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Research for Practice: Highlighting Personal Strengths of Children in Out-of-Home Care: Two Case Examples

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The education of children in care suffers significantly from a range of disruptions by virtue of them being in care. Research shows that the academic attainment of children in care is lower than that of other children in the general population. Consequently, many young people leave care with minimum or no educational/vocational qualifications and subsequently face adversity in adulthood. Using two case examples this article argues that workers need to look for the strengths in children in care and facilitate the mobilisation of those strengths for them to work their way towards a successful adulthood.

Introduction

The plight of children who come to the attention of child protection services and are then placed in out-of-home care is well-known, at least within the child welfare sector. To give a general snapshot, these children suffer from emotional issues arising out of pre-care experiences of abuse and/or neglect and rejection and/or separation from their family. After removal from their family most children are likely to experience multiple placements, which are usually in the homes of complete strangers (AIHW, 2012). Placement movements make the children feel unstable and insecure while also robbing them of the opportunity to bond with a significant adult (Barber & Delfabbro, 2006; Fernandez, 2010). Moreover, children are likely to experience a change of schools, which can cause them to lose existing friendships and face the challenge of making new friends yet again (Townsend, 2011).

The education of children in care suffers significantly from a range of disruptions by virtue of coming into and being in care. It is not surprising, therefore, to find that the academic attainment of children in care is lower than that of other children in the general population (AIHW, 2007; Townsend, 2011). Because of their disjointed and interrupted schooling, many young people leave care with minimum or no educational/vocational qualifications, which can make their lives even harder as adults (Cashmore, Paxman & Townsend, 2007; McDowall, 2009). Such is the situation of children in care in general which only portrays a negative picture. However, amidst the concern for their issues, we should not forget that these children also have their own strengths as well.

The aim of this article is to emphasise that some children in care could in fact be quite resilient and work their way towards a successful adulthood, and that workers should look out for the strengths of all children in care, whatever they may be, and build those strengths further to aid their positive development. The discussion is based on the lived experiences of two ex-care children who, against all the odds, had been successful in completing school, going to university and graduating with a degree. Although the case examples presented below may embody outstanding resilience and thus may not be representative of all children in care, the point I want to emphasise is that all children have certain strengths and it is up to the workers to look out for those strengths.

Case Example 1

Megan (pseudonym) was a school teacher in her mid-twenties at the time of the interview. From when Megan was 11 years old she fled from her home several times because of the physical, emotional and verbal abuse of her mother. As it was only her mother who had been involved in her upbringing, when she left home permanently at the age of 14 years she had nowhere to go. After some couch surfing (sleeping on friends' couches) and sleeping rough (sleeping on park benches, under bridges etc.), she was placed in foster care. At 16 years of age Megan moved to a 'youth hostel'

with the support of her social worker which was specifically designed to accommodate homeless adolescent school girls. Throughout this personal upheaval Megan was adamant that she wanted to go to university and she never missed school. From the youth hostel she made the transition to university.

The educational journey of Megan reflects a number of instances in which she negotiated barriers that had the potential to disrupt her education. The following two instances are provided to illustrate her strengths.

During a period when Megan was homeless she was asked by her school to wear a particular type of shoe that was part of the school uniform:

> I had Doc Martens – big boots, they were black. They [teachers] told me that they weren't school uniform and I had to get new shoes. My response to them was, "How am I supposed to afford new shoes? I am a poor homeless girl". I think they didn't know how to deal with me. Their response was, "ohh . . . urm . . . well, if we organise some money for you would it be OK for you to go and buy new shoes?" I said, "yeah, sure, you give me the money and I'll go and buy new shoes. That's fine". Do you think they would give me the money? They didn't give me the money so I got to wear my Docs!

The following example came from Megan's first year in university:

> That first year [at University] was really tricky. I had a certain amount of money put aside to pay for my books for the first semester – well, for the whole year! I didn't realise that some of the subjects that I had enrolled in was only a semester-long. So we got to the second semester and I didn't have my books and I didn't have the money budgeted to buy new books. The only help that they [university] could offer me was a loan. . . . I was much happier in going to the library and photocopying that week's readings or, sitting there and reading the week's reading. So when my tutor asked "Where are your books?" I just said "I am sorry but I can't afford books".
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> So that was my first year at Uni and I was never asked for books again!

Megan had completed her bachelor degree with honours and along the way she had negotiated the obstacles all by herself.

Case Example 2

Sally (pseudonym) was forty years of age and managing a child welfare agency at the time of the interview. She entered care at 14 years of age after experiencing a short stint in an institution and numerous moves with the family due to her mother's volatile mental state. Because of her mother's emotional, psychological and verbal abuse, Sally spoke to a social worker while she was at school and self-initiated becoming a ward of the state. Like Megan, Sally's father was also not involved in her upbringing at this time. Sally experienced five placement movements, which occurred during her last three years of schooling. By the time she left school, Sally had attended 16 schools.

Sally also had a clear goal of attending university and during the last year of her schooling she asked her social worker to find a place that she could stay until she finished her Year 12 exams. She wanted to be able concentrate on schoolwork and strive for a reasonable entry score for university. It was Sally who realised that she needed to have stable accommodation in the run up to her exams and it was she who initiated the move, not child welfare personnel.

> They [foster care agency] couldn't find a foster family – no one was coming forth. The social worker had to advertise on the radio 'we've got a 16 year old girl who wants to do her HSC and she needs a stable home. Is anyone interested in providing her with accommodation?" That is how I managed to stay in one place during Year 12.

Sally was also planning ahead about university expenses during this time.

> My case plan had come up to be reviewed while I was doing my HSC in November or December and I said to my social worker that I wanted the wardship to continue until I turned 18 which would take me to my first year at Uni. I said to her "I haven't got any money. I need to have the financial support of the government to help me get from December through to my birthday until I get TEAS [Tertiary Education Assistance Scheme] processed."

When it came to applying for university, Sally showed further initiative and help-seeking behaviour.

> I knew what I wanted to do at uni. So I rang up Simon [pseudonym]; he was no longer my social worker but he'd said when he was my worker that he would take me to the university and introduce me to the course coordinator. So when it came to that time a couple of years later I rang him up and asked whether he could take me to the university. He took me and introduced me to the coordinator.

Sally invited Simon to attend her university graduation ceremony to help her celebrate her achievement.

Discussion

Megan and Sally had both been remarkably resilient and confident young women. It appears that around the age of 10 they came to realise that they could not rely on their mothers to take care of their well-being and thus took charge of their life all by themselves. Although they could not pinpoint what made them want to go to university, they remembered having a clear goal of pursuing higher education by the time they were in secondary school. They saw the education as a liberator from their current adversities, and on reflection, thought that they might have absorbed the value of education from their social environment – Australian culture. As they did not have the opportunity to develop a bond with a substitute parent-figure they enlisted support from adults

in their social circle whom they trusted, in both instances, social workers, when they needed support requiring adult input.

Both Megan and Sally embodied the qualities that Klein, Kufeldt and Rideout (2006) identify in resilient children word for word. They say resilient children are:

> socially competent . . . and resourceful. They think critically and creatively about the problems in their lives in an attempt to develop possible solutions. They know when to turn to others for help and when they need assistance with a problem. . . . They are autonomous. They have the ability to act independently and exert control over their environment. They know that they are the masters of their own fate and do not have to accept adversity in their lives. . . . They have a sense of purpose in their lives and a positive outlook for their future (pp. 36–37).

Unfortunately not all children in care will be able to work their way towards a successful adulthood on their own as Megan and Sally have done. However, the point I want to emphasise is that children in care have strengths, not just vulnerabilities. In particular, as Megan and Sally's experiences demonstrate, childhood sufferings can trigger a motivation in children to achieve a better life and this motivation should be recognised and supported. Shofield and Beek (2009) make this point:

> It can be helpful for social workers, when thinking about the life stories of looked after children [children in care] and their potential for resilience, to consider whether experiences of coping (or failing to cope) with previous adversities have had a *steeling* (or *sensitizing*) effect in relation to the likelihood of successful adaptation in the face of current and future challenges (pp. 175–176).

Of course it is important not to forget the emotional issues of children in care, and it is expected that adults charged with the responsibility of looking after these children be concerned with their issues. They need to be provided with prompt psychological support, and all their other needs should be well taken care of. However, it is equally important for these adults to hold a positive outlook for the children as well.

I am aware that current child welfare work is based on a resilience-based framework and strengths-based practice. However, this concern arises because the literature reveals that in general carers, social workers and teachers have low expectations for children in care (Jackson, Ajayi & Quigley, 2005; Mendes, 2010). This might be because, at a conceptual level, these adults see the children entering care as a vulnerable group whose functioning has been damaged due to their adverse experiences. This is a conceptualisation that can easily airbrush the abilities of these children out of the picture. However, if the adults appreciate that the children entering care also have strengths, they are more likely to hold a higher level of expectation for the children. Not only might these perceptions underpin the way in which they offer their service, but it might also affect children's perception of their circumstances. Children might absorb the pessimism (or optimism) of the adults around them, and process that information accordingly. Children in care may feel worthless and despondent due to their negative experiences, but if the adults around them project optimism about their future this might positively influence the children's level of optimism about their future.

Empowering children in care to use their agency is also important because they may not have had the opportunity to bond with a significant adult who can help take care of their affairs. As Megan's and Sally's stories demonstrate, when children are confident, they are able to take care of their own affairs.

To conclude, it is heartening to see that programmes recognising the strengths of young people leaving care have started to emerge in Australia (Saunders & Fell, 2012). However, we need not wait until such time as children leave care to utilise their strengths. There needs to be recognition that children entering care are already a resilient group having survived familial abuse and neglect. This, however, needs an attitudinal change to how we currently perceive these children. Megan and Sally's stories provide reason for us to believe that we should indeed change our attitude. Workers need to actively identify and uncover the inner strengths of children in care and help them to mobilise their strengths. By adopting this practice many more children in care will be able to successfully negotiate the barriers they encounter in care.

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