



# Where is Home? The Voice of Children and Young Persons Living in Care

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## Abstract

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This research paper was commissioned to be presented at a national conference on residential child care in Malta that was called "where is Home." The express purpose of this paper was to present the voice of children in care about the subject of the conference and thus to present information that could be used to inform out-of-home care policy and practice and enhance the wellbeing of children in residential care. It was believed that if a 'snap shot' picture of the views of young people who are living in residential care about what makes a residential home feel like home can be obtained, then policy-makers will be in a better position to know how they can meet the children's need to have a positive and supportive experience of what a Home can be.

Key words: Residential Care, Voice of Young Persons, Out of Home Care policy

The approach towards policy and practice that is adopted in this research project is in line with one of the basic principles enshrined in the United Nations Convention on the Rights of the Child, that of giving due consideration to the views of the child in all matters affecting them in accordance with the age and the maturity of the child. The importance of taking this principle seriously in the area of residential care is gaining wide recognition. This paper is an attempt to give expression to the voice of the child.

The children who participated in this research were all pleased to be given the opportunity to have their say. They were pleased to see what importance was given to their opinions and views. In fact, throughout the discussions with children, they made it very clear that they valued being respected and being taken seriously. They valued the opportunity to be able to say what they think and the knowledge that what they have to say can influence outcomes for children.

## Literature Review

Residential care for children still has a vital role to play in the spectrum of out-of-home child care. Understanding what constitutes quality child care has always been challenging and this topic has received much attention in Malta and elsewhere over the last decade. There has also been an increasing recognition of the importance of listening to what children themselves have to say about the subject and to ground discourse and thinking about quality care on practice

research. Mark Smith claims that, in order to attempt to understand the meaning of residential care, it is important to listen to life stories 'told by those who found respite, solace, opportunities and emotional commitment through relationships offered through positive residential child care experiences'.<sup>1</sup>

Children and young people in care stress the importance of being listened to and being taken seriously. A major 2003 study carried out in the U.K., *Let's Face It! Young People tell Us How it is produced by Who Cares?* Scotland, reiterates the well-recognised understanding that meaningful communication and dialogue between young people in care and the persons who provide the care are an essential element of quality care. This key factor was also confirmed by recent studies in Malta that were based on what the children themselves have to tell us.

"See Me, Listen to Me" (Gonzi, M. et al.) is a notable study of the experience of child care of children with challenging behaviour in Malta. This study was carried in a publication of the Commissioner for Children's Office (*A Fair Deal* 2006). Here too, as the title of the study implies, the importance of trust and communication between children in care and care providers is highlighted.

## **The Research Design**

Young persons who were in care or are still in care helped with the development of the design of the research. The age of these persons varied between 17 and 25 years old. These participants helped clarify the linguistic and the ethical issues. It was decided that the research would be mainly based on a qualitative design that would be adapted according to the age and level of understanding of the participants. It was also decided that the research would concentrate on the positive aspects of the topic. The children were to be asked to speak about what made their experience in care help them feel that where they were living was their home and what other aspects/criteria would help their stay in care feel more like being at home. In order to facilitate participation and ensure that participants felt comfortable with the person collecting the data, the children were given the choice to participate as part of a small group, in twos or individually.

## **Difficulties in Designing the Research**

### ***Ethical Issues***

Conducting research about the subject 'Where is home' with vulnerable children or young persons who are not living with their natural family raises subtle ethical issues. During the design stage, the researcher grappled with different concerns. On the one hand, children and young persons have a right to express their views about matters that concern them and these views should be taken seriously. They normally welcome the opportunity to participate in research and to be listened to. On the other hand, it may not be these young persons who will benefit from the outcomes of the research. The researcher was also aware that, as the topic is a sensitive one, it may also involve the risk of disturbing the participants. It may unfairly raise their expectations and subsequently intensify their sense of loss. Such issues were addressed by ensuring transparency and they shaped the research process.

## ***Linguistic Issues***

A further difficulty encountered was the linguistic problem raised by the word 'home' for Maltese children living in care. The majority of Maltese people are bilingual and it is not uncommon for people to speak a mix of both Maltese and English. Certain words that have been borrowed from the English language develop a particular meaning within a specific context. The word 'home' is one of these words within the sector of residential care. In Maltese, the word 'home' can be translated into the literal equivalent of 'the home' or 'id-dar'. The same word 'dar' also means 'house'. However, within the context of residential care, when speaking in Maltese, the English word 'home' means *residential* home. So when children in care speak in Maltese about their family home they use the word 'dar' and when they speak about the residential care home, they use the word 'home'. This needed to be addressed when designing the research as it is not easy to literally translate the question 'Where is home?', or 'What makes a home a good one?' There is no simple Maltese equivalent of this question.

## **The Sample**

The size and type of the residential homes in Malta vary. The homes that were involved in the research were chosen to be representative of available service provision. The sample comprised 41 children and young persons from 6 homes and one youth hostel.

The children were chosen to represent a varied age range and to provide a fairly equal number of boys and girls. In all the homes the participants were selected from young people who had themselves consented to be interviewed and whose legal guardians and/or caregivers had given consent. The sample was chosen with the help of the care organisations and of caregivers.

## **Consent**

The necessary consent to conduct the research was obtained from all the persons/authorities in whom the care and custody of the children and young persons is vested. The consent of the participants was ensured. The participants were clearly informed at different stages of the research about the purpose of the research and how it could improve the well-being of 'looked after' children in the future. The participants were also told about the confidentiality of the process and also about the limits of confidentiality. (namely, the obligation on the researcher to share disclosure if, for example, there is a serious risk of harm to a child).

## **Data Collection**

All meetings with participants were conducted in a quiet room within the residential establishment, to ensure respondents' privacy and comfort. During these meetings, open-ended questions followed a semi-structured format. The response was entered into a database and coded. Anonymity was thus ensured.

## The Research Question

The researcher's previous research experience with looked-after children had indicated that the greater majority of these children deeply miss their family and that it would be insensitive to ask the participants the direct question 'Where is home?' for two reasons. First of all this was a very personal question to ask since it cuts deeply into the personal life story of these children and it could disturb them. Furthermore, some children had previously told me that their experience of home was fragmented and that this sometimes gave rise to identity problems.

The second reason was that it might not yield the results that we were looking for. What we were interested in was enhancing our knowledge about what made a residential home that looked-after children were living in feel like home. This is what I asked the children and I explained to them exactly why we were seeking their views on the subject.

## The Structured Format

### *Phase 1 Explaining the project to participants*

In my correspondence with the social workers who were going to ask the children whether they would like to participate in the research I had outlined what the social workers could tell the children. I repeated this information with all the participants when I went to listen to their ideas. I explained to them about the conference, about the people who would be there, people who were responsible for looking after them while they were living away from their families and who wished to learn more about how to care for children while they were growing up and how to ensure their well-being and their growth, and how to meet their emotional and developmental needs. I told the children that we wanted to learn from them and from what they had to say. I also explained why it was not in their best interest that they themselves come and address the conference and that I had been asked to listen to what they had to say and to present their views to the public.

The participants varied in age and maturity. The manner in which the question and the data collection procedure were explained varied according to the age and the maturity of the participants. The procedure consisted of two stages which were outlined at the outset of the session.

### *Phase 2 Brainstorming*

During the first stage which consisted of open discussion and brainstorming, all the ideas and views that the children mentioned were written down on a large flip-chart. After a discussion which aimed at raising various points and at stimulating thought, each participant was invited to participate in an activity that was intended to result in the prioritisation of the ideas brought forward.

### *Phase 3 Prioritising the values*

This activity was designed to engage the participation of each participant.<sup>2</sup> The children were all given a large blank sheet of paper which they were to divide into four quadrants. Each child was

then asked to have a look at the flipchart where all the views and ideas had been jotted down and to identify the four most important things that having a home means to them. Each child was helped to write one of these four responses on each of the quarter sections of the paper.

The participants were then invited to prioritise their four responses in order of value. With older children, they were to imagine that one of these valued aspects of home was to be taken away and that they had to choose whichever characteristic of home they could imagine parting with most readily. This procedure was to be repeated until the participant was left with only one of the values in the quarters. The four values were thus allotted an order of preference.

At this point the children showed reluctance to let go of an item that they had chosen to be one of their favourite four. With younger children this proved to be particularly difficult and so I introduced flexibility into the exercise that allowed them to 'keep' their four but to prioritise amongst them. Younger children were simply asked to indicate their preferences by giving the values a number between 1 and 4.

If this did not work, I did not press with this so as not to upset them. On the other hand, this part of the process provoked much thought and deliberation amongst the children and they took great pains to identify their order of preference. They were given the opportunity to take their time over this and no child did this in a hurry. It often proved to be very annoying even to the older participants to have to forgo yet another item, when the choice was reduced to just two items. This was an indication of how much they valued these aspects of care and of how involved they were in the exercise.

## The Response

The response reflected the maturity of the participants, their ability to assess what they took for granted, and the issues that were most pressing for them at that particular moment in time. In spite of all my efforts, the response was not always valid. Sometimes some participants lost sight of the research question and drifted into a general wish list. I did not stop them when this happened and I still took note of what they said. I did this for two reasons. I was afraid that I would discourage or disappoint them and I wished to give the reader/audience the opportunity to judge the relevance of the issues/topics that were part of the response.

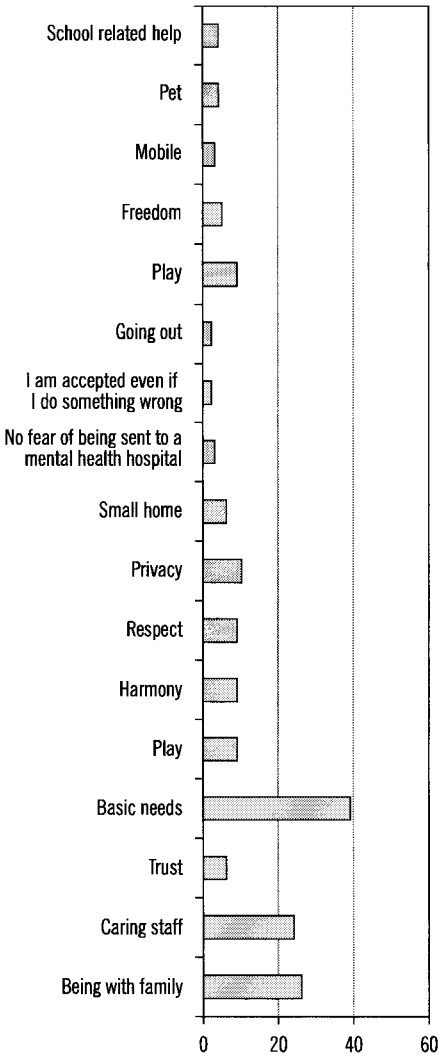
Participants also thought that it was relevant to raise some of their concerns. These concerns were raised because they impeded the possibility of feeling at home in a place or of achieving well-being. Some participants also included anecdotal detail that they thought would be relevant to the understanding of what they were saying and of the issues that they were raising.

However, in general, the participants understood what was required of them.

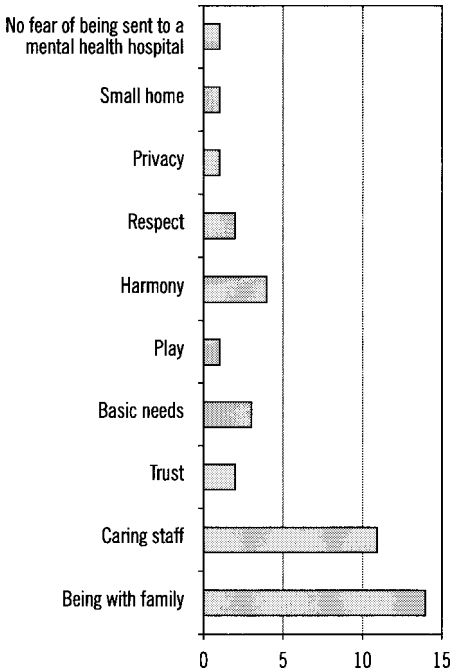
The researcher's aim was to reproduce the children's perspectives and not to evaluate the value or otherwise of the points that were raised. Their views and perspectives are reproduced faithfully and these indicate the issues that are most important to them.

The issues have been grouped under general themes and each category is further divided into subthemes. This method of presenting results also helps to preserve the anonymity of the respondents. The preferences of the participants are indicated in the Table 1 and 2 below

**Table 1**  
First four preferences



**Table 2**  
First preference



### Category 1: Family

#### The presence of the family

Even though the research question ‘where is home?’ was altered in order to direct responses towards data that could be useful in the planning of residential care, 63% of the children still referred to the presence of family or regular contact with the family as one of the most important aspects of feeling at home. One thirteen-year-old boy put it this way:

“For me, what makes a place feel like my home is the possibility of entering the front door and calling out ‘Hello mum, hello dad’”

Other participants specified the importance of having a mother figure and a father figure. The most important features of a home for an adolescent boy was that:

"There is a female carer waiting for me when I arrive home like... (he smiles warmly and mentions a carer by name.). She greets me with a smile and she is someone I can confide in and can have a conversation with. It is important that this woman is like a mother, someone to say my night prayers with and someone to kiss me goodnight like a mother. In the evening, it is important that there is a man who is like a father to us. It is in the evening that the father comes home from work. During the day, I do not expect to see my father because he is out at work."

With the younger participants, if one child in the group mentioned the word 'mummy' then the others all joined in and agreed that that was what made a place feel like home. One five-year-old boy insisted that only one thing mattered to him and that was having mummy and daddy. When the other members of the group tried to convince him that there were other things that were important as well, this boy just stood firm and refused to budge from his position. In two of the homes, some of the younger children mentioned the significance of having 'mummy or the nuns' as though both mummy and the nuns satisfied a need within a home.

### **The possibility of returning to the family of origin**

The feeling of separation and loss was deeply expressed and the desire to return to the family of origin featured strongly in the responses. One adolescent respondent placed the blame for the prevention of her reintegration with the family directly on the lack of appropriate support services for the families of looked-after children:

"I have lived in institutes for 11 years because no one helps my mother so I cannot go and live with her. I really wish to be able to go and live with her. We both wish that someone would provide suitable accommodation and help for her so that she can have me with her. She really tries but she is so unlucky. I only have a mother. My father is not in Malta. You never find anything better than the love of your mother and father. But here, there are people who do love me."

### **Contact with family**

Another response was closely aligned to the above response. The majority of the participants stressed the importance of frequent contact with their families. They felt restricted in this and this made them feel ill at ease and caged in. When it was not easy enough for them to meet their family members when they wished to, it made their life in care more difficult. Some said that they wished that they could get in touch with family members without too much red tape and without having to go through different layers of permission. This issue also extended to the desire to meet their social contacts or persons with whom they had formed a significant relationship. One girl put it this way:

"I need to have the liberty of ringing my mother and speaking to her in private for as long as I wish, for hours and hours."

A 13 year old boy said that for him to feel good in a home, the most important thing to him was to have a mobile to be able to contact his family.

### **Separation from siblings**

A few of the participants referred to their siblings who were also looked-after but who were in a different residential home. A place would be more like home to them if they were not separated from their siblings. One 14-year-old girl said:

"It is bad enough that I was separated from my family. That caused me much suffering. But need I also be separated from my siblings? I have a brother in one home and a sister in another. I would

not like my sister to come here because this home is not suitable for her. There are too many different types of girls here. I would have preferred not to have left the home where she is. I was well behaved. I do not know why I was separated from her and brought here."

## ***Category 2: Relationship with carers and quality of care***

A very important factor that affects the way children feel is the relationship that they have with their caring staff. 34% placed this value at the top of their list. It was made clear that the interaction with caring staff within the residential home was what the children cared about the most. This was expressed in many different ways and along a broad range of situations and behaviours. There is a significant overlap between the various subject matters that fall within the headings below. The boundaries are sometimes artificial and quite porous. These boundaries do not always indicate the distinctness of the subject area but they are more likely to indicate the different ways in which the children expressed themselves.

### **Someone there to care for you**

The loving and caring relationship with the caregivers was referred to in many ways. As was indicated above, the children showed that this was important to them. The older participants articulated this more clearly and more consistently than the younger ones. The younger ones said that they wanted their 'mummy' or the 'sisters (nuns)' but the older and more mature participants had a better understanding of the scope of the research question and made reference to the attitude and approach of the caring staff. Positive reference to carers was individualised and this indicated that stable relationships with staff was what made a place feel like home. One older boy put it this way:

"There is someone there for you. Someone to love you and someone you can trust. You have someone there to support you when things go wrong and even when you have done something wrong yourself. For example, if a girl becomes pregnant, she is not thrown out, she is accepted."

The importance of fair treatment and of being understood was also highlighted.

### **Quality of care and individual attention**

The quality of care given by carers fell within the first four preferences of 68% of the participants. It is significant to note that most of the participants who did not include the importance of having good caring staff were less than ten years old. The rest (2 participants) were both 13 years old.

One participant went straight to the point:

"I think that it is very important for me to have carers that I can feel at home with. There are some that make me feel at home but there are others who do not."

Two of the older participants expressed that they realised that poor quality care did not only depend on the carers themselves. They understood that this quality also depended on having enough carers to deal with situations that may arise. It was pointed out that if children with demanding behaviour required more than one carer to concentrate on them, then that often meant that children who do not present problems feel that they are deprived of care. One of these participants put it graphically:

"The carers need to take good care of us and give us individual attention. This means that we need enough care workers to do the job well because, if for example a girl is attempting to hang herself,



it is understandable that she needs more than one care worker to look after her. When this happens, the rest of us do not get attention."

Participants valued individual attention and fair and equal treatment. One participant said that she appreciated:

"having carers who take good care of us and give us individual attention in a home that caters for our particular needs."

### **Care staff and child ratio**

This section can be seen as permeating the previous section and the following one. In fact, the question of staff ratios will only be brought to a close at the end of the next section. One group response relevant to this topic was that the child to carer ratio should be small so that children can be given sufficient individual attention and so that children and the caring staff can build a good relationship. This group agreed that there should be one social worker for every three children. They insisted that the ratio should be low so that children can consult with their social worker and so that the social worker is available. The participants added that there should not be too many different carers so that the children can feel that they are part of a family and they can build a good relationship with the caring staff. This triggered a further response from another child:

"I do not like it when there is a high turnover of carers. That means that so many people know all about your story, and you never know who they will talk to about you. I do not like it when the carers and social workers keep changing. It is important that they do not change often."

The importance of having a carer that they can relate to was a recurrent one. One participant from a different group of children put it this way:

"The carers should be like mothers to us."

### **Continuity of care**

Many respondents indicated that regular staff turnover gave them a sense of insecurity. Respondents showed that they built relationships of trust and dependence with their carers and that this was essential to their well-being. Participants even spoke with nostalgia about their placements in previous residential homes and expressed a desire to visit their previous residential homes to which they were still obviously attached. Participants volunteered information about how long they had been in care and listed all their previous homes (This was not in response to any question or probe). Some of them added the names of homes where their siblings were staying. This gave the impression that their idea of 'home' lacked stability and was fragmented. One adolescent boy put it this way:

"I spent two or three years at the Crèche, then I spent a few years at (he mentions a home that receives girls and boys but only keeps boys till the age of about 9), then I was at (he mentions a home for boys), now I am here. One sibling is at (he mentions a home) another sibling is at (he mentions another home)."

He then describes his sister's hair and asks whether I am going to visit the home where she is.

### **Trust**

The concept of trust was pervasive. Being trusted helps to make one feel at home in a place and gives one a sense of belonging. It was made clear that good relationships with carers and with other children in the home depended on trust. It is one of those concepts that paired up so

closely with others such as liberty and participation, that the distinction was often blurred. For example, one 13 year old said:

“Our carers need to trust us. If I am going out with some friends, I can tell them where I am going and with whom and they do not need to spy upon me.”

Other participants felt that they liked being listened to and believed, that they liked to be trusted to go out shopping, for example, or to the town centre. Those who were trusted like this said that it helped to make them feel comfortable in a home. Leaving the home to go on errands or to meet friends helped to make them feel like other children in their family homes.

### **Liberty**

There were so many ways in which freedom featured in the response. This was closely linked with other concepts such as choice, participation and trust as can be seen from the following response that was given by a 12 year old:

“Sometimes we may need to go out to do some shopping. I may need something for school or to cook with. It is good to be allowed some choice in what to buy where things like, for example, food, clothes and stationary are concerned. I like to be consulted.”

The feeling behind this response was one of a desire to be trusted and not to be too constricted.

The young adolescent participants often mentioned that they would feel more at ease if they had the liberty to get in touch with friends and to go out and meet friends. This was expressed in various ways. Lack of freedom was not conducive to feeling at home in a place. It was made clear that if surveillance was too strong, if there were too many restrictions on contact with family and school friends then they felt like breaking loose and did not feel at ease or comfortable. It is interesting to note that in today's world, not having a mobile phone to be able to contact school friends or not having access to chatting on the internet was considered as restrictive and made participants feel different from their friends who lived in their family homes and had access to these means of communication. Two adolescent girls from different homes said:

“My friends in school ask me for my mobile number and ask me to chat with them online. I am shy to tell them that I cannot do either of these things. It makes me feel different. I do not tell them why I cannot do these things.”

One of them added:

“What if I miss school, and I need to contact my school friends for my homework?” The other explained “Today children do not ask you whether you have a mobile phone. They take it for granted that you do. They just ask for your number.”

Many adolescent participants from different homes expressed exactly the same feeling of social exclusion that resulted from a lack of access to the use of a mobile phone. To a lesser extent, the lack of access to social networking via internet was also articulated. The question which this response raises is whether this is part of an adolescent's wish list or a need in today's world.

### **Behaviour management**

This was a recurring theme. Participants realized that there needs to be some form of behaviour management. What some participants mentioned as giving the feeling of being institutionalized was the necessity of report writing, the procedure that meant that any misbehaviour was not dealt with immediately but that the ‘consequence’ was meted out at a later time when the actual misbehaviour has become distant. They referred to this as being punished out of context.

To them, the report writing was particularly irksome and they felt that it was unnecessary. This gave them the feeling of being in an institution and not in their home.

Mention has already been made of certain consequences, such as not going to visit the family at the weekend, and what the participants felt about this.

### **Dread of being sent to a Mental Health Hospital**

In one home, the absence of the fear of being 'sent' to Mount Carmel Hospital, a mental health hospital, was considered as an essential feature that would help the young persons living there feel more settled and at home. This issue was raised by 43% of the participants in this home. Almost all these participants had chosen to speak to me in private. This home has a mix of residents, some of whom have emotional and behavioural problems.

One resident placed this at the top of her list:

"What is important for me to feel at home is not to live with the fear that I may be sent to Mount Carmel in a ward for adults."

This participant also expressed that for her it was also essential that she feels that she will still be accepted if she misbehaves.

### **Appearance of home**

Some participants referred to the appearance and physical structure of a home for more than one reason. Participants mentioned how they suffered from the stigma that was associated with living in a residential home and did not like the fact that it became obvious to their friends that they were looked-after children when they were seen entering through the gates of an institution. The large entrance/gate also gave them the feeling that they were not living in a home but that they were in an institution. One adolescent said:

"When I am with my friends, I do not tell them that I am living in an institution. They do not need to know about my private life. But when they are with me and they see me enter the institution, then they learn that I am living in care."

Although this was never an issue that gained the top place in the list of priorities, many of the younger participants mentioned that for them it was important that everywhere was clean and tidy. In one home where I had the opportunity to listen to all the children, (aged between 5 and 15) all but one of the younger children mentioned that for them they liked to come home to a place that was clean and tidy. On the other hand, the older ones within this home mentioned the importance of having their own room and of safety.

One adolescent mentioned that for him, it is important that the place is kept in a good state of repair.

### **Number of residents in home**

Some participants mentioned that in order for a place to feel like home, the number of residents should be kept small. The adolescent participants in a particular group agreed with their friend who said:

"The number of children living in a home should be small. We should not be living in places where there are about 30 children. Those places do not feel like home."

The participants who had experienced living in both a large institution and in a residential home or hostel that caters for a small number of children or young persons all said that an important aspect of a home is that it only has a small number of residents.

### **Mix of residents in a home**

In one home about half of the participants mentioned the importance of placing residents with very different needs in separate homes. This was expressed in various ways and from different perspectives. However, these participants articulated the need for more homes to meet the needs of children in care. They expressed frustration in living together with other residents who had such different needs. This was a factor that severely impeded their ability to relax, to cope with studies or to feel comfortable. It made them feel that they did not belong. For them to feel that they belong to a place that they can call home, they feel that they need to be able, in general, to identify with the other residents' reasons for being in care. Some of the comments were:

"If residents escape from ... (mentions another home), then they are brought here. We do not have enough homes."

"To feel that a home can possibly be a good home for us, we should be separated into different homes according to our needs. Here we are sharing the home with children who have mental health problems. I know that they can go through difficult moments. They make us feel like we are one of them. We hear the noise, the shouting, the screaming and the swearing. I know why I am here. I used to escape. These children are harming us. I ask my mother to explain to me why I cannot return home. I do not like it here. It is enough to give me a nervous breakdown. I am so fed up. The outbursts drive me mad. I need peace to study for my exams."

"Separate us into groups according to need or to services required."

### **Private space**

The need for private space was expressed in a variety of ways.

#### **1) Own bedroom**

Some participants mentioned that for a place to feel like home, they need to have their own bedroom or private space. This value was placed amongst the first four preferences by 20% of the participants. They were very specific about this. It was not important for them to have a large bedroom. They preferred to have a small bedroom that was their own to having a large shared room. They also thought that it was important to be able to individualise their bedrooms. They explained what they meant by this. Not all bedrooms should have the furniture set out in exactly the same way. Children feel more at home if they are allowed to have a say in the way that their bedroom was decorated and the way that the furniture was placed. When all the bedrooms look alike, it does not feel like their own private space. If they do have to share a bedroom, they felt that they should be given a choice about whom they were going to share their room with.

#### **2) Privacy**

Some adolescents expressed the need to be able to let off steam in peace when they are feeling down or angry. They explained that there are times when they need to be alone and not be 'pestered' by carers who keep asking questions. They need the space to come to terms with their feelings; they need a place where they can just be alone in privacy.

They mentioned the need for a quiet private area in the home where someone can go to if that person needs a peaceful setting to help him/her to calm down. One participant said:

"A quiet, peaceful room like this one where I can go to when I am very tense and worked up, where I can listen to soothing music and calm down. A place where I can be in peace."

The focus of another participant was different:

"Violent children need to be separated from children who are not. They need to have a private place where they can deal with their anger and have someone to help them to calm down."

This issue is closely aligned to anger management.

### **Anger management**

Adolescent participants mentioned anger and anger management. An ideal home is somewhere that they feel they can live through their moods. They stressed the importance of being understood by the caring staff whenever they felt anger welling up within them. One adolescent participant explained what he needed to feel at home:

“When I am angry, I need to use up energy. I like to ride my bike or wash the floor. This helps me. However, if I decide to wash the floor, the caring staff should not pick on me for not doing a good job of it. They should not criticize me or put me down by passing negative remarks. If I am washing the floor because I need to feel better and they come and find fault with what I am doing then it makes me feel so much worse.”

Adolescent participants mentioned the need to have their strong feelings understood and handled with sensitivity. They knew that they sometimes experienced very strong emotions and sometimes they were passing through particularly difficult times and needed understanding and encouragement. Sometimes they needed just to be left alone.

Some participants referred to the need to play computer games that can help them to relieve stress, or to have access to an area where they can run around like a football ground. Other participants mentioned that they appreciated being taken on outings and on hikes.

### **Flexible timetable**

Some adolescent participants felt that a rigid timetable or routine was not conducive to feeling at home in a place. They sometimes felt that the timetable met the needs of the shifts of carers rather than the needs of the children. Bedtime was one of the issues raised. There was a strict routine regarding the time that they went to their bedrooms and the time that the lights went out. This issue was also raised with respect to the time that they have to wake up at the weekends. It was not that they did not appreciate going to Mass together on a Sunday morning. What they did not like was having to wake up early every Sunday to go to Mass.

They also mentioned that their routine included having to put in some study every weekend. These adolescents mentioned that they would appreciate having more freedom about how to allocate their time at the weekend.

### **Performing daily tasks and chores**

Adolescent participants mentioned that activities such as cooking a meal or shopping for groceries helped to make them feel at home. They appreciated being trusted to take decisions and to participate in an empowered manner in these day-to-day tasks. They also appreciated being given a choice in these activities and being trusted to make a good job of it. Other participants mentioned the importance of helping one another with the chores as this made them feel like one big family:

“For example, this evening we are going to watch a DVD. We have chores to finish before we can watch it so we usually help one another with the chores so that we can all finish together and watch the film. That is very nice and it makes me feel like part of a happy family.”

Another participant mentioned her strong desire that the residents would help one another with their work and their lives in general and live in peace and harmony like a big happy family.

### **Basic needs**

I classified good food, clean clothes, an orderly environment, television, toys and general comfort under this heading. 95% of the participants mention the importance of this cluster. Younger children mentioned that they would like to find a good meal ready for them when they return from school but the older children and adolescents showed a preference for an ‘open’ kitchen

where they can go and prepare a meal or a snack if they are hungry. Some participants insisted that an open kitchen would help them feel at home.

### **School related help**

Participants brought home with them the pressures and demands of keeping up with school-work. Some participants mentioned that they appreciated living in a home where they could find what they needed to do their homework and 10% of the participants placed this amongst their top four preferences. The help mentioned varied from help with homework to finding the stationery that they needed and being provided with past papers for important exams.

### **Pets**

All but one of the 10% of the participants who mentioned that having a pet would help them feel at home in a place were under the age of 8, belonged to a single group of participants and opted for having a horse. The other participant came from another home and was 13 years old and mentioned the presence of goldfish.

### **Computers**

The individual use of a computer is important for adolescents and older children. While preference was shown for having the exclusive use of a computer, in some cases, reference was made to sharing in a manner that did not indicate too much annoyance. In other cases, some children indicated that the use of a computer was too limited for their needs.

What emerged was that computers were important for two main reasons. One was entertainment and play. The other was networking with peers and socialising with school friends.

### **Pocket money**

In one group of adolescents the conversation drifted to the amount of pocket money that they were given. They felt that this should vary according to their age and that this pocket money should be phased out once the children started to work and earn money.

## ***Category 3 Relationship with other residents***

### **Appreciation of the value of the children we live with**

Almost a quarter of the participants placed living in harmony with the other residents amongst their top four preferences. This featured in many different ways. They mentioned the importance of peace and love. Some participants mentioned a variety of very positive aspects of peer relationships as an ideal aspect of living as a family in a family home. Others referred to the negative qualities which they would not like to be present in a home:

“Living like one big happy family with the other children...”

“We help those who need help, encourage one another instead of making the lives of one another a living hell. We try to make the lives of the others happier: we try not to be sad and share happiness and joy. We learn from one another and respect those around us; we try to understand one another...” (16 year old)

“no tantrums, rows, taunting, or violent outbursts”

“Children do not try and put the blame on others when something wrong has been done.”

One participant said that what he appreciated in a home was sharing it with children coming from different nationalities and different religions. He appreciated learning about their customs and religions. It was an enriching experience for him that he appreciated.

## Safety

15% of the participants placed safety amongst the top four preferences. This value featured in two main ways. One was being safe against internal threats such as having one's belongings safe from theft by other residents and the other was a general feeling of security against external threats.

## Conclusion

I was asked to be a voice for children. That is what I hope that I have achieved. I have reproduced, as faithfully as possible, what I was asked to tell you by the children and young persons who chose to speak to me.

The participants learnt at an early age how difficult life could be. The thoughts that they expressed illustrate how thoughtful, sensitive and sensible children can be and how much they have to offer. Their expectations are not too demanding. From the way they spoke and from the anecdotes that they narrated, they showed how their sense of fairness and of justice has been sharpened both in how it is applied to them and in how to apply it to others.

In some cases, they showed a maturity, a generosity and a sensitivity to the needs of others that I considered noble. Their willingness to participate in this exercise was clearly motivated by a feeling of responsibility towards other looked-after children and a sense of satisfaction at being given the opportunity to be able to improve outcomes for others. For example one 16 year old boy had spoken at length about how important it was for him not to feel that he was under surveillance and how he felt that increased liberty and trust would enhance his feeling of well-being. However, when he came to the part of the exercise when he had to prioritise the values that he had listed, he reasoned out aloud in this way:

"It would be in my interest to give increased freedom top priority. However, for the younger children, what is most important is having good caring staff who can understand children so that they can help them with the problems that they may have. So I will place that first."

However, in spite of their strengths, their vulnerability still pervades their lives. So a balance needs to be found between empowerment which builds on their strengths and protection that recognises their vulnerability.

This paper has presented a snapshot of the responses to the original query. However, it is hoped that experts in the fields of policy and practice will be able to find ways in which the data presented above can inform policy and practice.

## Notes

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1. Smith, M. (2009), *Rethinking residential child care: positive perspectives*, Policy Press, p. vi.
2. This exercise was utilised with the kind permission of Ken Kraybill, Training Specialist, National Health Care for the Homeless Council.

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## Author's note

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