I must have gone through ten different jobs, even twelve.” (ll. 415-7)

“Kont naħdem ħafna u kont naħdem anki għaxra, erbatax-il siegħa kuljum...kont naħdem waiter u dishwasher l-ewwel xogħol.

Imbagħad qlibt imma bqajt fil-catering. Biddilt naħseb għaxar xoghlijiet, max.” (ll. 415-7)

Daniel also had several jobs but has not yet found the ideal type of work for himself:

“No, I don’t think so (that I have found a direction). I chose this work because it interests me a lot. But up to the present day, I cannot say that this is the line of work that I would really like to be in. I am still not convinced.” (ll. 913-5)

“Le ma naħsibx ta (li sibt direzzjoni). Dan ix-xogħol għamiltu għax jien jinteressani ħafna. Imma għadni sal-lum ma nistax ngħid isma’ din hi linja tal-karriera li rrid naqbad. Għadni m’iniex konvint minnha.” (ll. 913-5)

When talking about the many job changes he went through, it is clear that he had to carry out a variety of non-skilled and skilled jobs. However, this reflects a continuous struggle to claim a career path or line of work which is conducive to having a decent salary and stable life style:

“I also got my licence to work as a security man this week. I spent about four or five years in catering. I spent about a year and half working on yachts ... and I thought that that was something I would be happy doing but then, I don’t know, I began ... Good, it is a good line of work, don’t get me wrong. Alright, I don’t have a great pay and we barely make ends meet but it’s better than nothing” (ll. 923-7)

“Security ... ġibt il-licenzja tagħha din il-gimgha ukoll. Xi erba’ snin, ħamsa ħdimt fil-catering. Għamilt xi sena u nofs fuq il-jottijiet...u kont naħseb li dik kienet linja sabiħa għalija imma mbagħad bdejt hekk. Tajjeb. Ifhimni, hija linja sabiħa. Alright il-paga hija dižastru bil-kemm ngħaddu. Imma aħjar mix-xejn.” (ll. 923-7).

4.11.4. Need for Accommodation after Leaving

Another common experience among care leavers that reflects an unstable lifestyle is the necessity to seek or, frequently shift, living arrangements which were often far from ideal and many times resulted in a quick fix but inadequate shelters.

One interviewee, Samuel, said that initially the threat of homelessness was actually real:

“Once I was out of there (referring to residential care facility), I wanted to experience what it meant having to pay my own rent. That is you have to pay to have where to sleep ... meaning that if I stopped working, I have to sleep outside, for example. So from that day onwards, I never stopped working. If I stop I know I will be homeless, for example. It’s true that you can find someone to help you but how many people are ready to do that? (ll. 187-90)

“La hriġt minn hemm (referenza għall-istitut), xtaqt inkun naf fuq esperjenza li tgħaddi meta tmur fil-kirja. Thallas biex torqod...li jien jekk nieqaf naħdem, ha noqgħod norqod barra, per eżempju. Allura minn dak in-nhar 'il hawn ma waqafx naħdem. Jekk nieqaf barra, eżempju. Barra fis-sens tal-kelma, għax tista' ssib xi hadd għhinek. Imma kemm ser issib?” (ll. 187-90)

As a result, he had to make do with various living arrangements including residing with family members, friends or mere acquaintances or even alone:

“At the moment I am living with my sister. I used to live alone. I stayed at many different places ... I used to live with my friend ... before that I lived in Buġibba staying with my mother. About three years ago ... before that, I had already shared a rented place with someone else.” (ll. 492, 500-1, 514).

“Bħalissa qed ngħix m'ohti. Kont ngħix waħdi ta. Dort hafna postijiet....kont ma' siehbi...imma qabel kont Buġibba, kont għand ommi. Xi tliet snin ilu, hekk...u qabel ga kont nikri ma' haddieħor” (ll. 492, 500-1, 514).

While he managed to live independently, paying the rent single-handedly was too much to cope with financially. So he was compelled to yet again seek an alternative place to call home and ended up in an apartment of a friend who was working abroad:

“I could have continued living on my own but I don't want to. Then there was a friend of mine and he offered me a room in his house, and I said to myself I don't have to pay rent and so I went, it was something different.” (ll. 525-6)

“Stajt nibqa' ngħix waħdi u hekk, ma rridx. Imbagħad kien hemm ħabib tiegħi u offrieli kamra, id-dar tiegħu jiġifieri, u għidt hsibt ma kellix kera, kienet differenti u għidt ha mmur.” (ll. 525-6).

The following sentence sums up his difficulty to keep a stable residence which he can call a home of his own:

“I think, in reality, l-Isla is the place I lived in least. I lived in Sliema, Swieqi, Buġibba, Qawra, St. Paul's Bay, and now Ħal-Qormi. I have certainly been around!” (ll. 560-1)

“Propja l-Isla l-inqas post li għext naħseb. Mort tas-Sliema, Swieqi, Buġibba, Qawra, San Pawl il-Baħar, issa Ħal-Qormi. Dort!” (ll. 560-1)

The impact of this constant shifting around brought great instability and today, Samuel is still striving to be independent enough to be able to buy his own property and start afresh:

“At the moment, my aim is to succeed in buying a house, and I would pay for it myself, it would be a starting point” (l. 556)

“Bhalissa dak hu l-iskop tiegħi jekk nasal nixtri dar, inkun kapaċi nħallasha jien, u nibda minn x'imkien” (l. 556)

These words reflect a longing to be finally in control of one's own future and life chances following an early life characterised by chronic instability and the necessity to depend on others, even for the basic need of shelter. Samuel reflected on the absolute necessity of needing the support of family and friends when he said “on your own, you don't cope very easily” *“waħdek ma tantx tkampa.”* (l. 569).

Leaving care at 16 and having to find adequate shelter is an incredible challenge that practically no person that age would typically even dream of having to consider, let alone actually face. Daniel states that “children” that age have a right to protection and support:

“You have to understand that at the time it was a difficult step, not that difficult, because it all depends on your frame of mind and what type of character you have. But you can call it difficult too because if you do not have where to stay, it is a serious problem. There is a certain protection that children need.” (ll. 393-4)

“Ifhem dak iż-żmien kienet transaction naqra, mhux diffiċli ta għax dak kif tkun il-mentalita` tiegħek u kif toħroġ inti. U tista' tgħidilha diffiċli ukoll għax jekk ma jkollokx fejn tmur tkun problema serja. Hemm ċertu protezzjoni li t-tfal ikollhom bżonnha.” (ll. 393-4)

In fact, he was lucky enough to be able to rely on the constant support of a former carer, who eventually helped him in finding accommodation:

“I had a friend who helped me; I mean I asked him for help in finding a flat. Somehow we found a flat and it is close to my workplace ...” (l. 578)

“Ifhimni kelli dan ħabib tiegħi li għeni, jiġifieri tlabtu, isma' irridek tgħini nsib flat u hekk. Sibna flat minn hemm u minn hawn sibtu viċin tax-xogħol ...” (l. 578).

Abigail also recounted how after she left care, she spent some time at *Mount Carmel* and then in another residential facility for a while. After having found a boyfriend, she moved into his mother's house before then shifting another three times in the space of six years. “At first I was living in Xgħajra, then Birżebbuġa, il-Qajjenza, and then finally I came here.” *“L-ewwel kont ix-Xgħajra, imbagħad Birżebbuġa, il-Qajjenza, imbagħad ġejt hawn.”* (l. 246). However, she expressed her concern about the expensive accommodation rent: “It's very expensive here. It's rented.” *“Hawnhekk għoli ħafna ta. Bil-kera hawnhekk.”* (l. 238)

Alexia also recounted that she always had to find rented accommodation to live in since leaving care, and she was never able to purchase her own property. However, paying the rent on a monthly basis was not easy to cope with “rented, I always lived in rented residences” *“bil-kiri, dejjem fil-kiri kont ngħix”* (l. 318)

“(€175) a month ... it’s here look, it’s soon due on the 6th, I will soon pay him ... on the 6th (of the month) ... I told him you have to support me a bit because otherwise it is impossible.” (ll. 561-2)

“(€175) *fix-xahar ... hawn qiegħed ara, dalwaqt imiss fis-6, daqt intihomlu ... fis-6 (tax-xahar)....jien għidtlu trid tissapportjani naqra għax impossibbli.*” (ll. 561-2).

However, Alexia always found the issue of accommodation a serious challenge and also had some bitter experiences such as living on the streets or having to beg others to take her in for a while:

“I ended up homeless with a little girl in tow and I slept at strangers’ homes until I found this place where I am staying now.” (ll. 390-2)

“*Spiċċajt b’tifla barra jiena, u spiċċajt irqadt għand in-nies sakemm sibt hawn fejn qiegħda.*” (ll. 390-2).

Similarly, after leaving the residential setting at 17 years of age, Raymond had no choice but to seek some support from relatives who he previously did not know that well and ended up living in a slum or “*kerrejja*” as they are known in Maltese. This move also introduced him to the discovery and consumption of drugs.

4.11.5. Relying on Social Assistance

Some of the participants in this study, particularly the women, tended to rely heavily on social assistance. Abigail and two other participants spoke of always having been on social benefits in order to maintain themselves and their child/children. The fact that the women in the study had their own children at a very young age and wished to take care of them themselves, did not allow them to take up employment and hence the necessity for social assistance.

“Every week, on this day, I receive a cheque with a small amount. I will cash it tomorrow.” (l. 274)

“*Bhal lum, kull gimgħa, jidħolli ċekk żgħir. Insarrfu għada.*” (l. 274)

4.11.6. Lack of Necessary Life Skills after Leaving Care

Simon, in particular, emphasised strongly the need for help with addressing daily needs and acquiring the necessary life skills required for adequate independent living after leaving care. This meant that, very often, he needed to depend on his reliable friend/mentor to be able to support him in his daily chores and even to cope financially. Such persons, who provide dedicated support so unconditionally, frequently, become the only source of hope that persons leaving care have, empowering them to move on and to hopefully learn to take responsibility for their lives.

“He used to come everyday, wake me up for work, and prepare my lunch. Even while I would be at work, he would go to my house. He had the keys, he would cook for me and I would find food ready waiting for me when I arrived in the evening. He continued to support me, to help me whenever I needed it. I always found him and he even aided me financially, constantly helping me. He would tell me let me give you the money and then pay me back when you are doing financially better ... you know how it is, sometimes you are not doing well moneywise and at other times you are ...” (ll. 410-7)

“Kien jiġi kuljum, jiġifieri, iqajjimni għax-xogħol, jaġħmilli l-ħobż jiġifieri. Anki nkun ix-xogħol, kien imur id-dar għandi. Kellu ċ-ċwieviet u hekk, isajjarli, insib l-ikel lest filgħaxija. Baqa’ jibbekjani, baqa’ jgħini fejn kelli bżonn. Jiġifieri dejjem kont insibu u hekk. Anki bħala flus u hekk dejjem baqa’ jgħini, jgħini. Kien jgħidli ħa ntihomlok jien u mbagħad tihomli meta tkun qiegħda sew...taf inti jiġuk ċertu żminijiet fejn veru batuta u mbagħad jiġu żminijiet fejn...” (ll. 410-7)

He also needed to learn budgeting skills, of which he obviously had no idea when he left the residential setting. Although Simon was lucky enough to be working soon after he left care, managing his own funds was fast becoming a challenge for him and he often needed to borrow money:

“On the one hand, I was like settled, and that helps you a lot because you know what life can give you, and it’s not like I left there without having any money. So I had money, I did not earn much but ... then I had to learn ... initially I used to go out everyday because obviously staying alone at home gets lonely. So you would constantly seek the company of friends and you always go out, go out ... Then how much are you going.... then for example I would be ... then I would go up to my friend and tell him lend me some money, lend me some money ...” (ll. 586-97)

“kont qisni diġa` ssettijlat minn banda u dik tgħinek ħafna għax tkun qisek taf diġa` x’toffri l-ħajja. Qed tifhem? Mhux ħriġt minn hemm bla flus xejn. Qed tifhem? Jiġifieri flus kelli, ma kellix ħafna bil-paga imam....mbagħad li ridt, nitgħallem...kont għamilt ħabta noħroġ kuljum għax ovvjament tkun waħdek id-dar tibda tiddejjaq. Allura tkun trid il-ħbieb dejjem toħroġ, toħroġ...U mbagħad kemm ħa...u mbagħad inkun per eżempju...kont immur fuq dan sieħbi, kont ngħidlu sellifni, sellifni...” (ll. 586-97)

It emerges clearly from this theme that these youth do not have a stable family support network, have limited or no financial resources, are often lacking in necessary functional life skills, and are likely to have not obtained sufficient educational success. Additionally, they often suffer from low self-esteem and bear emotional scars from the trauma of childhood neglect and/or abuse and the consequent out-of-home care placements. As a result, once on their own, they are at much greater risk of not coping sufficiently with

life's challenges and still seek individual help or support systems that are more likely to lead to more successful life outcomes for them when they are available (Mauders et al., 1999).

4.12. Extent of Distress Experienced after Leaving Care

As already explored in the previous superordinate theme, once the youngsters leave care and return to the family home or find some other alternative living arrangement, the issue of coming to terms with a new and autonomous life takes centre stage. However, the risks faced when outside are multiple, and include abuse, alcohol and/or drug addiction, single parenthood, and difficulties to enter and sustain long lasting relationships. Studies clearly suggest that youth leaving care face many more challenges than their peers (Wertheimer, 2002; Tweddle, 2005; Mauders et al., 1999).

4.12.1. Isolation after Leaving Care

Research studies indicate that many youth leaving care that had made the transition to independent living, even when successful, mentioned that they were often lonely and socially isolated, as they lack family and wider community networks (Mauders et al., 1999).

Simon experienced severe isolation after leaving the care facility at age 18. He lived on his own and often had to simply rely on his own company:

“I spent 7 years living alone and I know how difficult it can be, the thing that you go in and you just find darkness, there is nothing worse than that, that is the worst thing that a person can experience, the fact that you enter your home and you are alone. I had no pets, nothing. You go inside and there is nothing, so it was more difficult. I spent the first three years without even owning a television set so I had to go inside the house and you do not see anything or anyone, so you say to yourself I will eat and go to sleep. Sometimes I even slept on the sofa and stayed there till morning.” (ll. 567-74)

“jien għamilt 7 snin ngħix waħdi u naf kemm hi iebsa jġigifieri, dik li tidħol u ssib id-dlam m’hemm xejn aghar minnha jġigifieri, dik l-agħar haġa li jista’ jkollu bniedem, jidħol u jsib waħdu. Jiena la klieb, la xejn ma kelli, jġigifieri iżjed ha tkun iebsa, għax dħalt id-dar għamilt jġigifieri l-ewwel tliet snin lanqas television ma kelli jġigifieri nidħol id-dar, ma tara xejn, tiekol u tgħid ha tmur torqod, ġieli kont norqod fuq is-sufan u nibqa’ sa filgħodu.” (ll. 567-74)

He often resorted to frequently going out to meet others to overcome the loneliness he faced at home:

“There was a time when I used to go out everyday, obviously you would be alone at home and you get lonely. So you want friends, so you go out, you go out.” (ll. 594-6)

“Kont għamilt habta noħroġ kuljum għax ovvjament tkun waħdek id-dar tibda tiddejjaq. Allura tkun trid il-ħbieb, dejjem toħroġ, toħroġ” (ll. 594-6)

Samuel also described his experience of extreme loneliness after he left care and especially missed his former flatmates, who were closer to him than his siblings or his family members. The sudden end was yet another heart-wrenching loss for him, which was not easy to come to terms with. He frequently sought the solace of going back to visit the care facility for comfort and protection:

“Alone. I did not get to meet my friends anymore. Then I began feeling lonely ... for the first three or six months, I used to go visit the care home once a week because I could not understand how you can just instantly distance yourself from them after having spent seven years living, sleeping and waking up with them over there ... they are very important to me ... I lived for longer with them than with my own family.” (ll. 148, 149, 153, 157, 161, 162)

“Waħdek. Għax shabi ma bqajtx narahom. Imbagħad bdejt inħossni waħdi u hekk...qisu għall-ewwel tliet xhur, sitta, bqajtx immur qisu darba fil-ġimgħa mmur (iżur l-istitut)...ma stajtx nifhimha taqbad u taqta' f'daqqa wara 7 snin...torqod u tqum magħhom...huma importanti ħafna għalija...iktar għext magħhom milli mal-familja tiegħi” (ll. 148, 149, 153, 157, 161, 162).

Daniel nostalgically looked back at the care experience and made the point that at least there he had companionship and friendship which he then lost when leaving care. He stated that if he could he would go back in time and re-live that time there:

“I curse the moment that I have grown beyond the age to stay there because I really would like to return there.” (l. 246)

“Nišet il-mument li għandi din l-eta` għax nixtieq nerga' mmur lura.” (l. 246)

4.12.2. Tragic Life Outcomes as a Result of Alcohol and/or Drug Abuse

Alexia was already pregnant, by her boyfriend, by the time she found out that he had cheated on her. Her desperation led her to attempt suicide, after which she was admitted into a psychiatric hospital. The pain of betrayal was too much to cope with as it resonated with the many losses she had suffered over her life from early childhood:

“I ended up drinking wine in which I would have crushed pills so they would have an immediate stronger effect. I swallowed a lot and I overdosed ... I mixed different types of pills, crushed them so they would have a quicker effect and, unknown to me, I ended up in hospital. He was the one to find me, and because I was pregnant with my daughter, I was about a month and a half going onto two months into my pregnancy ... I had to spend a month in hospital, in

a psychiatric unit, because of this problem, in the meantime the baby's father disappeared.” (ll. 331-41, 350-1)

“Spiċċajt xrobt l-inbid, infarrak il-pirmli biex jaħdmu, u ħafna blajt u spiċċajt overdose...ħallatthom, bdejt infarrakom biex jaħdmu malajr u ma nafx kif sibt ruħi l-isptar. Jiġifieri sabni hu, u peress li kont pregnant bit-tifla kelli, xi xahar u nofs kont se nagħlaq ix-xahrejn...spiċċajt għamilt xahar l-isptar f'psychiatric unit, ħabba din il-problema għax ridt noqtol lili nnifsi jiġifieri, u dan ma deherx iżjed, missierha.” (ll. 331-41, 350-1)

Luke admitted that his alcohol problem was affecting his life negatively with the ultimate consequence of constantly losing the jobs he had:

“But now I am realising that I cannot go on like this. One, I am spending lots of money on alcohol, two, it's not good for my health, three, whenever I have found jobs, I lost them!” (ll. 292-3)

“Imma issa qed nirrealizza li ma nistax inkompli hekk. One il-flus li qed nonfoq fix-xorb, two mhux tajjeb għal saħħti, three jekk forsi kelli xogħlijiet, tlifthom!” (ll. 292-3)

Luke goes on to say that he spent a period of time dabbling in drugs, as many other care leavers did, as an easy option to make a living. He complained on how difficult it was to find a decent job without the necessary academic qualifications, despite being potentially able to do well in terms of employment:

“And that is what happened. Many children did not find the support that others could have given them. They could have said to one of these kids, you might not have an academic background, but I will trust you with this job, and you will be capable of doing it. So what happened? These kids have turned to easy money. And how do you make money easily? You sell drugs or you befriend drug dealers and get them customers who want to buy drugs and you make money off them. You understand? Gambling, card playing and the like, you understand? You live off that easy money.” (ll. 1190-5)

“U dak li gara. Ħafna mit-tfal ma sabux l-appoġġ li ħaddiehor jista' jagħtihom, li jgħidulu dan it-tifel m'għandux skola, imma jekk tqabdu din kapaci jagħmilha. Allura x'gara? Marru fl-easy money. U l-easy money x'inhil? Tbigħ id-droga jew tagħmilha ma' nies li jbigħu id-drogi jew iggib nies li jixtru d-drogi u inti tiggwadanja bihom, fhimt? Logħob ta' kaxxi, logħob tal-karti tal-logħob u hekk, fhimt? Fuq dak l-easy money.” (ll. 1190-5).

As a result, many of his old friends in care got into trouble and either died due to drug addiction or spent some time in prison: “I know that more than half of these kids have either died, or at one time or another were in jail” *“jien naf li iżjed minn nofshom it-tfal jew mietu jew spiċċaw darba jew oħra l-ħabs.”* (l. 621)

Raymond found himself in a situation where it was easy for him to access drugs and was addicted to heroin for a while. It was a difficult time for him and as a result, he also distanced himself from his father and from other people who offered him support at the time, until he eventually found the strength to quit:

“He was my mother’s cousin. We became friends and I ended up a bit ... I even abused of drugs and the sort ... I did smack, heroin.” (ll. 556-7, 561)

“Kien jiġi kuġin t’ommi. Nagħmluha flimkien u spiċċajt daqsxejn....anke....nieħu drogi u hekk....kont nieħu smack, eh, heroin.” (ll. 556-7, 561)

“Because then I started ... I became addicted to drugs ... I used to feel like a fish out of water when I was somewhere unusual. I would need (drugs) do you understand ... when I had money, we would be doing something all the time ... all the time, obviously now you are not going to understand them all ... at the time I was struck by certain moments, because when I used to be ... like I remember one New Year’s eve lying in bed alone (sick ... it’s like being dead)” (ll. 813-23)

“Għax imbagħad bdejt.... kont inbati bid-drogi, eh .. Jien stess kont inħossni qisni ħuta barra mill-ilma nkun fl-ambjent (li ma jkunx familjari għalih). Kien ikolli bżonn ... ifhimni.....meta kien ikolli l-flus, il-ħin ... il-ħin kollu nagħmlu xi haga jekk.....ovvjament issa mhux se tifmuhom kollha imma l-ħin kollu npejpu u dan.....Dak iż-żmien li bdew jolqtuni l-affarijiet għax meta kont inkun ... niftakar fi New Year’s Eve waħdi fis-sodda (marid ... qisek mejjet.)” (ll. 813-23)

Taking drugs was also a way to ease psychological pain and be accepted by friends. It was also an apparent easy route to alienate oneself from problems. Becky described her encounter with drugs and how it led to a winding, slippery slope thereafter:

“Because the other partner that I had, if he really loved me, he would not have told me here take some, he told me many times ... no (*her answer each time*) ... but because I was going through hard times I told him yes I want some, I drew the first puff and that was it, I smoked it till it was finished.” (ll. 521-3)

“Għax jien ara kelli l-partner tiegħi ieħor, jekk vera kien iħobbni ma kienx jgħidli isma’ hu, dam jgħidli ... le (x’kienet twiegħbu hi) ... imma mbagħad peress li kont għaddejja mill-problemi għidtlu iva nieħu u ħadt l-ewwel nifs u bqajt għaddejja sa l-aħħar.” (ll. 521-3)

She goes on to say that peer pressure was a decisive factor as she hoped that by taking drugs like her friends, she would win over their approval and acceptance. In her vulnerable state, she felt powerless to resist the offer of drugs:

“no one grabs you by the hair and tells you, here take it, but when you are going through hard times, and you are still a young girl and you are exposed to bad influences, you go along just to feel accepted ... and that is why certain people get into drugs not because they would want to ... I would have preferred not to but ... it was my partner who started me off, you understand? That is why I told you that if you have problems and someone tells you to do something, you just do it ...” (ll. 477-80, 486-8).

“Id-droga, hadd ma jaqbdek minn xagharek u jghidlek hu, pero` meta tkun ghaddejja minn mument hazin, tkun ghadek tifla u juruk l-affarijiet hzienu, idduqu biex thossok naqra accettata mill-...u ghalhekk jaqbduha d-droga certu nies mhux ghax jridu... jien ma xtaqtx li...propja l-partner tieghi qabbadhieli ta, fhimt? Ghalhekk ghidtlek jekk ikollok xi problemi, jurik xi hadd xi haga taghmilha.” (ll. 477-80, 486-8).

“Because they see them doing it and they say let me try it so that I can have friends and ... you understand? And you feel like a grown up, you know ...” (ll. 511-2)

“Ghax huma jaraw u jghidu u ija ha nippruvaw forsi jkolli l-hbieb u...fhimt? U thossok kbira, taf int...” (ll. 511-2)

Finally, Becky also pointed out how many of her friends who were previously with her in care ended up very badly. Some died of a drug overdose while others were homeless or sought prostitution to earn a living. She also rationalised such problems saying that it is very unlikely that once a person leaves the care setting, he or she would seek help as one would be keen to discover what the world outside the institute has to offer. The risk is that then it might be too late to ask for help, as it was for those who came with a care history as she did:

“For me, personally, it is that when they leave the care home they should find someone to greet and support them. I know a lot of my friends who left with me who have all ended up homeless. I am sorry to say that half of them have died of an overdose. There is a lack of attention and it’s true that we don’t seek help. But then who is going to seek help if they have just come out from a residential home? One just wants to go out and discover the world, no?” (ll. 137-41)

“Ghalija, personali, hu li meta johorgu mill-istituti jsibu `l xi hadd jilqaghhom ghax jiena naf hafna hbieb tieghi li hargu mieghi kwazi kollha fit-triq. Jiddispjacini nghid li nofshom mietu b’overdose. Pero’ hemm nuqqas ta’ attenzjoni u vera forsi ma nfittxux ghajnuna. Imma dan, min ha jigi jfittex l-ghajnuna jekk ghadu hiereg mill-istitut? Imur jiskopri d-dinja, vera?” (ll. 137-41).

4.12.3. Difficulties in Building/Sustaining Relationships

Many of the interviewees stated that building and especially sustaining long-term relationships is a challenge. Many are eager to have their own family and ensure that their children are brought up at home by them. This need to be good parents is, possibly, an attempt to unconsciously compensate for that loss of family life they did not have as a child. However, this process proved to be more difficult than they initially imagined it would be.

However, youngsters coming from former out-of-home care placements are more likely to meet partners who fail to provide emotional support with the consequent higher risk of greater social isolation than the general population (MacDonald et al., 1996).

Alexia not only had to struggle with a history of severe neglect and abuse as a child but soon after leaving care, she developed a relationship with an abusive partner who soon after abducted her son:

“Presently, my son is 10 years old and he took him away from me ... I don’t get to see him ... he took away my son and took him to live with his mother (the father’s mother) and he (the man) continued to live here with me. He treats me badly, he beats me and he locks me up at home ...” (ll. 290, ll. 313-4)

“Illum il-ġurnata, it-tifel għandu 10 snin u ħaduli ... ma narahx ... u ħadli t-tifel. Hallih għand ommu u hu baqa’ jgħix hawn jitrattani ħażin, isawwatni, isakkarni d-dar...” (ll. 290, ll. 313-4)

Simon spent a long time living on his own and found the loneliness of it quite hard to adjust to. Therefore, when he finally entered into a stable relationship with his partner, this further transition was also quite challenging:

“There was a time when I used to like going out a lot, and obviously it’s like at one instance you are alone and free to do what you want, and then suddenly you meet a girl and she tells you, you have to stay with me everyday, it’s not appealing at all. In the first year, everything appeared negative to me, it’s like I had got used to sleeping and waking up alone. If I woke up for work it was ok, if I did not, it was still ok, but then all of a sudden I had no choice but to wake up for work ... it’s like I found it difficult to accept that I had no choice but to go to work, it changes your life completely ...” (ll. 674-80)

“Għamilt żmien kont inhobb noħroġ ħafna għax ovvjament filli tkun waħdek, liberu, tagħmel li trid, taqleb id-dinja ta’ taħt fuq u mbagħad f’daqqa waħda tiltaqa’ ma’ waħda u tghidlek oqghod miegħi kuljum, kerha. Fil-bidu l-ewwel sena kollox bdejta nara ikrah tipo jien drajt waħdi drajt norqod waħdi nqum waħdi. Jekk qomt għax-xoġhol qomt jekk ma qomtx ma qomtx...kif f’daqqa waħda rrid inqum bil-fors għax-xoġhol, tibdillek ħajtek...” (ll. 674-80)

Daniel also agrees with Simon on this point and says that finally he finds it easier to live independently, without a partner and a family to take care of. It seems that having to fend for oneself from such a young age makes building, and especially sustaining, relationships in the long term much harder. Whereas Simon managed to build a family, for Daniel this is still a difficult prospect:

“I am the kind of person who likes to stay on his own a lot. I got used to it because of my life situation. I don’t mind living on my own, what’s more you get used to it. The problem always revolves around finances.” (ll. 624-6)

“Ifhimni, jien persuna li nħobb noqgħod waħdi ħafna. Drajt hekk. Għax hi kif inhi s-sitwazzjoni. Ma niddejjaqx ngħix għal rasi, anzi tindera. Il-problema dejjem tiġi fejn imbagħad jidhlu il-finanzi.” (ll. 624-6)

Samuel relates how his experience of witnessing frequent arguments and fights between his parents as a young boy, has rendered him uncaring and unempathic towards persons and situations which are challenging. He thinks that this can also make him insensitive towards people he loves and cares for such as his girlfriend. His words are very pertinently put:

“That I used to see my mother and father arguing. That you don’t know what being a family means. Maybe one day I will know how it feels, if ever I have children. What is also difficult is that I don’t feel sorry, because I don’t feel anything. I really am not capable of having emotions, since I have never been loved, I did not have a good family, and I did not witness anything but arguments and the sort, so I ended up incapable of emotions. I don’t feel much.” (ll. 360-3)

“Li kont nara lil ommi u missieri jiggieldu. Li familja ma nafx x’inhi. Forsi nkun naf x’inhi jekk xi darba jkolli t-tfal. U li diffiċli wkoll mhux għax jiddispjaċini, imma għax bla feelings. Li ħafna m’għandix feelings....La ma tantx kont maħbub u hekk, u ma tantx kelli familja tajba, u ma rajt xejn iktar minn għied u hekk, allura ġejt bla feelings. Ma tantx inħoss.” (ll. 360-3)

Alexia too longed for a stable relationship with a loving partner as soon as she left care, only to find herself caught up in a vicious cycle of abuse, betrayal and further pain. This cycle of rejection finds its roots in her early childhood, even as she attempts to re-establish a closer rapport with her father but is eventually betrayed once more. It seems almost impossible for Alexia to get out of this hurtful spiral as her hopes for love are continuously dashed, thus reinforcing the experience of loss and rejection in her life:

“as much as possible you find a good man and you live with him, it is such a lovely thing, because you say at least I did not have a mother, or a father but at least you have a dotting husband, who

loves you, understands you and he would mean everything for you, he would be a father figure for you, that means a lot ...” (ll. 490-1)

“kemm jista’ jkun issib ġuvni bil-ġhaqal, u tkampa miegħu, sabiħa ħafna, ġħax tgħid almenu ma kellekx l-omm, il-missier, ikollok raġel jadurak, iħobbok, jifhmek, ikun kollox ġħalik, ikun missierek, ikun kollox, tfisser ħafna imma hekk hux...” (ll. 490-1)

4.12.4. Marriage Of Convenience

Many of the women interviewed shared how they sought to have a child of their own and be able to bring up the baby themselves without resorting to care placements for them. At times, it seemed as though they were unconsciously trying to compensate for their childhood loss and abandonment through the new child by ensuring that they provide the love and security the infant needs. However, their plans did not work out so easily and they were once again compelled to make hard choices. One of the female participants had a child from a man who did not acknowledge the child she had from him and subsequently got married to another man just for convenience. She explicitly admitted this:

“he is legally recognised as his father (he adopted him), he raises him, he gives him everything. His biological father abandoned him. That one I told you that I had married for money... he kept on helping me, he helps me; he loves my son as if he was his biological son.” (ll. 1043-5)

“qiegħed fuq ismu (addottah), jrabbih hu, kollox itih. Missieru abbandunah, propju tiegħu, bijoloġiku. Dan li ġħidtlek li żżewwiġtu ġħall-flus... baqa’ jġħini, baqa’ jġħini, iħobbu daqs li kieku tiegħu it-tifel.” (ll. 1043-5).

About this marriage of convenience, she says:

“And then we became friendly. Then he fell in love with me, and he grew close to the boy, and we went on like that.” (ll. 1088-9)

“U mbagħad ħbiberija. U mbagħad sar iħobbni, iħobb it-tifel, bqajna hekk hux”. (ll. 1088-9).

Another female participant felt she had no choice but to marry to have some financial security. After having had her first child, at 16 years, she married a Libyan man, when still aged 18, converted to Islam and is still living in an abusive relationship:

“Then my first husband ... I have a 10 year old son. I went through a lot of difficulties to marry him, he used to beat me. In fact, this 5 year old girl and I carry his surname. I have huge problems with him. I cannot even baptise her; she cannot receive her First Holy Communion. I cannot do anything. The Muslim culture is different from ours. I cannot ask for a separation from him. It’s impossible to survive on relief money. They asked me to pay €500 at one go,

how am I going to pay them ... From where am I going to get that kind of money?" (ll. 444-9)

“Imbagħad l-ewwel raġel li kelli ... Għandi tifel ta’ 10 snin. Iżżewwiġtu bit-terturi, kien itini. Fil-fatt, jien u din it-tifla ta’ ħames snin fuq kunjomu, tant kemm għandi problemi bih, la nista’ nġhammadha, la nista’ nagħmel preċett. Ma nista’ nagħmel xejn, Għax huma kultura musulmana mhux bħalna. Separazzjoni ma nistax nieħu. Bir-relief impossibli. Talbuni €500 f’daqqa, bil-fors trid thallashom ... min fejn ħa ngibhom?” (ll. 444-9)

“Your parents have to sign for you; my son was two years old because I had him when I was about 16 or 17 years old. I gave birth to him and then at 18 I got married. Huge problems ...” (ll. 459-61)

“Għax bil-fors jridu jiffirmaw il-ġenituri tiegħek. Jiġifieri t-tifel kellu sentejn għax ta’ 16-17 xtraġtu. Wellidtu jiġifieri, u mbagħad ta’ 18 iżżewwiġt. Heqq, problemi kbar...” (ll. 459-61)

4.12.5. Premature parenthood

Young women leaving care are more likely to become pregnant than other young women in the same age group (Cashmore & Paxman, 1996). One of the participants stands out as a classical example of such a dynamic; she ended up in an abusive relationship with a foreign man who also abducted her son:

“The most difficult thing for me is that I had a baby with a foreigner, that I knew what kind of man he was, and I still allowed this to happen ... so that now I have ended up not even knowing anything about my son, what kind of boy he has grown into, as he took him away from me. That is my worst problem and I suffer because of it, I was too hasty ...” (ll. 473-5)

“L-iktar diffiċli din li kelli tarbija minn barrani jiġifieri la kont naf x’inhu la tajt ċans jiġifieri... biex spiċċajt issa lanqas naf il-karattru tiegħu t-tifel għax ħaduli. Dik l-ikbar problema u thossha u għaġġilt eh...” (ll. 473-5)

In retrospect, this participant now regrets having rushed and behaved as she did at the end of her experience in care living with the nuns. She puts it down to ignorance and lack of maturity as she clearly resents the fact that she had not listened to the nuns:

“I did not realise that I was being too hasty, I did not appreciate enough the words that the nuns used to tell me ... I knew that the sisters loved me but I felt I was not going to have real love, the one I always dreamed of, that ... I did not leave because I came of age and I had the support of the nuns, I left because of a stupid fantasy that I had, I became pregnant immediately ... stupidity is what I call it nowadays. You don’t want to be hasty ...” (ll. 312-3, 512, 521-2)

“Għagġilt ma kontx naf, ma kontx napprezza l-kliem li kienu jgħiduli s-sisters...kont naf li jhobbuni s-sorijiet imma ma kienx ha jkolli dik l-imħabba ta’ vera qisek li tkun tixtieq, dik...ma tlaqtx għax għalaqt iż-żmien tiegħi u kelli l-għajnuna tas-sisters, tlaqt bil-ħmerija ta’ moħħi jigifieri xejn, qed ngħidlek ħriġt tqila mill-ewwel...injanza ngħidilha llum il-ġurnata jien. Ma tridx vera tgħagġel eh!...” (ll. 312-313, 512, 521-522)

Her planned and voluntary teenage pregnancy hastened her out of care in the hope of living a better and independent life, dearly loved by a caring partner, but she was very disappointed:

“I thought I was going to be better off, it was not true at all ... I wanted to get pregnant by him so I could leave that place. But who ever does the same thing; they will be committing a grave mistake because now I have ended up an emotionally broken woman. They think that the nuns are not going to help, but in reality till you are 18 years old they will help you, they will find you somewhere to live, and they will help you in everything. It is only now that I know what that support means.” (ll. 274-5)

“Jien mingħalija ha nkun aħjar, ma jkun vera xejn.....ridt noħroġ pregnant minn tiegħu biex nitlaq minn hemm. Pero` min jagħmel hekk vera jkun żball għax illum il-ġurnata spiċċajt imkissra. Għax jaħsbu li s-sisters ma jgħinukx filwaqt li sa 18 years jgħinuk, isibulek post, jgħinuk f’kollox. Illum naf x’jigifieri.” (ll. 274-5).

Becky also reflected about the chaotic home background that she and her siblings were brought up in. In fact, almost all of them were raised in care. One of her sisters finally escaped from the residential home she lived in and got pregnant at 14 years of age.

Daniel, who recently became a father, has not yet seen his child and is concerned that his paternal identity is likely to remain unrecognised as his child may be registered as having an unknown father. This incident clearly reminded him of his turbulent family history and he overtly claimed that this is a vicious circle which is hard to come out of:

“There is no sense of belonging. I cannot even say that I have it now that I have a baby; there is not a chance for me to feel that sense of belonging as a father. So the cycle goes on ...” (l. 35)

“Sense of belonging m’hemmx. Ma nistax ngħid issa li għandi tarbija lanqas hemm chance of belonging as a father għaliha. Jigifieri is-cycle jibqa’ jdur...” (l. 35).

These narratives suggest how vulnerable these persons feel, and how difficult it is for them to be in charge of their lives, in spite of their deep wishes for a better version of their existence.

4.13. Coping upon Leaving Care: Voices of Resilience

This theme explores the former residents' positive experiences of life after care. This ability to find strength within, at times with the support of significant others, or as a result of particular events in their lives, enabled them to withstand the challenges they faced and to achieve positive life outcomes.

The development of significant attachment relationships that consequently provide children and youngsters in care with the opportunities to experience how others perceive them and respond to them, is a crucial aspect that can help to build the child's sense of personal identity, a factor that has been linked to the development of resilience (Stein, 2005).

4.13.1. Coping Strategies

Daniel's words succinctly introduce the topic of resilience and the determination of many of our interviewees to survive life after care, despite having so many odds against them:

“The fact that you learn that you can survive on your own is already an important step in life.” (ll. 799-800)

“Titgħallem li isma' you can survive on your own diġa` hu pass importanti fil-ħajja.” (ll. 799-800)

“There are things, which since I have left there, to the present day, still make me feel as if I am taking a risk in living as it's not a simple life. You encounter obstacles in every step you make, but ... at the same time I have learnt not to lose heart ... because they taught me to go on fighting. But always for the things that are good for me. It is irrelevant what it costs you to succeed. Nowadays I realise ... but I will go on trying the best I can as I have been taught so that ... you have to go on regardless of what happens.” (ll. 603-19)

“Ifhem minn ċertu żmien li tlaqt minn hemm sal-lum il-ġurnata għadni ħafna affarijiet narhom bhala jiena qed nirriskja mhux ngħix. Għax minn maduma għal oħra tagħmilha b'ħafna xkiel, speċi imbagħad ... Fl-istess ħin tgħallimt ma naqtax qalbi ...Għax as such għallmuni biex nibqa' nigġieled. Imma għall-affarijiet li naħseb li huma tajbin. Irrelevanti il-costs biex tasal. U llum il-ġurnata qed nirrealizza...imma se nibqa' nagħmel l-aħjar li nista' kif tgħallimt biex speċi...you have to go on. Jigri x'jigri.” (ll. 603-19)

It seems that Daniel found the internal strength to go above the difficulties which he said might also lead to discouragement. But as he was giving up, his fighting spirit had the better of him:

“For example one of the things I learnt personally is that it is positive that you fight for those things which you believe are good ...” (l. 732)

“Per eżempju waħda mill-affarijiet li tgħallimt jiena personali li tajjeb tiġġieled għal dak li taħseb li huwa tajjeb...” (l. 732)

In her narrative, Becky reflected that her real turning point in life was having her own child. This presented her with the opportunity to start afresh and make a clean cut with the painful past. Psychologically, this unique event was the source of a new strength that she was not aware she possessed before and through which she could compensate for the many losses suffered. Such an experience also helped her look at herself in a new light and with a renewed self-concept:

“We are important ... my son and I ... there is a worker from Appoġġ and she follows my case and she tells me, she tells me that I am a very strong woman” (ll. 527-9)

“Importanti ħafna, t-tifel u jiena ... ssegwini waħda mill-Appoġġ u hekk tgħidli, tgħidli inti vera mara b’saħħtek.” (ll. 527-529)

However, she related that this change was not automatic but entailed a conscious choice and strong will:

“[God] has sent me this child so I can close that bad chapter in my life and start life anew. Now, this is in your hands if you want to seize this opportunity, take it, if you don’t want it then don’t. I chose to take it ... I had the will, it’s like giving up drugs, if you don’t have the will you will not ... it’s hard. But with His help ...” (ll. 1011-3, 1027-8)

“[Alla] bagħatli t-tifel biex speċi jagħlaq kollox li għamilt ħżiena u nibda ħajja ġdida. Issa dik f’idejk, jekk trid ħudha, jekk ma tridhiex teħodhiex. U jien għażilt li nagħmilha... kelli il-will eh, bħad-droga hux ma jkollokx will ma tagħmilhiex, iebsa. Pero` bis-saħħa tiegħu, eh...” (ll. 1011-13, 1027-28)

Raymond said that the challenge of life situations after care taught him to fend for himself almost without much choice. However, when he decided to leave the lifestyle of drug abuse, his internal strength was taken to another level and like Becky, he discovered that he possessed internal resources (what he terms as “adventurous” “avventuruż”) that enabled him to take this step:

“I did go through a lonely time too ... when I lived ... because I had to give up my friends and go a different way. I was automatically adventurous in certain things.” (ll. 675-7)

“Għamilt żmien lonely wkoll eh...meta kont qed ngħix...għax anke ridt naqta’ l-ħbieb u nmur way oħra. Naħseb kont awtomatikament avventuruż f’ċertu affarijiet.” (ll. 675-7)

One of the coping strategies Raymond found useful to go through life, is by not dwelling too much on the negative experiences he had been through but not as a form of denial of those experiences but rather as not being intimidated by them, even in front of others. This aspect of self acceptance enabled him to be able to have a good opinion about himself and to choose the friends he preferred to have:

“... from these problems and I don't have to allow them to overwhelm me. Even people who come to me with a problem, I can help them and I am not embarrassed to talk or ... I speak openly with people...” (ll. 418-20)

“Minn dawn il-problemi u hekk m'għandix għalfejn nieħu l-affarijiet bi kbar u hekk. Anke man-nies min jiġi bi problema nista' nispijgalu u mhux se noqgħod niddejjaq ngħid jew.....anki man-nies nitkellem open...” (ll. 418-420)

Samuel clearly stated that the support and advice of various care workers was crucial in that “if he speaks to you, he who has passed through the same experience, he knows what he is talking about” *“jekk ser ikellmek, hu li għandu l-esperjenza, jaf x'inhu jgħidlek.”* (l. 356). However, at the end of the day, he believed that it boils down to one's own resilience and will to take on that advice and help oneself first:

“I think that the most support I found was from me. In that you have the ability to choose the good from the bad things. Not that you are perfect. I know that if I get too close to the fire I will get burned, so I don't sit too close to it ... if there were 70, 30, 40 of us who did not want to settle down and lead a good life then I would choose to be part of the rest who wanted to do something with their life. Finding support is the best thing, if you decide to think about what is good for you in life then you will definitely move on in life. No one is going to come and tell you how you should think.” (ll. 350-4)

“Naħseb l-ikbar għajjnuna li sibt kienet jiena stess. Billi taħseb u tagħraf it-tajjeb mill-ħażin. Mhux li tkun perfett. Per eżempju naf li jekk immur hdejn in-nar ninħaraq, mhux se npoggi fuqu...Jekk per eżempju konna 70, 30, 40 minnhom dawk li ma jridux jafu b'ħajjithom per eżempju, u l-bqija l-oħrajn iridu jagħmlu xi ħaġa b'ħajjithom, jiena per eżempju, wieħed minnhom. L-għajjnuna l-aħjar ħaġa, issib li jekk tiddeċiedi li taħseb sew f'ħajtek, tista' timxi minn hemm. Hadd m'hu se jiġi jiftaħlek moħħok kif għandek taħseb.” (ll. 350-4)

Benjamin claimed that he was able to adapt easily to situations when still living in care and was not ashamed to talk about his care experience even when his former mates spoke in negative terms about it. He stated that his positive attitude and his resilience helped him view life in care as a learning experience which formed him into a well-adjusted person he is today:

“I live on my own, I am renting a place ... I am working a lot at the moment so that maybe in the near future I will be able to buy a house, maybe next year ... I have a 5 year old boy, I keep him with me during the three days that I am not at work, and the rest of the days I work. I practise some sports, so I can keep a balance in my life and sometimes I go out for a drink after work.” (ll. 255-9)

“Nghix għal rasi qed nikri post ...qed naħdem hafna bħalissa biex forsi 'l quddiem nipprova, nipprova nixtri post....is-sena d-dieħla. Ehmm.. għandi boy ta' 5 years jiġifieri nżommu għandi tlett ijiem meta nkun off u l-bqija naħdimhom. Nagħmel daqsxejn sports biex nibbilanċja u ġieli noħroġ nieħu drink wara x-xogħol.” (ll. 255-259)

Luke gave credit to his determination in life to succeed although he described life in care as a prison. His own resilience and his skills led him and his family to better life chances:

“And that was my aim. Presently, I am not very well off, but I am doing well and I have arrived where I wanted. I feel that I am neither too rich but not poor either, I am in the middle. If we decide that we want some perk in life we are able to afford it, for my son for example.” (ll. 348-50)

“U dik jiena kelli tir f'rasi jiena. Illum il-ġurnata, alright mhux qiegħed high class. Imma tajjeb, qiegħed hemm. Qiegħed man-nies tan-nofs. La jiena fqir u lanqas jien sinjur. Tajjeb, u jekk hemm kapriċċ li rridu nistgħu nagħmluh, għat-tifel per eżempju.” (ll. 348-50)

4.13.2. Positive Outcome after Leaving Care

Luke's description of a positive outcome was also echoed by Simon who claimed that he is satisfied with his current life:

“At the moment, I think I consider myself a family man and I am doing very well. You may ask but how is your life different from that of other people? ... It's not, but I have what I want. I have my own house; I have a wife and a son. I know that once I finish work I return home and there is someone to greet me.” (ll. 661-5)

“illum naħseb li, ifhimni, nista' ngħid li raġel tal-familja, miexi sew hafna. Tipo, tgħidli x'hajja differenti għandek minn haddieħor? M'għandix imma għandi dak li rrid. Għandi post, naf li għandi l-mara u hemm it-tifel. Naf li meta spiċċajt ix-xogħol naf li hemm xi hadd li se jilqagħni qed tifhem.” (ll. 661-5)

He was able to leave care after having saved some money, having had a job and already bought a car:

“I already had a job so I could afford to, it’s not that I left without being employed. I was employed, you understand. I had a car, it’s like I was already settled on the one hand and that helps you a lot because you already know what life can offer and you did not leave empty handed.” (ll. 584-8)

“kont diġa` naħdem jiġifieri bażikament kelli minn fejn, ma tgħidx ħriġt mingħajr xogħol. Qed tifhem kont naħdem, kelli l-karozza jiġifieri kont qisni diġa` ssettijjat minn banda u dik tgħinek ħafna ġħax tkun qisek taf diġa` x’toffri l-ħajja qed tifhem mhux ħriġt minn hemm bla flus xejn.” (ll. 584-8)

4.13.3. Having Children as a Motivation to Better One’s Life

The theme of children constantly came up and is a leit motif that runs through most of the interviewees’ narratives. Their resolve to love and bring up their children to the best of their abilities is truly striking.

Becky continued to tell us how she managed to renounce using drugs and now focuses entirely on bringing up her son:

“And now I was the one to have to do the thinking, let me tell you it feels good that you are responsible for someone else because it gives you a reason to live for.”

“U issa kelli nhabbel rasi jien, ħa ngħidlek eh sabiħa li thabbel rasek ġħal xi ħadd ġħax itik ġħalxiex tgħix.” (ll. 1314-1315)

This experience gave her meaning in her life and also helped her to get to know herself and help her grow as a person:

“I was twenty years old, I was still young when I had my son, he grew up with me and when I was 21 he turned 1, it’s like I was approaching my 26th birthday and he was going to be 6. If I had planned it that way, I would not have succeeded. Anyway he grew up with me, and through having him I learnt about whom I really was ... It was a beautiful experience. Apart from the fact that when I realised what he was suffering from I was shocked but I feel he was a gift from God, and I thank God for giving me the opportunity to raise him.” (ll. 993-1002).

“Kelli 20, kont ġħadni zġħira meta kelli t-tifel, u hu jikber miegħi per eżempju meta kelli 21 ġħalaq il-1, eżempju ħa naġħlaq 26 ħa jaġħlaq 6. Li kieku ġħamiltha hekk lanqas kienet tiġi. Imma insomma jikber miegħi, minn hemmhekk sirt naf lili nnifsi jien...minn mindu kelli t-tifel. Kienet esperjenza sabiħa ħafna eh. Apparti li ħadtha bi kbira li kellu x’kellu. Pero` don minn Alla, niringrazzjah lil Alla li tani l-opportunita` nrabbi t-tifel.” (ll. 993-1002).

Raymond was adamant on bringing up his own child with care and dedication, lest he suffers the same fate as he did. He was keen that his child is not frequently admonished or shouted at, as he often experienced this as a child. He actively sought to repair his broken childhood by ensuring that his child has the best upbringing possible:

“I do monitor how my son is doing at school ... I do involve myself in his life. Now this is my aim in life ... my son’s life and with her ... those things that I missed out on in life I will do with my son ... I will try to do them better, at least I will try to do them as best I can. So it means that my son is going to be spoiled ...” (ll. 843-7)

“Niffollowja ħafna it-tifel l-iskola u hekk...ninteressa ruġi fl-affarijiet tiegħu. Issa hekk qed naħseb...l-affarijet tat-tifel u magħha...l-affarijiet li tlift jien nagħmilhom mat-tifel....nagħmilhom aħjar nipprova. Nagħmilhom mill-aħjar li nista’. Jigifieri ha jkun ‘spoljat’ it-tifel tiegħi...” (ll. 843-7)

Alexia said that she has suffered a lot in life and her children are one of the few blessings she received and is eager that, like Raymond, she protects them from the harm and pain she suffered. However, she admitted that bringing her up in a manner which is different from what she knew is not an easy task:

“My life up to the present day consisted only of sadness, I cry because nothing comes in my favour ... what I feel is in my favour is the fact that God gave me my children and they are safe and sound. It’s not enough because you need a lot of strength to cope with the children. I would be glad with something good happening to me, just one thing ... I don’t know, I don’t know, you get frustrated saying always the same things, recounting the same tales, ... talking about good and bad things, although I must say that with regards to myself there were more bad things, one after the other. That is what really bothers me and I hope to God it does not happen to my children because you would really be cruel to wish that for your children. Yes I do keep control over them; I keep control because if I allow them to have whatever they want I will end up in a disastrous situation because they will take advantage of me. I give them all my love; I give them everything but ...” (ll. 276-85)

“Il-ħajja tiegħi vera sal-lum nibki ara nibki, nibki għax, għax almenu m’hemm xejn favur tiegħi...hemm favur tiegħi għax għal grazzja t’Alla tani t-tfal u qawwijin u shaħ. Għax mhux biżżejjed għax irid ikollok is-saħħa għalihom, imqar xi haġa għalija, xi haġa biss ...hekk ma nafx, ma nafx, tiddejjaq hux, ifhem niddejjaq nitkellem u ngħid u nirrakkonta, li kelli ... affarijiet sbieħ u affarijiet koroh imma nitkellem għalija nnifsi iktar affarijiet koroh, għax haġa wara oħra. Dik vera ddejjaqni u Alla ħares tigril uliedi hekk għax tkun vera kattiva trid tkun. Inżomm mhux ma nżommx għax Alla ħares ittihom li jridu għax imbagħad nispiċċa

vera ħajti diżastru għax jirkbu fuq rasi mbagħad. Le imħabbti ntihielhom, kollox intihom pero” (ll. 276-285)

She further reiterated this idea, showing how important bringing up her children is now in her life:

“Currently, I have three children, I love them, they are the apple of my eye; God forbid anything happens to them. I try to teach them as much as possible and whatever they deserve, they get. But surely I am not going to treat them in the way I was treated because I don’t remember ever receiving anything good ... I was always betrayed ... then I ended up in the children’s home.” (ll. 177-81)

“Għandi tlett itfal illum, inħobbhom daqs id-dawl ta’ għajnejja, Alla ħares jiġrilhom xi ħaġa jiġifieri. Ifhimni intihom tagħlim u li jkun ħaqqhom ħaqqhom. Imma żgur mhux se ntihom dak li ħaqqhom kif kienu jagħtu lili għax qatt ma naf li ħaqqni xi ħaġa sabiħa jien...dejjem ittraduta jien....u mbagħad spiċċajt l-istitut...” (ll. 177-81)

Luke as well is resolute on bringing up his own child come what may and he states that “I will do anything for him” *“għalih nagħmel kollox”* (l. 1938). He sounded absolutely determined to provide his son with a good quality of life and worked overtime to ensure that he has enough for his son’s needs. He further emphasised his point forcefully:

“Because you go through certain experiences that you do not wish any other person to go through ... Even if I have to steal, just as long as my son has something to eat and he does not go to a home.” (ll. 1205-7)

“Għax int għaddej minn ċertu affarijiet li fuq bniedem ma trid tarhom qatt. Lanqas jekk immur nisraq biex it-tifel nitimghu u ma jidholx f’istitut. Tajjeb?” (ll. 1205-1207).

4.13.4. Building one’s Family Experienced as an Accomplishment

When Raymond was involved in a lifestyle of drugs and gambling, he said that the desire to have a family and settle down encouraged him to quit that life:

“Now maybe I was able to evaluate the situation and I said I cannot go on like this, doing these things. I want to find a job to earn a living. Find a good girl, have a family like other people. But you need lots of strength more than other people.” (ll. 1201-3)

“Issa forsi jien kont kapaċi niżen l-affarijiet u għidt ma nistax nibqa’ f’din il-ħajja, nagħmel dawn l-affarijiet. Imma mmur naħdem naqla’ lira. Nixtieq ikolli tfajla, jkolli familja bħal ħaddieħor. Imma trid tkun b’saħħtek iktar minn ħaddieħor.” (ll. 1201-3)

“Then I met my girlfriend and she became pregnant and I went to live with her family for a short while ... I enjoyed it ... there was a family feeling ... you really enjoy it ... even just the most simple things and you are happy. Anyway I feel that these days I have settled down ... I have bought a house in Żurrieq ... a flat from the housing department ... they gave it to us ... and I have a five year old son.” (ll. 761-82)

“Insomma mbaġhad iltqajt mal-girlfriend u ħarġet pregnant u dan u mort ngħix ftit għandha...għand il-familja tagħha...Imma ħadt pjaċir...hemm sens ta’ familja...tieġu pjaċir...anke l-affarijiet sempliċi u tkun kuntent. Insomma llum issetiljat u hekk...xtrajt post iż-Żurrieq...flat jiġifieri tal-housing...tawhulna...u għandi tifel ta’ 5.” (ll. 761-82)

Raymond also felt well settled down now and expressed a strong sense of accomplishment and satisfaction at having created a family to call his own:

“Now I am better as I have settled down ... and ... settled down and comfortably off. I lack nothing more. I found a good girlfriend. You understand? At the moment she is not working so she can look after our son until he grows up. We really are very careful. If you are careful, you can do anything ... you don’t need loads of money to live a good life.” (ll. 839-42)

“Aħjar issa ssetiljat ... u ... ssetiljat u komdu eh. Ma jonqosni xejn aktar. Sib tfaġja bil-għaqal. Fhimt? Bħalissa mhux qiegħda taħdem għax biex tieġu ħsieb it-tifel sakemm jikber u hekk. U noqogħdu bil-għaqal. Jekk tkun bil-għaqal tagħmel kollox ... m’għandekx bżonn flejjes kbar biex tgħix ħajja tajba.” (ll. 839-842)

And later:

“That’s it ... I have matured ... this is the fruit that I have reaped ... I have found a good girlfriend ... now I want to raise a family ... my son is growing up too ... he is going to be 5 ... it is good!” (ll. 914-5)

“Dak huwa....rabbejt l-għaqal...dak ħareġ il-frott.....sibt tfaġja bil-għaqal...u issa rrid nrabbi familja....it-tifel qed jikber ukoll....ħa jagħlaq 5 snin....tajjeb eh?!” (ll. 914-5)

Simon as well stated that the turning point in helping him mature was first having a girlfriend and building a family with her:

“Now I have calmed down because before I was one of those who would not have thought twice before lashing out and beating up someone, it was what to expect from a young boy.” (ll. 64-6)

“Illum il-ġurnata rabbejt l-ġhaqal imma qabel kont wieħed minn dawk li ma kontx ser niddejjaq naqbad u naqbad nagħti, ta’tifel li kont.” (ll. 64-6)

4.13.5. The Importance of Attachment Bonds

When still young, Becky attached to another girl with whom she had a lesbian relationship. Meanwhile, she also got pregnant and had a baby who she took care of together with her female partner. Recently, this lesbian relationship came to an end. Although Becky had various relationships with men, she found it hard to trust and bond with a male figure and this lesbian relationship remains the most significant and long-term relationship she has had to date:

“I became attracted to her, we spent about 10 years together, then we decided to have a baby, and we had one, she spent 4 years looking after him ...” (ll. 1159-60)

“ħadt grazzja magħha, ġhamilna kwazi 10 snin flimkien, u ġħażilna li nagħmlu baby, u ġhamilnih, ġħamlet 4 snin trabbih...” (ll. 1159-60)

Abigail also found a lot of support from a boyfriend with whom she spent the weekends and who took on a caring and fatherly role towards her. She also appreciated the fact that he bought her her pets, with which she bonded in a special manner:

“He arranged things for me himself, poor guy. No to tell you the truth he is older than me, he can be my father in age, but he respects me a lot because he was the one to bring me my dogs and he bought me this one. I love them a lot and if one of them had to die, I would go crazy. That is the reason why I get many of them ... this one is about a year and three months old and this one is about 4 months old and he comes from a cross breeding with a fox terrier.” (ll. 279-83).

“Irrangali hu stess miskin. Le biex ngħidlek il-verita` ikbar minni dan li kelli, jiġi missieri, pero` ġhandu rispett ħafna ġħax hu ġgabhomli l-klieb u dan xtrajuli hu. Jiena nħobbhom u jekk imutli xi ħadd minnhom niġġennen. Jien ġħalhekk inġib...dan ġħandu sena u tlett xhur u dan ħa jagħlaq xi erba` xhur ġħax dan ibbastardjat minn mal-fox terrier.” (ll. 279-83).

4.13.6. Supportive Relationships with Significant Others out of the Care System

Simon said he felt happy to be settled with a woman with whom there is reciprocal love and respect. Earlier on we read how important it is that she is there to welcome him home when he returns from work, a situation which was probably lacking in his childhood and where his parents were not there for him. His partner not only provided security to Simon but also gave him a stronger sense of purpose in life:

“It changes your life, but when you know how to love especially, I have a girlfriend who adores me and I feel the same way towards her too. So we are very close. I go home and we talk with each other, this helps me a lot, you understand.” (ll. 680-3)

“Tibdillek ħajtek eh, imma meta tkun thobb speċjalment, ifhimni jien għandi t-tfajla tiegħi tadorani u jiena mhux inqas. Jiġifieri allura speċi close ħafna. Immur id-dar nitkellmu u hekk, dika tgħini, qed tifhem.” (ll. 680-3).

Abigail, who had a very rough childhood and suffered severe abuse then, found stability and care with a loving boyfriend who not only provided emotional stability for her but also financial. He was also responsible for bringing her out of the care system when she was 18 years of age

“Really and truly, he was the one to take me out and he found me a place where to live. At first I lived with his mother, to tell you the truth, but then I got fed up living there and I said maybe it’s better if I go off to live on my own.” (ll. 230-2)

“Hu ħarigni u sabli post biex ngħidlek il-verita`. L-ewwel kont ngħix għand ommu biex ngħidlek il-verita` mbagħad kont qisni iddejjaqt u għedt forsi ħa nmur ngħix għal rasi.” (ll. 230-2)

A significant factor related to a care leaver’s long term life outcomes is the level of support available to them during their transition and right after leaving care. Research indicates that youth often cite the need for ongoing supportive relationships developed during the years in care and support from peers or mentors as crucial in ensuring a better transition into adulthood (Tweedle, 2005).

Cashmore and Paxman (2006) also noted that felt security, continuity and social support beyond care were the most significant predictors of young people’s outcomes four to five years after leaving care. Their findings highlight the importance of not only maintaining stability in care for young people, but of fostering a sense of security and belonging to ensure that young people have a network of support after they leave care.

Samuel related how a contact with a particular social worker was especially helpful in those years after leaving care:

“Then there was another social worker and he was very nice and even when we left (from the care home) he was there, he helped us a lot. Each time we phoned him about something, he would leave work to come to help us. Even when he left that line of work and found another job he used to still help us. So these people existed too.” (ll. 307-8)

“Imbagħad kien hemm social worker ieħor, vera alright, u anki meta ħrigna (mill-care) kien hemm, kien għinna ħafna. Anki nċemplu, jinqala’ mix-xogħol u telaq u sab xogħol ieħor. Kien jiġi jgħina xorta. Dawn in-nies kienu jeżistu.” (ll. 307-8).

His last sentence almost expressed some incredulity that these people truly exist, indicating that similar persons who are so reliable and so important at this crucial stage are rare to find.

Robert also stated how his previous residential social workers were crucial in the transition out of care, maintaining a constant contact since:

“It’s like they still followed us. The work of the social workers was to be outside the situation, but still follow us ... there were four of them ... they tried to find a job for us, they also tried to put us up with a family and the sort. We have kept contact with them since then.” (ll. 882-96).

“Aħna bqajna qisna jsegwuna. Ix-xogħol tas-social workers hija li ġew minn barra baqgħu isegwuna...Kien hemm erbgha...li ppruvaw isibulna xogħol, li ppruvaw jitfgħuk mal-familji u hekk. Minn dak iż-żmien bqajna bil-kuntatti magħhom” (ll. 882-96).

Similarly, Raymond gratefully owed a lot to the support a supervisor at work gave him. He is still a significant person in his life and he said that he has advanced at work thanks to his backing and intervention. He not only worked with the same company now but sought to ameliorate his position and acquired some professional training there, showing a sense of personal agency vis-à-vis his employment:

“But maybe this year I will try to study to get the licence. I will try to go for private tuition because if I had to go to MCAST in a class ...” (ll. 175-80)

“Imma forsi din is-sena nibdew il-licence. Nipprova privat ħa ngħidu hekk għax jekk ħa tmur MCAST fil-klassi...” (ll. 175-80)

As regards the person who supported him all along, he says:

“There was a lot of support even at my workplace because I even had problems in that area and with the problems I had, I could never work ... He supported me a lot ... even up to now. He used to cover for me ... even when I did not go to work or I would phone him in the morning and I would tell him today I am not coming or I would phone the office and would tell them I am not coming to work because I am sick or something. Even when he knew I had been arrested, he would tell them that I had asked him for leave from beforehand, he would tell them look he even filled the leave of absence form for me ... look ... he wrote it down as an off-day. When I did not go he would note them as leave days or something like that, because I don’t know exactly what he did, but it always worked somehow. Even when he realised that I was not doing well financially, he would not give me money but he would tell me come let’s go and eat out somewhere because it’s better like that ... Even the group he placed me with ... he put me with young men

my age, but they were better adjusted than me. As far as employment goes, if you want to find help you have to look for large companies because if you work in catering you don't find help, when I had worked in catering for some time on a part-time basis, I had ended up worse. In catering, you meet more people and ... Anyway from then on I was ok, even nowadays he calls me and he asks 'how are you?'" (ll. 690-708)

“Kien hemm hafna sapport min-naħa tax-xogħol, għax kelli anki problemi jġifjieri, b’dawn il-problemi qatt ma taħdem żgur. Issapportjani hafna jġifjieri ... għadu s’issa. Kien jgħattili wkoll...anke meta ma nmurx xogħol jew inċempel filgħodu ngħidlu li llum minix ġej jew nagħmel ġurnata inċempel l-uffiċċju ngħidilhom isma’ jien sick jew hekk. Jew dan meta kien ikun jaf li jien qiegħed arrestat, allura kien jgħidilhom iva kitibli l-leave ... hawn ... kien ħa l-leave. Le jekk ma nigix jiktibhom leave għax ma nafx x’kienu jivvintaw imma dejjem irnexxiet. U anke mod ieħor, ġieli kien ikun jaf li qiegħed daqsxejn broke, ma kienx itini flus ... kien jgħidli ejja nmorru nieklu xi ħaga għax aħjar hekk. Anke il-klikka ... tefagħni ma’ klikka li kienu bħali ... ta’għuvintur bħali imma kienu daqsxejn bil-għaqal. Mix-xogħol veru jekk trid issib għajnunna bħal dawn il-kumpaniji li jkun kbar hafna, għax jekk tkun f’catering ma ssibx, l-ambjent tal-catering, meta kont għamilt żmien part-time, titgerfex iżjed. Tiltaqa’ aktar ma’ nies u dan. Insomma minn hemm bqajt tajjeb anki llum il-ġurnata jċempilli jgħidli ‘Int kif inti?’” (ll. 690-708)

Raymond is also still close to a person who was a voluntary worker when he was still at the nuns’ home as a young boy. He has been a constant point of reference and support for him ever since. The presence of such persons in Raymond’s life has certainly contributed to his overall resilience and his will to maintain stability in life, despite the various hardships he has been through. He said of this person: “So we are still really close ...he treats me like his son.” *“Jiġifjieri għadna vera close...bħal ibnu eh.”* (l. 214)

4.13.7. Future Ambitions

Despite the various challenges, Samuel is hopeful about his future and aims to have his own business and finally have a house of his own.

“Now in about two, three months I will go off to live on my own ... at the moment that is my aim, if I manage to buy a house and pay for it myself, and I start off somewhere.” (ll. 543, 556)

“Issa fi żmien xahrejn, tlieta, għandi mmur ngħix waħdi...bħalissa dak l-iskop tiegħi jekk nasal biex nixtri dar, inkun kapaċi nħallasha jien, u nibda minn x’imkien.” (ll. 543, 556).

Benjamin also stated that he is settled in his employment in the catering industry. However, his brother (who was also with him in care) is pursuing further opportunities for learning:

“I started off in catering and I remained in catering. Chris had also started off in catering, but he got fed up and went back to studying.” (ll. 294-5)

“Jien bdejta fil-catering u bqajta fil-catering. Chris kien beda fil-catering ukoll u xeba’ catering u reġa’ qabad jistudja.” (ll. 294-5)

It is pertinent to conclude this section with a word of hope and optimism for the future that Daniel sees for children in care who at some point in time will be required to make the risky transition out of care:

“It’s good that you do not give up on these children. That you do not lose ... in the sense that ... there is a chance that you will make it in life. There is a possibility that you will be better than your parents. There is also a chance that you will have to work hard for it but let’s hope for the best.” (ll. 781-4)

“Tajjeb li ma taqtax qalbek mit-tfal. Li ma titlifx...fis-sens li isma’, hemm possibilita` li tagħmilha f’din il-ħajja. Hemm possibilita` li tkun ħafna aħjar mill-ġenituri tiegħek. Hemm dik il-possibilita` ukoll li trid taħdem għaliha imma, ejja nisperaw fit-tajjeb” (ll.781-4)

4.14. Proposing a Way Forward

The themes that emerged within this superordinate theme can be broadly divided into two: those dealing with recommendations for ‘life in care’ and the second group dealing with recommendations related to ‘leaving out-of-home care’. We start off by presenting recommendations for improving life while in care

4.14.1. Criticism of the Buildings

Some participants voiced their criticism regarding the enormous buildings housing the residential homes. This also emerges within the last superordinate theme. Benjamin criticised the lack of privacy due to living arrangements in dormitories coupled with the lack of shower units while his brother disapproved of the overall ambience which needed considerable refurbishment.

4.14.2. Suggestions for Improving Life in Care

A dominant theme within this first group of themes has included suggestions for improving life in care. Simon spoke about the need for more flexibility which would counteract the rigidity of an institutional structure. He coupled this with the need for children to be able to express themselves with adults who would be available to them:

“Let’s face it, I had wished, how can I put it? That there was more freedom, that the kids would have more opportunity to speak up, not that there is no opportunity to speak up, but we rarely got to see the priest. Who are you going to talk to? With the carer? Probably you’re thinking, could you not have spoken to her? I could have

but they are so busy that probably they would not have time for you. Do you understand?” (ll. 640-4)

“Ifhimni xtaqt li forsi jkun hemm qisu, kif taqbad tgħidha jkun hemm liberta` iżjed, it-tfal ikollhom ċans iżjed jtkellmu, mhux għax m’hemmx fi x’hin jtkellmu pero` naħseb li, ifhimni l-qassis bil-kemm konna narawh. Ma’ min ha titkellem? Ma’ dik li tieħu ħsiebek? Tgħidli ma tistax titkellem magħha? Tista’, imma tant ikollhom x’jagħmlu li mbagħad minn banda ma tkunx tista’, qed tifhem?” (ll. 640-4)

This call for the availability of adults to whom children could talk was emphasised significantly and to a certain extent surpassed the need for structural developments in the buildings themselves. While Becky and Luke spoke about this need, Luke was very passionate regarding the need for an evaluation of what goes on inside the institution. When he spoke about children who were protected via care orders he stressed the need to make sure that the place where kids are being sent to is actually better than home:

“And you are not seeing what is happening inside. So how can you say that they are better off there, than with their parents?” (l. 280)

“U x’inhu jgħri għewwa inti m’intix tara. Allura kif tista’ tgħid li hemmhekk aħjar milli kieku qegħdin mal-ġenituri tagħhom?” (l. 280)

He stressed the need for more monitoring and cultivating a culture of openness. According to him, this should include striving towards preserving the links between the child and members of his family of origin. Children should have the opportunity to express their feelings with members of their family of origin including members of their extended family. This should supersede the contact with professionals. Luke spoke passionately about this perhaps because he had been through the pain of not being able to be in contact with his extended family.

While acknowledging the need for openness, Becky stressed the importance of remaining vigilant regarding the persons that should be allowed to be in contact with children. In itself this presents a dilemma or a need for balance between openness and scrupulous gate keeping favouring the protection of children. This will be expanded upon in the discussion chapter.

Becky elaborated on the recommendation of making sure children have the opportunity to speak out. She was more specific and mentioned the need to employ lay care workers:

“I would place lay carers and not nuns, that would have some experience, take the children out like a normal family, I would give them a lot of opportunities because that is important.” (ll. 237-9)

“Kieku ma nagħmilx sorijiet, nagħmel carers, li jkunu bl-esperjenza, oħroġhom hux bħal familja normali, intihom ħafna opportunitajiet hux għax dik l-importanti” (ll. 237-9).

Daniel spoke about the fact that he needed positive role models who had been through the same experience of living in care. He spoke about the positive impact of a care worker who had lived in care and went on to be successful in life. He made a very interesting suggestion in terms of mentoring and positive role modeling by ex residents.

Daniel also spoke about the need to enhance the children's self worth and to help them believe in their potential especially in situations when they may have internalised a very negative self image:

“It's good that there would be someone who encourages the children to achieve their potential, with the aim to explore with them, and show them that look you are not a failure, even though you have these parents. You will achieve something out of your life.” (ll. 674-6)

“Tajjeb li jkun hemm min juri lit-tfal il-potenzjal tagħhom. Bil-ħsieb li tesplora magħhom li isma' int m'intix fallut, allavolja minħabba il-ġenituri tiegħek. Se tagħmel xi haġa f'ħajtek” (ll. 674-6).

On various occasions, Becky spoke about the fact that had she been given adequate opportunities in life she would have been able to build a better life for herself, which was also alluded to by Abigail. When Becky recommended making sure that children in residential care are given the opportunity to realise and develop their full potential, she was speaking from her own experience. This focuses our attention on the issue of inequality of opportunity which will be taken up in the discussions chapter.

4.14.3. Need for More Protection by the Care System

Becky expressed her dissatisfaction and anger at the system that regulates the social contact and how children need to be protected from yet another rejection or inconsistency. In terms of this need for more protection, Luke spoke about the need to ensure individual attention while at the same time acknowledging how difficult it is to provide for this need within an institutional or group setting:

“But the attention cannot be focused on one individual only. You cannot even if you wanted to. You cannot because at certain times there is chaos.” (ll. 251-3)

“Imma l-attenzjoni ma tistax tkun fuq individwu wieħed. Ma tistax lanqas li kieku trid. Ma tistax għax f'ċertu sekondi jkun hemm rebus” (ll. 251-3).

He proposed looking at other alternatives to institutional care such as kinship fostering and fostering where he feels children stand a better chance of getting more individual attention.

In terms of the need for more protection and care, Becky mentioned the fact that she regrets having been allocated a counselor when she was in her mid teens as this was a bit too late. This links with the suggestions within the next theme.

4.14.4. The Need for Therapy when in Care

Daniel shifts our attention towards the need to deal with the children's inner reality. He adds that while living in residential care he went to see a psychologist. Though it started off as an escape from school it developed into something important:

“I spent some time going to a psychologist's house and it made a huge difference for me when I used to go there” (l. 112)

“Jiena għamilt żmien kont immur id-dar ta' psychologist imma kienet differenza kbira meta kont immur għandha” (l. 112).

He adds that the residential home he lived at also had an in-house psychologist and he saw that as a positive. It is interesting that he seemed to be very aware of his anger.

“There is a certain anger inside me which has not been addressed, and that anger is still there to this very day.” (l. 105)

“Ċertu rabja ma kinitx giet indirizzata u ċertu rabja għadha fuqi sal-lum.” (l.105).

“Certain mistakes that I made lately, especially ... if it had not been for this anger I would have reacted differently ... differently. But the way I was raised, I always revert to a defensive mode. This is a form of pessimism. It still affects me presently. And if you don't handle it and you don't control it, you end up losing a handful of people who would be able to help or who at least will be there for you in life.” (ll. 518-25)

“Ċertu żbalji li għamilt dan l-aħħar speċjalment ... kieku ma kinitx ir-rabja, kieku jien kont naġixxi mod ieħor. B'mod differenti. Imma jien kif trabbejt il-mod tal-mentalita` tiegħi hi li jien dejjem naqa' fuq id-difensiv. Ifhem dan ikun pessimizmu. Għadni sal-gurnata tal-lum għaddej biha. U jekk ma tihendiljahiex u żżomm u ma tikkontrollahiex, 'il quddiem tista' titlef l-erbgħa f'tit minn nies li vera jistgħu jgħinuk jew li jistgħu jkunu hemm għalik f'ħajtek” (ll.518-25).

The long term consequences of unaddressed anger comes to the fore here. He could see and thus recommend the need for a therapeutic space where the children can process the journey into out-of-home care. Samuel spoke about his brother who did not join him in residential care and who is presently a drug user. He spoke about how his brother could have been helped through an earlier intervention. He seems to uphold a narrative which stresses the unavailability of help and how timely help could have saved his brother. Through such a narrative he makes sense of his brother's present situation and his own helplessness in not being able to help him:

“And I could not help him. I was younger than him and I could not understand.” (l. 396).

“U jiena ma stajtx ngħinu. Kont iżgħar minnu u ma kontx nifhimha” (l. 396).

Simon also spoke about the need for an adult to offer this therapeutic assistance. While one recognises the need for the formal one hour therapy session, one also perceives the value of adopting a broader therapeutic stance spanning the other hours spent in residential care. This will be further elaborated upon in the discussion chapter.

4.14.5. Need for Help to be offered to Parents

“It’s true he used to drink but he always loved us all. It’s true he had a drinking problem ... I cannot say, just because my father drinks, I put all the blame on him ... because there are people who will immediately brand an alcoholic as a bad person ... It’s not always the case that he is a bad man, he might be really nice but he has a problem. It just means that this man needs help. My father never had help.” (ll. 628-37)

“Vera kien jixrob u hekk imma dejjem ħabbna, vera, kollha. Vera kellu problema bix-xorb ... ma nistax ngħid għax missieri jixrob, nagħti t-tort kollu lilu ... għax hawn nies ... għax ir-raġel jixrob bumm mal-ewwel raġel ħażin... Mhux bilfors raġel ħażin jaf ikun vera alright imma għandu din il-problema. Jiġifieri għandu bżonn l-għajnuna. Missieri qatt ma kellu għajnuna” (ll. 628 -37).

Samuel shifts our attention to the need to intervene with members of the family of origin. It seems that in preserving fond feelings towards his father, he constructs a narrative which underlines the possibility that his father could have been helped, had support been available. This seems to be akin to his construction of meaning around his brother’s situation. Yet, on another level, his statement also draws our attention towards how easy it is for our society to construct a narrative of judgement and abomination towards persons who are not able to take care of their children.

Interestingly Luke spoke about the effect on parents when their children are taken into care:

“When you take away their children, the only person that maybe keeps them back from doing certain things, then these persons will have nothing to lose and they will not care. You took away my children; you took away everything.” (ll. 216-8)

“Meta ħadtilhom lil uliedhom l-unika persuna li forsi żżommhom lura minn ċerti affarijiet, tajjeb, mela dawn ġew I don’t care. Ħadtli lil uliedi; ħadtli kollox” (ll. 216-8).

One also wonders about the resources available in order to work with parents who will not always fit into the social welfare system and fulfil the expectations of the professional helper; this will be discussed further.

4.14.6. Advice for Children in Out-Of-Home Care at Present

We conclude the first group of recommendations regarding living in care with Abigail's address to children who are presently going through the experience of residential care:

“They should appreciate those people who care for them. They should be grateful to the nuns and what they tell them and they stay there till they come of age; they do not leave prematurely because they will end up facing huge problems. What the nuns tell you is for your own good because if it were not for your good ... I do still thank them nowadays, even though ... because I chose my life and I chose to get entangled in the problems I did, but if I could turn back time I would now listen to the nuns' advice because they genuinely gave me advice for my own good. They do everything for one's best, they do not betray you, they provide you with clothes, they keep you clean, and they try to keep you happy in everything. Of course to please you all the time is impossible as they have so many children to care for; it's impossible. Nowadays I do appreciate them more and more because I have children of my own and I know from experience and that is why I am speaking in this way, I really want them to appreciate and not give up, because they will grow up eventually, they will find an adequate job and they will thank the nuns more than I am thanking them myself because they are extremely supportive, a lot. Whoever has any problems with his family should speak up and even if they do not speak to the nuns, they should at least speak with someone at school and not keep it to themselves”

“... japprezzaw dawk in-nies li jieħdu ħsiebhom, japprezzaw kull kelma li jgħidulhom is-sisters u jibqgħu sakemm jagħlqu ż-żmien taġħhom, ma jgħaġġlux għax jispiċċaw bi problemi kbar, eh u mbaġħad, għax huma li jgħidulek is-sisters għall-ġid tiegħek għax kieku mhux għall-ġid tiegħek...qed ngħid nerringrazzjhom xorta llum allavolja...għax il-ħajja tiegħi kienet li għażiltha u jien dħalt fihom il-problemi imma jekk nista' nraġġa' l-arloġġ lura, minnhom nisma', għax huma għall-ġid, vera għall-ġid jagħmlu ħafna, għall-ġid, eh jiġifieri la ħa jittraduk, dejjem libbsuk, dejjem zammewk nadifa, dejjem ikkuntentawk f'kollox, ma jistgħux ituk li tixtieq għax ikollhom ħafna tfal, impossibbli. Illum il-ġurnata naf x'jiġifieri għax għandi t-tfal u naf x'jiġifieri, b'hekk qed nitkellem dal-kliem, nixtieq vera li japprezzaw, ma jaqtgħux qalbhom, għax għada pitgħada jikbru, isibu xogħol tajjeb u vera jerringrazzjawhom iktar milli nerringrazzjhom jien għax vera ta' sapport, ħafna. U min ikollu l-problemi mal-familja jitkellem, ma jibżax, m'għandhomx għalfejn jibżgħu, m'hemmx għalfejn jitkellmu magħhom halli jitkellmu ma' xi hadd ta' l-iskola, almenu, u mhux ma juru 'l hadd” (ll. 393-407).

4.14.7. Recent Improvements in the Care System

This theme helps us note that while being passionate and critical in making suggestions regarding desired changes, Luke recognised recent improvements in the care system. He appreciates that nowadays children in care have a greater voice through the work of external social workers and what he perceived as changes in the legislature. He also spoke about care institutions nowadays being much more open to scrutiny by external authorities.

4.14.8. Need for Placements beyond the Age of 16

Within the second group of recommendations i.e. those pertaining to aftercare, we encounter two themes: the need for a 16 + house, and the need for personalised after care and follow-up after leaving.

Luke spoke about peers who he knew in residential care for whom no adequate placement was found once they reached 16 years of age. According to him they ended living in a “house which resembled an old people’s home” *“dar qisha tax-xjuħ”* (l. 632). He remarked that if no adequate placement exists for sixteen year olds who were removed from their homes:

“So you might as well have left them where they were ... If you were really trying to help them, why did you take them away and now you are allowing them to eat the same poison they were feeding on before? ... So you tried to help this boy for nothing.” (ll. 645-7)

“Allura stajt ma ħadthom xejn ... Mela inti x’ħadthom jagħmlu jekk inti ppruvajt tgħinhom u mbaġħad tajthom l-istess velenu li kienu ħadu qabel? Mela inti għalxejn ippruvajt tgħinu dan it-tifel” (ll. 645-7).

It is important to remark that most of our participants had to face the harsh reality of no adequate placements beyond the age of sixteen. Simon’s fate was an exceptional situation. When he turned 15/16 he resided in a flat with older residents still within the same residential home and this is how he described his fate beyond 16 years of age:

“... and then I ended up there (that is, in the same residential home where he lived), I stayed there till I was 18, 17/18 something like that. Then there was a section there ... it was like living in a flat/apartment but it was still part of the home but you have the keys to your own door, you are independent, you go and come as you please, obviously within limits ... but at least you have freedom, you cook for yourself, wash your clothes, we used to pay a small amount of money always to teach and prepare us for when we leave for the outside world.” (ll. 201-14)

“u mbaġħad spiċċajt hemmhekk (jiġifieri l-istess istitut fejn kien jgħix), għamilt sa 18 hemmhekk jiena, 17/18 xi ħaġa hekk. Imbaġħad minn hemmhekk kien hemm section ... fejn tkun qisu

flat/apartment, ġewwa l-home stess pero` jkollok iċ-ċwieviet tal-bieb tiegħek, kollox tiegħek, li x`hin trid inti hriġt, dhalt, mhux tagħmel li trid sintendi ...qisek għandek il-liberta` tiegħek, issajjar inti, taħsel hwejġek inti, konna nħallsu xi haġa żgħira biex dejjem speċi nitgħallmu għal meta noħorgu” (ll. 201-14).

He described this semi-independent section, as:

“It gave me what I wanted; it gave me what I needed to start a life” (l. 677)

“Tagħtni dak li xtaqt, tatni biex nibda l-ħajja” (l. 677)

He went on to explain that:

“I don’t agree with the fact that they stopped it, because it was like allowing a person to change his life but under an amount of control, not actually controlling him, the word would be to supervise him, you monitor how he is getting along, if for example I am alone and I flipped out and began breaking window panes ...” (ll. 691-5)

“ma naqbilx magħha li nehħewha għax dik kienet xi haġa biex bniedem qed tibdillu ħajtu ġo post fejn inti qed tikkontrollah, mhux tikkontrollah, il-kelma hija tiwwoċċjah, qed tarah kif inhu għaddej wahdu, jekk qed tiżbalja jekk għall-mod tal-kelma jien qieghed wahdi u qbadt qabżitli u nkisser il-ħġieġ kollu” (ll.691-5).

It feels superfluous to add more to Simon’s words. One only wonders whether such a semi-independent unit could have changed the harsh reality and pain endured by Abigail, Becky, Samuel, Raymond, Alexia and Daniel for whom the cycle of rejection started once again when they turned sixteen. Though one cannot draw a linear casual relationship between Simon’s present stable situation and the possibility of living in the residential care setting beyond 16 by moving on to a semi-independent over 18’s setting, one needs to acknowledge the tremendous positive impact of such a placement.

4.14.9. Need for Personalised After-Care and Follow-Up after Leaving

Becky aptly introduces this theme:

“Once you leave the care home for example, if you do not have a family to support you, who is going to help you? No one. So who are you going to depend on? Not the carers? You only know them, in reality. You grew up with them, no? Everything depended on them ... everything no? That is why I told you that I would like that when they leave the home they would have a block of their own and pay a small amount in rent. If anything they would be independent and they would know what life can offer but they would be under some form of guidance not all alone. How can you survive? Especially, in today’s kind of life.” (ll. 243-9)

“Meta toħroġ mill-istitut eżempju ma jkollokx familja, min tridu jgħinek? Hadd. Allura mhux minnhom trid, lilhom taf inti fil-verita`. Magħhom trabbejt, vera? Kollox....kollox vera? Jien b’hekk għidtlek nixtieq eżempju meta joħorġu mill-istitut ikollhom blokk għalihom u jħallsu kera żgħira. Xejn, xejn, ikunu indipendenti, jkunu jafu x’jigifieri ħajja u jibqgħu taħt osservazzjoni tan-nies. Mela waħdek tista’ toqgħod? U bil-ħajja tal-lum iżjed u iżjed” (ll. 243-9).

Simon seems to have been the only participant who managed to find this care after the age of 16. Daniel expressed the need for follow-up in the following manner:

“It’s good that there is some form of monitoring, for example, for the following two years, it’s like someone to tell you look you need to change as you are going to be facing many different people” (ll. 747-9)

“Tajjeb li jkun hemm monitoring tas-sitwazzjoni forsi eżempju għal the next two years, isma’ li toħroġ u li jkun hemm ħafna nies li isma’ inti trid tinbidel” (ll.747-9).

He kept an informal contact with care workers and other staff members yet he did not mention any formal follow-up. In reality residential care workers follow care leavers for a period of some months and then field social workers carry on the follow up.

Becky continued thus:

“for example, I really wanted someone to guide me and to have a flat of my own and someone to come and speak to me, like a care worker, to ask how I am and come do the shopping with me ... that would be really nice ... it’s like although you do not have any parents but at least there is this guide to help you and protect you.” (ll. 493-5)

“Eżempju kemm xtaqt li xi hadd ikellimni u eżempju jkollni flat u xi hadd jiġi jkellimni bħala care worker, tgħidli int kif inti u tiġi tagħmel ix-shopping miegħi. .. sabiħa ta ... appartu ma jkollokx il-ġenituri jkollok dan is-sid jieħu ħsiebek sabiħ” (ll.493-5).

One immediately notices her clarity and, at the same time, her yearning for care. She recalled the tragic outcome of others who left care with her:

“I’m sorry to say that half of them died of an overdose as there is lack of support ... it’s true we do not seek help but who in our position is going to look for help if you have just left a care home? One goes to discover what the world has to offer no?” (ll. 138-41)

“Jiddispjaċini ngħid li nofshom mietu b’overdose pero` hemm nuqqas ta’ attenzjoni u vera forsi ma nfittxux għajnuna imma dan

min ha jiġi jfittex l-għajnuna jekk għadu hiereg mill-istitut, imur jiskopri d-dinja vera?” (ll. 138-41).

She introduced an important challenge for us as professionals. It seems not to be enough to expect these care residents who have left for the outside world to reach out for help. There needs to be a system of follow-up because as Becky mentioned not all previous residents seek help even if they would need it.

Apart from emphasising the need for such monitoring and follow-up Becky also expressed the need for training in life skills with an emphasis on budgeting skills.

As Samuel commented, in terms of after care, “on your own there is little chance that you will manage” *“waħdek ma tantx tkampa”* (l. 569). It is interesting that due to inadequate follow-up he was not even aware of the fact that he could apply for a subsidy regarding his rent. He only applied three years after upon getting to know of the possibility through his peers. After-care was also not adequate in Abigail’s case and the recommendation for after-care to be seen as a priority seems to be very clear. This will be expanded upon in the following chapter.

4.15. Conclusion

Throughout this chapter, the ten care leavers have helped us gain insights with regards to their struggles, as they courageously strove to cope with the enormous challenges they had to face in their lives. In the next chapter, we will elaborate further on the children’s needs by delving deeper on the themes elicited in this chapter.

Study 3 Chapter 5: Discussion of Findings**5.0. Introduction**

Young people leaving care are described as being amongst the most vulnerable and disadvantaged social groups (Osborn & Bromfield, 2007). The participants' voice within this research project highlights the extent of this vulnerability. This compels us to delve deeper into a number of crucial aspects including the participants' long term outcomes, the extent of their resilience and vulnerability, their situation in the context of their family, and current care practices in the area of out-of-home care. In turn, this discussion will generate a number of recommendations.

5.1. Care Leavers: A Population at Risk

The findings indicate the extreme challenges that participants had to face after they left care; challenges, which most of them, are still facing today.

5.1.1. *At Risk of Extreme Poverty*

Four participants spoke about difficulties they encountered in finding accommodation following their departure from residential care. This resulted in frequent changes in living arrangements and quick fix but inadequate shelters. Dixon et al (2004) point out that housing is of extreme importance to young people's well-being. Whilst Abigail, Becky and Alexia spoke about extreme financial difficulties, all participants (except Simon) spoke about insurmountable difficulties in finding a stable job. They could not rely on a steady source of income and consequently they had to take on various jobs in order to try to make ends meet. Some of the participants in our study, women in particular, tended to rely heavily on social assistance. This situation pushed the participants to live in poverty on the margins of society.

We would like to draw attention to the fact that the female participants in this study seemed to be more vulnerable to poverty. Many of the women interviewed became parents at a very young age. Whilst in the findings we have already referred to this as a seemingly unconscious compensation for their childhood suffering, we need to appreciate that this occurred within the

context of abusive relationships, including marriages of convenience. These findings are in line with Australian research which claims that nearly one in three 19 year old women got pregnant or had a child soon after leaving care compared to only 2% of under-19-year-olds in the general population (Cashmore & Paxman, 1996). Pregnancy soon after care emerges as a salient issue in a number of studies, e.g. Wertheimer (2002), Maunders et al. (1999) and Cashmore and Paxman's longitudinal research (1996). Whilst all out-of-home care leavers are at risk of poverty, females leaving residential care emerge as a most vulnerable subgroup that necessitates specially focused attention in terms of skills in the area of relationships and the development of their personal identity.

5.1.2. *Poor Educational Achievement*

In terms of formal education, one notes that none of the participants in this research were able to continue post secondary education on a full-time basis. Whilst this can be attributed to a number of factors, such as previous negative experiences of schooling and lack of motivation, the fact that participants left care so early, did not help them continue with their schooling. Research shows that the younger the age at which the child was placed in care, the less the number of years of schooling attained (McDonald Allen, Westerfelt & Piliavin, 1996). This inability to continue with education contributed towards an inequality of opportunity which seriously limited the participants' life chances. This is even more alarming when evaluated against a local context where education policy is aiming towards increasing the number of adolescents who continue with post secondary education (Ministry of Education, 2005).

Ensuring a positive school experience for children in out-of-home care needs to be seen as a priority even in the light of research (Rutter et al., 1998; Newman and Blackburn, 2002; Sinclair et al., 2005) which highlights the importance of educational achievement in terms of enhancing the resilience of young people living in care.

The above mentioned negative outcomes seem to be comparable to the scenario in the UK in the late 1990's where a consultation paper quoted literature which showed that at that time "as many as 75% of young people leaving care have no educational qualifications, (compared to 6 % of all school leavers) up to 50% of young people leaving care are unemployed and up to 20%

experience some form of homelessness within two years of leaving care” (pg. 7). Locally we found no available statistics or research on these same lines. Yet, while we need data which would enable us to quantify the problem, findings in this research point towards an alarming situation that requires an immediate response.

5.1.3. *A Challenge to Sustain Relationships*

The majority of participants stressed that building and sustaining long-term relationships was and still is a challenge for them. We meet four contrasting reactions to the issue of building relationships: Daniel, Samuel, Alexia and Simon all faced the scenario of being on their own after care, yet they reacted in different ways. Daniel seems to have been drawn to the prospect of living alone and spoke about how after years in care he learnt to rely solely on himself in a dynamic characterised by excessive self reliance (Golding, 2010). Samuel spoke about how witnessing domestic violence coupled with the fact that he never experienced the warmth of a family life, impacted his ability to be empathic. In as much as he yearned to connect meaningfully with others, he perceived and experienced himself as without feelings: “I am unable to feel anything” “*ġejt bla feelings*” (l. 363). Alexia spoke about how after care she looked for a relationship that would compensate for the pain she endured in her childhood. She sought to meet her relational and contact seeking needs through any available relationship. Not surprisingly this led to further pain and disappointment. Simon referred to the intense experience of loneliness as he spoke about coming back home to nothing:

“I entered home, in the first three years I did not even have a television set, I used to go home and you see nothing,” (ll. 530-2)

“dhalt id-dar, għamilt jiġifieri l-ewwel tlett snin lanqas television ma kelli jiġifieri nidhol id-dar, ma tara xejn,” (ll. 530-2)

While this must have been a critical, bleak experience for Simon, the reparative relationship with his mentor helped him sustain his belief and trust in the human propensity for meaningful

contact. This seems to have helped him form his own family and appreciate the value of significant relationships and the warmth of family life.

Such contrasting experiences point towards the impact of complex trauma (Cook et al., 2005) and the effects of institutional care on attachment patterns (Ainsworth et al., 1978). Whilst the outcome of being able to sustain relationships cannot be easily quantified along the same lines as accommodation or employment, its impact is far reaching as it crucially hinders the person's ability to be with others and reap the benefits of such interactions.

5.2. Moving Out of the Care System

The local out-of-home care system does not seem to have realised that asking these children to move out of care at sixteen, or thereabout, appears to be an invitation to failure. It is certainly unthinkable for most parents to ask any other adequately adjusted 16-year-old to leave home by the time he completes secondary education.

5.2.1. *Unprepared for the Transition to Face the Outside World*

The vast majority (9 out of 10) of the research participants, were, to various extents, disarmed to face the challenges of adulthood when they left care between the age of 16 and 18.

This is in line with research by McDonald Allen, Westerfelt & Piliavin (1996) which shows that youth who leave the care system do so in an accelerated and compressed manner and at a relatively young age. The impact of leaving out-of-home care at such a young age is even more striking when taking into consideration a trend in Western society where there is an increasingly delayed readiness to enter adulthood: the so called 'adulthood' (Henslin 2007). The average age of moving out from the parental home is much higher, for example 23 in the UK and 29 in Spain (Del Valle, Bravo, Alvarez & Fernanz, 2008). Stein (2004) showed that this accelerated process has damaging effects on the youth's resilience whilst research by Del Valle, Bravo, Alvarez. & Fernanz (2008) shows that youth leaving care at an older age fare much better in life.

5.2.2. *The Dynamics of Leaving Care Prematurely*

Why did this knowledge, which is taken for granted, not feature when the children were being made to leave the care system? We would like to hypothesise about this in the light of the findings, in an effort to unravel the underlying dynamics at play.

It seems that on an organisational level the institutions that were providing out-of-home care could not keep abreast with the transitions that were taking place on a societal level. Thus it became acceptable to send Samuel back home as he turned 16 in spite of the fact that his family environment had not changed much from the time he was put into care.

It appears that persons within institutions and state agencies were aware of the risks, yet felt powerless and lacking, in terms of resources, to provide an alternative. The young persons in our study seem to have fallen between two stools: the church run institutions and the state that was ultimately responsible for some of the participants' care through a care order. On the one hand, the institutions could have reasoned that the state needs to invest more and cannot simply continue relying on them to bear the cost of taking care of young people, who were sometimes challenging. On the other hand, the state could have expected the institutions to treat these children as their own and so be more protective of them. When listening to the young people's stories, it is evident that state authorities and religious institutions were not sensitive enough to these young people. For example Abigail was sent to live in a home for persons with disabilities when she was 18 in spite of the fact that she was capable to live independently with support.

By the age of 16, the child living away from her family of origin risks becoming no one's child. Being someone's child means having someone who will passionately be there for you, especially when in your rebellion you seem to deserve it least but need it most.

The exploration of the psychosocial well-being of participants showed that developing self-regulation was a developmental challenge for our participants. They could have been more prone to act out in the face of stress and traumatic triggers. In a number of situations, the care system seems to have been unable to deal with this acting out and rebellious behaviour. Moreover the fact that some of them knew that instead of being contained and cared for they were meant to be leaving, may have exacerbated their feelings of abandonment and rejection

and, paradoxically speaking, helped them to persist in this self-defeating rebellion. “I created a lot of problems for them, they were right to send me away” “*Jien għamiltihom, kellhom raġun ikeċċuni*” said Alexia, as she sought to go out with every available male in an attempt to leave the home.

Findings suggest that residential care settings seem to have repeated the initial cycle of rejection once these children reached 16 years of age. This rejection could have confirmed the negative narratives the participants held about themselves.

5.2.3. *Minimising Risks for Care Leavers*

When making recommendations regarding changes that they perceived as supportive, research participants highlighted two factors: they spoke of the need for placements beyond the age of 16 alongside the need for personalised after-care and follow-up after care. In our research, the participant who stands out as having most adequately adjusted to adult life has been provided with both elements. Simon was provided with both a placement and the personalised care that research participants called out for. The fact that Simon lived in a semi-independent unit within the same residential home seems to have contributed to stability and access to persons who were significant to him. At the same time he could count on the support of a mentor, who followed him once he needed to move into independent living.

Biehal et al. (1995) had concluded that specialist schemes for care givers in the UK tended to be most effective in the areas of improving accommodation outcomes and life skills support such as budgeting and self-care. Yet, such schemes implemented by local authorities had limited impact on other important results such as educational outcomes, social interaction and developing a positive self image. Development in these seminal areas was related to young people having supportive links with family members and former carers. Thus, Stein (2005) too advocates for an acknowledgment of the primacy of the quality of relationships formed within out-of-home care:

“Leaving care should be reclaimed by carers. For, as the research evidence clearly shows, it is they who can provide the stability and continuity young people need during their journey to adulthood. The role of specialist schemes should not be to take over from them but to assist them in preparing and supporting young people during their transition” (2005, pg. 25).

The evaluation of specialised schemes in other countries coupled with the recommendations made by our research participants stress the need for residential homes to continue caring for the children in their custody beyond the age of 16. This will be the guiding principle underlying the recommendations which will be made regarding out-of-home care for adolescents beyond 16 years of age.

5.3. Supporting the Family and Promoting Resilience

Within the previous section we discussed the issue of minimising risks for care leavers. Findings indicate that risks can be reduced by strengthening the individual child. This can be achieved through supporting the families of children in need of out-of-home care alongside measures intended to promote resilience.

5.3.1. *Supporting the Family*

Whilst local research shows that multiple issues feature as reasons for admission into out-of-home care, “parenting difficulties” emerges as the most frequently mentioned issue. (Abela, Abdilla, Abela, Camilleri, Mercieca, D, Mercieca, G., 2011). Moreover, parental issues feature as one of the reasons for admission of over 80% of the local out-of-home care population (Galea-Seychell, 2005). Browne and Hamilton-Giachritsis (2004) in their Daphne project report showed that whilst 22.7% of children under 3 years of age were living in local institutions due to abuse and 6.8% were abandoned, 70.5% were in institutional care for other reasons. This calls for stepping up efforts to address these “other reasons” and to intervene with the families of these children, in order to try and prevent resorting to out-of-home care in the first place.

The theme of longing for one's family of origin and the desire to belong to a family emerged very strongly from the findings. Luke described his overall experience of out-of-home care as having been denied the right to be brought up in a family. Raymond and David spoke about how living in residential care made them feel like a misfit, whilst David and Steve spoke about residential care as a constant reminder of having been rejected by their family. Moreover, both Abigail and Becky regretted the fact that they were not adopted or fostered. They perceived failed efforts at adoption or fostering as missed golden opportunities in their lives. Such constructions of meaning around living in residential care accentuate the need to enhance efforts, in order to prevent the move into long term residential care. This can be done by continuing to develop fostering services and also by working intensively with families at risk.

As Maunders et al. (1999) maintain, working with multi- problem families, who are difficult to engage with, is indeed challenging. This calls for efforts to transcend strategies of traditional social care through the implementation of innovative interventions (Neander and Skott, 2008). Such interventions include family restoration initiatives (Doyle et.al, 2011) and early assessment/intensive intervention with the birth family whilst the infant resides temporarily in foster care (Minnis, Bryce, Finn & Wilson, 2010).

Whilst advocating for the need for intensive work with at risk families, research and findings within this project suggest proceeding with caution in terms of unplanned reintegration. When Alexia joined her family of origin due to her father's insistence without a planned reintegration, this resulted in further abuse and the longing to be protected back in residential care. Some research on foster care also shows that children who were reunified with their families had more negative adult outcomes than those who aged out of the foster care system (Holland, 2006 as reported in McDonald et al., 1996). It is indeed extremely important to assess the dynamics within the family of origin and the extent to which such a family would be open to change. Moreover a time frame that takes into account the children's right to a family needs to be respected when planning reintegration.

5.3.2 *Coping with Abandonment*

In this study, self-reliance emerged as a dominant coping mechanism as participants faced abandonment and the mistrust it generated: Luke spoke about “an aim in mind” “*tir f’rasi*” (l. 348); Daniel spoke about the self determination that emerged from the realisation that “you can survive on your own” “*jista’ jirnexxilek, wahdek*” (l. 799); whilst Samuel spoke about being his best source of support. We need to highlight that for most participants such self-reliance emerged out of necessity rather than being the outcome of a developmental process of healthy self-discovery and identity formation. It emerged out of years of struggling with dire circumstances such as attempted suicide, substance abuse, homelessness and instability. In fact some of the participants are still struggling. For example, Luke is still coming to terms with his alcohol abuse whilst Daniel stated that he feels that he has no sense of direction in his life (l. 311). We can hypothesise that following rejection and abandonment by significant others, a lack of trust in others led to a self concept based around the belief that one can only rely on oneself. This principle goes against the body of knowledge on resilience which shows that resilience can best be bolstered in a relationship context with significant others in one’s own family and in the wider community (Walsh 2006).

Other factors seem to have impacted the participants’ self concept and the manner in which they coped with abandonment. Raymond, Alexia, Becky and Luke sought to transform their predicament by becoming parents. For Becky, the development of self-determination and self-belief seems to have been linked to conceiving and bearing a child. It seems that this compensated for childhood sufferings and yielded a renewed self-concept around being a survivor, “a strong woman” “*mara b’sahh’tek*” (l. 529) rather than a victim. This sense of a renewed self-concept seems to have positively impacted the participants’ resilience. It seems to have empowered and motivated some of our research participants to break the cycle of rejection, and be motivated to parent their own children amidst financial and other difficulties.

5.3.3 *Making Sense of One's Life Story*

Within this study, participants struggled to make sense of the fragmented stories they lived by, which is in line with research by Biehal et al., 1995 (in Stein, 2005). This fragmentation also featured as a symptomatic consequence of trauma characterised by memory loss about the difficult experiences they had gone through. Raymond, in particular, was very aware of this and talked explicitly about his struggle between trying to remember and trying to forget what he went through. However, being able to express a coherent narrative about one's life seems to be linked to the idea of a renewed self-concept which allows one to become more resilient in the face of adversity (Main, 1985).

Reclaiming one's story and being able to make sense of the struggles endured are indeed most challenging processes as can be appreciated in Luke's struggle to make sense of his voluntary admission into care. The extent to which participants managed to reclaim their story and accessed coherence in their narrative seems to have heavily impacted the manner in which they make sense of their present and future life experiences. Some participants were able to consider a number of viewpoints as they attempted to construct meaning around their experiences. Raymond and Benjamin both referred to how they speak openly about having lived in residential care. They relate this openness with a sense of being able to move on, almost as a direct reaction to the stigma and shame of past years. Yet other participants were still struggling to make sense of their own predicament in life.

5.3.4 *The Need to Believe and Invest in the Children*

As they spoke about their lived experience, participants acknowledged that the experience of abandonment led towards a negative self concept. Consequently, they may have found it hard to believe that they could ever be successful. Contrastingly, they may have been more prone to unconsciously repeat their stories of failure and abandonment. A critical feature in enhancing resilience is the presence of someone who is willing to hold on to an alternative narrative (White and Epston, 1999) and believe in the children's potential. Research confirms the importance of such a positive presence. Within the context of continuing education:

“there is evidence that a positive relationship with a carer is important in helping young people who truant and who are excluded from school in returning to education, whereas interventions by relative strangers are far less likely to be successful” (Baldwin, 1998, in Stein, 2005, pg. 14)

In this research Daniel stressed the importance of a caring environment where carers are able to remain positive and hopeful about the children’s potential. He stressed that carers need to explore with them that they are not failures in spite of their parents’ stories. They need to help them believe that they can work towards positive life outcomes, better than their parents. The above discussion highlights the crucial impact of stable, long lasting, genuine caring relationships and leads us on to the next section.

5.4. Care Practices

Participants’ narratives generated both negative and positive characteristics of out-of-home care. Findings indicate that, the phenomenon of “homes” or “*istituti*” in Malta has negative connotations. Coercion and being locked up are implied in the use of the term “she locked me up” “*qaflietni*” as expressed by Luke. Some participants used the word “school” in order to refer to the care home. Such a construction seems to render the experience more palatable. This is in line with findings within another local qualitative research in this field (Abela, Agius, Bishop, Camilleri, Houlton & Mercieca, unpublished).

In our reflexive interview we spoke about how as researchers we also tended to negatively construct the phenomenon of homes. We spoke about our motivation to change the out-of-home care experience for a number of children who some of us meet in our work. This construction was challenged when participants spoke about positive aspects of life within residential homes. Benjamin spoke about the home as a safe haven, a place much better than his family’s home, whilst for Abigail it was a safe place where she felt protected from the abuse she was subjected to at her family home.

The descriptions of negative and positive experiences allow us to identify the characteristics that seem to underlie both effective and ineffective caring. Effective caring seems to be characterised by a containing environment that values stability, continuity, and genuine high quality relationships between adults and children. Such effective caring characteristics seem to be a direct reparative response to the upheavals of trauma and abuse.

We are also able to identify the characteristics that seem to underlie ineffective caring. Ineffective caring seems to be characterised by an environment where children are not protected enough and where rigid regulations dominate daily routines within a closed system which isolates children from their community and engenders stigmatisation.

Both positive and negative characteristics will be explored hereunder.

5.4.1. Care Environment

At various points in the findings, participants commented that the environment, within the homes that they lived in, needed improvement. This refers to the physical environment alongside the overall psychosocial environment. Findings suggest that we can impact the general psychosocial well-being of children in out-of-home care by improving the overall environment in care institutions. In their proposal of a nine point curriculum in the recovery of traumatised children, Cairns and Stanway (2004) highlight environmental features and sensory aspects as the first key element in re-establishing safety and fostering trust with traumatised children.

Findings, especially within super-ordinate theme 5 which elaborated on the impact of shame and stigma, suggest that most participants in this research felt inferior to peers. Samuel's expression "The fact that I lived in a care home was constantly on my mind" "*dejjem kienet f'rasi li qiegħed f'istitut*" (l. 462) sensitises us to the overarching impact of living in an institute irrespective of the quality of care within the institution. He could never get it off his mind. Kufeldt, 2003 suggests that the majority of children living in any form of out-of-home care feel to some extent, or another, devalued and different from peers. Any improvement in the overall care environment needs to reduce rather than increase such perception of inferiority and devaluation.

Improvements need to enhance the integration rather than contribute towards the stigmatisation of these children and adolescents. This will be expanded upon in the recommendations section.

5.4.2. *Genuine Care*

Whilst describing positive practices within the homes, participants spoke about the need for affirmation, the importance of containment and the significance of carers acting as role models with whom they could identify. Moreover participants highlighted the need to know that they are being held in high regard by adult carers who manage to make them feel special. This seems to be in line with local research on the experience of therapy for children living in out-of-home care and their families (Abela et. al, unpublished) and also with Neander & Skott's research (2008) on effective interventions with persons at risk of social exclusion. This research stresses the need amongst vulnerable and at risk client populations to feel that they are being regarded as special. This seems to be a prerequisite for them feeling genuinely cared for and hence able to trust professionals. Becky could distinguish between carers who told her that they understood her but who sounded and felt fake to her, and others who genuinely expressed care.

This feature of genuine concern emerged most significantly when participants spoke about how they perceived particular carers as going out of their way to support them. It seems that they needed to feel that they were more than just part of someone's duty. When taking into consideration the context of residential care, such "going out of their way" introduces important ethical dilemmas. The fact that children are being cared for by employed strangers while living with children who are not related to them, highlights the issue of boundaries to a much higher extent when compared to family settings. Simon recounted how he "lost it" when a priest wanted to bathe him to make sure he washed well. This anecdote helps us appreciate the delicate issue of boundaries in residential settings. It is indeed an ethical challenge to be able to maintain healthy limits yet still provide a genuine kind of caring within such an environment. At times institutional boundaries risk becoming hurdles in the development of genuine, caring relationships and attachments. Participants perceived care workers that were able to remain flexible and extend boundaries, when and where necessary, as being the most effective ones and the ones perceived as *really* caring.

Research consistently points towards the need for the cultivation of a reparative adult child relationship highlighting connectedness and genuine care. Rutter, Giller & Hagell's work (1998) attests to how one unconditionally supportive parent or parent substitute is associated significantly with positive outcomes. Resnick, Harris & Blum (1993) demonstrate that "caring and connectedness" have a positive impact on adolescent health and well-being. Within another research project, youth living in care have cited the need for ongoing supportive relationships developed during the years in care and support from peers as crucial in ensuring a better transition into adulthood (Tweddle, 2005).

Becky spoke fondly of a nun with whom she managed to build a special attachment. The memory of this nun's presence stood the test of time and tumultuous periods. Yet one needs to point out that this person was not available when Becky probably needed her most, that is when she was hospitalised. At this point, Becky had changed residential setting and this nun did not feature anymore in her life which points towards the limitations of group care settings. Even if we manage to get rid of the institutional trimmings and advocate for small scale family-like settings, care workers will still be employees, and may need to change employment with an obvious negative impact on relationships built. Moreover, even in a small group setting, rules may not always be sensitive to individual needs. Whilst Simon, as an adult, was living in a small semi-independent unit he still needed to contend with rules that he experienced as restricting and unreasonable. As his experience showed, in the face of personal circumstances, such rules remained rather inflexible. These limitations in the very nature of out-of-home group care will be taken into consideration in the recommendations section.

5.4.3. *The Need for Stability and Continuity*

For Raymond, the social contact person who remained available across a number of placements became pivotal in his recovery. The presence and availability of this social contact seems to have limited the length of hospitalisation. For Simon, the relationship with his mentor, who started off as a volunteer at the home, supported him in the challenging transition into adulthood. In both cases, these relationships were possible only because they existed outside the confines of the residential organisations and continued beyond the transitions in care. This seems to be in line

with research by Cashmore and Paxman (2006) who noted that *felt security* (our emphasis), continuity and social support beyond care were the most significant predictors of young people's outcomes four to five years after leaving care.

Such findings suggest that we need to link the issue of fostering high quality care through significant relationships, with the concept of continuity and stability. Whilst referring to studies by Rutter et al., (1998), Stein claims that stability increases the likelihood of "providing the young person with a warm and redeeming relationship with a carer – a compensatory secure attachment that may in itself reduce the likelihood of placement breakdown" (2005, pg. 5).

Findings help us appreciate the damaging impact of significant relationships built within one setting being severed with each transition in care. This is especially so in cases where the child's attachment patterns may be insecure or disorganised (Ainsworth et al, 1978).

In our local context, working towards the preservation of such relationships, therefore ensuring stability and continuity, may be even more possible due to the relatively shorter geographical distances. In Simon's and Raymond's case it was actually possible to keep in touch with their social contact, notwithstanding the change in placement.

Limiting transitions in care will ensure continuity and stability. The current local context, where a set of homes cater for children aged 5-9 whilst other homes care for pubescents and adolescents, renders transitions in care almost inevitable. Cashmore & Paxman (2006) found that young people "who had had one placement that lasted for at least 75% of their time in care were more positive about their time in care, were less mobile, and had better outcomes twelve months after they left care" (p. 234). In our research (Abela et. al, 2011), more transitions during care had a negative association with the psychosocial adjustment of the child. This is in line with research which concluded that placement instability is linked with a higher extent of mental health difficulties (Delfabbro & Barber, 2003 in Minnis et al., 2010). The number of changes in placements emerges as the variable most closely related to adult outcomes, even when the presence of behavioural problems is controlled for (Del Valle, Bravo, Alvarez & Fernanz (2008).

Research confirms that young people who experience stable placements providing good quality care are more likely to succeed educationally (Pecora, Williams, Kessler, Downs, O'Brien, Hiripi & Morello, 2003). They are more likely to settle in and manage their accommodation after leaving care without having to move from one residence to another. They are also more likely to be in work, feel better about themselves, and sense that their needs had been met while in care (Cashmore & Paxman, 1996 as reported in Osborn & Bromfield, 2007). In fact, Simon seems to be leading a stable life style, committed towards a relationship and bringing up his child whilst supporting this obligation through stable employment and a positive value system.

Our research on the psychosocial functioning of children (Abela et. al, 2011) in out-of-home care suggests that children function better when brought up in foster care; this finding is in line with research in other countries. Amongst other things foster care enhances the possibility of remaining in one setting and thus forming a stable and more lasting relationship with the carer.

5.4.4. *Inappropriate Responses by Carers*

Findings indicate that some carers were not always in tune with the children's pain. Whilst we need to stress that this research was not designed with an investigative purpose in mind, there were instances when participants alluded to carers and professionals behaving in inappropriate ways. This calls for more protection and an evaluation of what goes on in residential homes. Carers and professionals who transgress need to be held responsible for their actions. In the same instance we need to enquire why carers in such instances were not coping.

Within the findings, the call for more protection emerged as a significant theme and showed that our participants needed safeguards which would have ensured their protection. This will be expanded upon in the recommendations section. Whilst findings show that there are a number of situations over which we do not have any control, the area of protecting children whilst in out-of-home care is definitely one area over which we certainly have much more control and where we can intervene.

5.4.5. *Responding to Rebellious and Challenging Behaviour*

Instability and lack of response to problem behaviour lead to negative outcomes for children in out-of-home care (Zimmerman 1982; Department of Health 1998; Stein 2005). In ensuring positive outcomes we need to adequately respond to challenging and rebellious behaviour. In fact local research in this area stresses the need for developing alternative and innovative services to respond to the needs of children exhibiting such behaviour (Cefai and Cooper, 2006, A Fair Deal, 2006). Findings suggest that the manner in which the out-of-home care system has responded to the challenging behaviour of a number of children in this study has not met their needs and so requires evaluation. Becky's, Alexia's, Raymond's and Abigail's psychiatric hospitalisation and medication as a means to contain their challenging behaviour resulted in further stigmatising whilst core issues remained under-addressed. Research based on the lived experience of young persons admitted at the local young people's psychiatric unit concluded that:

“The stigma that the child has to bear with for being admitted in a psychiatric unit is of such an extent that it can barely ever be compensated for. This is something that leaves an indelible mark on them.” (Mercieca, 2009, p. 254)

Moreover, this research indicated that children experience further anxiety and loss following their admission, hence the call for alternative solutions which will be discussed in the recommendations section.

In a study, commissioned by the Office of the Commissioner for Children, on children with challenging behaviour, Gonzi et al (2006) concluded that “a multi-systemic approach is necessary where one works with the family, the school and the other contexts in the child's life” (pg. 323). This research project recommended that “to address the issue of challenging behaviour, there needs to be a shift in focus. We can no longer aim at eliminating challenging behaviour without first addressing the individual child's needs.” (pg. 323) Participants in our research spoke about how the underlying issues were not addressed when they were hospitalised in a psychiatric hospital or put on medication.

5.4.6. *Beyond the Observed Behaviour*

Findings suggest that we need to go beyond observed behaviour and look at the factors which might have contributed to such challenging conduct.

The exploration of the psychosocial well-being of participants within the findings showed that developing self regulation was a developmental challenge for our participants. Thus they could have been more prone to act out in the face of stress and traumatic triggers. Complex trauma (Cook et al, 2005) and neglect (De Bellis, 2005) adversely impact an individual's self regulation and are linked to disrupted development (DeJong, 2010). Moreover the literature reports that institutionalisation in the early years of life adversely impacts self-regulation and attachment (Johnson, Browne and Hamilton-Giachritsis, 2006). Abigail, Alexia, Becky, Samuel and Raymond were all admitted into institutional residential care when they were still babies, so one may hypothesise that this may have already had an effect on their self regulatory and attachment functions. Thus they seem to have been more vulnerable to acting out and rebellious behaviour.

Negative practices within the homes, seem to have impacted on the psychological development of some of our participants and hence their ability to express feelings rather than resorting to acting-out behaviour. This is in line with research which shows that group care settings as opposed to a family-foster placement have been linked to more negative outcomes, namely problems in parenting and intimate and social relationships in adulthood (McDonald, Allen, Westerfelt & Piliavin, 1996). Moreover, these negative experiences in care could have led the research participants to want to leave care as early as possible. Abigail recounted how at sixteen she sought to become pregnant from anyone in order to be able to leave. A UK consultation paper (1999) identified the phenomenon of "voting with their feet" as one of the causal factors which contributed towards the increase of the proportion of UK care leavers, aged 16 to 18, who left care at the age of 16 - from 33% (3,000) to 46% (3,600) in 1998 (1999, pg.14).

In our interviews with the research participants, it clearly transpired that they often went through the pain of rejection. Apart from the unresolved anger this generated, such experiences seem to have impacted on their identity. Narrative approaches (Andersen, 1991; Anderson and

Goolishian, 1988; Parry, 1991; Penn and Frankfurt, 1994; White & Epston, 1990) suggest that human beings tend to engage in relationships which confirm the dominant narrative through which they make sense of self and others. If one thinks of himself or herself as deserving rejection, then one's behaviour is most likely to provoke that desired response from others.

Research suggests that the lack of responses to problem behaviour amongst children living in out-of-home care contributes towards negative outcomes (Zimmerman 1982; Department of Health 1998; Stein 2005). Moreover, working through anger issues has been linked to more successful post-care outcomes (Maunder, 1999). In our findings, unresolved anger surfaced on a number of occasions. In line with an interpretative phenomenological stance, we interpreted this on two levels: On one level, participants were angry at institutions that did not meet their needs, on another level, they seemed to be angry at their own situations, especially, as they felt rejected by the persons who were supposed to love them. At certain instances, Samuel seems to have projected the anger he felt towards his father's abandonment onto the priests and ultimately God. The intensity of this anger may also be projected onto the institution with the care workers possibly becoming the target. This further emphasises the need for an overall therapeutic set-up that allows children to work through such anger. Daniel was aware of the ill effects of his unresolved anger and wished he had processed it better while in care.

Although it is important to note that trauma and early institutionalisation adversely impact the brain and contribute to rebellious behaviour, it is also crucial to point out that this impact is not irreversible because the structure of the brain can still change, particularly in the early years of life. Early interventions based on attachment and biobehavioural feedback where carers are trained how to look after abused toddlers, have been shown to yield positive results (Dozier et. al in Minnis et. al., 2010). This highlights again the need for early intervention.

5.4.7. *Communication and Interconnectedness*

Within previous sections the appropriateness of a multi-systemic or multi-modal approach (Gonzi et al 2006; Vostanis, 2010) was proposed as a response to the challenge of rebellious behaviour. Such an approach means that carers and professionals at different levels need to

value interconnectedness and communication and strive towards attaining a sense of synergy between them. This can be seen as a direct response to the fragmentation in the child's life, which emerged significantly in the findings.

Golding (2010) maintains that "multi-agency working and designated teams or posts are a way forward in meeting the complex and broad needs of this vulnerable group" (2010, p. 583). Yet she cautions us regarding the difficulties that may be encountered in multi-agency working. In a number of situations described in the findings lack of such inter-agency collaboration and lack of resources seem to have led towards children being sent back to unsafe situations which only led to further abuse and isolation.

As suggested by Tarren-Sweeney (2010), professionals advocating such a multi-modal way of working need to be actively asking "to what extent is this child or young person alone in this world?" (2010, p. 620). The majority of participants in this research faced bleak periods of intense loneliness and extensive isolation.

In such circumstances, the consultation paper "Me, survive out there?" (DOH 1999) prompts professionals and carers to ask the challenging question: "Would this be enough for my own child?"

5.5. Conclusion

In the coming chapter, which is the concluding chapter, a number of recommendations borne out of this study will be put forward.

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