
Residential Care, Stigma and Relational Alienation.

**Exploring the lived experience of children's
homes with young people and carers - an
ethnographic Study.**

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For the young people who participated in this project, allowing me into their lives, homes and stories, thank you. And for the staff, many of whom overcame understandable reservations in supporting and contributing to this work.

Abstract

This thesis questions both social meaning and lived experience of residential care for children, by drawing on data gathered during an ethnographic study of two local authority children's homes. Theories of 'social death' are utilised to understand the social relationships of children and young people. Children's homes continue to be a site of research and intervention in the UK and elsewhere. The established view of residential care in the UK is that it is the 'last resort' option for children in the care system, due to the preference for family-based accommodation. Recently, while there has been greater acknowledgement that residential care can be a positive choice for children, the sector continues to be a site of controversy. This is due to factors such as abuse scandals, poor outcome measures, placement breakdowns and cost effectiveness. A number of studies reveal that young people cite placement instability as a key factor which negatively affects their experience. Those in residential care are likely to experience the greatest upheaval in the care system. Drawing on the work of Ennew (2002), this thesis proposes that such factors combine to affect the personhood of children in residential settings due to the children's home contrasting to normative ideals of what children *ought* to experience in the context of childhood. Data reveals that the absence of enduring relationships within children's home is deeply problematic in terms of the social, psychological and symbolic status of children and young people. Findings also promote a critical stance to the individualising of children in care and the ability of the rights framework to compensate for wider losses. Building on Orlando Patterson's (1982) work on social death the concept of 'relational alienation' is developed as an original theoretical contribution to knowledge, to comprehend the loss of relational life and personhood which children and young people experience in residential care. The thesis concludes with recommendations aimed at reducing the risk of social death for children in care and residential care.

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Contents

Exploring the lived experience of children’s homes with young people and carers - an ethnographic Study.	1
Abstract.....	3
Acknowledgements.....	4
Contents.....	7
Disclaimer.....	11
1. Introduction	12
1.1 The Family vs Institutional Care	15
1.2 The Children’s Homes.....	20
1.3 Structure of the Thesis	21
2. Understanding Residential Care	26
2.1 Introduction.....	26
2.2 Defining Residential Care	29
2.3 The Historic Location of Residential Care.....	31
2.4 Dominant Theoretical Perspectives and Sociological Engagement	32
2.5 Movement, Alienation and Aloneness	33
2.6 Belonging.....	35
2.7 Conceptualising ‘Home’	37
2.8 Outcomes – the Failed and the Failing.....	41
2.8.1 Education Findings.....	45
2.9 Legislative Framework in the UK.....	48
2.10 Private Families, Public Concerns.....	51
2.11 Conclusion	55
3. Residential Care, Movement and Social Death.....	57
3.1 Introduction.....	57
3.2 Personhood and the Individual Child in Care	57
3.3 Alternative Conceptualisations of Social Death.	60
3.4 The Relevance of Slavery as Social Death	62
3.5 Violent Compulsion or Power by Another Name	63
3.6 Natal Alienation.....	67
3.6.1 Relational Alienation in Residential Care	68

3.7 Stigma and Social Death	69
3.8 Institutionalised Marginality	71
3.9 Generalised Dishonour and Recognition.....	71
3.10 Public and Private Domains and the Location of Childhood	73
3.11 Conclusion	77
4. The ‘ethnographic place’ – Devising a Methodology.....	79
4.1 Introduction.....	79
4.2 Research Questions.....	80
4.3 Developing a qualitative methodology	81
4.3.1 Researching Young People in Residential Care	82
4.3.2 Social constructionism.....	83
4.4 Ethnography Defined	84
4.4.1 The Field and the ‘Ethnographic Place’	86
4.4.2 Mobile Methods, Place and Space	88
4.5 Employing Reflexivity in Ethnographic Approaches.....	90
4.6 Conclusion	95
5. A Fine Balance – Access, Ethics and Positionality	97
5.1 Introduction.....	97
5.2 Accessing the Children’s Homes and Young People.....	98
5.3 Conducting Interviews and ‘House Tours’	103
5.4 Ethics and Consent	107
5.4.1 Confidentiality	111
5.4.2 Third-Party Disclosure	112
5.5 Positionality and Participant Observation.....	113
5.5.1 Recording Techniques	115
5.6 Data Analysis	116
5.7 Conclusion	117
6. Relational Alienation: Young People and Staff	119
6.1 Introduction.....	119
6.2 ‘I don’t want to be here’ – Stories of Arrival.....	121
6.3 ‘Naturally’ Settling In.....	124
6.4 Missing Information	128
6.5 Shared Staff Histories	130
6.6 Relational Alienation	133

6.7 Absent Presence	136
6.8 Conclusion	143
7. Friends, Acquaintances and Residential Care	145
7.1 Introduction.....	145
7.2 Friendship: Meanings and Practices.....	146
7.3 Placement Instability and Peer Relationships	148
7.4 Acquaintances	152
7.5 Friends Outside and Inside the Homes	156
7.6 Peer Expertise.....	159
7.8 Liminal Incorporation and Dishonour	160
7.9 Conclusion	162
8. Residential Care as ‘Home’	164
8.1 Introduction.....	164
8.2 Residential Care: House and Home	165
6.3 Residential Care as ‘Sanctuary’	169
8.4 The Physical Environment - Furnishings, Fixtures and Fittings.	172
8.5 Damage, Repair and Re-Placement.....	176
8.6 Resistance and Belonging.....	177
8.7 Atmospheres, Routine and Change.....	179
8.8 Police Visits.....	183
8.9 Social Life and Stigma	185
8.10 Conclusion	189
9. Residential Care, Rights and Personhood	191
9.1 Introduction.....	191
9.2 The Rights Landscape for Children in Care in England.	195
9.3 Young People’s Meetings	197
9.4 It’s not as simple as asking: Interpreting young people’s views.	199
9.5 The LAC Review, Agency and Resistance.	206
9.6 Children, Personhood and Agency	210
9.7 Conclusion	213
10. Leaving Residential Care – Conclusion and Recommendations	215
10.1 Social Death and Relational Alienation	216
10.2 Recommendation for Future Policy and Practice in Children’s Homes:	222
10.3 Recommendations for Further Research	224

10.4 Final Reflections on the Research	224
Bibliography	226
Appendix 1	252
Appendix 2	274
Appendix 3	277
Appendix 4	281
Interview Schedule:.....	281
Questions: Young People.	281

Disclaimer

In the interests of anonymity and confidentiality the names of research participants, the residential homes, local areas and other identifying features have been changed throughout this thesis.

1. Introduction

Day 10 of Fieldwork, Oakhill Children's Home:

In the team meeting, Paula chastised the managers for making a promise to Mia, telling her that the placement would last, which is now clearly not the case. Paula said, 'you should not promise her things' and 'you shouldn't make promises that can't be kept.' I wonder, what does it mean not to be able to receive a promise? To be a subject to whom promises should not be made? It may have meant that Mia could avoid being let down, or that she would be disappointed less often. However, it also means a person cannot ask for commitment, and cannot ask for the promises made to them to be honoured. (Oakhill Fieldnotes, 2017).

'And it is truly remarkable how consistent are the attributes of generalised dishonor not only among slaves, but among all oppressed peoples. There is, for example, the crushing pervasive sense of knowing that one is considered a person without honor and that there is simply nothing that can be done about it' (Patterson, 1982:12).

This exploration was motivated by a desire to better understand the lived experience of residential care for children in the UK, particularly England. Research on children's homes has continued in earnest in recent years, largely driven by a desire to understand the poor outcomes attributed to the sector. For example, the report produced by Berridge, Biehal and Henry (2012) on living in children's homes commissioned by the coalition government in 2010 was followed fairly swiftly by the Care Inquiry (2013), and the subsequent Nary Review (2016). All three commissions shared a common concern as to why the care system and residential care were failing to produce positive results for young people in terms of wellbeing, relationships, and education, whilst also questioning the cost effectiveness of residential provision.

My own interest stems from encounters with children, young people and families during my social work career, which spans nearly 20 years. I have worked with a significant number of children who have been 'looked after' by the state via their local authority in England, many of whom lived in children's homes. I have often found my

work with young people in care to be some of the most engaging and rewarding, yet also the most challenging and bewildering. I have often experienced a range of conflicting feelings towards young people and their circumstances, which include sympathy and frustration, sadness and anger - particularly when faced with confusing behaviours and the challenge of establishing a connection with children who have experienced significant rejection.

I was also curious about the contrasting impressions made by children's homes. In terms of their exterior, they were sometimes old, austere and dilapidated, or ultra-modern and seeming to portray a contemporary image of the good life, with warm and cosy domestic features. Inside they can be places of warmth and care; or chaos and uncertainty. I often found I would often experience anxiety when attending children's homes. Sometimes this was due to being left in an office or living room to await a young person, wondering if I had been forgotten about, and feeling tentative about venturing from my designated spot. I wondered if young people experienced this uncertainty, particularly if they were new to the home.

On entry, children's homes can also be hard to make sense of, with rotating staff, temporary residents, large - often empty - rooms, and assortments of formal and informal practices, as noted by Dorrer *et al* (2010). The changeable quality of residential care impacts on those leaving, those who remain, and the home environment itself which assumes a new shape and rhythm with each new arrival. This renders the homes and their inhabitants somehow out of place. The homes often do not seem like homes and the children do not seem like children in the way that either are imagined to be (Woods, 2013). Children's homes often stand out against the backdrop of the local community, in spite of attempts to blend in or become innocuous. Attempts to render them less 'institutional' and more 'homely' appeared to have limited success, in spite of the recent drive towards social pedagogical practice (see for example Berridge *et al*, 2011; Smith, 2012).

It was while reflecting on the situation of one particular young woman, 'Jen', who had been moved numerous times between residential homes due to her 'risk of sexual exploitation' that I developed an interest in the social and civil life of children's residential care, particularly in light of the number of moves young people often experience between placements. I was completing a master's degree during my work with Jen, and encountered the concept of 'social death' in relation to understanding

systems of slavery (Patterson, 1982). The term, and the related concepts of 'natal alienation', 'liminal incorporation' and 'dishonour' (1982) struck a chord as I thought about this young woman. I had only met her once at a children's home, as her youth offending worker. She had already been moved several times whilst in care due to concerns that she was being sexually exploited. I got the impression from the manager during my meeting with Jen, that due to her behaviour and the reputation she had gained in the authority at this point, they were not keen on persevering with the placement. I spent around an hour with Jen talking about how she was doing, and the circumstances surrounded her offending. I do not recall the content of the conversation, but remember that I felt it was helpful, that we had formed a rapport which there was room to build upon. However, Jen was moved to a more isolated home before I could see her again. She was transferred to another youth offending team with an all new staff team around her, retaining only her social worker. I would occasionally hear about Jen on the grapevine usually in relation to her running away or under-going another change of placement. When I heard that she had been returned to a previous placement in the county after a year or so of meeting her, I wondered, what could this possibly achieve? How was this going to succeed in managing her 'risk of CSE' if the only consistent relationships in her life were likely to be with her perpetrators? The connection between placement moves and CSE has been powerfully written about by Coy (2009). What was the quality of relationships with adult carers and peers for a young person in her situation? How did she feel about the placements in which she found herself? How could any of them possibly qualify as a 'home' for her - or other children - who were on the move?

I also found myself becoming increasingly frustrated by the narratives surrounding vulnerable young people in care which seemed to emphasise adult powerlessness in the face of children's 'choices'. I completed my master's thesis on residential care as a site of social death as a theoretical work, utilising Patterson's (1982) framework and other relevant theorists such as Goffman (1961). In this work I sought to understand what it is about residential care as a space for children to live, grow, and develop into adults which is problematic in terms of stability, relationships and 'outcomes' (Woods, 2013). I felt it was important to explore the symbolism of living in residential care as a stigmatised arena, which was outside of the ideals of childhood. I had been, and remain, inspired by Judith Ennew's work on street children (2002) due to similarities in terms of how these two groups of children are related to. Our notions of children,

Ennew observed, are tied to the domestic sphere and 'The place for childhood to occur is inside – inside society, inside a family, inside a private dwelling' (2002:289). Children unbound from domesticity were 'outside childhood' (p.289). This analogy was recently utilised by Emond (2014, citing Ennew, 2005), who states children in residential care are further marginalised than children within foster settings due to living "outside" of a family marking them as apart from the normative experience of children and challenging societal notions of appropriate child-rearing practices' (p.196). It is possible to imagine that Children's Homes may also locate children 'outside' childhood due to residing in the public sphere of the care system in an unusual home environment, often consisting of greater change than stability. I became interested in how young people's personalities and life experience interact with residential care in a way which might place children apart from how children and childhood are imagined. Doing so requires a consideration of children and young people in the context of the values attached to childhood, family and domesticity, and the symbolism by which these domains are understood. My continued curiosity around the meaning of life in residential care drove my application for doctoral funding.

1.1 The Family vs Institutional Care

Examining children's residential care provides a basis for exploring how ideal childhoods are constructed and the impact of these ideals on children more widely. In recent years, following the recession in 2008, there has been an increase in children being received into care, and a reduction in the number of local authorities running their own homes. As of 31 March 2018, there were 2,209 of all types of children's home, showing a 3% increase on the previous year (2,145), however local authorities have reduced the number of children's homes which they run by 3% (HM Gov, 2019). This follows a steady decrease in the number of children entering residential care in recent years, having reduced from 32% of the care population in 1978 to 9% by 2010/11 (Berridge, Biehal and Henry, 2012:3). This is partly due to the stigma carried by children's homes in England and Wales, the origins of which lie in the poor relief. In this project one local authority had, within the living memory of staff members, retained accommodation in a local Workhouse and therefore had a more direct legacy to these origins of care. Group care has become an increasingly maligned option for

children, reserved for those who cannot be accommodated within family (Smith, 2009), with care homes viewed as a last resort. As noted by Courtney and Thoburn (2009: xxii), the idea that children's place is essentially within the family is key to perceptions of how children should be accommodated. The assertion that children in residential homes have needs which cannot be met in a family is telling, as it often implies there is something about them which is unmanageable and threatening. The stigma attached to this group of children is long standing, stemming from associations with poverty, neediness and criminality (Berridge *et al*, 2012:3; Shaw, 2014b). This continues to taint children's homes in spite of efforts to downplay this legacy, which was evident during data collection for this research, as will be illustrated.

The management of vulnerable children and young people in care has been seen to betray our confused relationship with children as developing beings. Children in care are viewed as 'children who have not been cared for 'adequately' within their own families...embodying the notion of both victims and threats to society' (McIntosh *et al* 2010: 291). Family is considered the most appropriate setting for children to grow and receive appropriate care, which is enshrined in the United Nations Convention on the Rights of the Child (1989), the Children Act (1989) and the more recent Children and Social Work Act (2017), and continues to be a key social policy objective in the move towards fostering and adoption for children taken into care (Featherstone, White and Morris, 2014; Green, 2005). Children in residential care are more likely to be outside arenas imagined for children such as family, and education. This in turn has led to questions of where children may find belonging (see The Care Inquiry, 2013).

Given that the needs of children are considered to be best served in the domestic arena of their family, or substitute family, the selfhood of children may be compromised by dwelling in a residential environment. What is apparent is that once children enter the public care arena, their lives are more likely to remain 'public' in terms of encountering difficulties which require state intervention, in terms of both surveillance and support. During the period of fieldwork for this thesis in two children's homes, it was very apparent that the young people were subject to numerous public service interventions, which played both a welfare oriented and regulatory function. Several young people were accessing the Child and Adolescent Mental Health Service (CAMHS), Youth Offending Services (YOS), drugs services, and various education providers to cater for them not being in mainstream education.

Such provision, while designed to meet welfare concerns and manage risk nonetheless ensures young people are firmly and visibly located in the public arena of state care.

In both practice and policy, the self and development of the child in care has often been couched in a narrative of both justice and individualisation (Holland, 2009b). Children's rights, when operationalised through care plans and other attempts at participation, have been utilised as a substitute for other forms of care and protection. As noted by Steckley and Smith, the rights discourse 'can be inimical to conceptions of care that stress interdependence, reciprocity and affective relations' (2011:184). Children who come into care are more greatly individualised as their needs are, necessarily, set apart from their family, as they are subject to care plans which consider their needs apart from others. It is common for staff in care, as evidenced during this thesis, to refer to children's 'high level of need', and 'complex needs' (Home Manager in interview) when discussing the suitability of the placements and a home's ability to cope with varied individual needs in a group setting. A discourse around children's needs in relation to their care pathway is employed in converse ways. The concept of the needs of the child is utilised on the one hand to recognise that each child and young person is unique and special. On the other hand, the concept of the individual child is utilised to encompass the difficulties experienced by children and staff in terms of 'behavioural issues', and the homes failure to meet them. This can portray an image of the child as one whose difficulties have assumed the wrong shape for the home to cater for. For children whose multiple placement failures are partially explained by them having complex needs, the questions remain: what is needed to cater for these children and young people? What team could comprise of the right people to cope with the rigours of meeting individual needs in a group setting? In situations where homes feel they cannot meet young people's needs, how are placement endings understood and explained? Narratives regarding children and young people in care, as with children in wider society, can serve the dual purpose of either positioning children as a victim or a threat (Smith, 2009; Wyness, 2012). The advancement of the concept of the child's needs can serve to mask the struggles of adults and the failings of the care system. The individualised child then is not necessarily rendered safer as a result of being viewed as unique.

The current drive towards individualised approaches is connected to the liberal project of bestowing rights on children as a means of advancing their personal

recognition and civil interests. However, this project is complicated by the fact that they are dependent on adults for basic care, survival, social life and development. Looked after children's needs being couched in a narrative of justice rather than care has been a cause for concern (Holland, 2009b) as this has been at the neglect of their social and relational needs. For example, good care planning should represent the needs and wishes of children rather than being viewed as an end in itself. As illustrated by a participant into 'Care Leaver's Transition to Adulthood' study by the Department for Education (2015) Care and Pathways Plans can become a tick box exercise rather than a genuine opportunity for participation, as one young person articulated:

'I didn't know what it (my pathway plan) was for, what it was, what was the purpose except for "Oh, this is a booklet we have to go through, we have to do together, we have to complete" or something. But I didn't really have an understanding as to the purpose'. (p.33).

The meaning of such processes as a route to self-development warrants further examination. The personhood of children has been constructed differently to that of adults and cannot be entirely constructed in legislative terms, or through participation within a bureaucratic system of care, when children can only develop in the context of meaningful relationships with adults and other young people (Steckley and Smith, 2011). The mutual dependency of children, adults and the state in terms of the identity of all parties is a continual theme of this thesis. For example, are practices connected to the rights discourse sufficient to facilitate children's relational and dependency needs in a wider climate of movement and change?

To address these concerns, this thesis essentially examines the alienation of children within the care system, specifically residential care, as a frequently changing environment. In particular, I will utilise Orlando Patterson's (1982) concept of 'social death' which he used to depict the condition of slaves, and the related notion of 'natal alienation' to understand and illustrate how children and young people become alienated due to separation from both people and place. Conceived by Patterson, being 'naturally alienated' relates to how slaves were not only removed from their lands and kin folk, but repeatedly moved within systems of slavery in accordance with the master's will. This movement denied people belonging, community and an honourable identity. Moreover, the lens of natal alienation assists our understanding of how the claims we make on others, and the extent of those claims, are key to

selfhood. I have termed this aspect of life in residential care '*relational alienation*', which unlike natal alienation, will encompass non-kin ties.

The theory of social death will be utilised as an analytical device for examining the lived experiences of children and young people in residential care, and the care system more widely. Despite the stark differences between slavery and residential care, I illustrate that the concept of social death is salient to the experiences of children in care due to the sense of alienation, upheaval, and severance from people and place which generates acute personal and social loss. While there has been progress in acknowledging the impact of placement breakdowns on children and young people (see The Care Inquiry, 2013, The Stability Indexes, 2017-19) it has been given insufficient attention in terms of its overall impact, and has not been detailed in ways which help us imagine what these losses mean in the daily lives of young people and their carers. The forced and coerced nature of care placements, the requirement to join new communities, and the on-going threat of movement and rejection for children in care reflect the experiences outlined by Patterson (1982) in his discussion on 'natal alienation', and need further examination in terms of how they manifest in residential care.

Furthermore, the concept of social death concerns the question of what it is that grants us personhood and the status of being human, and thus relates well to the experiences of young people in residential care, who have often experienced the most frequent and rapid moves through the care system. (The Care Inquiry 2013; Ward, 2009). The key facets of Patterson's theory of social death are 'the permanent, violent domination of natively alienated and generally dishonoured persons' (Patterson, 1982:13). For all the care system purports to exist for children's wellbeing, it frequently involves the forced or coerced movement of children who have already been separated from their birth family, which itself creates alienation from kin and community. We now have for example, the startling statistic from the Stability Index (2019) that 58% of children in care experience at least one placement move in the last four years. While young people's lives in care are not a permanent state of affairs, ending when they reach adulthood, if not before, we know from outcomes studies that the effects of having been in care, and residential care, are long lasting.

1.2 The Children's Homes

The data is drawn from a study of two children's homes which utilised ethnographic methods. The homes were run by separate local authorities, one city authority, where I have named the children's home Clyde Close, and one county authority, where I have named the home Oakhill. Both were mainstream residential homes, however part way through fieldwork, Oakhill changed its status to accommodate Ronan, who had a disability. Each will now be described in turn.

Clyde Close, the older of the two homes was built around the 1960's, constructed of two former council homes 'knocked together' (Manager, in conversation). It was due for closure during fieldwork due to its dilapidated state, and the high cost of continued repairs. The manager, George, also informed me that the 'local community' were considered to be a source of threat to the young people. The home was about a mile's walk from the city centre and had good access via public transport. In terms of its physical location, the home was in the middle of a close surrounded by other social housing and private rented properties in a densely populated area. There was a sign outside stating it was a city property. Clyde Close had a wooden perimeter fence, with a small basketball court, which - to me at least - marked it out as a children's home. There was a front garden next to the basketball court which had a swing and some potted plants. It was perhaps most frequently used as a smoking area by young people. To enter the home, you went through the garden to the back door which led straight into the dining room. There were two separate corridors leading to the bedrooms, which meant young people could be housed in separate wings if desired. Young people had to share a bathroom between two.

The building's age showed in features such as a very noisy extractor fan, and a kitchen furnished in a style which clearly from the 60's or 70's. Of the two homes, Clyde Close had a more 'public' feel, with wide hallways, doors which had retained wire mesh glass, strip lighting and worn carpets and furnishings. Due to the fact it was to be closed, when furniture - such as the TV cabinet - was damaged, it was not replaced and other repairs were regularly carried out. The home was a five-bedroom property which accommodated ten young people at different points during the eight-month study, all of whom participated to varying degrees. Some young people such as Tegan and Harvey only consented to participant observation rather than interviews. The majority of residents came from the city and varied in age from 11 – 18. The staff team

of 12 participated in interviews and participant observation. The home was one of six mainstream homes retained by the city.

Oakhill was one of three homes run by the county, who had increasingly utilised the private sector, and was located in a small village on the edge of a former mining area. The area was quiet, with young people complaining there was 'nothing to do', and public transport was less frequent. The village was within a few miles of several nearby towns, and the nearest city was around an hour's drive away. The home was more secluded, at the bottom of a long driveway. The house itself had been built by a local builder and purchased by the local authority 12 years previously. It had formerly included a swimming pool which, to the chagrin of staff and young people, had been removed due to health and safety concerns when purchased as a children's home. The home looked like a bungalow from outside but had five bedrooms on the upper floor. It was considerably more modern than Clyde Close, and larger in size. It had a large lounge and very large games room, dining room and kitchen. There was also a large garden to the rear with a porch which young people would use to smoke and talk. The utility of the garden changed with the season, as garden furniture, a trampoline and tents would appear in the summer. All bedrooms had their own showers. Oakhill accommodated five young people during the study, four of whom participated. These young people came from various parts of the county. 14 staff at Oakhill participated in either interviews or participant observation and feedback on the findings was given to staff and managers in team meetings. The details of data collection will be explored in chapters 4 and 5.

1.3 Structure of the Thesis

The thesis structure reflects my concern with how children acquire personhood in the care system, bearing in mind the work of Ennew (2002, 2005) and her consideration of the social and geographical spaces in which children are imagined to acquire belonging. As such the aspects of relationships, friendships, homes and children's rights have been considered in turn. I have used the terms 'children' and 'young people' to relate to residents, as a young person is essentially a sub-category of the child. Children here are considered to be anyone under the age of 18 in line with the UNCRC (1989), and some residents became 18 during the project. Young people tends to refer to those aged 13 and over.

Chapter Two reviews current literature on residential care and the care system more widely. This chapter starts by defining residential care, followed by a discussion of the history of the sector in England. The recent ‘outcomes’ focus will be critiqued in light of the repeatedly negative findings within studies pertaining to residential care, particularly in light of how children are positioned in society. The chapter is framed around aspects of research which relate to children’s personhood, and belonging in society and how life in the care system and a children’s home may relate to this in terms of movement and alienation, particularly in terms of relationships in private domestic, as opposed to public, spheres.

Chapter Three is key to the original contribution of the thesis, providing an overview of theory and writing on social death, with particular regard to the work of Orlando Patterson (1982, 2018) and Loic Wacquant’s theory of territorial stigma (2007). The chapter outlines Patterson’s theory and critiques which have been levelled against it. Aspects of social death as conceived by Patterson and other writers such as Card (2004) are then considered in relation to residential care, particularly the movement young people experience. Social death is considered alongside how children acquire personhood in the context of individualism, and how life in a children’s home detracts from relational life and belonging.

Chapter Four outlines the research questions and outlines the choice of ethnographic methods as a means of data collection. A Social constructivist approach is outlined which discusses ethnographic inquiry as an appropriate mode. Mobile methods and the particular approaches used for data collection are discussed and illustrated with reference to the ‘home tours’ used in the research. This initial methodology chapter also outlines the utilisation of reflexivity as key to ethnographic approaches.

Chapter Five details how access was gained and how the research commenced, including practical and ethical dilemmas such as positionality, issues of consent with young people and staff, and the challenges of conducting research while respecting young people’s privacy and space, and the working environment of staff. Recording techniques and data analysis are also outlined.

Chapter Six as the initial data chapter, explores the relationships between young people and staff and develops the concept of ‘relational alienation’ in residential care, which is key to the overall thesis. The chapter begins by examining young people’s

experiences of arrival in residential care, which demonstrates the difficulties posed by multiple and unplanned placement moves, and also the effect of stigma on young people's anticipation of moving to residential care. The chapter then discusses the process some young people described of 'settling in' which includes their periods of solitude while they gauge their new surroundings. This includes staff accounts of struggling to know how to support new residents. The difficulties faced in building a coherent narrative are also explored due to missing information between placements. The ways in which young people become alienated from relationships with staff is then outlined in greater detail, building concepts within Patterson's social death (1982).

Chapter Seven explores young people's experience of relationships in children's homes, focusing on friendship and peer contact, building on the discussion in the previous chapter. This chapter illustrates how young people's friendships are undervalued as a source of support and selfhood. What is more, data reveals the ways in which peer interactions are treated with suspicion and concern by care staff, building on the argument that children become increasingly alienated in residential care which leads to both external and internal insecurity regarding their friendships and identity.

Chapter Eight explores residential care as a 'home' in relation its public features and the frequent changes to both residents and environment. The relationship between residential care and the social construction of childhood is considered, as childhood is essentially imagined as a domestic, private experience. This chapter argues that residential care is predominantly a public arena, due to the dominance of 'work' tasks, and the fact that young people's private space can be invaded at any time in the interests of managing behaviour and 'risk'. The surveillance mechanisms, previously noted by McIntosh *et al* (2010) are shown to undermine the domestic aspects of residential care and contribute to the stigmatisation of young people, which compromises their social life. The extreme nature of change in both research sites, which included regular alterations to the environment itself, is discussed as challenging the concept of 'home' and young people's ability to belong in 'place'. The way young people describe their experiences displays both place attachment and loss. The data shows that young people clearly have feelings about their location and re-placement.

Chapter Nine, the final data chapter, discusses the interpretation, enactment and utilisation of the children's rights in residential care, principally in terms of the tension between protection and participation rights. Participation rights are problematised as a feature of young people's care experience with regards to the interpretation of their wishes and feelings. Data is utilised to show that there are serious inadequacies in how children's rights play out in the care system, resulting from structural and relational factors, which undermines their recognition rather than enhancing it. The research data reveals that rights for children in care are conflated with choice, leading to a literal and de-contextualised interpretation of young people's 'voice'.

Finally, the concluding chapter summarises the findings and gives recommendations for further research, and ways in which young people's experience of living in care and residential care may be improved.

2. Understanding Residential Care

‘Maximising what residential care might offer to children requires a more fundamental rethink...that those who assert a positive role for residential care engage in moral and political debate about the possibilities for the sector rather than becoming caught up in the search for ever more prescriptive technical and administrative fixes’

(Smith, 2009:1).

2.1 Introduction

This chapter reviews the research, legislative and policy documents which relate to residential care in the UK, and internationally where appropriate. Children’s homes are defined and situated within their historical context, followed by a discussion on the ways in which they have been understood theoretically, particularly in relation to the isolation of young people in care. The notion of belonging has been cited as a key concern for children in care and literature in this area is explored here in relation to placement change and the concept of ‘home’. Concepts of what it means to ‘belong’ in relation to people, place and memory in recent sociological writing are shown as important in understanding the experience of children in care, particularly as young people in children’s homes are considered to lack *belonging*, without the term necessarily being unpacked (see for example The Care Inquiry, 2013). Recent studies relating to young people’s relationships with staff and peers are outlined, in terms of how young people are conceptualised as domestic beings. The focus on ‘outcomes’ is critically debated in the context of residential care being positioned as a site of failure, followed by a discussion on education and other relevant outcome measures. Findings which pertain to the ‘rights discourse’ (Steckley and Smith, 2011) feature here in relation to children’s lives in the public domain, as opposed to the private realm of family.

I will begin by defining ‘children in care’, and residential care. Children in care are defined by the 1989 Children Act, which states a child is ‘looked after’ by the local authority if they reside in continuous accommodation for a period of more than 24 hours, are subject to a care order, or subject to a placement order. However, as noted

by the NSPCC (2019), many young people have expressed a preference to be referred to as a child in care, rather than 'looked after'. At the age of 18, they cease to be legally in care and are considered 'eligible for help' (DfE, 2014:1). Each UK nation has a different definition of what it means to be 'in care', and have varied legislation, policies and practice. In general, looked after children either live with foster parents, in a residential children's home or in residential settings such as schools or secure units (HM Gov, 2019; NSPCC, 2019). The focus on this thesis is on English arrangements though literature is utilised from other parts of the UK due to significant overlap in legislation, findings and experiences.

The Department for Education and National Statistics reported in 2018 that in March that year there were a total of 75,420 children in care in the England. This figure has increased substantially in recent years, up 4% in the preceding 12 months. This increase is partly attributed to a decrease in those leaving care due to reduced adoption rates and other factors, and a rise in unaccompanied asylum-seeking children, who represent 6% of the overall care population (DfE, 2018b). The reasons given for children entering care are illustrated below:

Reason	Percentage of total in care
Abuse or neglect	63%
Family Dysfunction	15%
Family in Acute Stress	8%
Absent Parenting	6%
Other	8%

(Adapted from the DfE, 2018b).

Clearly concerns of abuse are paramount reasons here, followed by family dysfunction, which suggests that parents were finding it too difficult to cope with their children in the family home, or that the children had not succeeded in foster care. This is a long-standing issue (see Biehal, 2005, in Berridge *et al* 2012). This is partially due to an increase in the number of those aged 12 and over being placed in residential care (DfE, 2018). Three areas of concern were noted by McIntosh *et al* (2010:291) citing Kendrick (1995), who noted children enter care due to being 'at risk' of

continued neglect, physical, sexual or emotional abuse. There were also others who were felt to be beyond parental control or placed in care on a voluntary basis by their parents in times of family crisis (Kendrick, 1995 in McIntosh *et al*, 2010:291). Adolescence is a time when children's behaviour is likely to become more of a challenge to parents. However, it has also been found that young people in residential care often have a hidden history of abuse or neglect in addition to the apparent reasons for coming into care (Berridge *et al*, 2012: 4-5). Children are therefore removed from the family and accommodated by the state due to concerns over their welfare as children, the welfare of others, and the potential outcomes for their well-being as adults. Residential care tends to accommodate the most disadvantaged children in society, as it is these children and young people who are not only the most in need of care, but also the most visible due to the classed dimension of social care interventions (Berridge *et al*, 2012:3-4; Jones, 2002).

At 31 March 2018, 55,240 (73%) children looked after were looked after under a care order, up from 40,090 (58%) in 2014. Comparatively, 14,500 (19%) were looked after under a voluntary agreement. The number of children in care is at a 10-year high, which has been attributed to cuts to local council budgets and reduced early help services (Butler, 2018). Approximately 25% of children in residential care are placed there as their first placement, whereas around a third have had 6 or more previous placements (Narey, 2016:7). While 73% of looked after children were placed with foster carers, 11% were in a combination of secure units, semi-independent accommodation and children's homes, approximately 5,290 of whom live in children's homes (Narey, 2016:6). Approximately 15% of children in care will have been accommodated in Residential Care at some point (Berridge *et al*, 2012:4), which renders it a worthwhile area of study.

The decline in the use of residential care can be partly attributed to the 1989 Children Act, which ended the use of care orders to deal with young people involved in crime. Expense, inevitably, is a significant factor in this reduction as a foster placement costs approximately £676 per child per week, compared to approximately £3000 in residential care, or £750 million annually (Berridge *et al*, 2012:3-4, Narey 2016:10). While the Children Act 1989 states that the welfare of the child should be paramount in all welfare proceedings, once children enter the public arena of state welfare they are subject to the finite resources of state departments, which are in significant

demand and currently suffering a crisis of funding (Butler, 2018). There will therefore be some inevitable conflicts between the stated aspirations for looked after children and the lived reality in terms of available resources.

2.2 Defining Residential Care

Different types of children's home were divided into four groups by Berridge and Brodie (1998), namely local authority homes for adolescents; for younger children; those offering short terms breaks for young people with disabilities and other health needs; and private children's homes. However, there is some overlap, and not all homes will fit into these groups, particularly in terms of age. It is not uncommon for some homes to accommodate younger children with adolescents for example. In terms of what constitutes residential care, Little, Kohm and Thompson (2005:200) gave the following definition:

'...we define "residence" as any setting in which children are placed with other children for at least one night with the goal of meeting health, education or other developmental needs. The definition requires that children are placed without adult family members (they may be placed with a sibling) and that the number of children cared for is greater than the number of staff on duty at any one time (although an individual child may be supervised by more than one adult. The term "children" refers to people between the ages of 0 and 18 years...who started their placement before the age of 17 years'.

While not specific to the UK, this definition highlights a problem in trying to summarise residential care provision. There may at times be a greater number of staff than children, depending on the extent of placement change, the time children spend in the home and their identified needs. There is a focus by Little, Kohm and Thompson (2005) on the meeting of a child's needs as oppose to protection from harm. It is hard to imagine a child's needs being met on anything other than the most rudimentary level if they are resident for as little as a night. The focus here is on children's homes as a 'residence', which relates to their function, rather than on being a *home* for children. The desire to protect from harm is an important factor in addition to meeting developmental needs. The meaning of the residential home for children and young people will therefore be different, depending on factors such as how the move was planned, their length of stay and the perceived purpose of the placement. It may be seen as respite, a place of safety, have connotations of home and family or be a

stopgap between other placements, or a return to family. The meaning and purpose of residential care seems well defined in terms of what the care homes seek to provide, as outlined by the Children Act 1989, the Children and Social Work Act 2017, and policy documents such as the Children's Homes Regulations and Standards (DfE, 2015) which outlines the 'key principles'. These are aspects such as receiving love, being safe and secure, the nurturing of 'individual talents', supporting their well-being and maintaining links with families and communities (p.6).

Residential care's function in the literature in terms of its purpose as a home is less clear. One exception to this is Emond (2014) who notes that being able to identify with a 'home' adds to a sense of security. However, she notes that children are also acutely aware of the stigma attached to residential care, which creates a tension in their desire to belong (p.200). Although the care standards state children's homes should be 'homely and domestic' environments, the meaning of this in practice is not clearly outlined (p.15). As noted by Green (2005), children's homes are a domain where the private realm of personal life and the public domain of the state meet. Residential Care is both a public and private space, encapsulating what McIntosh *et al* describe as the 'threefold space' of home, workplace and public institution, the boundaries of which cannot be easily distinguished (2010:294). However, as will be outlined in an examining relevant literature on childhood, children have been imagined as domestic beings and the public dimension of residential care is significant to its on-going stigma, and therefore the personhood of children who live there.

In recent years, there has been a drive towards re-imagining how residential care can be experienced by both children and staff, particularly in terms of social pedagogic concepts such as the 'Lifespace' (Smith, 2005;2009; Steckley and Smith, 2011; Steckley, 2013). In the life space model the spaces or environments are where 'daily life events' are utilised by staff to engage with young people, helping them share and understand their life experience (Smith, 2005:13). This model encompasses 'the overall environment of the home...what a place "feels" like' (2005:14). Here Smith advocates paying attention to both creating a desirable environment alongside 'rhythms, rituals and routines' and attitudes and behaviours (p.14). A strength of this model is that it invites practitioners to consider residential care as a creative space which requires conscious attention to detail as both a home and working environment. However, the concept of 'life-space' cannot supplant the concept of

'home' and the usage of the term in every-day language. Young people are not likely, after all, to say 'I'm going back to my life-space'. The concept has potential to explore how the different aspects of residential care intersect and can be utilised to improve young people's experiences, however, to be effective it needs to be utilised along-side existing notions of 'home' and relationships. As Gillis notes (1996), we often compare our lived experience to the one which is formed from the ideal in our imagination, which cannot help but encompass dominant ideals such as the 'home'. The history of residential care will now be explored to outline how residential care evolved, and why, in spite of efforts to the contrary, it retains a stigma.

2.3 The Historic Location of Residential Care

Historically, Residential Care for children in the UK has inevitable long-standing associations with the alleviation of poverty. Prior to the reformation, some relief was available through churches and monasteries, however, legislated relief from poverty came with the Elizabethan poor laws of 1601 (Smith, 2009). Children in poverty were among 'deserving' poor as they could not fend for themselves, whereas able bodied adults were considered undeserving and feckless, whose hardship was attributed to a moral deficit (Smith, 2009). This illustrates a historic relationship between the state's legislating assistance and association of poverty with individual deficits, creating a negative, stigmatised image of those in poverty. Notions of deserving and undeserving poor illustrate the classed dimension of state intervention, which has always been far greater among poorer socio-economic groups and the working class. In the modern era, social work is undertaken pre-dominantly with the 'most distressed and impoverished sections of society' (Jones, 2002:103-104) illustrating that poverty is a marker of the greater likelihood of state intervention and control. The notion of 'less eligibility' followed with the poor law amendment act in 1834 during the industrial revolution. This held that institutional life should be less desirable than a life a person could provide for themselves (Smith, 2009:21, Shaw, 2014b:13). 'Less eligibility' declined in the early 20th Century as although poverty declined in relative terms, there was an increasing awareness that its causes were not solely the result of individual pathology (Shaw, 2014b:13). However, notions of deserving and undeserving poor persist in the modern era and have arguably seen a resurgence in a time of the UK Governments austerity policies (Tyler, 2014). Children remain in the

deserving category due to their dependence on adults and perceived vulnerability and innocence (Wyness, 2012:35).

Workhouses, then, were the forbears of modern residential care, encapsulating both a concern for the poor, a need to manage the impact of poverty on the wider population and a desire to reduce the appeal of going without work at a time of burgeoning industry and individual enterprise. Abolished after the Second World War, workhouses were renowned for vice, poor living conditions and low expectations (Care of children committee 1946, in Berridge *et al* 2012). The role of children in society and ideas regarding family and childhood also began to transform during the industrial revolution, as children were required to fit within a changing economic and social framework. The historic conceptualising of children, with women, as domestic beings is significant when thinking about Residential Care due to it encompassing both private and public spheres and ways in which children's belonging is tied to their social and geographic location (Ennew, 2005).

2.4 Dominant Theoretical Perspectives and Sociological Engagement

A lack of sociological theory was noted by Holland (2009a) in an overview of 44 studies of children in care. It was found that while there was significant evidence of theory, there was further scope for research on children in care to incorporate a wider body of sociological ideas, which is pertinent to the evolution of this thesis. A lack of sociological thinking regarding children and childhood was also found by Winter (2006), as many studies have represented children as the 'passive recipients of services' (2006:60), rather than active agents. This is reflected in aspects of the 'outcomes' discourse, which can imply that children and young people are failed by a regime of care which has inescapable effects. The empirical and descriptive nature of research on children in care was also noted by Stein (2006) who identified three dominant strands of theory in research on looked after children, namely attachment theory, focal theory, and theories examining resilience. All three strands have been applied to how children and young people manage transitions and changes in the care system.

Given the disrupted lives and relationships of looked after young people (The Care Inquiry 2013, The Children's Commissioner, 2018), there is good reason for previous

studies to have focused on attachment and resilience. However, this has been at the neglect of other theoretical bodies which can help understand life in residential care as an alternative 'home' environment for young people. While the utilisation of attachment theory to explain the behaviour and difficulties of children in care is clearly valuable, it can be at the neglect of other ways of understanding their lived experience, such as the aspects of children's homes as a unique space of both public and private functions. There also appears to be relatively little criticism of attachment theory as a framework in this context. It is often presented as a truism, offered as politically neutral, and decontextualized from the trends in social and psychological arenas in which it is utilised. On the one hand, as Smith notes (2009:76) attachment theory may be couched as a positive move away from technical rational approaches to a more relational outlook. On the other hand, it smacks of an individualism which has been a driving force in social care in recent years (Ferguson 2001; Houston, 2014), situating dysfunction in individuals rather than their wider social structural context (Smith 2009:48). As Wyness notes (2012) 'in conceptual and policy terms, the individual child has become a unit of analysis', which can have the effect of viewing social problems as located in the child's personal biography. A misapprehended focus on attachment theory may serve to pay too much attention to the deficits of the child rather than the broader social policy context, entailing multiple placement moves, and a drive to reduce time spent in residential care for children as part of a family oriented ideology, which can lead to greater disruption (Smith, 2009: 77-78). There has also been a neglect in seeking to understand the children's home as a space for childhood to occur, or as a site in which children gain or are denied personal recognition, which is key to formulating an identity and developing resilience prior to leaving care.

Since Holland's assertion (2009a) that research on children in care lacks a theoretical base, studies in the sector have continued in earnest, with several being concerned with the themes of belonging, relational life and the impact of placement change. These will now be explored and will now be explored prior to examining what Blewitt and Tunstill refer to as the 'outcomes theology' (2015).

2.5 Movement, Alienation and Aloneness

A number of affecting metaphors have been drawn upon in recent years to depict the impact of young people's frequent moves in the care system. The Children's

Commissioner for England recently referred to children in care as 'pin-ball kids' due to the findings in the stability index revealing high levels change in placement, school and social workers (2018). In their study of life-history interviews with 16 young adults in Wales who had been in care, Holland and Crowley (2013) observed the difficulty for participants in forming a consistent sense of their own history due to missing information. The author's drew upon Gillis (1996) work in distinguishing the families they lived *with* versus those they lived *by*, and noted that some participants interviews revealed 'imagined alternative lives they might have lived with them, a longed for, stable substitute home or an imagined future family of their own' (p.59). None of Holland and Crowley's participants 'had a positive, on-going relationship with an adult from infancy to adulthood' and were able to cite some fleeting relationships as their most positive (p.63). Here the metaphor of the 'nomad' is used to depict experiences of regular movement. However, a key difference the authors note is that whereas nomadic people moved as a community or family, children in care move '*alone*', and this movement cannot be claimed as part of their identity or heritage in a positive way (p.64). The image of the nomad is a powerful metaphor to depict un-belonging. The authors acknowledge in their study however, that young people's narratives were probably constructed with greater coherence in hindsight than the lived reality would have allowed for.

In their study of children without family ties living in Israeli group-care, Dvir, Weiner and Kupermintz (2012) reveal some interesting similarities in a very contrasting national context. Group care for orphaned children in Israel following the holocaust did not carry the same stigma as other Western models, and had actually been a source of national pride in the establishment of the nation and remains a preferred option for parents whose children need care, as it is perceived as less threatening to their parental status than substitute families (pp.285-285). However, in spite a pro-group care history, the study found the children who did experience stigma and the greatest challenges both during and leaving care were those with no family ties. The study, which used focus groups and questionnaires, concluded that children have an 'existential need for a relationship with a stable, significant adult in their lives' (p.301). Without this they faced 'existential aloneness'. This suggests that while acceptance of group care can have a positive impact in terms of reduced stigma, being without important relationships is of greater significance. However, the stigma surrounding residential care in England remains, and has arguably led to a greater number of

placement moves due to social workers desiring to avoid residential placements in favour of substitute families (Kendrick, 1997).

The alienation young people experience due to separation also relates to siblings and peers. For example, Jones, Henderson and Woods (2019) found that, in spite of statutory guidance in the UK stressing the value of sibling contact, this was often lacking or insubstantial for children in care. In their study of administrative and case file data in Scotland that 'little progress had been made in tackling the issue of sibling estrangement over the last three decades' (p.232). Other authors have observed the lack of value attached to friendships and the extent to which they are disrupted by placement moves. For example, Ward (2011:2514) noted that the discontinuities within the care system included loss of friendships due to 'moving in and out of schools and placements'. Also of note in her study were that few young people appeared to retain contact with their former carers. In a further study of 16 children in Ireland, Emond (2014) found that moving to a new geographical area could mean the loss of friendship 'as well as social and cultural practices...their difference was felt at a physical and cultural level' with a 'resultant lack of connectedness and belonging' (p.198). These studies serve to illustrate that research into life for children in residential care reveals continuous themes of loss, estrangement and alienation, marked by repeated separation, and the stigma attached to living apart from family and community. The significance of being able to construct a consistent narrative is significant to a sense of belonging. These themes raise the question of what is required for belonging to be both present and enduring.

2.6 Belonging

We know that placement change is more likely for young people in residential care, and it is frequently asserted that this detracts from their ability to experience belonging (for example, Ward, 2011; Boddy, 2013; Emond, 2014). The studies featured above illustrate the significance of relationships including family, friends and carers to young people's sense of belonging and self-hood. There is the question for children in care of the social value of family contact when a child's family of origin has been deemed unsafe or harmful. Family may not be a practical or symbolic source of heritage, as children may perceive a stigma attached to their family of origin, their stories, experiences and memories. Familial experiences, in terms of identity, may be

imagined as unworthy of claim. State intervention due to child abuse or neglect can lose the social sanction and bonds afforded to family life. In discussing belonging and the meaning of family, Biehal raises the issue of what meaning young people in care ascribe to blood and non-blood relations and carers, and refers to Sants (1964) term of 'genealogical bewilderment', or 'a state of confusion and uncertainty' regarding their family of origin (in Biehal, 2014:966, see Sants 1964). It is possible to translate this sense of confusion to how young people may experience relationships with carers, which change so frequently. While young people may engage in various activities with staff and share time, space and memories, they cannot make claims on one another in a general sense, and rarely outside of work time. To do so would lose the limited social sanction these relationships have, as they are only legitimate in the setting and hours of work.

However, what it may mean to belong, both in terms of place and relationships requires further definition. In her study of 196 children in long-term foster placements, Biehal (2014) found children experienced different levels of belonging with their foster families which was not necessarily connected to duration of placement. Longevity within a placement did not always equate with greater experience of belonging, though an absence of belonging may have impacted on the levels of disruption, alongside the level of identification with birth family.

The recent writing of Vanessa May is helpful to understand what belonging means in everyday life (2011, 2017). While it may seem obvious, May's (2011) assertion that belonging is relational rather than something that can be made sense in isolation is significant in the context of care, where young people are repeatedly uprooted from their social milieu, and increasingly related to as 'nomadic' individuals (Holland and Crowley, 2013). Belonging is not just a personal experience but connects the personal - through multiple identifications and associations - to wider society (May 2011:368). It is associated with a sense of ease with one's surroundings and 'disruptions to our everyday environment' can easily threaten our sense of belonging (p.369). In another study of responses elicited through the mass observation project, May (2017) illustrates a connection between belonging and memory, whereby participants could compare previous experiences of a sense of belonging to a present lack of fit. This reveals the significance of a clear narrative to our sense of self. As noted earlier, narratives are heavily disrupted for children on the move between placements. The

adult participants in May's study found themselves reassembling the past to make a new sense of events in the present. This may be especially relevant to those who do not have chance to make sense of events when they occur due to loss or separation.

Also of significance is the burgeoning literature in recent years connecting a sense of belonging to place. For example, Antonsich (2010) insists that place is key to a sense of belonging, as 'to belong means to find a place where an individual can feel "at home"...it is generally agreed that feelings of belonging to a place and processes of Self-formation are mutually implicated' (p.646). Others also equate place-belonging with self-hood, for example Perkins and Thorn (2012) note that interactions with space 'help people create a sense of place, themselves and others' (p.13). Repetition is also important here, as people overcome a sense of alienation in spaces by repeatedly moving through them, creating a kind of indivisibility between the self and the spaces they inhabit. However, this may not be possible for young people unless they have enduring placements or are familiar with the environment of the care home. According to Antonsich (2010), being unable to claim spaces as one's own is a threat to self-hood.

In relation to children in care, Jack (2012, 2013) observes that while there has been significant attention to children's attachment to care-givers, there has been insufficient attention to their attachment to place. He describes this as 'affective bonds' between people and places of significance, where place become significant to 'personal identity' (2012: 90). Here, Jack connects repeat moves to longer term 'rootlessness' across the life course. Belonging is also connected to a sense a being accepted in the wider community (Jack, 2013), which as discussed can evade children in residential care due to the on-going stigma attached to the sector. These studies, therefore, highlight that belonging for children can be out of reach due to frequent placement moves and insecure personal, social and place attachments. As such they can be without key sources of security and identity which impacts on self-development.

2.7 Conceptualising 'Home'

As Gillis famously noted, the families we live with are not the families we live by (1996). In other words, we compare the idiosyncrasies in our own family to the ideals

that we uphold and stand by in our personal narration of family life. This metaphor can be extended to concepts of the home, as a space which is deeply symbolic and idealised. The homes we live in may not be the homes we live by. Single family households became the norm in Western Europe, as opposed to combined family households, making large households of more than one family irregular (Gillis, 1996). This is reflected in part in the overall reduction in the use of residential care, alongside the development of attachment theory and the anti-institutional movement (Shaw 2014b:13-14, Smith 2009). Following both the industrial and political revolutions of the eighteenth and nineteenth centuries, the concept of 'home' became increasingly associated with family unity and harmony, a bordered space, mirroring the boundary of the nation state (Gillis, 1996:113). The family home then became a powerful symbol, as domestic life represents the success of the national model of the good life, and of political as well as personal projects and values. As Yuval-Davis notes 'Women are associated in the collective imagination with children and therefore with the collective, as well as the familial future', representing both homeland and home (2011:95). The home was constructed as a refuge from the polluting concerns of the political realm and the market, where men competed over their own individual interests. Moral purity and mutual concern were paramount in the home, built under the moral guardianship of women and the ultimate authority of men (Brace, 2004). The undertaking of state functions within a home environment therefore compromises the notion of home as a private and unpolitical sphere. Considering the state in this way allows us to consider whether state intervention owing to the abuse or neglect by parents is stigmatising on the grounds that it is a breach of the private domain. Property and privacy as markers of personhood are therefore less available to poorer families or those subject to state intervention.

Due to such associations, any concept of home or homeland is inseparable from issues of belonging. In many respects, children's homes pose a direct challenge to these symbolic values. They exist for children for whom the family has been unsafe and represent an alternative to family life for those who have lost the 'despotic right' to exclude (Brace, 2004), which is represented by state intervention and surveillance in private family matters. The failings associated with residential care as a substitute home for children extend beyond the lives of the individuals who have lived there, and spread throughout numerous arenas associated with personal and societal failure, such as the criminal justice system, unemployment, homelessness, drug use and

further family breakdown, which has been revealed in a number of studies over time (Biehal et al 1994:232, Jackson and Martin 1998:570). This has significant implications for residential care as an environment for young people to live in, as the over-representation of care leavers in the above arenas shows us that not all experiences can be overcome. As Berridge, Biehal and Henry note in their study of residential care (2012:41) 'the physical environment in which we live influences and conveys a great deal of meaning about who we are, how we behave and how we are perceived'. Combined with their institutional history and associations with crime, residential care remains a stigmatising arena (Shaw, 2014b).

The significant amount of movement and changes in placement experienced by young people in residential care undermines the concept of such spaces as a home and young people as being in 'place'. An application of theories of the home and mobility assist us to understand why extra-familial life spaces may prove challenging for young people especially if their length of stay is uncertain. Stability and familiarity of the environment are often connected in theory to a secure sense of self and experience. Such notions of home are mirrored elsewhere, for example Yuval Davis notes that home is associated with a safe space but also one that can accommodate challenging emotional engagements. She also states it acquires some of its meaning from its opposite, what it means to be away from home (2011: 10-11). Home is important in terms of childhood as noted by Huijsmans, the western notion of childhood as being concerned with stability and imagining children as 'inherently local beings' (2011:1317). As Smart notes however in a consideration of the changing meanings of home, there is a greater acceptance that home is not a fixed environment, but may reflect periods of time, such as childhood, or activities such as child rearing, 'tied to memory, to relationships and events' (Smart 2007: 163). Such ideas of what home is and what it means to be at home are relevant to children's homes due to their disrupted nature and being a space outside family. Children in residential care are simultaneously in a home, and away from home. The family home of origin may provide contrast to residential care in both positive and negative ways. There may for many be a hope of return, and as young people are not currently entitled to remain in children's homes past the age of 18, there is an end on the horizon for how long they can remain. Residential care may provide a safe space in contrast to other pre-care experiences, yet it will remain turbulent due to the coming and going of residents. The challenges and movement experienced in this environment diverge from the

associations of childhood as being lived in stability and locality. Children's homes may not facilitate the opportunity for building relationships and memories. The contrast between residential care and how home is conceived in the public imaginary may be significant for young people's experience if it is more disrupted than secure.

Writing on migration and asylum seeking illustrates that we do not know how to understand or position children who are not bound to family in a specific location, as movement removes people from spheres of belonging. When considering the personhood of children I have found the work of Laura Brace (2004, 2013) helpful due to her work on personhood, property, migration and belonging. For example, Brace (2013) discusses the importance of the individual needing to ground themselves in obligations beyond the self and the development of 'a stable identity overtime' (p.873). When people do not stay where they are imagined, they are more likely to be marked as 'troublesome' and threatening, as the fact of citizenship is not enough unless a person also has a degree of social standing (p.874). Where children in care are concerned, we can see that a rights framework which promotes the citizenship of the individual is insufficient unless they are also socially connected. There remains the question then of the effect of frequent movement for looked after children, and whether residential care can offer a 'home' where a durable self may be formed in the available relationships and spaces.

It is to pertinent to consider which norms are evident in children's homes and whether they are reflected in wider society. Home has associations with ritualised behaviours and relationships (Bell, 1999). However, the significance of a reliable space, one in which relationships can be formed has been shown to be significant for other reasons. In an article which questions the meaning of home for young people in care in terms of public and private spaces and belonging, Wilson and Milne (2015) illustrate that although homes and spaces of meaning can be diverse, they are integral for young people to be able to imagine a future and to a sense of wellbeing. The research notes that challenging home lives can lead young people to inhabiting public spaces more frequently (Wilson and Milne, 2015). Having a sense of home where they lived was challenged for their participants when it did not conform to western notions of 'home' as 'quiet and exclusive' (p.3). Home for these participants was sometimes more greatly associated with the warmth and security they could create than the bricks and mortar they inhabited and was therefore related to atmosphere's as well as locations.

One participant in Wilson and Milne's study, Chanel, identified home as her aunt's house rather than her foster carer's, partly as it had remained the same over time (2015, p.13). This space was important due to its connection with family and belonging and enduring memories, providing not only a current safe space but also access to the past. As Wilson and Milne state:

'...here it is argued that at certain times these participants' lack of a liveable home space deprived them of a solid base from which to imagine a (secure) future either in terms of their (private) relationships or their ambitions in the public sphere. Indeed, these participants' experience of their official living environments seemed to contribute...to an internalisation of public discourses that stigmatise or 'abjectify' circumstances such as their own' (2015: p.13).

Therefore, the disruption experienced by many young people in terms of placements moves and the turbulence of residential care environments is significant, partly as it does not conform the popular ideas of home and security. In such circumstances young people may be more likely to seek alternative spaces and relationships to locate a sense of security and comfort. Both Ashcroft in his memoir (2013) and Coy in her research on care leavers (2009) illustrate that young people run away from care as a form of protest and to find relationships of their own choosing. When placed locally, Ashcroft (2013) habitually ran away where possible to find friends and siblings, and on one occasion decided to walk down the motorway to return to his hometown, until he was found by the police. He was subsequently moved. A participant in Coy's research, Becky, gives the example of being moved from her preferred placements with family to one she disliked in foster care, which she did not understand. She then ran away 'looking for love' and befriended a man who became her 'boyfriend' and introduced her to heroin and prostitution. However, initially this relationship had felt empowering as one that she had chosen, and which provided feelings of acceptance (p.261).

2.8 Outcomes – the Failed and the Failing.

A further dominant area of research are the outcomes studies, which have prevailed in relation to care and residential care in recent years. Young people leaving care consistently flag up as having reduced life chances in both personal and social arenas. A literature review revealed that the poorest outcomes for care leavers belonged to

those who had lived in Residential Care (Ward 2009, p. 1113, Boddy 2013, p.4, Shaw 2014a, 2014b). The outcomes for the wider care population include an increased likelihood of criminality during and after their time in care with 3% of the overall child population offending, as opposed to 21.4 % in residential care (Nacro 2012, see Shaw 2014b, Sinclair and Gibbs 1998). There is long standing evidence of reduced educational achievement and increased risk of unemployment on leaving care (Department for Education, 2014). Young people in Children's Homes were also found to make up a significant portion of the young missing population, with increased likelihood of criminality whilst missing (Wade *et al*; 1998:50). To an extent this may represent reporting practices in care homes where young people are more likely to be reported missing after a few hours if they have not returned home, whereas families are perhaps less inclined to do so.

The bleak outcomes for children in Residential Care contributed to the decrease in the use of residential provision and have led to concerns regarding the cost effectiveness of homes and the quality of care received by children (Nary, 2016). The anti-institutional movement of the 1970's, and the increased promotion of foster care and adoption as offering greater stability and permanence for children has led to Residential Care being viewed as a last resort, often utilised for children who have been unable or unwilling to settle elsewhere. Children placed in homes often have a greater history of placement breakdown and 'had by far the most troubled histories and a greater combination of adversities' (Berridge *et al*, 2012, p.6). Such prior adversity indicates an apparent inability to remain in previous placements and hints that children often arrive in Residential Care with personal psycho-biographical histories which by themselves could explain difficult outcomes. Attachment difficulties in children in care are often cited as the reason for placement breakdown and poor long-term outcomes, as children struggle to form productive and enduring relationships in the spheres they encounter (Smith 2009).

The dire results from outcome focused research contributes to the 'last resort' view of children's homes (Shaw, 2014b) which has led to reducing the number of residential care placements in local authorities, in favour of foster care, or greater support to families in need. Residential homes are increasingly likely to be occupied by adolescents who cannot be accommodated elsewhere. Children in Residential Care are deemed to be in the worst possible accommodation due to their placement

outside the family, as the family is considered within international legislative and theoretical frameworks to be the best place for children.

The notion of children in care as ‘troubled and troublesome’ (Sinclair and Gibbs: 2009) is a useful summary of how children in care are framed in dominant research. Research in this area has largely stemmed from the social care arena, where the tendency is to identify what has gone wrong in practice, or in the ways in which individuals behave, so it can be remedied through policy in what Smith (2009:9) refers to as ‘techno/rational’ approaches. However, in order to better understand the symbolic impact of separation from family, it is necessary to further examine the relationships and opportunities available to children. The setting of residential care is not adequately deconstructed as a place for childhood to occur. To do so creates clear parallels with debates in political and sociological theory regarding personhood, recognition, belonging, and exclusion. As noted by Holland (2009b) a justice model towards the child seems to pre-dominate for looked after children, which positions them as future citizens at the neglect of other models which are more concerned with the quality of care and building connections with others.

While this exploration is driven in part by a desire to understand the poor ‘outcomes’ for children in care, I must acknowledge a concern in the compartmentalisation of different ‘outcomes measures’, such as unemployment and crime, which suggests a person (and their worth) can be composed of separate, measurable parts. Such language betrays a trend in social work and social policy research to isolate findings on those in care from pre-care experiences (perhaps unavoidably) and what Holland (2009b:1667) term’s ‘the implementation of universal measures of achievement for local authorities in their annual returns’. The relentless pursuit of human progress reflected in social policy towards the care of looked after children has been noted by Smith (2009:3) as contributing to an increased ‘recourse to bureaucracy to achieve its aims’. This relates to the emphasis on the importance of individual plans for children, which assumes valuable aspects of practice can be both evidenced and replicated as well as reflecting a desire to increase accountability. The relentless pace of change within the childcare sector (Smith 2009:9) mirrors the experience of young people who are moved in care, seemingly in search of a better result. The ‘outcomes’ focus also detracts from the possibility that living in Residential Care as a home environment may be an end in itself for children, without requiring a future oriented drive. This

future orientation is due in part to the fact that young people will one day leave care and cease to be subject to the level of provision available to them as children. This orientation towards viewing young adults as products is closely tied to our historic relationship to children as future citizens (Wyness, 2012 pp.59-60), who require the right kind of upbringing and qualities to attain membership of society. The value of children partially resides in proving the moral worth and abilities of adults and as economic and social investments for the future. Therefore, I prefer to consider factors such as educational achievements, employment, criminality and so forth as markers of selfhood, which the presence - or lack of - can indicate difficulties in the internal social self and which affect a person's social and economic status and civil life.

As Residential Care in the UK is consistently noted to have the worst outcomes for young people in the care population (The Care Inquiry, 2013), it is important to unpack these findings in more depth. This is particularly the case in light of the on-going interest in residential homes by the UK government, as evidenced in the Narey review (2016), which was deemed necessary to 'help put an end to a life of disadvantage for some of the most vulnerable children in care'.

'There are currently over 8,000 children and young people in children's homes up and down the country, with councils spending over £1 billion a year. Yet these vulnerable children are less likely to do well at school, more likely to be absent or excluded, and more likely to take part in risky behaviour than their classmates - in part because of the past neglect and abuse they have suffered, and at a great cost to the taxpayer.' (DfE, 2015).

This extract reiterates the established wisdom that children's homes are a costly exercise in lasting failure, which can have an enduring impact. Although findings have shown particular challenges in residential care, there have also been numerous recommendations clearly illustrating how improvements can be made (see Jackson and Martin on education 1998, Berridge *et al* 2012). Perhaps part of the willingness to accept this negative view results from a sense that children's homes cannot offer sufficient care when compared to a family environment, due to factors such as the staff shift system and the multiple accommodation of children with high levels of complex needs under one roof. This section will explore the key sites of failure in more detail in the context of the previous discussion of childhood and what factors such as education, criminality, health and absconding mean for children more widely, as well as those in care. Though the areas will be discussed individually it is recognised

that there is an interrelationship between outcomes. We know, for example, that children excluded from school and those who go missing are more likely to display criminal and anti-social behaviour (James and James 2004: Wade and Biehal *et al* 1998).

2.8.1 Education Findings

The education of children in Residential Care is one of the most significant areas, as it applies to all children and young people, as opposed to say substance misuse or mental health issues which, though higher than the average population, are not applicable to all those in care. With the majority of children in care failing to achieve GCSE's and only 1% attending University (DfE, 2014), it is no surprise that educational outcomes in the care system remain a concern. Around 70% of children in care have special education needs, compared to 3% of all pupils (DfE, 2014). Leaving care studies have consistently shown that these young people are more likely to be unemployed (Jackson and Martin 1998). However, studies have repeatedly noted problems with the measurement of educational and other outcomes for children in care and it is impossible to state which aspects of a child's life, pre or post care, have the greatest impact (Jackson and Martin 1998, Berridge 2007). This has not diminished the quest for improvement, however.

Recent legislative and policy changes reflecting a governmental desire for progress in outcomes have included the Children Leaving Care Act (2000) which asserts further and higher education to be a right of children in care, and the Children Act (2004) which makes the promotion of education for looked after children a duty of local authorities (All Parliamentary review 2012:13). Evidence of success here is considered to be the attainment by looked after children of 5 good GCSE grades (A-C), which has become a normative measurement for achievement in the UK. In spite of policy initiatives, the gap between the achievements of looked after children and the wider population is thought to be increasing (Smith 2009, pp.59-61).

Children in Residential Care are thought to fare even worse than the general looked after population, partly due to the fact they tend to enter residential homes at an older age when educational problems are already manifest, and also due to the association of these children with greater experience of placement instability (Smith,

2009). It is important therefore to be careful in the attribution of poor outcomes to children residing in care or a particular care setting. The data on later life outcomes for those who remain in care until the age of 19 is scant and inconsistent which makes it difficult to assess the impact of failing to meet education targets while they are looked after (Barnardo's submission to the All parliamentary review 2012:9). It is therefore difficult to know the value of the education actually received by looked after children, though the assumption is that without sufficient GCSE's or other recognised qualifications any time spent in education is of little to no value.

While recognising an egalitarian concern in the literature that children in care have a right to the same quality of education and achievements as other children, the language of potential again reflects the future oriented idea of the child, whose failure in education may reduce their ability to assume citizenship. The removal of children from the workplace following the industrial revolution appeared motivated by the desire to render employment an adult occupation, and to accommodate the development of children into productive adults who could join the workforce (James and James 2004, 120-123; Wyness, 2012). As noted by James and James (2004:132) the future orientation of recent education policy in the UK represents a desire to 'transform the child into not only the adult worker (as most schooling policies have always done) but also a future citizen and voter' which is a reminder that the egalitarian concern for children in care is undermined by other normative ideals.

The challenge posed to the public imaginary by the child who is absent from school, a many children in care are, is outlined by Wyness (2012: pp.168-169), who states that in addition to missing key experiences of childhood and development, truancy removes children from the safe confines of the school. This may make them more likely to inhabit 'non-child territory' outside the surveillance of responsible adults, as illustrated in the greater propensity of absentee children to become involved in crime. Children are also no longer subject to the teacher's authority which disrupts their structural position as subordinates, and the teacher's as influential. For those in residential care, being outside mainstream education is perhaps more significant as they are missing out on another arena of belonging which the majority of their peers inhabit.

Additionally, the drive towards standardised testing ignores the context in which looked after children are educated (Smith, 2009). The publication of league tables, for

example, led to an increase in the statementing of children deemed to have special education needs, motivated by the fact that these children's results did not then need to be included in the league tables. In such a pressured climate of school performance it is unsurprising that struggling children do not perform as well, and it seems less likely that genuine attempts to include reluctant or challenging children will be commonplace where this affects schools performance. Difficulty succeeding in mainstream education is therefore another area in which children in Residential Care may be seen to challenge childhood norms and values:

‘With undue emphasis placed on the commonality of “childhood”, on children’s supposed similarity with one another, and therefore on a model of “the child” which does not accommodate any notion of individual agency, the standardised child emerges as the measure against which all children’s progress must be measured. In such a context, any difference risks reconstruction as deviance’

(James and James 2004, pp.135-136).

Other practical and social obstacles in the education of young people in care have also been identified which impact on their education, such as a history of educational difficulties and, social worker’s and carers failure to prioritise education and placement instability (Berridge 2007). The class background of the pupil is also relevant, ‘with teachers having more favourable views of children from non-manual backgrounds’ (Berridge 2007:5). Certain aspects of life in care have been found to negatively impact on children’s experience, such as a change of placement, being at odds with school rhythms such as term times can add to disruption (see Jackson and Martin 1998). The greater levels of turbulence experienced by those placed in residential care, behavioural issues and their greater likelihood of offending have been attributed to poorer educational performance. In their study of 105 care leavers, Jackson and Martin (1998) found specific features of cultures in residential care were also identified as risk factors to low achievement, such as a lack of books in homes, staff disinterest in a child’s actual day at school and a lack of space or support with completing homework (1998, pp.577-578). The Care Inquiry (Boddy, 2013) which felt education to be closely connected to establishing permanence in placements, and experiencing belonging, providing greater continuity and outcomes for children in care.

Overall, those who abscond, do not access or succeed in mainstream education are assumed to be less likely to take up a place in society in a constructive way. Given

children in residential homes are already residing outside the arena of family and the community this may bestow, also being outside education is of particular significance in terms of their belonging as children within childhood. As Ennew (2002) notes, the concept of childhood then became built around particular ideas of what activities and spaces were appropriate for children and the self of the child became closely tied to receiving education.

2.9 Legislative Framework in the UK

Local Authorities now have a duty to continue to accommodate those in foster care until age 21 if the young person wishes to remain following the 'Staying Put' report (HM Gov, 2013). However, this move has not been extended to young people in Residential Care, possibly in part due to the mixed ages of those residing in children's homes. This led to a reiteration of concerns from relevant bodies that young people leaving Residential Care at 18 are left in a vulnerable and abandoned position. It was then recommended in the report on Residential Care by Narey (2016) that children moving on from Residential Care may be given the option of 'Staying close' in accommodation nearby the home they are leaving, with on-going support from the home's staff. While many local authorities operate such a model it appears to be ad-hoc, and is not enshrined in legislation (Narey 2016, DfE, 2016). Pilots 'Staying Close' projects are currently underway in the UK.

For children in care in the UK the 1989 Children Act outlines the duty of the local authority to consider the wishes and feelings of children when making a decision about care arrangements. Article 12 of the UN Convention on the Rights of the Child also states that children have the right to express an opinion which should be taken into consideration in any procedure affecting the child (Lister, 2006:22). Notably, the right to participate is not a legally enforceable right for children (p.22). Arguments for children's rights include the contention that we underestimate children's capacity for self-care and to make a positive contribution (Ennew, 1995; Lister, 2006). However, meaningful participation, where children's voices actually influence events, can only come about by engaging with adults in a purposeful way. In this regard, rights are a poor substitute for other kinds of belonging and entitlement for children who live outside family setting or enduring relationships with adults. An example of the way in which children are individualised within legislation, the recent 2017 Children and

Social Work Act sought to further define the role and duties of the Local Authority as the Corporate Parent, and in response to this Local authorities have been required to publish their 'local offer' to children in care and care leavers, stating how they will meet their responsibilities to 'assist care leavers in, or in preparing for, adulthood and independent living', which places further emphasis on the child's individual rather than relational needs and entitlement.

Empirical research regarding children in care and participation further illustrates why the rights frameworks and the ability to participate in decisions cannot restore children who are in a state of un-belonging in residential homes. As noted by Buchanan (1995), although the Children Act 1989 emphasised consideration for the wishes and feelings of the child, this was not of paramount importance, as child welfare is paramount. This means that if a child's wishes and feelings are at odds with their social worker and the corporate parent body over where a child is to be placed, the child's wishes will be discounted. This is often with good reason where a child fails to acknowledge their own risky behaviour or wishes to stay with a family who are not able or willing to care for them long term. Meaningful consultation with children to elicit their views is difficult, due to issues of independent access to young people in care by those such as the 'Become' (formerly the 'Who Cares Trust') and young people needing support to express themselves (Buchanan, 1995 pp.683-684). Children are only likely to know their rights and entitlements if they have been informed by their responsible adults who are familiar with the system. As Buchanan shows in her research with young people in care this was often not the case. Children complained their social worker was unavailable to speak to when they did wish to express their concerns (Buchanan:1995). Subsequent findings have demonstrated improvements in the level of participation by young people, such as Thomas and O'Kane (1999), with 50% of 8-10-year olds attending reviews and 75% of 13-15 years olds. However, the findings acknowledge that social workers are confused as to how best to involve children. More recently, Pert, Diaz and Thomas (2014) found that the quality of children's participation in LAC reviews had not improved significantly since Thomas and O'Kane's study in spite of the advent of the Independent reviewing officer (IRO).

To allow children to judge what is in their best interests it seems would be to undermine the role of adults as competent and children as dependent. Rights claims by those outside power, women, black people, or LGBTQ populations, have always

been couched in threatening terms at the time of inception (Pupavac, 2001). In her argument in favour of the ratification of the UNCRC, Woodhouse notes that the fiduciary view of children's personhood was more dominant than the view of children as property. This regards children as persons requiring guidance and protection on their journey to adulthood (Woodhouse, 1998: 314). However, while this view proffers a more independent view of the child and attributes them greater agency, it is still the parent to whom the child belongs and has responsibility for their care. The personhood and belonging of the child in either model is situated within the family, and there are implications for the belonging of children who cease to be the responsibility of their parents. Children's rights, connected to the fiduciary perspective (Woodhouse, 1998) tend to be called upon in instances where parents have acted against their child's best interests. Using Ennew's analogy (2002), children may lack places to enact their societal membership if they are outside family or educational settings. The personal recognition of children and access to the wider community comes via relationships with adults who control finances, time and other resources. For example, a child's self-expression, education, accommodation and stability are all facilitated by the adults responsible for their care. The narrative of justice rather than care surrounding children in the care system has been noted as a cause for concern (Holland 2009b), as the dominance of the rights framework neglects their social and relational needs. What we lose in discussing 'outcomes' is an understanding of the context of such individual capacities. Domesticity, dependency, happiness, innocence, 'essential goodness' and play are the attributes Ennew (2005, pp.388-389) ascribes the western notion of childhood, and the justice ethic detracts from these qualities.

The following, final section of the chapter will refer to relevant literature to further illustrate why children who do not reside with family fail to fit the dominant understanding of what it is to be a child. To do so it is necessary to explore the relationship between the state, society and the family, which will help depict what is symbolised in terms of belonging and exclusion for those in state care. I will draw upon political theory to illustrate the role between the family, the individual and the state, and continue to illustrate how personhood and belonging is constructed differently for children.

2.10 Private Families, Public Concerns

Although the welfare state was seen as the expression of institutional public benevolence (Harris, 2004) state intervention in family life can also be viewed as a compensation for failure. The state has failed to provide 'the good life' for its citizens, and the individual has failed to overcome poverty through employment and ownership (Brace, 2004). A sense of failure continues to taint social care intervention in family life, where the state executes the dual functions of care and control.

The combination of the public and private elements of the care home has been noted in research on residential care (McIntosh *et al* 2010, Green 2005). Residential care is a space where children's private lives are lived, and are also places of work which are required to carry out certain functions specific to public child care, such as reviews, plans and inspections in addition to meeting health and safety requirements. Residents are 'surveyed by a range of adults', including social workers, care staff and advocates (McIntosh, 2010:291). Both young people and staff are subject to monitoring concerning the meeting of required standards which are associated with child wellbeing and employee accountability. In considering the public and private aspects of residential care, it is important to contextualise what is meant by the public and private spheres to better understand what it means for children to be in the public domain of care in terms of their selfhood and morality.

The public sphere has historically been associated with the actions of individuals, in the political and economic spheres of work and civil life. The historic location of children within family has served to exclude them from the public sphere. The notion of childhood developed with the removal of children from the street and workplace following the industrial revolution and the gradual removal of children from the job market (Wyness 2012, pp.131-132). The private domain of family and personal life came to exemplify the moral realm which was untainted by the concerns of the (traditionally male) public arena (Brace, 2004). The privacy of home and personal life also came to represent a person or family's right to exclude others and the ability to demarcate the self from external interference. The right to exclude others from your private domain and person therefore is 'what makes a man human and gives him despotic dominion over himself' (Brace 2004:174). The ability to exclude is therefore a marker of personhood for a rational adult citizen and associated with freedom and autonomy. Those unable to exclude others from their private domains of property,

family or body have been viewed as deficient, and lacking the capacity for reason, such as the poor, slaves, women and children (Brace, 2004). Intervention in a person's life on grounds of such deficiency therefore carries a stigma as it signifies dependency on others, which relates to Holland's (2009b) point regarding the prioritisation of the justice model for children in care. Therefore, those unable to exclude others from their private domain and body have been those who are viewed as deficient, such as the slave, the sick, and the poor (Brace, 2004). The liberal project to bestow rights in an attempt to elevate the status of the general populous does not necessarily eliminate the stigma acquired through loss of privacy in domestic matters. There have to be other means of elevation, such as education, and social status. The working class have always been a greater site of intervention and surveillance by the state than other groups, and aspects of intervention have a classed dimension (Jones, 2002:).

Property and privacy as markers of personhood have historically excluded certain groups, and a child's dependence sets them apart from the 'rugged adult individual' (O'Connell Davidson 2005:468). Children's social and economic existence is tied to the adult body, regardless of the advent of children's rights. It is unquestioned that children should be physically handled for care and protection, or that they are more impulsive, and this has been less relevant to their personhood as they are generally viewed as 'proto people' (Wyness 2012). The personhood of children therefore is tied to their dependency upon and relationships with adults. The current concerns regarding looked after children have been centred around 'belonging' and the need for lasting relationships to be formed in care (Boddy 2013). The idea that children need people to belong to and places to belong in re-emphasises the idea of children as both dependent and communal beings, in contrast to the ideal of the individual model of personhood.

Caring by women is considered a natural ability (Tronto, 1993 p.2-3) and child-care 'fell outside political theory because it was largely a female occupation' (Arneil 2002:4). The family is seen as a caring collective concerned with the mutual meeting of needs; whose members have one another's interests as their primary concern. Children in family therefore are presumed to be the foremost concern of their parents. The care of children is considered to be the moral endeavour of autonomous parents located in the stability and privacy of the domestic sphere (Wyness, 2012, p.131).

State intervention rendering the private domain public therefore represents a conflict of interests. As noted by Arneil:

‘If individual rights are the basis upon which society is built, then the state’s primary obligation is to preserve those rights. The state’s role is either non-interference in the private sphere or to be the enforcer of contracts and rights. The state is thus fundamentally an authority to be circumscribed by such rights and contracts, to be engaged only when it is required by conflict arising between individuals, and to intervene in the private sphere only as a last resort’ (2002, p.5).

However, what meaning does this have for children who have been deemed as ‘becoming’s’ in liberal theory, rather than beings (Arneil 2002), due to their perceived lack of rationality and inability to consent to take part in society? Part of the problem lies in a misconception of family as an association of individual members, rather than a community, whose members are interdependent (Arneil 2002). The notion of a family consisting of individuals feeds the idea that the interests of any individual can be achieved by detaching from a collective who may have competing interests, and that the tainting aspects of intervention by the state can be overcome by other means. According to Noggle (2002), in discussing children as ‘special agents’ or developing moral beings, ‘the institution of the parent child relationship’ is justifiable on the basis that children do not have the fully developed moral agency required for adult citizenship. Child rearing therefore is a moral endeavour, and the failure of parents to care adequately for their children is viewed as a moral failing, the implication being that children have not received the ‘right’ upbringing. Intervention in the life of a family to protect a child’s interests may not account for the fact that the self of a child is bound to their family and vice versa. A recourse to the ethic of justice for children rather than an ethic of care can conceptually place children in an adversarial position to their families, and what is more ‘robs the individual of their context and removes any notion of the importance of intersubjective life’ (Smart, Neale and Wade, 2001:109). While this may necessarily be the case to safeguard children from abuse, justice in the public sphere cannot replace belonging in the private sphere of family, or the moral worth this was deemed to bestow.

The residential home, constituted of public and private elements has come increasingly to embody the project of the restoration of the child through an ethic of justice and the development of the individual child, as opposed to an ethic of care which is more relational. Holland (2009b) argues that an ethic of justice pre-

dominates in the care system more widely, and it is my contention that this is particularly the case in residential care due to the extra-familial nature of the environment, its remaining institutional features, a legacy of abuse and the fact it is reserved for children who are considered to have the greatest and most complex levels of need (Berridge *et al* 2012). The individualised processes instituted in residential care, such as individual care plans, case files, Personal Education Plans, and so on, build on the notion that it is the purpose of child rearing to produce an individual 'self-made man' and highlights a distrust of dependency (Holland 2009b, p.1667). As conceived within liberal theory, the purpose of childhood is to obtain an education to enable a child to take up their place within society as a rational, autonomous citizen (Arneil 2002, Holland 2009b). The fact that life in residential care renders educational success less likely for children (Smith 2009, p.60) is therefore of significance in terms of the notion that education can triumph to bring children into citizenship.

Relationships between staff and children are, according to (Berridge *et al*, 2012:43), 'at the heart of residential care'. However, consistent warmth and care are hard to find in children's homes (Berridge *et al* 2012:43, Brown *et al*, 1998). In terms of consistent relationships being a route back to belonging and developing honour and selfhood, residential care can be an anathema. While parents often retain parental responsibility for children in care, particularly in short term care, this is shared with the 'corporate parent' who is represented by a plethora of social care workers. The corporate parent is the term used to describe the formal partnership between local authority departments and partner agencies who are responsible for working together to meet the needs of children in care (Scottish Executive, in Corporateparenting.com). The corporate parent therefore is by its nature fluctuating, vast and diluted. It is not a person or a family for a child to build a trusting relationship with.

The relationships between adults and children in residential care are in a state of flux. For the adults, the children constitute work and are in their public life, not their private lives. This is specific to being in state care and outside the private sphere of family. The private lives of care workers are largely off limits to young people in their care. In her work on developing an ethic of care, Tronto (1993) cites 'attentiveness' as a key element in providing care and that its absence is a moral failing; 'One needs, in a sense,

to suspend one's own goals, ambitions, plans for life, and concerns, in order to recognise and be attentive to others' (Tronto, 1993:128). This is an impossible task for many who care for others outside of their own private realm, as this suspension will often be for the duration of a shift. The former Who Care's Trust (now Become) also comment on the reality of the divided attentions received by children in care which 'highlight an unmet need of young people who appear to command the involvement of many professionals but the undivided attention of none' (The Who Cares Trust, 1993). Relationships then, as a means of gaining recognition, developing social capital, and countering stigma are an obstacle for children in this setting.

2.11 Conclusion

This review of current literature on residential care and the care system, rights and childhood illustrates that the situation for children in residential care remains both complex and challenging due to personal and structural issues. Residential care in England retains a stigma which dates back to its origins in poor relief, and more recent associations of crime and the breakdown of family life. The multiple placements many children experience is a significant problem for both individuals and the homes themselves, with serious implications for children's experience of belonging to both people and place. Aspects of childcare which could otherwise be restorative, such as education and rights, fail due to inconsistency and loose relationships in the care system. This has led to recent authors drawing repeatedly on stark images of alienation and loss to try and depict these experiences. However, while these images leave a powerful impression, they tend to focus on separate aspects, such as the absence of family, or separations from places of meaning. It is my aim to develop a more comprehensive theoretical framework which encompasses these multiple aspects of change, loss and unbelonging for children and young people. I intend to create a greater dialogue between sociological theory and the empirical findings to help re-imagine what residential care involves as a space for children and young people to live, grow and develop, particularly given the extensive nature of movement in the care system. There are certain aspects which highlight tensions between the structural, familial and individual aspects of children's lives and development which are worthy of further exploration. The following chapter therefore details literature on theories of social death and its application to children in residential care.

3. Residential Care, Movement and Social Death

‘Thus it may be asked at what point do bodies become socially dead. Is it when they lose their social identity? Or is it when they are lost or no longer remembered? Or neither?’ (Kralova, 2017:9)

3.1 Introduction

This chapter will outline the concept of ‘social death’, particularly as conceived by Orlando Patterson in his seminal work ‘Slavery and Social Death’ (1982). I will also discuss other relevant works which utilise the concept in some form, such as Goffman (1961), Card (2004) and Kralova (2017), who sought to give the meaning of social death greater definition. My own engagement with the theories of social death, personhood and the connection between people and the spaces they inhabit pre-dates data collection and formed part of my theoretical engagement during this process.

The significance of belonging to our experiences of social life is key to Patterson’s thesis. Children in residential care are outside the formal, or ‘normal’ arenas of childhood socialisation and rearing, where they may have found the means to belong through enduring relationships with both people and place providing security and recognition. Utilising social death takes us to the heart of debates around individualism and collectivism, kin and identity (see Lawler, 2014), particularly as children have historically been related to as collective beings (Archard, 2015) rather than individuals. This chapter utilises the elements of social death, namely natal alienation, permanent domination, liminal incorporation and dishonour (Patterson, 1982) to illuminate the relationship between children’s personhood, residential care and placement change.

3.2 Personhood and the Individual Child in Care

Ostensibly, the care system exists to provide freedom from abuse, risk and harm (Children Act, 1989). However, this has often been at the expense of a means by which children may retain a sense of belonging (The Care Inquiry, 2013). Key to his writing on ‘Slavery as Social Death’ (1982) is Patterson’s assertion that freedom on an

individual level has little purpose if we do not have arenas where we may be accepted, and join collective life, as doing so is key to developing our personal skills, talents and sense of self. Seeking to understand children and childhood through the lens of individualism has always been problematic, and the unsupervised or ungoverned child has frequently been a source of social anxiety and moral panic (Lister, 2006). However, due to their frequent placement changes and separation from kin and community, children in care are more likely to be individualised within the current discourse of children's rights (UNCRC, Children and Social Work Act, 2017). This has been described as an ethic of justice rather than an ethic of care (Holland, 2009b). In an examination of identity, Lawler notes that 'It is the very collectivity of kinship that is understood as producing the individual' (2014:52). Here she argues against individualism as 'the prevailing idiom of personhood', as people do not necessarily view themselves on an atomised basis (p.47), and in any case, to do so would be an illusion.

Significant to residential care is the fact that for children, identity, personhood and belonging are usually formed within either birth or substitute families, or through being in the continuous care of adults in either domestic or educational settings (Ennew, 2002, 2005). The movement and disruption which characterises residential care is not conducive to creating constancy in these arenas (The Children's Commissioner: 2018, 2019), therefore denying young people the capacity to develop on a personal, developmental and social level. Importantly, it denies them the ability to gain social recognition through locating themselves in a community with people with whom they have shared memories, experiences and trust, through which they may be honoured within lasting and reciprocal relationships.

Within residential care settings greater significance is placed, perhaps necessarily, on producing an individual who can move to live without care at the age of 18, through the emphasis on developing independence skills, as evidenced by the Children and Social Work Act (2017). This latest legislation places even greater emphasis than its predecessors (Children Act 1989, Children and Young Person's Act 2008) on the role of the 'corporate parent' in preparing young people for independence, in addition to encouraging them to express their wishes and feelings. Supporting children to develop such 'independence skills' and enhancing their participation rights are seen as crucial ways in which personhood can be fostered for those in residential care. The

way in which children are positioned as individuals within the care system, via the right to participation and self-sufficiency, does not compensate for what is lost in the absence of a lasting, meaningful, and collective life (Steckley and Smith, 2011).

The concept of social death offers something unique in helping to illustrate the impact of profound and repeated social loss on individuals and groups (Card, 2005). The concept has been used specifically in relation to children, for example Patterson (1982, 2018) and Greene (2017). While this has been in relation to slavery and forced labour it reveals the impact of repeated loss of kin, community and heritage on the child. Part of the appeal of social death as a theory is that it was developed to understand the lives of people who had existed as the property of others and have therefore lacked an independent social existence. As children were the property of their parents (and to a large extent, remain so), it speaks to aspects of their lived experience. However, key to Patterson's work is that existing as property, or belonging to somebody else, did not of itself denote slavery. The opposite of slavery is not freedom he asserted (1982:28), but deprivation of opportunities to belong on a like basis with others within a community. If slavery had been purely a property relation, this would not have made it different to say, being a wife as the property of the husband, or a child to their parents. He argued that there had to be more to the experience than a lack of ability to assert one's will, or to run away. It was the fact that, for slaves who did run, they had no means of making a life, as there was no one on whom they could make an honourable, socially sanctioned claim. Slaves therefore were beings without rights in law, property or kin. They could not essentially become independent of the master as any social networks to which they could lay claim had no legal support (1982). In this way, individual freedom made no sense, without the ability to lay claim to others. Personhood therefore is necessarily relational, as opposed to being the sole property of an individual.

Children retain their dependency on adults for their basic needs to be met and for support, validation and representation. Discussing the positioning of children as property, Woodhouse notes that the concept of 'human property has ancient roots', stemming from the story of procreation where children 'belonged to the patriarch, to be worked, traded, and given in marriage in exchange for money' (1998:313). In spite of the advent of children's rights and the re-casting of children as individual subjects, this thesis will show that children in care are often objectified and related to as people

who need to be controlled, moved and re-placed. The legally enshrined rights and freedoms for children in care do not support their wellbeing in the absence of adequate social support, which comes via meaningful relationships. In this regard, individualising children can be to their severe detriment.

Personhood is defined in numerous ways, many of which exclude children as people, particularly in the Western paradigm of the rugged, adult individual. For instance, in legal terms the conception of children as the property of their parents, and the fiduciary view which positions them as under guardianship, both situate children within families, and not as independent persons. As recipients of rights who do not have full citizenship children cannot represent their own political and social interests, all of which need to be facilitated by adults (Woodhouse, 1998). In western society, personhood for children is not the same as that of adults, due to their dependency needs; and the fact that children are typically situated as domestic beings. Domesticity, dependency, happiness, innocence, play and 'essential goodness' are all attributes that Ennew assigns to the western notion of childhood (2002), which contrasts to the way in which children in care are positioned.

Another aspect which excludes children from common conception of personhood is property ownership and the ability to exclude. While children may own many 'things' from clothing to games, pets and so forth, the property notion relates more to having control over external resources (Radin, 1982). The ability to exclude others from your private domain and your person is 'what makes a Man human and gives him despotic dominion over himself' (Brace, 2004: 174). The ability to exclude contrasts to the unfreedoms of slavery in Patterson's account (1982) and marks out those who are unable to exercise this control as deficient. State intervention in the lives of poor people is one of the strongest expression of a failure of this dimension of personhood as the state executes the dual functions of care and control, which at its most extreme includes the removal of children from private family life.

3.3 Alternative Conceptualisations of Social Death.

Social death has been used by other scholars in a number of ways in relation to a variety of circumstances, such as Glaser and Strauss on terminal illness (1966) and Sweeting and Gilhooly on people suffering dementia (1991). Other scholars are also

cited by Kralova (2017), who seeks to give greater conceptual definition to the social death, such as Goffman's in his writing on stigma (1961, 1963) and Agamben's writing on 'bare life' (2005). However, Patterson's writing (1982) on the concept is perhaps the most well-defined and utilised. The key facets of Patterson's social death will now be discussed, in addition to how the concept has been employed by other scholars to understand the circumstances of those in extreme states of either slavery and unfreedom, or extreme personal and social loss. Importantly, other scholars have noted that utilising the term social death can be unpopular when applied to people who maintain any kind of familial or social connection. For example, Gilleard and Higgs (2015) noted that the term was 'increasingly rejected in most contemporary accounts of the social relations surrounding dementia' (p.262). Alternatively, a personhood approach has been advanced in dementia research, as 'the difficulty with the concept of social death is that it implies the loss of personhood while the individual with dementia is alive and therefore deprives them of their "human rights"' (p.262). Indeed, the concept has often been criticised as giving too little credence to individual agency and experience in favour of foregrounding the structural conditions of slavery. However, in the context of my research, Patterson's writings on the subject are useful precisely because they prompt us to question how a meaningful social life and identity can be built and maintained through individual action or agency, within a structural context which severely constricts collective life and belonging. Vital within the notion of social death is the assertion that human rights, or the rights of children, cannot guarantee personhood in anything other than the abstract, outside of meaningful and lasting, social connections. As Gilleard and Higgs note (2015), those who depend on the care of others, as children do, are subject to the agency of others (p.263). Individualising children and young people and prioritising their autonomy does not free them from their dependency. Similarly, situating young people's experiences as a form of social death may also be viewed as my prioritising a structural perspective over one giving greater credence to young people's agency and ability to act within the field of the care system, thereby risking reducing their social position through this thesis. However, it is not possible to ignore young people's experience of acute impermanence within their social lives and relationships, which involve being repeatedly placed, re-placed or suffering the losses of others, as outlined repeatedly in research findings such as Coy (2009) and Ward (2009)

3.4 The Relevance of Slavery as Social Death

It is important to state that in utilising social death as a theory, it is not my intention to correlate slavery with the status of children living in public care. Children are clearly seen as part of the human family, with all but three countries globally failing to ratify the UNCRC (UNICEF, 2015). In principle, children have numerous rights and entitlements, and are generally viewed either as people in the making, or young people in their own right, who are in need of the care and protection of adults (Archard, 2015; Wyness, 2013). However, key aspects of the theory of social death are relevant and help us to understand what it means to be a person who enjoys all the liberties and provisions associated with belonging, care and compassion in contemporary society. In particular, Patterson's work helps to deconstruct liberal notions of freedom which place too great an emphasis on individual status and the freedom from interference, rather than the importance of social connections and interdependence (Patterson 1982: 33-34).

Patterson reframing of slavery from being a condition of property and ownership to a relation of domination, which allowed greater focus on the severance of natal and social ties as a core component (Patterson 1982, 2018, Bodel and Scheidel 2017). A further key aspect to his work is the assertion that while the master may be in a position of total power this position is a contradiction in that, as Hegel asserted (in Patterson, 1982:2), it depends on the existence of a subordinate and is therefore a relation of *mutual* dependence. With regards to children in care, thinking about this relation helps us to query what is achieved by maintaining children in the care of the state, particularly in light of persistent movement. What does this kind of power in the form of *care* preserve or achieve, other than freedom from imminent harm? Preserving a certain model of what is right for children also preserves both the status of adults and wider societal values regarding the place of children, and the kinds of experiences that will give rise to the right kind of adult citizen. This relates to Ennew's point that structures which support the ideals of western childhood can act as a prison for children whose lives require a different model (2002), for example due to work or other more 'adult' circumstances. As Archard (2014) notes, we need to have an idea of what kind of adult we are trying to produce before we can agree what childhood should look like. Within residential care legislation and practice, the individual has taken priority. The three core constituent elements of slavery as a condition of social death - violent compulsion, natal alienation and generalised dishonour (Patterson,

1982:13) - will now be discussed in relation to Patterson's work on slavery in order to outline the relevance social death to children in care.

3.5 Violent Compulsion or Power by Another Name

A discussion of the basis of power was an obvious necessity in Patterson's work on slavery, as slaves were often both obtained, subordinated and compelled to work by violent and coercive means. Patterson outlines three facets of power in his thesis. The first facet, the social facet, entails 'the use or threat of violence in the control of one person by another' (1982:2). This included the use and threat of beatings and other sorts of violent control, and also the threat of removal or sale by the master. The latter incurred separation from kin and community, however infrequently this actually occurred. The second was 'the psychological facet of influence' or the ability to persuade someone as to how they perceive their interests and circumstances. For example, a person in slavery coming to believe they deserved physical abuse, and that it was good for them could be interpreted as a psychological facet of influence (p.12). The third was 'the cultural facet of authority, "the means of transforming force into right, and obedience into duty" (1982:12). Patterson asserts that the source of such authority 'rests in control of those private and public symbols and ritual processes that induce (and seduce) people to obey' as to do so provides a source of satisfaction and obedience (p.2-3). According to Patterson, when power was enacted through brute force it had to be clothed in such a way that it could be masked as something less terrible. It was necessary to find a means of rendering power as more palatable through employing relevant cultural idioms (1982:18). Importantly, he states modes of concealment exist which serve to deny coercion and portray it 'as the direct opposite of what it is, being interpreted as a kind of freedom' (p.18).

For the purpose of this thesis, the pertinent aspect of Patterson's discussion on power is to consider how the continued, coercive and 'beastly' (1982:18) elements of adult power over children may be concealed or transformed into acts of care or necessity or the 'choice' of the young person, and to question what purpose this serves? For looked after children, power has often been exercised by the state with either force at the point of removal from their parents, or via coercion in persuading them to leave, and also through agreement with the parents where they have requested that their children are accommodated. Once in state care it is my contention that adult power

is often exercised under guises such as observing children's rights or on grounds of the child's best interests. Best interests, frequently tied to a need to reduce a risk of harm, are often cited in some form in relation to justifying a placement move, when in fact the frequency of such moves undermines a young person's status on almost every level, as evidenced in the recent Stability Indexes, (Children's Commissioner 2017, 2018). The fiduciary view of children's relationship to adults as being under their guardianship rather than being the property of their parents has, for all its advantages to children, provided a multitude of ways in which it is not only possible but necessary to mask adult power. Where young people's 'placement' is attributed to their agency and choice this conceals ways in which adult values, action or inaction have influenced the process. When decisions affecting a child's welfare are cast as resulting from their wishes, it appears to nullify the adverse effects of that decision, and can place the responsibility squarely with the child, absolving the adult of responsibility or blame for the 'outcomes'. The *Who Care's Trust* (1993) noted the reality of the limited attention received by children in care which 'highlight an unmet need of young people who appear to command the involvement of many professionals but the undivided attention of none'.

It is useful here to consider the difference between the ways in which power may be exercised over children in a family setting, and whether this differs from what I have described above. One of the key differences is in the loose ties which often exist between children and state carers, and the fact that the 'corporate parent' (Children and Social Work Act, 2017) is constituted by multiple parties, none of whom have sole, personal, responsibility for the child. Care workers also care for a number of children in residential care, with often high and conflicting needs, against the backdrop of a demanding inspection framework and its associated targets. The interactions, transactions and demands which take place between young people and their carers' in children's homes are different. They are inherently less personal on both sides, as the identity of the child and their carers are not tied in the same way. For example, the role of residential care staff in relation to children in their care takes place in a legislative and policy context, which cannot help at times but incite conflict. As Lawler observed in her research on mother/daughter relationships, mothers would situate their own and their children's identity 'firmly within a kin system, in which characteristics could be explained through inheritance' (Lawler 2000, in Lawler 2014: 52). In a residential care setting the stakes, it seems, are different. While care workers

no doubt source some personal and professional pride in their relationships with young people, it is not personal to the same degree, as the corporate parent is a heavily diluted entity where responsibility for the child is spread, thinly, across a professional network. These relationships exist in the public domain of residential care, not the private realm of family which has significant implications for the care children receive. As will become clear at points throughout the thesis, young people's agency is foregrounded in decisions concerning the termination of their placement in ways which mask adult power and authority. As illustrated by Leigh (2017), child protection processes are often enacted through traumatic acts of separation, which are justified on grounds of benevolence in safeguarding child welfare.

Slavery is depicted by Patterson as a literal substitute for death, making the question of freedom, force, and the value invested in enslaved people more acute. State care, and residential care - as the last of last resorts - can certainly represent a lack of alternative options, and a literal substitute for various kinds of harm which pose a risk to children. This should therefore prompt us to wonder how meaningful it is to invite children to participate in decisions regarding their care given the limited options available. In her writing on child slavery and social death, Greene focused on the substitution for death in relation to 'the emotional devastation wrought by (African child slaves) experience of capture and abandonment' (2017, 198-199). Such experiences made the prospect of children gaining a 'semblance of control over their lives' more important. Suicidal ideation was a common theme among children in Greene's research on child slaves, which was directly related to their experience of being stripped of identity, and joined to new communities by force:

'They had to know that they were in an extremely vulnerable position, having no immediate access to their kin and natal community. And they certainly knew that socially their status was far below other free individuals within their new communities...if they remained alive, they suffered the kind of trauma that manifested itself in quite specific ways: frequent suicidal ideation.' (p.199).

Here we see the strength of applying Patterson's theory of social death to slavery in such experiences of isolation and despair which arose from actual or threatened severance from kin and community. The vulnerability, lack of self-worth and autonomy depicted in these descriptions are translatable to the experiences of children and young people enduring movement and upheaval in care, and residential care specifically. Many children in care have not only experienced natal separation,

but multiple losses since entering care from their various 'new' homes, carers and peers. Suicidal ideation in Greene's study was found to stem from repeated separation, and she goes on to observe that suicidal thoughts in children and adolescents often stems from feeling 'defeated' or trapped in their circumstances, and lacking the internal resources to meet the situation. In common parlance within social care this may be referred to as a 'lack of resilience' within the child (Smith, 2009:78). The high rates of self-harm and suicide (approximately a third) among the sample in Sinclair and Gibbs (1998) study of 176 children in 48 residential homes reveals the high levels of anxiety and despair many live with, and 68% of children living in residential care have been found to have diagnosable mental health disorders (Meltzer *et al*, 2000). Given the significant level of placement change in the care system, it is worth remembering that the moving child is not the only one impacted on by the change, the remaining residents can feel the loss of their peers keenly and as noted by Emond (2014) peer friendships are an undervalued aspect of social life and belonging in residential care.

In a review of the concept of social death and how its utilisation in academic literature, Kralova (2015) surmises that the concept is concerned with profound loss, namely of social identity, connectedness and 'losses associated with the body's disintegration', which combine to result in the absence of well-being. While her conclusion is perhaps too broad - as well-being itself is a highly contested - it does point to the fact that loss of social life and connection can be physically - as well as emotionally, devastating. As Kralova notes:

'Here I would argue *that most scholars using the concept of social death actually mean profoundly compromised well-being* – more often than not they are describing the loss of *only some* of social deaths facets...Studies of well-being argue that relationships are a vital source of the good life'. (2017:10).

Even if we accept that young people's social lives are often severely compromised by the care system rather than permanently destroyed, theories of social death prompts us to consider the efficacy of rights designed to protect children's interests and well-being given the profound losses they experience. It is important, if we are to better understand the causes and effects of placement breakdown in residential care, to give consideration to how power and influence operate given young people's experience of residential care is riven with change and to detail what is lost

within this context. It appears that viewing personhood as an outcome of rights and the development of independence is insufficient. This will be returned to in greater detail.

3.6 Natal Alienation

The next facet of Patterson's conception of social death to be discussed, as mentioned above, is 'natal alienation'. Patterson situated this as a *cultural* facet of power, which:

'rests on authority, on the control of symbolic instruments. This is achieved in a unique way in the relation of slavery: the definition of the slave, however recruited, as a socially dead person. Alienated from all rights and claims of birth, he ceased to belong in his own right to any legitimate social order' (1982:5).

This extract gets to the core of Patterson's usage of the term social death and is significant as it is the basis for the theoretical development of this thesis. He goes on to outline the 'secular excommunication' of the slave as they were not only 'formally isolated' from living kin and community, but also isolated from the social and cultural heritage as they were not permitted and did not have the means 'to integrate the experience of their ancestors into their lives, to inform their understanding of social reality with the inherited meanings' of their ancestors. Slaves were therefore not able 'to anchor the living present in any conscious community of memory' (1982:5). This depiction questions the value of physical life when one is alienated from rights, heritage, inheritance and culture, which combine to form a socially recognised existence; imbued with communal memory and meaning. Of importance is the idea that not only were people torn from and denied their lands and kin, but that an enslaved person's heritage was dismissed as meaningless, and therefore deprived of any value it may otherwise have held. Both the slave's ancestors, and the relations which existed in their families and communities in the present were not socially sanctioned or valued and could be severed at any time through removal or sale by the master. As Patterson elaborates, though slaves formed attachments in their local communities 'such attachments had no binding force'(p.5), and as such marriages were not legally recognised, meaning male and female partners could not belong to one another, or to their children, as 'the parental bond had no social support' (p.5). This meant enslaved parents could prevent removal and sale of their children (1982:6). Regardless of the infrequency of such movement and separation, the fact it was possible 'was enough to strike terror in the hearts of all slaves' and alter their behaviour and self-image (p.6).

This serves to address the criticisms of social death, in that it fails to recognise the social life that existed within slave communities and sometimes between slaves and others, such as child slaves and other children (Greene, 2017). Patterson does acknowledge these relationships existed; however they had no social power as they were not fostered between free beings and could be broken at any time. Relationships and heritage require both legal and social support to have meaning. Being unable to prevent physical interference over their own bodies and those of their kin was one of the 'true horrors' (1982:7), as they were unable to be sovereign over their physical and personal lives, which is a key facet of liberal personhood (Brace, 2004). Furthermore, being unable to make claims on their forebears, or to bear responsibility for their ancestors was a key facet of the slave's un-belonging (Patterson, 1982, pp.7-9), as this set them outside all the usual systems of mutual obligation, human attachment and care. Natal alienation in the context of slavery often took place from birth, as children could not remain with their parents.

3.6.1 Relational Alienation in Residential Care

In addition to challenging experiences of family life, children in residential care cannot necessarily acquire status and security provided by living in a family, and the assumed care that it brings. They are cared for by paid staff, in settings which have suffered a stigma and notoriety, in part due to legacies of abuse by those staff (Soares *et al*, 2019, Colton, 2002). Young people's relationships with carers, while sanctioned under the auspices of the care system in the UK, do not have the cloak of familiarity and anonymity provided by family life, and exist largely outside the public imagination. The importance of 'social imaginaries' is discussed by Gilleard and Higgs (2017: 29-30) in their discussion of 'Social death and the fourth age'. Drawing on Charles Taylor (2004), they state that social imaginaries are key to our 'mutual expectations and social trust' (p.29). This is significant as carers and young people in children's homes occupy negative or ambivalent places in the social imagination, due to associations of crime and abuse (Shaw, 2012, 2014a). Where carers are imagined positively in terms of fulfilling a *caring* role, the actual day to day reality of the job is incomprehensible to the wider public. Children in residential care cannot mask that their lives are outside the norm due to their location. Young people in residential therefore have highly regulated relationships with adults as both familial and care relationships are

subject to scrutiny and surveillance. When young people move placements, even when they are in the same local authority, any relationships built with carers are often lost, as staff have to care for newly placed children.

Alongside the difficulties in laying claim to; and establishing belonging with their carers, children in residential care are very aware that their living circumstances are both unusual and stigmatised (Emond, 2014). This adds to any sense of alienation, meaning that talking about their lives involves describing something outside the ordinary, associated with harm and damage. To be natally alienated for children, then, is additionally problematic as their personhood is tied to family and domesticity, and opportunities for establishing other relationships with caring adults is frequently compromised. The alienation of children in care extends beyond their natal relationships to all social relationships which are vulnerable to change and stigmatisation. As such it is possible to see children in care as 'relationally alienated' due to the fragility of their contact with both people and place, and the sense of stigma and loss attached to their experiences.

3.7 Stigma and Social Death

It is important at this point to introduce the concept of stigma in more depth as it continues to be pertinent to our understanding of residential care. While stigma did not feature explicitly within Patterson's social death, in its own right stigma has much to say about the situation of children in care and helps us make sense Patterson's concept. In his writing on both Asylums (1961) and Stigma (1963) Goffman discussed the processes by which people in general, and particularly those housed in institutions, became stigmatised. The three facets to stigma or having a 'spoiled identity' (1963) were abominations of the body, such as physical deformities; blemishes of character, such as alcoholism, mental health issues or criminality, and thirdly, tribal stigma, including race, faith and nation. Key to each facet is that, as markers of social identity their presence can diminish a person in the eyes of others, as they deviate from normative social expectations. As Goffman states, 'We lean on these anticipations that we have, transforming them into normative expectations, into righteously presented demands' (p.12). He depicts such deficits as relational, as stigma is 'a special kind of relationship between attribute and stereotype' (p.12). While some attributes may only be stigmatising in certain contexts, Goffman acknowledges others would be discrediting across society (p.12).

Extending the three attributes outlined by Goffman, Wacquant (2007, 2008) added stigma of place, wedding it to Bourdieu's theory of symbolic power. As Slater (2015:5) observed, the addition of place built on Bourdieu's 'insistence that symbolic power is the "power of constructing reality", (or the power of making representations stick and come true)'. The addition of place is vital in the context of residential care. Place is rightly noted by Wacquant to be a surprising omission by Goffman in his writing on stigma:

'A *taint of place* is thus superimposed on the already existing stigmata traditionally associated with poverty and ethnic origin or post-colonial immigrant status...territorial infamy displays properties analogous to those of bodily, moral and tribal stigmata, and it poses dilemmas of information management, identity formation and social relations'. (Wacquant, 2008: 238).

In relation to Children's homes, due to their extra-familial nature, their association with legacies of abuse and criminality, I argue that the children and the home serve to be *mutually discrediting*. Both 'inferiority' and 'danger' are associated by Goffman (1963) with narrative accounts which create and reinforce stigma. Building on Ennew's point regarding the acceptable locations of childhood, we do not know what to make of children who are apart from their family, who do not go to school, who live with other children and paid carers, brought together by factors that trouble us such as abuse, neglect, crime, and the tarnishing hand of state intervention. The children's home bears all these markers, and a child known to be living in the home will also be marked by association. This connects us back to the point made by Antonsich (2010) that 'home' and belonging are intimately connected. In this context, the stigmatising features of residential care undermine young people's ability to belong in a space which others would recognise primarily as a home. As noted by Bourdieu, (in Wacquant, 2008:240), the 'common lot' of those who live in stigmatised neighbourhoods 'consists only of their common excommunication'. The symbolic degradation of the area and the people who live there correspond to one another (p.240). No-one outside the children's home has been deemed able or willing to care for the child. Pity, concern and sympathy may be mingled with other less desirable feelings in the public imaginary, such as fear. This child's behaviour does not represent the people they live with in the same way a child does their parent.

3.8 Institutionalised Marginality

A further aspect of natal alienation which can help understand the stigma facing residential care is the 'liminal incorporation' of the slave, or the ways in which slave holding societies and households found ways to incorporate slaves, whilst also holding them as a thing apart:

'Although the slave might be socially dead, he remained none the less an element of society. So the problem arose: how was he to be incorporated? Religion explains how it is possible to relate to the dead who still live. It says little about how ordinary people should relate to the living who are dead.' (1982: 45).

He goes on to state that 'Institutionalised marginality, the liminal state of social death, was the ultimate cultural outcome of the loss of natality as well as honour and power' (p.47). Historically, there are parallels to be made between the origins of residential care, namely the workhouse in England, and institutionalised marginality. Children who entered the workhouse with their parents were kept separately to be re-educated and to escape the polluting influence of their forbears (Fuchs, 2010). In the present era however, great lengths are gone to within children's homes to reduce or downplay institutional features. The challenges for young people living in children's homes in becoming incorporated members of society and their local community are compounded by the stigma of the children's home in addition to the temporary and short-term nature of many placements in residential care.

3.9 Generalised Dishonour and Recognition

The final constituent element of Patterson's notion of social death is 'generalised dishonor' (1982) which he uses to summarise the state of slavery. Honour is a complex and somewhat dated term to essentially describe a form of recognition. Pitt Rivers, in Patterson, (1982), gave the following definition:

“It is a sentiment, a manifestation of this sentiment in conduct, and the evaluation of this conduct by others, that is to say, reputation. It is both internal to the individual and external to him – a matter of his feelings, his behaviour and the respect he receives”. (1982: 79).

As noted by Taylor (1994:27) social hierarchies were formerly the basis of honour, and it was inevitable therefore that only some people possessed it, or else it would lose its meaning. Honour was something people aspired to hold, and to have recognised by others. It was closely connected to their standing in their community, and 'the need

to assert and defend their position, and to feel a sense of satisfaction if that claimed position is accepted by others, and a sense of shame if it is rejected' (Patterson: 1982:79). A sense of standing in one's community, and the need for acknowledgement by others remains integral, even as grounds for recognition in contemporary society may have a greater basis in legal entitlement.

Slaves, as a result of their lack of equal status under law, physical domination, natal alienation and domination by the master, were without honour and the usual facets of recognition did not apply to them. Where people did not compete for honour meant that they were 'outside of the social order' (1982:79). Those unconcerned with their reputation were worthy only of contempt. For Taylor, the move towards egalitarianism changed the basis of recognition, which became more concerned with the mutual preservation of dignity and being seen to make the correct moral choices. Following Kant, this was formed of an *individual's* ability to form their own version of the good life (Taylor, 1994:50).

As has been discussed however, for children, the advent of individualism as the primary mode of recognition poses particular problems, representing as it does particular notions of freedom and achievement which are the opposite of mutual dependence, collective life and physical and emotional immaturity. The problems associated with the prioritisation of children's rights which situates them as individuals has been noted within social work and child protection literature. For example, Featherstone, White and Morris (2014:16) note that what they call 'the current child-centric risk paradigm' constructs children as 'individuals who are unanchored in networks and communities...with superficial understandings of the importance of attachments, histories and legacies', which serves to neglect how questions of belonging and identity are negotiated throughout one's life. The individualisation of children then is a contemporary feature of social work practice and care systems which contribute to their severance from relationships with people and place, and the sites of memory and experience which are vital to identity formation. For young people to be concerned with how they are perceived or spoken of by others requires them to value the relationships they have with others. Young people in care are positioned in ways which mean that even responses which are intended to be caring leave them without honour or dignity as care is not always lasting or reciprocated. As Kralova notes (2015, 2017) in her discussion on social

death, stigma and the loss of social integration and identity result in a person's exclusion from arenas which have been designed to otherwise include.

For Patterson, personhood was dependent on belonging in one's community and mutual recognition, not solely the legal freedom from servitude. Similarly, in her argument that social death ought to be recognised as a feature of genocide, Card (2003) associates the concept of natal alienation with loss of social vitality. Social vitality she argues 'exists through relationships, contemporary and intergenerational, that create an identity that gives meaning to life', and its loss can lead to a 'loss of meaning for one's existence' (2003: 63). Kin and community are essential to identity, and one of the key routes to relationships and recognition. Legislation is another obvious route, however, people - particularly children - can gain little via recourse to law without social relationships and validation of their views and experiences, which requires time, space and trust. In western societies, rapid change to social hierarchies and the advance of democracy meant that the egalitarian notion of 'human dignity', fundamentally shared by all, largely superseded honour as a basis for recognition (Taylor, 1994). However, within writing on social death, honour had in common with other properties of recognition that it alludes to the imperative for people to experience belonging and trust as a facet of personhood, in addition to their status under law. As Patterson (1982) was so eager to point out, from the perspective of social death, freedom from the constraints of another's will was not the opposite of slavery. Belonging was its opposite, or the means to establish standing in the eyes of others, from which mutual claims can be made. The public aspect of residential care and how this impacts on personhood for children will now be considered.

3.10 Public and Private Domains and the Location of Childhood

The questions of recognition and belonging are not only concerned with relations between people, but also between people and places. It is not only a matter of who we belong with; but where, and how the claims we can make which result from our spatial orientation. A significant aspect of the stigma surrounding residential care in my view is the fact that it is fundamentally a public domain, which also operates as a private domestic space. Should the public aspects of the home dominate and prevent young people being able to exclude others from their personal lives and bodies, then this undermines a key component of liberal personhood (Brace 2004). On the one

hand, children and young people are encouraged to develop and demonstrate independence skills, on the other they are managed, placed and re-located by adult carers often in accordance with concerns of risk and institutional logic, betraying a fundamental lack of trust in young people's ability to decide the shape of their lives.

A significant aspect of the stigma attached to children in care, especially residential care, is the fact that they are such transient abodes, and as Brace states, 'Those who do not stay where they are supposed to be...are marked as potentially troublesome, and then as lacking in self-control and the inclination to labour' (2013: 874). Identity, she argues, is underpinned by stability, which migration throws 'into disorder' (p.873). Young people's frequent moves in care are not viewed as migration, and yet such experiences are parallel in terms of becoming unanchored and therefore unimaginable, unknown and threatening. Children and young people, along with women, have been imagined in the domestic sphere of home and family, and within educational settings under the tuition and guidance of adults, particularly following the industrial revolution. Mass education was a means of regulating the social and physical conduct of poorer children, and even though deprived housing conditions meant children would congregate outdoors, they were often monitored by police and other social welfare organisations (De Connick-Smith, 2010: 85). Once outside of the arenas of domestic family life or education, children are often perceived as vulnerable, threatening, or both, and often become stigmatised resulting in part from being outside the spheres that they are expected to inhabit within the social imaginary. Negative public attitudes to Children in Residential Care have been revealed in previous studies, such as The Who Care's Trust Survey of Public Perceptions (2011) which found of the 50 people surveyed, while 71% stated they would be happy to have a children's home in their area, only 10% could identify positive words for looked after children. A brief internet search also revealed abundant local news stories, from a variety of areas within the UK, regarding protests by residents in localities where children's homes have been proposed, often citing concerns of crime and anti-social behaviour (see for example The Northern Echo 2nd August 2013, Birmingham Live, 6th May 2016). Children, who have often been conceived within the dichotomy of victims and threats are more likely to be re-categorised as a threat by virtue of living in a children's home (Smith 2009), which represents both childhood neglect and the unknown.

Children's homes therefore are essentially public spaces, which have domestic features. They are highly regulated domains, subject to the scrutiny of public bodies such as Ofsted, and receive numerous visitors representing public institutions and functions, from social care, education, health, drugs services, youth offending teams, advocacy services, and perhaps most visibly, the police. This adds to the unusual rhythms of the homes and the lives of residents, which do not match those of the surrounding community. Social workers regularly visit for one to one and review meetings, and the police are called when children go missing, or due to challenging and criminal behaviour (Shaw, 2014). Many of these visitors then signal that something has gone wrong in the lives of these children requiring continued state intervention. Workers are marked out by the length of their visits and their use of badges and uniform. Children can also not control who comes and goes from the home, or who invades their privacy. While this is not unusual for children, it does highlight why utilising a model of independence, and the free individual as a model of personhood is not necessarily appropriate. The children's home therefore is marked out to the community for what it is, rather than as a domestic space. This, in Ennew's powerful analogy, places those who live there 'outside childhood' (2002). Utilising the concept of social death therefore entails thinking not only about relationships between people, but the spacial and geographical context of those encounters, as both Goffman (1961) and Wacquant (2008) have sought to illustrate.

As noted by May (2011), belonging makes little sense unless it is applied to relations between people and locations, correlating as it does to a sense of security in the self and in relation to others, and to our acceptance by others as part of a community or group. Others have emphasised that a sense of belonging can be 'transient' and can vary from a sense of connection to various objects of attachment, which can 'vary from a particular person to the whole of humanity, in a concrete or abstract way, by self or other identification, in a stable, contested or transient way' (Yuval-Davis, 2011:12). In addition to considering how the public aspect of residential care can undermine children's status, as Jack (2012) noted children's repeated severance from place reveals that their place attachments are an undermined aspect of their well-being. The scale of movement within the care system reveals we do not place enough value on this aspect of children's welfare.

The difficulties young people encounter in relationships and place connects to their sense of trust and the extent to which they are able to invest in both people and the children's homes themselves. Trust is conceived by Putnam as 'dense networks of social exchange' (2000:136) which have become loosened through a weakened civil society. Relationships which built 'thick trust' needed to be strong, frequent and nested in a wider social network (Putnam, 2000:136-7). Trust for Patterson was one of the biggest losses to be endured following the legacy of slavery, as:

'No slave in her right mind could ever come to trust or truly believe in the basic human decency of the slave-holder or his community or the broader political and institutional structures that sanctified and legitimated her enslavement' (2018: x).

Further on he connects the terror induced through violation to rendering the slave submissive, which is key to maintaining power over another. In essence, to maintain this kind of power, the object has to lack meaningful existence, to which trust is key. The disruption children experience in care is a barrier to building relationships with people and locations (Jack, 2015) and to the building and maintenance of social capital (Barn, 2009). It is also a block to imbuing some memories with value. The absence of trust can be seen in both the fragile and temporary relationships between carers and peers, and between the children's homes and the community. One way to look at this would be that not only is an absence of trust in the care system a consequence of how it operates in terms of the scale of movement and placement breakdown, but it is a necessary for such practices to work as a means of managing young people.

In his preface to the 2018 edition of *Slavery and Social Death*, in seeking to validate the concept of social death as something tangible to broader human experience, Patterson draws on the work of Fiske (2004), a social psychologist who explored core social motives. In her thesis, Fiske identifies the desire to belong as the underlying core social motive, which drives all others (2004:16). She states that belonging is not only of personal benefit but adds to group cohesion. Trust is also one of Fiske's core motives, as it 'means seeing the world as a benevolent place', which 'facilitates daily life' in terms of supporting mutual interaction and the attainment of common goals (p.23). The other social motives Fiske identifies are a desire to understand one's environment, which is best acquired through social relationships, being able to control what happens, or a 'contingency between behaviour and outcomes' (p.20), which requires an awareness that this is possible and that we are worthy in the eyes of others

(p.22). These motives are a further illustration of aspects of the self which are seriously undermined in the situation of residential care due to the changeable nature of the environment, stigma and loss of control that children have been found to experience.

3.11 Conclusion

This chapter has outlined social death as a theory which can deepen our understanding of experience of life in residential care for children and young people. The focus here has largely been on the work of Orlando Patterson (1982) in his writing on slavery. However other scholarship on social death and related concepts, such as Goffman's stigma (1963) and Wacquant's stigma of place (2007) have also been included in order to explore the lived experience of young people. The aspects of power, natal alienation and dishonour have been related to children in residential care. I have analysed conceptualisations of personhood in relation to children illustrating how the current individualistic mode with its focus on independence and participation rights is not appropriate to the experience of children, particularly those who are outside family and therefore 'outside childhood', (Ennew 2002). Lasting reciprocity and relational life within domestic settings has been shown to be an integral feature of personhood for children, which is absent for many in care. This connects with Patterson's notion of 'natal alienation' (1982). However, due to the repeat moves and losses young people experience and the lack of social sanction attached to their relationships in care, I have termed their experience 'relational alienation' to encompass none-kin ties. This will be elaborated on in Chapter 6 when discussing young people's relationships with staff.

The primary aim of this chapter has been theoretical. Following the subsequent methodological chapters, the themes of power, alienation, honour, and belonging will be revisited in light of the data from Clyde Close and Oakhill children's homes.

4. The 'ethnographic place' – Devising a Methodology

'Places are at once elastic – for example in regard to their outer edges and internal paths – and yet sufficiently coherent for them to be considered as the same (hence to be remembered, returned to, etc.) as well as to be classified as places as certain types (e.g., home-place, workplace, visiting place).

(Casey, 1996:44).

4.1 Introduction

This chapter outlines the methodological framework, namely an 8-month ethnographic study of two children's homes. The discussion here is largely conceptual, and the practicalities of commencing the research will be addressed in the following chapter. The research questions will be outlined, followed by a discussion of ethnographic methods as the chosen mode of enquiry. Particular attention will be paid to issues relating to research with children and young people. The use of reflexive practice is discussed at length, particularly through the work of Bourdieu and Wacquant (1992), which I found pertinent in considering my own professional and academic position. During fieldwork working within an ethnographic methodology at times left me feeling insecure, and out on a limb, unsure of what to do, or where to be. At times I felt like an insider, at others an intruder, mostly a visitor or a friend to the homes. I found I was not close to any particular individual but had pleasant encounters with most staff and young people. While these encounters were sometimes superficial, they were not without meaning, and their brevity nature did not always make them less memorable. I am aware writing this that these experiences mirror how residential care can be related by young people and staff, and that these kinds of reflections provided a window into the experience of others.

Fieldwork was often very challenging. After all, you cannot research a fluid environment and expect a linear narrative to unfold in front of you. Some challenges related to trying to keep an accurate record of events involving multiple actors in real time, others to the appropriateness of being in the homes *at all*, as a witness to participants' personal lives, in settings which are already highly regulated. Perhaps the greatest challenge was the emotional impact of witnessing the turbulence in the

homes and lives of participants, and the sheer level of change and placement breakdown. This exceeded my expectations in spite of my previous experience as a former residential care and social worker. Contained within these difficulties was an anxiety about whether the emotions that accompanied certain encounters with young people and events - such as sadness, fear or anger - could count as a source of knowledge or could only provide feedback on my subjective experience. This anxiety is a recurrent theme of this work and relates to how knowledge has been framed within the ethnographic tradition.

4.2 Research Questions

Following the literature review, my engagement sociological theory, I devised the following questions.

Lead Question:

- 1)** What are the experiences children, young people and staff of residential care homes as places to live and work?

The following supplementary questions were formed for further exploration to guide fieldwork.

- 2)** What impact do residential care homes, as public institutions, have on the quality of care they offer in meeting children's needs?
- 3)** Is residential care a form of stigma and 'social death' that renders belonging deeply problematic for young people?
- 4)** What can children and young people take with them when they leave a children's home? What endures from residential care, and what endures of them?

These questions are more of a device to guide my inquiry and attention in the field (Mason 2002:20), rather than a solid frame to set a boundary of how to relate to the data. The questions were adapted over time as further issues emerged from the emergent data (Mason, 2002:19-20). For example, queries concerning the relationship between placement breakdown and changes to the material environment led to exploring new theoretical perspectives to explore issues of

belonging. However, the research was clearly not purely inductive, as there was also a considerable degree of theoretical engagement prior to undertaking the research. My former experience of residential care had left me with some hunches, albeit ones which assumed more or less significance during fieldwork. In that regard the relationship between data and theory was a more circular process. This will be further explored in the data analysis section in the next chapter. Although this thesis primarily concerns the experience of children and young people, I felt it was naïve to imagine I could separate their experiences from the accounts of staff. The staff experiences were valuable in shedding light on the difficulties in providing care and building relationships in a residential setting, and also to address the research questions in terms of understanding the children's home, the public and private elements and whether young people endure for staff following their departure.

4.3 Developing a qualitative methodology

As this thesis is concerned with relationships between young people and place, and participants' experience and understanding, a qualitative methodology was developed. Quantitative and mixed methods data have been gathered in this area to good effect, exploring both the volume of moves experienced by young people in care and what this means to them, indeed answering questions I would otherwise remain curious about (see for example the Stability Index, Children's Commissioner, 2017, Ward, 2009). However, engaging with a small-scale sample and basing myself in the children's homes allowed access to both verbal accounts of experiences, observations and sensory data concerning the relationship between the residents and the home environment, as well as access to documentary sources was more suited to qualitative inquiry.

It is necessary here to situate this study in relation to particular ontological and epistemological positions. Debates regarding the ontology, or nature of social reality, tend to fall into broadly two camps, objectivism and constructionism (Bryman, 2008: pp.18-19). Objectivism asserts that social phenomena exist independently, apart from social actors, whereas constructionism states that social life and the meanings derived from it result from the on-going activities and interpretations of people involved (Bryman, 2008:19). Epistemology on the other hand is concerned with how social reality can be known, and what counts as acceptable knowledge (Benton and Craib

2011, Bryman 2008:13). Positivism claims an objective epistemological position and is contrasted to interpretivism which presumes a constructivist ontology, seeking to incorporate subjective meanings within social reality (Bryman, 2008:16). Most quantitative and a good deal of qualitative research is grounded in positivism, an approach underpinned by the logic of experiment (Hammersley and Atkinson: 2007). Quantitative methods were traditionally used in order to measure relationships between variables, which prioritises the acquisition of observable sense data. My concern here is on the meaning participants ascribe to their experience, making an interpretivist, constructionist framework appropriate which led to adopting ethnographic methods.

4.3.1 Researching Young People in Residential Care

The questions I have set out to address concern both discourse and physical embodiment, emotions and atmospheres within the context of child residential care environments; data, which is both discernible through speech and observation, but also that which is difficult to ascertain, needing both time and reflection. As Langevang notes 'Qualitative studies with young people require prolonged interaction with research participants, not only to understand their life worlds, but also to form relationships, build rapport and gain mutual trust' (2009:46). While this is not necessarily true in all instances with young participants, the depth of inquiry and the vulnerability of some young people in care made issues of time and trust more relevant. It was important to consider how residential care operated in terms of the interaction between inhabitants and the environment, which appeared best suited to ethnographic methods.

Ethnography assumes cultural practices to be a source of knowledge, based on acquiring understanding through the researcher's interaction with the settings and cultures under study (Mason, 2002:55). Culture has been defined as 'bundles of communication, relations, or transactions', rather than the values or attitudes of an individual (Emirbayer, 1997). Hall described culture as the way of life and shared values of a society or group (1997:2). Residential care is formed from a mix of different cultural influences regarding how children ought to be cared for which reflects wider societal values, some of which are also enshrined in legislation and wider national and local policy structures (DfE, 2015). Other influences arise from the attention and

values of individual managers and staff; some from the young people, and are more expressive of their individuality. It was therefore important to adopt a philosophical and methodological approach which could accommodate these varied influences, of both organisational culture and the practices of individuals, which are rooted in a complex mix of social and political structures and individual agency. At times it was possible to record accounts of the same series of events from different participants, which in addition to revealing some similarities, revealed significant differences. Such instances highlighted the importance of subjectivity, including factors such as age, previous life experience and understanding in generating the social reality of individuals (Pink, 2015:62). This enquiry incorporates elements of imagination and memory and was therefore suited to a qualitative, constructivist approach.

4.3.2 Social constructionism

Social constructionism is underpinned by the idea that there is no single truth which can be arrived at via scientific inquiry. Aspects of the social world which we consider to be 'real' are formed through processes of 'selection and construction', are socio-cultural in character and therefore dependent on the characteristics of those involved (Hammersley 2013:35). It is not assumed that subjects under study possess inherent characteristics, but examines the processes, interaction and communication exchanged between actors in creating social life. It is through such exchanges that accepted and shared meanings are established, which creates the structure. Social constructionism therefore views meaning and understanding as being formed through processes of social interaction which; 'being inherently embedded in socio-cultural processes, are specific to particular times and places' (Lock and Strong, 2010:7). For example, during fieldwork in Clyde Close Children's Home, a number of discourses emerged following a young person's placement breakdown, which revealed individual perspectives but also how certain explanations gained greater power and authority over others. It was apparent that different participants were creating narratives to account for the situation. In this circumstance, the question was not 'which account is true', more 'what is achieved by this account'?

'the chief questions to be asked of generalised truth claims are thus, how do they function, in which rituals are they essential, what activities are facilitated and what impeded, who is harmed and who gains by such claims?' (Gergen, in Lock and Strong, 2010: 9).

The adherence of staff to policy and legislative structures can serve to naturalise aspects of child care and abstract them from their historic and social origins, as though they are just something that ought to be the case. For example, in Oakhill Children's Home there was a furore surrounding the relationship between Dean and Mia, both residents. Staff continually stated it was against 'the policy' of the County to permit such relationships, and yet no one could cite which document they were referring to.

Social constructionism is a precursor to ethnographic fieldwork due to its implicit acceptance that the researcher is a co-creator of meaning (Charmaz and Mitchell, 2001:160). The act of raising questions, which would not otherwise have been asked, will generate and construct knowledge (Hammersley, 2014:181). In this regard, being aware of my own potential as a source of knowledge creation within the field prompted a greater awareness of the impact of my presence and identity. There are obviously some problems in the constructivist approach, not least of all that this way of viewing the world is also socially constructed, implying that any conclusions drawn by the researcher also result from discursive processes. Importantly Bourdieu and Wacquant (1992) have placed an insistence on examining how we, as researchers, construct the object. Historically, they assert that social science has been guilty of rendering the mundane *spectacular* in our interpretation and writing. This will be elaborated on when considering reflexivity. I hoped that, on entering the field, utilising a variety of ethnographic methods would accommodate both individual and shared interpretations, or 'intersubjectivities' (Schutz, in Lock and Strong 2010:42-43), through attending to both dialogue and behaviour, in addition to the feedback gained through reflexive practice.

4.4 Ethnography Defined

Three main components constitute ethnography; the role of the researcher in joining and accounting for the field, the community or people under study and the written product (Denzin, 1997). Historically, ethnography has its roots in the work of Malinowski in his study of indigenous cultures in the 1920's. He defined the task of the fieldwork as being to 'find out the typical ways of thinking and feeling, corresponding to the institutions and culture of a given community and formulate the results in the most convincing way' (in Denzin, 1997:xvi). More recently, ethnography has been defined in ways which incorporate various methods, however, the core to

these remain participant observation and interviews. These core tasks are described by Hammersley and Atkinson (2007:3) as 'participating, overtly or covertly, in people's daily lives for an extended period of time, watching what happens, listening to what is said, and/or asking questions through informal and formal interviews'. They also include the use of documentary sources, and any information which assists in addressing the nature of inquiry (p.3). My actions in the field included these aspects, in addition to an 'embeddedness in the culture' described by Denzin (1997), though in my experience this sensation came and went at different moments, partly due to my 'outsider' status, but also due to the changing nature of the homes. This flux was an important source of data in itself, as the culture of the homes proved to be fluid and at times elusive, possibly due to a multiplicity of cultural values and experiences.

Ethnography faced particular epistemological difficulties. As a method it was often charged with lacking scientific rigour due to its production of subjective accounts based on relatively small amounts of data (Hammersley and Atkinson, 2007:7, Atkinson *et al*, 2001:1). Ethnographers developed a response to this standpoint, termed 'naturalism', which staked its claims to knowledge on the fact that anthropological methods did not seek to change or manipulate the social world. Instead naturalistic inquiry sought to study and record the field on its own terms, without evidence of interference in the form of experimentation. It was argued this would generate a more faithful account of social life (Benton and Craib, 2011:47-48, Hammersley and Atkinson 2007:7).

Critics questioned the assumption that the social world can be known through observation, via the ethnographer's 'totalising gaze' (Atkinson *et al*, 2001:3). This came to be viewed as problematic when interpretivism views the social world as both as extant natural phenomena *and* as a socially constructed entity (Hammersley and Atkinson 2007:10-11, Hammersley, 2014). The claim that ethnographic studies of culture are therefore more accurate due to lack of interference became less convincing, as in generating knowledge through the process of enquiry itself has the potential to create new meanings (Retsikas, 2008 pp.110-113). Researcher subjectivity has been viewed as a potentially contaminating influence (Montgomery, 2014) and has been a source of continual debate within qualitative research. Doubt was cast on whether any account can be an objective representation as 'there is no denying the idiosyncrasy of individual ethnographic experience' (Spencer, 2001:448).

In seeking to overcome the structure/agency divide inherent in some of these arguments, Bourdieu advocated 'the *fusion* of theoretical construction and practical research operations' (Bourdieu and Wacquant, 1992: 34), and argues where it is not possible to share the reality of the research subject, other forms of solidarity and understanding through reflexive approaches are possible (Bourdieu *et al*, 1999: pp.608-613) such as being conscious of the choice of respondent, interview techniques and ways of relating.

There were other elements of ethnographic inquiry which were significant to adopting this approach in research with children and young people, including its history within the study of childhood. Ethnography has been a significant source of knowledge regarding the social worlds of children and young people, credited with advancing research which incorporates children's agency and 'a view of children as competent interpreters of the social world' and in studying childhood as a 'cultural space' (James, 2001:246). In the context of the children's home this can be understood as practices geared towards the accommodation of children in both material and relational ways. However, as Punch noted (2002), employing methods which seek to redress the power imbalance between adults and children does not mean children will feel empowered to step outside their subordinate role in relating to adult researchers. This is significant in considering the ability of adult researchers to ascertain and represent children's views. The potential and limitations of ethnography in this regard will be further discussed when considering the ethical dimension of the research.

4.4.1 The Field and the 'Ethnographic Place'

The role of the researcher in producing ethnographic accounts has gained increasing significance in recent years (Denzin 1997:xi Emmerson, Fretz and Shaw, 2001:361, Hammersley and Atkinson 2007, Pink 2015). Debates regarding the influence or neutrality of the researcher have focused heavily on the written product and issues of representation as 'how we write about the social world is of fundamental importance to our own and others' interpretations of it' (Hammersley and Atkinson, 2007:205). However, Aull Davies (2008) notes, there is a balance to be struck between acknowledging the author's presence in constructing the data, and retaining confidence in ethnographic research as contributing to knowledge rather than being

a wholly subjective enterprise, or indeed an arbitrary selection of different perspectives (Emmerson, Fretz and Shaw, 2001).

In addressing some of the tensions in issues of structure and agency within the task of interpreting and representing data, Pink makes an important contribution in her work on sensory ethnography (2015). Defining ethnography, Pink describes:

‘a process of creating or representing knowledge or ways of knowing that are based on ethnographers’ own experiences and the ways in which these intersect with the person’s, places and things encountered during that process’ (Pink, 2013, in Pink 2015:5).

In her approach, she is not so concerned with uncovering objective reality, as offering ethnographic accounts which are as ‘loyal as possible to the context, the embodied, sensory and affective experiences, and the negotiations and intersubjectivities through which the knowledge was produced’ (2015:5). This account is closer to my own interpretation and experience of conducting fieldwork, as it acknowledges the constructivist nature of the experience, and does not seek to discount the influence of the researcher. Ethnographic materials should seek to provide a faithful account of what has been witnessed and recorded, and yet acknowledge this will not be a complete representation. For example, aspects of the way in which residential care may be more or less ‘institutional’ or ‘homely’ are sometimes material, sometimes relational, but always subjective - according to people’s ideas of ‘home’ or ‘institution’, and how those ideas relate to the children’s home in question. I recorded sensory data during fieldwork such as ‘a strong smell of disinfectant’ or ‘the home smells of baking’ for example. The former I associated with more institutional aspects of the home in the context of certain required health and safety practices, and the latter with staff’s attempts to create a welcoming, nurturing environment (Data from Clyde Close Children’s home field notes, 2017).

The difference between the reality of the field, the researcher’s understanding, and how it is documented have been addressed by Pink in her concept of ‘ethnographic places’ (Pink 2015:48-49). ‘Ethnographic places’ are produced by ethnographers when we communicate our research, in whatever medium, to others. This involves ‘the combining, connecting and interweaving of theory, experience, reflection, discourse, memory and imagination.’ It is not the place we actually experienced during our fieldwork, which cannot be fully reproduced, even if we were to utilise visual methods. This re-definition seeks to avoid the deductive/inductive divide by

acknowledging that research material is complex and multi-layered, rather than produced in a neat casual trajectory from data to theory and back again. This approach also seeks to engage with the research audience, whose interpretations of the material we produce cannot be anticipated or controlled. The role of the reader is often overlooked in discussions on representation. Whereas other writers have viewed their task as ethnographers' to represent social reality (see Bengtsson, 2014), Pink states that we need to assist our audiences 'to imagine themselves into the places of others', while simultaneously also drawing from practical observations and our theoretical repertoire (2015:49). While we may be anxious about the accuracy of what is 'imagined', rather than recorded, the imagination is ultimately where our material is produced when we speak to participants about past events or future hopes, and where it will live in the minds of those who view our work. I do not take this approach to be a get-out clause which seeks to pass the responsibility of perception to the reader rather than the ethnographer, but as an invitation to take how we convey our experiences seriously, and to give greater consideration to how materials are received, perhaps especially with stigmatised groups.

4.4.2 Mobile Methods, Place and Space

The mobile aspect of my methodology in the children's homes sought to explore the relationship between the structural elements of the settings, and the sensory and atmospheric environments. There have been significant developments in recent years towards incorporating mobile phenomena in research on social life (Law and Urry, 2004; Buscher, Urry and Witchger, 2011). As Ferguson observes in relation to social work;

'welfare practices involve an intimate engagement by the (mobile) body with time and space, as workers move in and out of public organisations, and the private domain and lives of service users, all of which requires an understanding of the complex relationship between mobilities and immobilities' (2011:73).

This is particularly relevant as movement is key to this research, which seeks to capture the 'flow and flux' (Urry, 2007) of children's placements in residential care. Incorporating a mobile dimension within this study was key in both conducting the ethnography but also framing the questions to experiences of placement change. Building on the work of Casey (2001), Pink argues that our sense of space and place is

important in understanding 'the constitution of the self and power relations' (2015:15). Enquiring about the material life of the home was crucial in understanding different cultural practices, and also the limits of young people's participation. For example, Mary, a deputy manager discussed the choice of colour in the home as a way of affecting the 'mood'. In their research, Ross *et al* (2009) state that mobile methods can be crucial to understanding how places are lived through the body, which 'is a performative process, through the practice of our fieldwork we (researchers and participants) mutually construct the field, not a fixed field, but rather 'the field as event', transformed over time through our continual practice, always in a state of becoming' (p.606). This is significant due to the fluidity of children's homes, marked by placement breakdown.

Historically, space has been imagined as empty and monolithic, whereas place has been viewed as its designated 'compartmentalization's' (Casey, 1996:14). In considering the children's homes, the 'space' is the wider community, and the 'place' the home itself. Thinking in this way was useful in exploring the physical location of the children's homes in relation to the external community, and how different spaces were utilised within the two fieldwork sites. For example, considering how the homes were designed, how spaces within them were claimed, given up and re-claimed, and what this meant in the context of in/stability and power relationships within residential care and wider care system. This involved not only paying attention to the 'emplacement' of others but facilitated my own awareness of what occupying certain spaces *felt* like. For example, what impression did the bedrooms give when they were newly kitted out and awaiting the arrival of the latest resident? Was the furniture comfortable? How did it feel to sit next to the front door not knowing who was going to enter? Did the staff know that they could be easily overheard talking about young people in the kitchen, and if so why did it occur? How was the home compartmentalized in terms of the public and private functions?

A curiosity about the use of space and what it represented was key to adopting both sensory and mobile methods in my research, including utilising home tours with young people. Sensory data can also provide information about recognition (see Fortier, 1999). such as how young people become known according to their habits, such as their choice of deodorant, how loud they like their music and so on, and how distancing practices might be employed, such as staff congregating in the office to

avoid certain behaviours. Incorporating these dimensions were important in researching children who are in very different categories within both the life course and social field to me.

4.5 Employing Reflexivity in Ethnographic Approaches

The use of researcher 'reflexivity' has been key in making transparent ways in which data can be affected by the study itself, and also making explicit the role of the researcher in producing knowledge and accounting for the environment. It has been defined in numerous ways by different thinkers, however the definition below places emphasis on the impact of the researcher impact on their findings, and conversely how they may utilise their experience:

'Similarly, the fact that as researchers we are likely to have an effect on the people we study does not mean the validity of our findings is restricted to the data elicitation situations on which we relied. We can minimise our reactivity and/or respond to it. But, we can also exploit it: how people respond to the presence of the researcher may be as informative as to how they react to other situations' (Hammersley and Atkinson, 2007:16).

This has been particularly pertinent in my fieldwork in terms of examining adult/child dynamics, and utilising my own reactions to the environment, events and situations. For example, I have drawn upon some of my responses to challenging encounters with young people in the homes, which generated fear and a desire to retreat to the office. This was a way of understanding the complexities of the task of building relationships with young people and fulfilling the caring role, whilst also feeling afraid. In this way reflecting on my own responses and others reactions to me were a valuable source of feedback.

I have found the writings of Bourdieu and Wacquant particularly helpful in thinking through my subjectivity. They locate three potential strands of bias which 'may blur the sociological gaze' (1992:39), and which a reflexive approach should seek to address. I have found this important in considering the dispositions which may result from my identity as both an academic and a social worker. The first strand of bias they identify is that which is generated by our social origins, and gender or class for example, which can be countered to a degree through a critical self-awareness. In much methodological literature on research with children, this concerns the

impossibility of fully entering the world of children due to our inability to re-inhabit the physical or social experience of childhood (Clark *et al*, 2014). I will address this in greater detail further on. The second strand is researcher's position in the academic field, which concerns our intellectual position 'at a given moment, and, beyond, in the field of power' (Bourdieu and Wacquant, 1992:39). Wacquant notes that social sciences are closer to the dominated end of the field of power. This can be said of social work, which as a social science discipline is also subject to heavy scrutiny and professional stigma in wider society (Leigh, 2017). However, it also wields considerable authority as a profession, reinforcing dominant aspects of symbolic life concerning socially sanctioned ways of living and raising children. Arguably social work has become more oppressive in its state functions in response to public and governmental criticisms, and due to the current era of austerity (Featherstone, White and Morris, 2014; Leigh, 2017). In terms of my fieldwork and situation as a social work academic, I have certainly experienced moments of discomfort undertaking research, sourced from my resistance to what I perceive to be popular forms of social work academic writing and public policy, which inform practice and are often grounded in recommendations and suggestions for improvement, concerned with changing individual behaviour rather than wider systemic change as noted by Smith, (2009). This leaves me at times with a poor sense of 'fit' within my profession, both within and outside academia. It can also incur a temptation to simplify my findings into 'common sense' frameworks, and to resort to explanations which individualise circumstances. I also noticed a need to make sense of why something happened, and to identify a cause. At other times my bias in the field was rooted in the familiarity of the set up and being drawn into a staff position, for example in making judgements about children's behaviour rather than seeking to understand their perspective.

Reflexivity necessarily involves being conscious of my orientation not only as a sociologically informed researcher, but a practising social worker. My 'other orientation' therefore (Bourdieu and Wacquant, 1992:37) is not only rooted in the objectification of children by adults which occurs in society, but within specific negotiations concerning the agency of children and families which take place within my profession. In his study of social suffering, Bourdieu states that ethnographic accounts would not be complete without a place 'for social categories that are particularly exposed to this ordinary suffering, that is, all the professions whose mission it is to deal with poverty...without forgetting all the distortion that necessarily

result from the particular character of their point of view' (1999:5). Particularly seductive, in my experience of social care, are the extremes of either locating the roots of present problems in the child's past, or within a discourse of children's agency and the choices children and young people make, both of which absolve social care structures and activities of responsibility.

In his approach to reflexivity, as in his wider work, Bourdieu seeks to acknowledge the inevitability of the influence of individual agency on the shape of research. In the case of the workforce, who encounter social suffering on a daily basis, distress can become ordinary, mundane even. In a research capacity however, part of my task was to scrutinise aspects of care and experience to which I have become 'dulled' in a professional role, and then examine them anew. I do not mean dull as in uninteresting, but regular, predictable, or disappointing perhaps. Yet I rarely experienced this 'ordinary' or sometimes extra-ordinary suffering as painful or shocking in a social work role. I was certainly aware on leaving the social work profession to re-enter academia, that my emotional responses were not usual, and that I had developed a capacity to listen to and absorb the most harrowing circumstances of human life without experiencing much emotion. Responding in what felt like an appropriate manner to grief or sadness often felt like an act. This changed during research and trying to understand why became significant to my understanding of how social care is performed, and connects with Bourdieu's third dimension of bias, the 'intellectualist bias' (1992:39).

According to Bourdieu this bias leads to viewing the social world of the field as *spectacle*, and therefore extraordinary. The ordinary aspects of social life do not satisfy the pursuit of intellect, and therefore the quest for pragmatic solutions, or 'practical logic' may be lost to 'theoretical logic' (p.39-40). It is this aspect of his thinking on reflexivity which perhaps is the most challenging in the context of my research and professional background. As I have stated, I have resisted an urge to gear my engagement with the data towards solutions and recommendations for practice, as this relates to a tendency in social work research to view value in terms of outcomes, which can turn extremely complex social phenomena into a reductive, manageable shape, referred to by Blewett and Tunstill (2015) as the 'outcomes theology'. Among other things this focus makes us feel better as professionals, as we perceive we can 'do' something. In this regard and key to my research findings,

resorting to practical solutions can serve to compound existing inequalities and maintain the status quo. While I accept Bourdieu's assertion that a resort to theory can render fieldwork an intellectual exercise, resorting to practical recommendations can be equally avoidant in addressing the roots of suffering.

As social care professionals we are brokers in the aspects of life which have been found extra-ordinary, undesirable, and often unthinkable. We respond to these events in reinforcing certain behaviours and admonishing others, thereby reinforcing certain societal norms and standards. My emotional numbness on leaving the profession had developed in response to years of immersion in trauma, to the point where distressing events had a quality of ordinariness, and not the spectacular observed by Bourdieu (1992). My task in being reflexive in the setting of children's homes then was in part to understand that phenomena. It is not necessarily being aware of how I may create spectacle out of my research by abstracting events, but questioning how it is possible to endure and relate to remarkable and dramatic circumstances day in and day out. I found on several occasions that I had stronger emotional responses during the research than I had (at least for some time) in my social work career, which raised questions as to what was different about those roles. For example, I would often experience feelings of helplessness in a research capacity, which had not plagued me in social work in very similar situations. Questioning this difference led to important insights into the cathartic nature of certain bureaucratic social care tasks, such as completing case records, or making referrals to other agencies, which equated with being able to 'do something' which served both to fend off feelings of helplessness, but also provide a kind of shield against having to engage with young people, or 'be on the shop floor' as one manager put it (Fieldnotes, 2017). While I obviously took notes during fieldwork, I did not find this had the same cathartic effect, perhaps due to their observational nature and the fact I had no tasks to carry out for the young people as such. While my doctoral supervision was regular during this period, it did not concern what to 'do' about the young people's lives, as this was clearly beyond the remit of my role. I then used this comparison between the role of social worker and researcher as a window into the job of the residential care worker, in terms of the need to employ strategies to fend off feelings of helplessness and other strong emotions.

I was unable therefore to conduct research from 'outside' my own professional culture or discipline and already held numerous assumptions about children, the care system and residential care. While at times these may have left me with blind spots, I also found that my professional background was invaluable in providing a comparison to my role as a researcher. Reflexivity then, or the 'turning back on one's self', described by Aull Davis (2008), helped me question how I may be relating to young people from other stances, rather than in the context of my research questions. It also helped me to consider how I may be conflated with others by participants, such as residential care staff, or Ofsted. One day I recall I developed a headache prior to driving to Oakhill, and attributed this to my apprehension at seeing Mia, who had been aggressive to staff, and a concern that I may also be subjected to verbal or physical abuse. This feeling of tension reminded me of other similar instances during my work with families and children where I experienced a reticence to 'do my job' of meeting with people.

There were clearly advantages to entering children's homes as a researcher. The fact that children in care are often used to speaking to an array of adults about their lives, and children's homes receive multiple daily visitors in professional and personal capacities was an advantage, as to some extent it made having a new adult around less unusual. There were clearly numerous occasions when my research had an impact on participants and the environment, which I sought to be aware of. Rather than seeking to obliterate my influence altogether, I reflected on how my presence related to the findings. There were several points when I felt my work had a direct impact on the environment. For example, a throw appeared on a particularly worn sofa at Clyde Close after I had enquired, somewhat disapprovingly, into where this sofa came from. Names also appeared on staff photo's in the office when I had asked who people were (Clyde Close Field notes, 2017). In this regard it was notable that asking questions about the material environment prompted staff to become aware of aspects they had perhaps ceased to notice, and also to the fact that Clyde Close home was due to be closed. This represented intersecting values in relation to ideals of home as a taken for granted arena (Heidegger, in Urry, 2000:131) and home as an overlap of public and private spaces (Gabb, 2010:88). On another occasion early in my fieldwork at Oakhill, a staff member instigated a rather tokenistic and ineffectual 'Young people's meeting' which I felt had probably been for my benefit, perhaps due to a staff confusion about my research being some kind of surveillance.

4.6 Conclusion

Overall, I found reflexivity to be a complex process of engaging with the relationship between internal and external data from my position as an individual in wider social fields. In many ways this can make you uncomfortable in your own skin. In 'The Vulnerable Observer' Behar (1996), who is more committed to utilising her subjective experiences than most ethnographers, asks 'How do you write subjectivity into ethnography in such a way that you can continue to call what you are doing ethnography' (p.7)? My experience in the field was not one of objectivity. An objective observer could not have asked my questions, and perhaps not answered them. I hope to make the ways in which I have been reflexive apparent within this thesis, while accepting I was not fully aware of my impact. There is a contradiction in being immersed in your experience and the requirement to be conscious of it to enable interpretation. As Powdermaker argued (In Aull Davis, 2008:5), participant observation requires both 'involvement and detachment' at different points.

This chapter explored the choice of methodology and to locate this in relevant debates regarding research and the construction of knowledge. The choice of ethnography, its complexities and limitations were outlined, paying particular attention to the three strands of ethnographic study and the subjective and sensory aspects of the experience. Reflexivity has been discussed at length to incorporate the different ways in which the researcher's experience may affect the data, paying in particular attention to my own dilemmas as an experienced social worker. My own subjective experience has been cited as a valuable source of data rather than an obstacle to be overcome in entering the field. The following chapter will detail the experience of gaining access before a discussion of the ethical considerations of the research, how I was positioned in the field and the experience of participant observation and interviews. The way in which data was analysed will be outlined. Examples from field work will be drawn upon to illustrate this experience and the tensions which are inherent in research with young people and staff in their homes and place of work.

5. A Fine Balance – Access, Ethics and Positionality

‘Like Love or Imagination, Place makes a poor abstraction. Separated from its materialisations, it has little meaning’

(Geertz, 1996: 259).

5.1 Introduction

In this chapter a summary of how access was gained via the Local Authorities will be given, including issues of engagement, ethics and participant consent. Confidentiality will be discussed as a significant consideration in the research, given it took place with staff in their place of work at the behest of their employer, and with vulnerable young people in their homes within the wider care system, requiring careful ethical consideration. The chapter illustrates the use of interviews and participant observation in practice with a discussion of my position as a researcher, particularly in light of my social work background and prior experience of residential child care. I will also discuss my utilisation of mobile methods as a vital approach in understanding relationships between people and the environment. The chapter will conclude with the framework employed for data analysis and writing, where issues of representation assume greater significance.

Over a period of approximately three months, I negotiated access with two separate Local Authorities in the East Midlands. In total I visited each home, referred to here as the ‘City’ and ‘County’ homes, on 30 occasions, which also included three visits to other homes when young people had moved. Each visit typically lasting from between 4 – 8 hours depending on how long it was appropriate or desirable to remain in any one sitting. For example, on occasions there were no young people in or available, and the staff were tied up with tasks I sometimes reduced my visit time. The research spanned 8 months. My time in each home built over the first two months as my access became more routine, from which point I tried to visit each home twice per week where possible, though this reduced in the final month. I therefore spent approximately 180 hours in each home. From November to June 2017 I attended Oakhill Children’s home and January to August 2017, I also attended Clyde Close. I

tried to visit each home twice a week where possible, at different times of day and at weekends. I did not seek to stay overnight. I felt particularly as some children struggled to settle at bedtime, that this would be both disruptive and insensitive, and in Clyde Close there was no spare bedroom. Although I spent a considerable amount of time in both locations, I was concerned that I had not been in either setting over a long enough period to call my work ethnography and prefer to use the term 'ethnographic study'. Re-examining the literature of ethnography however allayed this concern somewhat, as more recently definitions have moved away from those concerned with the 'total immersion' during fieldwork (Eberle and Maeder, 2016:126), more closely related to Malinowski and the work of early anthropologists, and more with the efforts made to understand the field which could be accomplished through 'deep hanging out' (Geertz, 1998). In hindsight, this anxiety related more to my experience in Oakhill Children's Home, due to feeling more like a visitor, than to Clyde Close, where I found it easier to 'hang out' and participate in the existing activities of the home without feeling too visible or self-conscious. I found that gaining access to the homes, and positioning myself in the field, were both 'less of an event than a continuing process' (Kendrick, Steckley & Lerpiniere, 2008: 85), and required consideration throughout fieldwork.

5.2 Accessing the Children's Homes and Young People

Access to children and young people for research purposes necessarily involved negotiating with adults, or 'gatekeepers' as they are framed within methodological discussions. While the way that access is granted is key in terms of framing our entrance to the field, the language around 'gatekeeping' can have the effect of positioning people who hold the power to permit access as some kind of homogenous inconvenience to be conquered, in the name of advancing knowledge. Gatekeepers are often cast in a negative light, for example in Hammersley and Atkinson's recourse to the language of 'surveillance' and policing (2007:49-51). Similarly, in research on children, gatekeepers of various sorts are positioned as blocking access, silencing children and young people, or compounding existing structural inequalities (see Bushin, 2009; Reeves 2009:72). In seeking to undertake research with children in care, I expected to encounter 'multiple layers of gatekeeping' (Bushin, 2009:13). However, rather than viewing this as an obstacle to be overcome, I incorporated these experiences into my understanding of how young people were related to within the

care system. There is a danger in abstracting gatekeepers from the object of our study. Their presence for me was integral, given that those in care are rightly considered to be vulnerable to adult abuses. My experience in gaining access was mixed and reveals something of the complex picture of relationships between professional staff, and the regulation of adult and child relationships both in care and wider society. This therefore merits some unpicking. The adults I required access from at different points included Senior Managers in social services, Team Leaders of Looked After Children's Teams, Children's Home Managers, Parents, Residential Care Workers and Social Workers. Once I had gained access to the Children's Homes, negotiations were more frequently determined by the young people and individual staff, and my own sense of what was appropriate. For example, I left Oakhill after a brief conversation with staff on a day when staff had been injured in conflict with young people, and there was significant damage to the building.

I had hoped to undertake fieldwork in one setting over a period of 6 – 8 months, for three days per week. I had initially been granted provisional access to undertake the research in a Local Authority (LA) by which I had been employed. However, by the time I had gained ethical clearance, the managers who had granted access had left the authority. I was then declined by this council, partly as research had already been undertaken with them in this area prior to my request. Problems in communicating with those in power when seeking to research looked after children is documented by Heptinstall (2000), who noted the delays this can cause to commencing research. I contacted a number of private children's home providers but received no reply. I eventually secured access to the County authority via a Senior Manager. I was rebuffed in relation to conducting participant observation on the grounds that my presence would be 'too intrusive', as their homes were small, and an extra body would be imposing. I discussed the matter with my research supervisors and agreed to try again with an adapted methodology, which placed greater emphasis on interviews rather than participant observation. This was dismaying, however I was conscious of the need at this point to get through the door, and I was aware that interviews are an activity which people are familiar with in care settings. I also requested a meeting as I felt this was a better way of becoming a credible human being rather than a disembodied unknown, as I hoped to convey an image of a trustworthy and experienced professional. I was aware from numerous introductory conversations

since re-joining academia that people tended to associate the word 'student' with 'novice' and thought this may have been a factor. The importance of impression management in research was observed by Atkinson in relation to utilising different 'selves' for different purposes. (1976, in Hammersley and Atkinson, 2007:68). The meeting went well, and the manager agreed to take my request to a Senior Managers meeting, where the final decision would be made. She implied that this decision would be final regardless of the views of the managers of the Children's homes, which gave me some cause for concern, as I did not want it to be grounds for resentment given I would require managerial participation. After the research was agreed to, I met with the managers of the three Children's Homes in the County. This was positive, and they did not seem to find the prospect of the research imposing, seeming interested and engaged. It was agreed I would attend one of the homes initially. This, however, proved problematic, due to a combination of staff not being informed about the research, some of whom resisted my attempts to engage them, and the young people declining to take part. My further attempts to visit the home were also unsuccessful, as staff repeatedly stated the youngest resident was unsettled, and they felt it would be inappropriate for me to meet with him. This latter point relates to the experiences of several childrens researchers who have noted that children have effectively been blocked from participating on grounds of welfare or vulnerability, which can compound existing structures of exclusion (Heptinstall, 2000, Bushin, 2009:13 Reeves, 2009:76). There is a fine line it seems between protection and inhibition. There was no option in this instance but to respect staffs views. It is inevitable in welfare settings that involve dealing with challenging and aggressive behaviour that staff will at times opt children out of activities if they are concerned the alternative will lead to increased hostilities. I do not view this as necessarily obstructive in the context of the study however, as it provides insight into the interdependency of the experiences of staff and young people in care settings, and the fact that for all children's participation is ideologically foregrounded, this takes place in the context of adult authority and anxieties (Bushin, 2009). This was an early example of young people's participation rights being affected by adult agendas.

I approached the manager of one of the two remaining homes and arranged to attend a team meeting to introduce myself. I found the team to be very receptive and enthusiastic about the purpose of the research, and felt this meeting helped in comparison to my initial contact with the previous home. As agreed in the first

instance, I placed more emphasis on interviews than participant observation and began by attending on one evening per week around 4pm, when the young people returned from college and work. I initially met and interviewed Dean, aged 16, who agreed to speak to me after being asked by a member of staff, whom I had also interviewed. There was clearly an element of him agreeing to please his carers, which revealed a degree of reciprocity in their relationships at that point. At later points I approached him directly and asked if he was 'ok to have a catch up', to which he generally agreed, or if he or the other young people absented themselves I would generally not push it. As noted by Kendrick, Steckley and Lerpiniere (2008: 84), children in residential care can be treated like a 'captive audience' and children's homes are 'sometimes referred to as a goldfish bowl, reflecting the difficult nature of meeting the needs of children's personal lives in a professional capacity', which embodies both public and private realms. In this regard I feel there is a tension between the move towards developing participatory methods to involve children and young people in research, and participant observation which seeks to observe how things are. In addition to house tours and interviews, I did not utilise any additional methods or activities as I felt this would be too contrived, and after a short time decided it was not necessary.

After a couple of weeks of following a pattern of attending weekly and only succeeding in interviewing Dean, I asked interview a male member of staff, Scott. He agreed, but then seemed resentful of some of my questions. However, in terms of my access to the home this conversation proved to be crucial. It transpired that while he thought that Children's Homes were too public in terms of the amount of meetings young people were asked to attend (which I took to include my research), he also felt that my approach was wrong if I wanted to understand the home. He made reference to Ofsted and considered it unfair (as did a number of staff) that the quality of the homes could be judged on such short visits. The following extract is from this conversation, which had been joined by a female staff member, Hazel, where both then suggested that I ought to be spending more time in the home:

Scott: 'I'd say, I'd say like sort of what Ofsted should do. They need to come in, and you need to come in, you need to come in at 7.30 in the morning, and you need to stay *all day*, you need to work the shift patterns we, you know we, we do. Do the night shift and just get a real feel of what a residential care home is 'cos you're having a glimpse of what it's like on a Friday and it's probably not like this

tomorrow. Tomorrow they could all go out with their pocket money and get drunk and, y'know, then we've got some behaviours to manage.'

Hazel: 'You have to see how you actually work with the young people, and I don't think you can do that over a period of 8 hours. 'Cos there might not be any kids in when they come. You need to be here for a week, a fortnight.' (Interview, Oakhill, Day 4)

I had not anticipated being conflated with an Ofsted inspector. I also realised I had not given sufficient thought to researching staff in their place of work in terms of workplace cultures, rather than the culture of the 'home'. I explained to Scott and Hazel that I would very much like to spend more time at Oakhill and asked if they wouldn't mind taking this issue to the team meeting to see if I could visit a couple of times a week. Hazel also reflected that she had said to another staff member she thought it would be strange having me around, but that it had 'been quite chilled really', (Interview, Day 4). which illustrated that I was also, inevitably under a process of observation and evaluation. They did take the issues to the team meeting and I also emailed the managers to make this request, to which they agreed. Participant observation commenced openly from this point.

Access to the local authority home in the city, Clyde Close, was somewhat easier, I suspect as I was employed by the authority as a part-time Youth Offending social worker at the time. Access involved my manager introducing me via email to the relevant senior managers for children in care, who expressed interest in my research. I was invited to a team meeting for the managers of the children's homes, where I spoke about my research, which again seemed to be well received. I was told that once my 'face was known' I could come and go from the homes, and access all of them, which was a very different approach to the County. I wondered if this expressed a greater trust in the quality of the homes and myself as a professional, or conversely a less thoughtful approach in terms of the potential impact on the young people. It is worth noting however that the County home served a smaller population and had retained only three homes run by the local authority, other placements being sought through the private sector. The City homes ran on smaller budgets and had been more severely impacted by budget cuts and had retained five children's homes as they felt it was more cost effective. There was a sense within the City that the children's homes seen as one entity in terms of how the young people were moved between different places. It had concerned me more than once that the children seemed to be swapped

and changed between the homes when things were not going well, as though the difference between locations was not really appreciated from the young people's perspective. I agreed to go to Clyde Close, and based most of my research there, with the exception of two visits to other homes when young people moved.

I again attended a Team Meeting at Clyde Close to meet the staff and explain my research. As with Oakhill, in the first meeting I approached individual staff and young people asking permission to interview, and was often initially introduced to young people in both homes by staff or their peers. Similarly, gaining trust and being seen to operate in accordance with the values and practices of the home was important. For example, I recall during my attendance at the team meeting, George, the manager at Clyde Close said something to the effect of 'we can introduce you to the kids, but then it's up to you, if they don't like you they'll tell you to F off'. I had encountered this kind of talk before in social work settings, which seems based in ideas regarding what it means to 'be good with young people' in terms of engagement and relationship building. In my experience it feeds into other narratives about being able to 'relate to' young people, which is sometimes situated in a kind of anti-professional discourse, or one concerning having lived through similar experiences, being in a similar class position and 'knowing how it is'. I felt the subtext here was 'it's ok going to University but can you actually speak to young people?' I have noticed in myself a certain stubborn refusal to play this kind of game, and to disclose personal circumstances which may give me some kind of credibility. I also felt keen to prove people wrong. This may be due to my irritation at being related to as middle class when I experience my own class background as more complex. When I interviewed George a couple of months into fieldwork, he relayed to me positive feedback he had received from the staff about my 'child centred approach', which again revealed staff had been appraising my work, which gave me a certain sense of gratification at gaining professional acceptance and approval.

5.3 Conducting Interviews and 'House Tours'

Interviews were a key method of data collection within the research and were undertaken at length with both young people and staff. In terms of considering what participants had to gain from the research, undertaking interviews seemed to be one of the most empowering aspects, as it allowed people to express experiences they

had not previously shared. Chris, (aged 17) for example, was clear that being able to speak about the loss of friendship he had endured was a positive experience, saying 'it's good to be able to talk about it'. Being asked questions which were outside the usual lines of inquiry seemed to open up new avenues, and staff commented that questions required them to think differently. One staff member, Ellie, said she would employ some of the questions I asked about her ideas of home with the young people in future.

In childhood studies, and other fields concerned with emancipatory methods, unstructured interviews have been viewed as the best route to address the power imbalance between the researcher and the participant, and to elicit a more faithful response, rather than one contrived for the interviewer. In this way they have been seen to increase impartiality and reduce researcher influence (Hammersley and Atkinson, 2007, Flewitt, 2014:136-141). However, I would argue that given the research context and the fact young people are used to being interviewed by adults in formal settings, that semi-structured interviews were appropriate alongside participant observation and informal conversations. Children and young people expect adults to take the lead in conversations, and I felt having a greater degree of structure than the 'unstructured' interview reduced the pressure on the young people, while also not overtly restricting their views. Both young people and staff would go off topic or elaborate on questions in unexpected ways, sometimes clearly with their own agenda. Semi-structured interviews provided a framework, or 'backbone' (Flewitt, 2014:140) to refer to, and some freedom for participants to take the lead. Utilising a semi-structured approach also allowed formulating questions which may draw out information relating to the research questions which would otherwise be hard to operationalise. As previously mentioned, I accept that this was a process of co-construction with the participants, and the changing accounts allowed me to question what purpose certain accounts served, rather than expecting them to reveal truth per se. As Hammersley and Atkinson note:

'Separating the question of the truth or falsity of people's accounts from the analysis of those accounts as social phenomena allows us to treat participants' knowledge as both resource and topic, and to do so in a principled way.' (2007:99).

A relaxed structure allowed me to enquire about emerging areas of interest as fieldwork progressed. Most interviews with staff took place either by prior

arrangement or opportunistically, when participants were free to speak. Sometimes young people would agree but then disappear to their bedrooms, which I took to be opting out. One exception which was Chris, who a staff member assured me had 'probably forgotten', so I knocked on his bedroom door, and he agreed again to an interview, with me leaving part way through when he took a phone call.

Young people will often find ways to 'opt out' of the research by absenting themselves or going off topic (Ross *et al*, 2009). Other interviews took place within a few seconds of meeting young people, such as Louise and Sharice, where both insisted it was fine and did not require much introduction. I would usually try to use an enclosed space without others present, people would come and go, meaning privacy was sometimes interrupted, as can be evidenced in certain transcripts where I have recorded people interrupting, for example staff needing to speak to a colleague, or young people wandering in, and sometimes joining in the conversation. On these occasions I tried to point out that the conversation was being recorded, and on one occasion asked the managers at Oakhill to email staff and remind them that if I was speaking to someone, it was probably being recorded. This highlights a problem of researching in homes as noted by Gabb (2008) due to both the public and private nature of the environment, and the difficulties in securing confidential space. Although I did conduct interviews in young people's rooms at times, I was mindful of their degree of comfort and my personal safety. For example, Mia was asked to leave her bedroom door open while I spoke to her, as she had recently assaulted staff. This felt awkward, as it meant the interview had drawn attention to her behaviour, and also meant her entitlement to privacy was undermined. However, I was also well aware that Mia's behaviour could be very unpredictable and did not wish to put myself at risk. This kind of dilemma in implementing a certain method however provided another window into the complex task facing staff, as they are required to consider issues of confidentiality alongside considerations such as personal safety. Other researchers who have interviewed children and young people in their own homes have encountered similar difficulties in relation to privacy and safety. Bushin, for instance, highlighted the need for a flexible approach:

'No one interview situation is the same, however interviewing in families' homes means that every interview setting is different and cannot be "managed" in the same way as other research settings...Flexible thinking regarding families' homes is important as

this can influence how, and to what level, children are enabled to choose to engage with research processes'. (Bushin, 2009:11).

With the exception of Vicki who felt it appropriate to join my interview with Dean uninvited, staff generally encouraged young people to take part and were respectful of giving us space to talk. This is a fairly run of the mill activity in children's homes, as various professionals will visit throughout the day and ask for time and space with young people. This also serves to give staff a break and allows them to get on with other activities. Some young people declined to be interviewed, such as Tegan, and others consented but then got distracted, and Bobby, who did not find it easy to sit still for long periods. In these instances, I followed the young people's lead. One staff member, Neil, commented that he was 'looking forward' to speaking to me, as he seemed to view it as an opportunity to reflect on his experience, and had been complementary regarding my engagement with young people. Other staff were more cautious and would avoid being interviewed, particularly at Oakhill, which on the whole I did not pursue as I did not wish to add to any feelings of coercion.

Part of the interview process was to ask if young people to engage in 'house tours' where, inspired by the mobilities paradigm I asked young people to show me round the house and to tell me their views and feelings about it. I adopted this approach, taking a cue from other participatory mobile methods conducted in social work research by Ferguson (2015), and with young people in care (Ross *et al*, 2009). I only conducted four such tours, due to a combination of young people not wanting to do this, or them having seen me do a tour with another young person and therefore feeling there was no point. However, the data elicited by this approach was invaluable in revealing how young people contributed to the home space, appropriated it, and resisted it, and also how they made their mark on the environment. The tours involved young people showing me around the house, asking what they thought about different rooms, and what different spaces were used for. They would often show me their bedroom's last and tell me how they decorated them. I had a long conversation with Connor at Clyde Close about the best place to fix a TV bracket to the wall when he showed me his room. Dean was able to tell me where the different pictures on the walls had come from and how they had gone about choosing furniture. Staff and others would sometimes chip in and add different elements to the story of the home. I found these tours put the young people in the 'expert role' as the ones who knew the homes and could take ownership of them. In spite of my initial reservations

regarding the potentially contrived nature of some participatory methods in ethnographic work, I did find a task which put young people in the lead helped get close to their experience and gain a better understanding of the environment. Reflecting on these experiences was also a source of sadness when the young people had moved on, or been 'kicked out', having previously expressed a great affection for the environment.

5.4 Ethics and Consent

Ethical research has been described as a process of 'pondering moral questions...recognising disagreement and uncertainty, searching for the best way forward, or at times the least harmful way, and working out how to prevent harms and promote hoped for benefits' (Alderson, 2013: 90). The ethics of the research with children and young people is closely linked to questions of consent and seeking to relate to children as subjects rather than objects (Ward, 1997). There are, according to Alderson (2014:84), three main approaches to thinking about ethics:- 'principles, outcomes and rights'. Principles being concerned with conducting research in a way which concerns the dignity of participants, treating people fairly and conducting 'excellent' research which justifies our involvement. Outcomes are centred on the reduction of harms and costs and promoting benefits from the research to 'contribute to knowledge, inform policy or practice, or help promote effective services' (p.84). This focus on excellence and outcomes is complicated by the fact that the landscape of social and public policy is rapidly changing, and we may have little control over how findings are implemented. I am also discomforted by the outcomes driven focus of the narrative around children in care, and have adopted a cautious approach to considering recommendations, due to a concern that they can be reductive. This concern is shared by others, such as Ross *et al*, (2009) who was conscious of the need to 'avoid the outcomes based, fixed portrayal of children in care' as 'failed subjects', who have poor prospects.

The rights element is concerned with provision, participation and protection (Alderson 2014:88). Here provision seeks to ensure adequate access to resources, protection with the avoidance of harm or exploitation for research purposes. Participation rights are of particular interest in research on looked after children, as their rights to participate in decisions concerning them and to express their views are embedded in the social care system. Young people are generally familiar with this

narrative. However, the right to participate, express their opinions and the right to safety sometimes come into conflict, as will be shown. As noted by Cree, Kay and Tisdall (2002: 49), whilst we may have the best of intentions to include young people in the research at various stages, ‘sustaining this involvement is far from straightforward’. Power is an inherent ethical consideration in research, and with children and young people this concerns addressing ‘the power imbalance in the adult-child relationship’ (Matthews, in Gallagher 2009:87). However, as noted previously, it cannot be assumed that children will relinquish a subordinate role simply because a researcher encourages participation. In this way, power can be treated as a commodity which can be given to children via participatory methods (Gallagher, 2009:89). However, in acknowledging the power relations between children and adults it does not always make sense to exclude adults from children’s involvement. The following discussion addresses how I approached these intersecting ethical considerations.

Before commencing the research, I gained ethical clearance from the University of Nottingham School of Sociology and Social Policy Research Ethics committee, in line with the ESRC and University requirements. There is a debate about the value of such committees, as procedural ethics do not ensure all problems will be foreseen or prevented (Alderson, 2014). This was certainly the case in my fieldwork, however I felt I had done a reasonable job based on prior experience of anticipating and factoring in what may go wrong. I did not see the formal ethical process as the be-and-end-all of my ethical duty to participants, and hope to illustrate how its limitations were addressed, if not overcome altogether. As part my application to the ethics committee I produced information sheets for the Local Authorities, Staff, Children and Young people, parents and carers regarding the aims of the research and what this would involve. I produced the material in what I considered to be appropriate to the age group of 11 and over which, while simplistic, bore in mind that young people may have a low level of literacy for their age. This covered what the research would involve, that it was voluntary and their right to withdraw at any time (Kendrick, Steckley and Lerpiniere, 2008). I encouraged all those I met and engaged with to ask questions at any point, and stressed participation was voluntary. For example, the County invited me to present about my research a large meeting for staff and carers from children in care services prior to commencing the study. I used this opportunity to include more

information about the study and my thinking, and frequently chatted to staff about what I was doing and why.

In terms of consent, legally I had to gain the consent of those with parental responsibility (PR) for children aged under 16 in accord with the Fraser guidelines, and that over 16's were considered capable of giving consent of their own accord (NSPCC, 2018). However I also sought to make those with PR aware of my research and involvement by emailing or speaking to social worker's and parents for the over 16's due to vulnerability issues, and as a matter of courtesy. I would often not hear back from social workers and was satisfied I had at least emailed them to introduce myself. I asked participating staff and young people to go through my consent forms before interviews where possible, and also left consent forms at the homes to be signed by staff at team meetings, which I would then collect. I did stress in person that all material from the study would be anonymised and asked them to discuss any concerns with me. For example, one female member of staff at Oakhill, who had spoken to me at length on several occasions during the fieldwork, told me towards the end she was unsure she wanted to sign a consent form as she did not think it was fair until they could read what I had written. I again re-assured her that her personal contributions would not be disclosed, but that it would take months before I had written my thesis. She then signed. However, this woman was in some conflict with management at the time, and I took her point to be part of a wider protest about what staff felt to be a top down approach to how the home was run. Given my research was ultimately facilitated by the managers in each home, I could not avoid operating inside of the management structure and how it was perceived by staff. I did feel at times aware as part of this dynamic that I developed some negative images of resistant staff as being awkward, which I realised by partly being drawn into the dynamics of the staff team. As Punch states, due to the size and scale of research operations, it is not always possible to seek the personal consent of everyone involved in a meaningful way (in Hammersley and Atkinson, 2007:211). As Khalili notes (2010), researchers are 'always situated in a complex web of relations' in which power is distributed unevenly. Staff resistance was in some ways an understandable response to being requested to accommodate me, as I was an extra consideration in an already stressful environment. I also did not want to offer them false reassurances about what form my findings might take during fieldwork.

Trust proved to be a key issue in gaining consent for different aspects of the research. This is partly about making an impression and giving people a sense of what you are about, for example Kendrick, Steckley and Lerpiniere noted:

‘Sometimes young people need to see and hear from the researcher before they become interested or willing to take part in the study. A couple of local authorities...stated that none of their young people were interested in the study...the researcher went out to speak to staff...through a chat and a shared cup of tea, some (though not all) young people did end up deciding that they wanted to be involved. This brings up an interesting ethical tension between, on the one hand, demonstrating a respect and sensitivity for a young person’s living space...and on the other, ensuring young people have a full opportunity to be heard’ (2008: 85).

Young people mainly gave consent mostly in person as I was introduced to them, verbally and in writing. I would go through the form or ask them to read it then and there. On occasion I asked staff to undertake this task with young people, either in my absence or due to them having a better relationship with the young people. For example, I asked Ronan’s keyworker, Vicki, to discuss signing the consent form with him due to his communication needs, as I was concerned he had declined to consent due to not understanding my request. He had clearly not wanted to be interviewed but I was not sure whether he was ok for me to record observational data. Vicki agreed and later assured me Ronan was ok with this, though I was also aware how fond he was of her. In this way trust often felt to be conferred through my interactions with trusted others, staff or peers, which shows that there is more at play in seeking consent than asking individual young people. On other occasions, young people and staff declined to be audio recorded, which I assured them was fine, and I made paper notes. I was not sure what they were concerned about, but sensed it was to do with retaining a sense of control, and a desire to hold something back of themselves. One young person, Bobby, aged 13, said he did not want to be recorded as his dad had told him never to let anyone do that. I did not seek to cut across what seemed to be a well-intentioned safety message in the digital era.

The issue of whether consent can be fully informed with regards to participation is illustrated by O’Connell-Davidson (2008) who highlights that people may not only choose to withdraw consent but may also change their perspective on their experiences over time. While I tried to remain open and give as much information as possible, I appreciate fully informed consent was not achievable in this study, as I had

yet to produce the thesis, and cannot know what will happen to the data over time, such as where it will be published or who will read it. Some of my encounters with young people took place at extremely turbulent points. For example, Louise who lived in 4 different locations during my research, changed her perspective on her experiences in the short time between interviews. This shift however was valuable in terms of understanding the impact of movement in a young person's ability to maintain control of a narrative.

5.4.1 Confidentiality

Young people in care are often used to being asked to sign forms which are concerned with consent and confidentiality. I felt, based on my social work experience, that it was important to revisit the boundaries of confidentiality with young people, namely that if I felt they or others were at risk, or they disclosed criminal behaviour that had not been dealt with, I would have to pass it on. Maintaining a participant's right to confidentiality and the respect that goes with it was not easy at points, and I had to breach this agreement on one occasion where I was seriously concerned about the welfare of one young woman, Louise. Although she had not disclosed a desire to further self-harm or end her life, her general demeanour left me with a feeling that this was a significant possibility, which sadly turned out to be justified. I informed the care home staff by telephone and her social worker via email that I was very concerned. I was glad I had taken both steps, as it turned out the City council email system had 'gone down' and the social worker had not received my email until after Louise had been taken to hospital. I did reflect on this incident afterwards and wondered whether it had been appropriate to speak to Louise when she was unwell, however she had been keen to participate and agreed to see me when she was refusing to speak to most adults. I therefore felt meeting with her was possibly more responsible, and the research context made it less about her and more about the care system, which perhaps made me a safer person to speak to. It also meant I was able to give feedback on her overall well-being to others. I felt there was a bigger picture at stake which went beyond the immediate aims of the research and did not feel that Louise's low mood ought to immediately discount her from expressing her views, which were very relevant. At this point she had met me several times and knew what to expect from our time together.

5.4.2 Third-Party Disclosure

I found that staff sometimes disclosed very personal information to me about young people's backgrounds. While I did not share this, except perhaps in the confines of supervision, it still felt inappropriate. At Oakhill, this sometimes happened in the kitchen as well as the office. The kitchen gave the illusion of being an enclosed space, as it had a short hallway outside, making it easy to forget that it was still within ear shot of the young people, workmen and other visitors to the home. On another occasion, I was interviewing Dean in the lounge, when Vicki came in and sat down, joining in the conversation and asking Dean 'what you telling her then?' While this was disruptive, it was useful data as it allowed me to witness their relationship and prompted Dean to share some reflections with Vicki about his self-sabotage in education which he had not previously shared. It seemed Vicki wanted to show me her good relationship with Dean and was also possibly threatened by him sharing things that he had not done with her. I also did not appreciate at that point, that it was usual practice that if someone wanted a private word with a young person they would do so in a more secluded space, like the games room. However, as I hardly knew Dean this again felt intrusive. It can be the case that the ethical preoccupations of researchers are not shared by participants (Bushin, 2009:14). My good intentions in respecting young people's privacy and confidentiality were again limited by the culture of the homes, where staff were used to discussing young people's personal and family lives between one another.

I explained to all young people that speaking to me and taking part was voluntary, and they could stop or withdraw at any time. While young people were generally on board, given I had not consulted with them prior to entering the homes, and consent had come from management, meaning that they did not have a choice in having me there in the first place. However, I gained the distinct impression that had young people in either home expressed dissatisfaction they would have said so, and the research would have come to an end. Of course, as Bushin (2009) notes, children and young people are used to giving consent to adults, perhaps especially looked after children where previous research has shown children withhold their feelings for fear of disappointing their carers (Thomas and O'Kane 1999). I tried to counter this by following children's lead, observing the rhythms of the home and being respectful of their space and views. For example, I had initially hoped to access young people's case files, but after encountering reluctance from Chris at Clyde Close, I decided I had been

too blasé about this, probably due to it being a normal aspect of my previous working life. While young people's files may have been a useful source of contextual information and professional narratives, I decided not to access them, as it felt too invasive. I did read the daily logs in the homes, which are a running account of young people's whereabouts, activities and incidents. Practising research ethically then involves a number of considerations which often commence with satisfying formal ethical committee procedures and proceed with durational and complex issues involving the interests of multiple parties and considerations.

5.5 Positionality and Participant Observation

I often arrived at the homes early afternoon before team meetings or handover meetings, which were held at 1pm. Young people were often either in education at this time or still in bed, or visiting family or friends. It gave me chance to catch up on events, read the logs and conduct interviews before the young people came home. On other days I arrived around 4pm, after the school day and stayed until 8/9pm. This gave ample opportunity to engage with the young people, as did attending on weekends, which I often did on Sundays. At Clyde Close I tended to base myself in the dining room, which was the 'centre' of the home and the easiest place to observe and interact. It was more difficult in Oakhill, which did not have the same sense of a central point, and I tended to go where seemed useful to catch people, sometimes the office, often the kitchen or lounge, and quite often, the hallway which had a sofa under the stairs and was a good spot to catch young people and observe the comings and goings. I would sometimes go outside with young people when they smoked or were playing in the garden. I rarely went into young people's rooms, due to not wishing to invade their privacy, which at Oakhill meant my opportunities for interaction were reduced, particularly after Mia arrived and commenced a relationship with Dean. However, there were still significant opportunities to engage with both young people and the other residents and observe the life of the home.

Various authors have written different accounts of how researchers may position themselves during ethnographic work, some specifically in relation to children, which is often particularly concerned with reducing to power differential and distance in lived experience between adults and children (Montgomery 2014:124-127). The 'least adult role' adopted by Mandell (1998) is an extreme and oft cited example of

attempting to cross the adult/child divide in research. In seeking to be re-absorbed into the world of the child Mandell adopted a child-like appearance and demeanour. Such an approach, however, would be highly inappropriate with vulnerable young people in care, who have often experienced abuse resulting from the blurring of boundaries between adults and children. I did not seek therefore to be anything other than an adult, and believe being authentic in this and other respects was key to gaining young people's trust, being accepted as a presence in the homes, and letting staff and young people know what they could expect from me. In this regard I ensured I was punctual, and regular in my attendance and also respected other priorities such as meetings, or education times.

My main concerns in some respects became not being confused with Ofsted for staff, or with staff for young people. For example, at Clyde Close I would often be given a set of keys as it was easier for access to the toilet and office than having to ask staff, and the same became true at Oakhill. However, this sometimes led young people asking me to fulfil the role of staff in retrieving things from the office for example. I had to then remind them I could not always fulfil this request as I was not staff. I made a mistake on one occasion in allowing Mia into the office when she had been banned due to thefts, which left me feeling wrong-footed. This also reflected the experience of staff who were not always abreast of developments at the time, where they had been 'off-shift', for example. I ensured I communicated to staff that I was not there to 'check on them', however the limits of my confidentiality were outlined in the consent form.

I tried to adopt as open an approach as possible, while also being aware that my presence was met with some suspicion, certainly at Oakhill. At Clyde Close, where the staff were concerned, this manifested more in a certain amount of caution in the response they gave in interviews. For example, I felt that senior staff members were giving me the either official narratives or what they felt to be the right answers, withholding anything that could be perceived as critical. This in itself however revealed a good deal about staff perceptions of what should be narrated in relation to good practice in the homes. Towards the end of my time in Clyde Close, I noticed the two manager's George and Susan were asking me to fulfil more staff based activities with the young people, and a felt a trade-off was starting to take place where they would utilise me as an extra pair of hands in exchange for access. For example, on

one occasion George asked me to complete the Ofsted inspection questionnaires with young people which staff had not got around to. This was obviously compromising, and I felt likely to be confusing for the young people. This among other things, such as the volume of data I had collected, prompted me to wrap up my time there.

These experiences show the difficulty in categorising the role of the researcher in ethnographic inquiries. For example, Junker (1960) discussed four different roles typologies in the field, 'complete participant', 'participant as observer', 'observer as participant', and 'complete observer'. My own role was possibly more 'observer as participant', due to the time I was absent between visits and the open nature of my research. While I did seek to undertake some activities with young people which were also those undertaken by staff, such as taking them out for a meal, sharing meals in the home, cooking, playing games, joining in conversations, my role was different in that I did not seek an authoritative stance, and sought to stay out of conversations where staff were advising young people regarding their behaviour. However, this was not always avoidable, for example in overt instances of bullying between young people I found myself commenting on what was occurring rather than staying silent, which may have condoned verbal aggression. At Clyde Close for instance, Tegan was frequently bullied by both Josh and Connor in ways that were gendered and aggressive, she would be called a 'little bitch' or a 'slapper', and I felt it was important to acknowledge this, even by innocuously asking 'are you picking on Tegan again'? On other occasions I tried to deter young people by suggesting we go to another room to distract them if tensions were rising. As Junker acknowledges, different types of bias arise from these different positions and how far someone is an 'insider' or 'outsider' position (Hammersley and Atkinson 2007:82-85), and some of my reactions were drawn from previous roles. While it helped my research to be on 'friendly' terms with the staff and young people, I did need to maintain some critical distance.

5.5.1 Recording Techniques

I would record notes either by hand in quiet moments, such as at the dining table, in the office, or in my car afterward. I did utilise a notebook throughout and tried to record as soon after events as possible. This was straightforward at team meetings and handovers, less so at other times. I utilised a Dictaphone to record interviews and uploaded the recording to the University secure drive at the earliest opportunity.

5.6 Data Analysis

I utilised Nvivo software to transcribe, code and analyse the data. I employed a thematic analysis in coding. Themes are described by Boyatzis as ‘a pattern found in the information that at the minimum describes or organizes the possible observations and at maximum interprets aspects of the phenomenon’, and may be ‘manifest’ or observable in the data, or latent and underlying what is spoken about (1998:4). He states a ‘good thematic code should capture the qualitative richness of the phenomenon’ (p.29). Themes, while driven by the data, were part of a circular process which stemmed back to the literature review and previous theoretical engagement, which helped form the research questions. For example, my questions concerned themes of *home* and *relationships*, which were connected to my theoretical engagement with belonging. Whilst coding, I was attuned to data which directly related to the questions. For example, ‘Home’ was an early theme, which was then broken down into sub-categories as more nuanced data emerged. For example, ‘home –as space or building’ became a sub-category used when people were describing the physical features of the home. Home was spoken about in ways which related to ideals and fantasy, and also more realistically in relation to the physical environment both as it was experienced and created. This often directly related to questions I had asked about people’s opinions of the physical space. Other themes emerged which were not related to prior theoretical awareness such as ‘containment’, which became a way of understanding data relating to the home’s inability to manage heightened emotional experiences, and was more of an underlying, or latent theme. This was partially due to the difficulty in finding language to describe some of these experiences. Staff and young people’s narratives regarding different aspects of care also generated their own codes such as ‘care as nurture’ or ‘care as material’. Due to the nature of the research, the themes inevitably intersect and overlap, so fairly large portions of narrative were sometimes attributed to more than one code when a conversation touched on several topics. I produced numerous themes which summarised content, rather than being based directly on the words people used, for example ‘Movement – impact of’ which included descriptions of experiences related to placement changes. I felt this was necessary as young people’s speech was often very different, and coding according to their language would have been unhelpful in looking for patterns and commonalities in experience. At times therefore, coding involved felt more challenging in terms of my ability to interpret meaning and context

than others. Young people in care, while sharing experiences of the home environment and the structures of the care system are a diverse group, who may or may not share a commonality of expression. In line with Boyatzis recommendations (1998:31) as my analysis developed I developed a keener eye for how data related to one another, what kind of data fitted within each code, and included some descriptions for which data should be incorporated. I also used 'analytic memo's' as discussed by Saldana (2016) as a means of making notes about how the data related to theory, or aspects I was curious about.

Inductive research is not at all straightforward in terms of how we understand and represent data, and to what extent our theoretical engagement influences our perspectives. The work of Bourdieu and Wacquant (1992) resonates when they state that any purely inductive approaches are rarely possible or honest, as 'every act of research is simultaneously empirical (it confronts the world of observable phenomena) and theoretical (it necessarily engages hypotheses about the underlying structure of relations that observations are designed to capture)' (p.35). Unless we have no prior theoretical engagement which has informed both our motivations and lines of inquiry then even our coding decisions will retain a connection to theory. Certain themes, for example 'stigma' came directly from participants who described the care experience and residential care as 'stigmatising'. This directly related to my theoretical engagement with Goffman (1963). However, this also revealed how the concept of 'stigma' is enmeshed in wider society to understand marginalised groups. On these occasions I had to be aware of both the similarity and difference of the usage of the term from my own understanding. Analysis therefore was a complex process interweaving the immediacy of what was captured in the array of experiences in the data alongside my knowledge of relevant theory, policy and literature in looking for salient themes and patterns. This helped create larger impressions of the intersecting and contrasting experiences within and across both homes, in terms of individual and collective modes of experience.

5.7 Conclusion

This chapter has detailed how access to the field was negotiated and re-negotiated prior to and during fieldwork, detailing the complexities of balancing the aims of the research against the public and private aspects of residential care. The ethical

dimensions to the study, such as issues of consent, were reflected on in some depth in light of the conflicting elements of multiple considerations in practice. I reflected on the positions I adopted in the field at different points in balancing the ethnographic elements of the research with respect for participants and a desire to make a good impression. The following chapter outlines research findings gained during the studies of both children's homes regarding young people's experiences of building and maintaining relationships with staff, and the difficulties that both parties encounter.

6. Relational Alienation: Young People and Staff

6.1 Introduction

This chapter will explore relationships between young people and staff in the context of the instability in the care system and the complexities and limitations of the staff role in residential care. While there are positive and valuable dimensions to the relationships between staff and young people, the volume of placement changes in addition to other factors such as the shift system, the demands of the role on staff physical and emotional availability to young people. Children and young people in residential care are particularly prone to loss of status due to the stigma inherent in receiving public care, in addition to the multiple moves and severance they experience. Social death has been utilised as a framework for those in a state of extreme precarity, or 'whose proper place is non-being' (Butler and Athanasiou, 2013:19). My own pre-occupation with residential care concerns the questions of for whom young people in these settings exist, when they experience such high levels of placement breakdown and change. For whom are they a priority, and who holds them in mind? The liberal project to bestow rights in an attempt to elevate the status of the general population does not eliminate the stigma acquired through the loss of privacy and excessive intervention. There have to be other ways by which people can be elevated, such as meaningful social connections.

Theories of social death help shed insight on the structural limits of relationships between young people and carers. The interdependence contained within relationships is partially undermined by the current focus on building resilience and independence skills, as though resilience were an individual possession (Emond 2004, Holland 2009b, Smith 2009). For example, the manager of Clyde Close children's home, George, stated in interview that it was his aim to build resilience for staff and young people. However, as Cottam (2011:142) has noted 'resilience comes through relationships and experiences', and both of which are seriously undermined for children on the move. The disruption and 'turbulence' (Sinclair and Gibbs, 1999) experienced by young people in residential care inherently impacts on their ability to develop a consistent sense of self across time which can be carried into the future with dignity and value. As noted in both sociological and social work literature (Lawler

2014, May 2016, Cottam 2011) narratives, or 'the ability to tell a story of where you have come from and where you hope to go' (Cottam, 2011: 141) are significant to identity, progress across time and building resilience. Key to our personal narratives are our involvement with others. The constant loss of people and place often leaves young people with the burden of responsibility for what has gone wrong, adding to low self-worth, and feelings of despair, as will be evidenced. What I aim to achieve with this chapter therefore is to bring structural and psychic dimension surrounding placement change into dialogue.

The impact of placement change on child and staff relationships, particularly management of the transition points of arrival and departure by staff and young people will be discussed. Young people experience the repeated severance from, or the rotation of those around them (Kelly and Hodson, 2008). The frequent uncertainty concerning their own and others placements affects children's ability to begin the task of creating new bonds. A second feature significant to relational difficulties is the fact that at the point at which a new young person enters the children's home, they are unknown. Staff often receive scant information about incoming children, their histories, or an accurate portrayal of their needs. The child therefore is often a stranger, unless they are a returning resident, or the home have accommodated a sibling, for example. The information received by a home prior to a placement often does not include personal knowledge regarding likes and dislikes, most of which has to be gathered from scratch. For example, young people are often subject to risk assessments prior to entering the home, and both homes in the study operated a system of matching young people for suitability. Oakhill would consider new residents as 'high risk' where their risk level was actually *unknown*, until it could be assessed, echoing what Smith described as 'collective, essentially fearful, state of mind' towards children in group care (2009:4). This sense of the unknown renders it more likely that generalised concerns regarding risk will pre-dominate, as young people are out of the context of their previous surroundings, relationships and histories. Getting to know young people in a more personal way takes time and experience in an entirely new setting, in a context where anxieties regarding their potential behaviour may be running high. In terms of young people's ability to build meaningful relationships as part of their developing identity, residential care then has major implications.

A significant theme here in developing the concept of 'relational alienation' is the limitations of the staff role, which is only sanctioned in particular ways. Drawing Patterson's (1982) concept of *natal alienation* as a facet of social death, this relates to the ways in which relationships between staff and young people are both sanctioned or subject to scrutiny. Finally, young people's own rejection of relationships and intimacy and the degree to which they allow themselves to be known by others will be explored. Young people's difficulties in forming attachments have often been cited by staff as a reason for placement breakdown, reflected in wider academic writing (Smith, 2009:77). The causes and impact of instability for children in care has also been understood in relation to attachment theory (Norgate and Hayden, 2012). However, an over reliance on a child's attachment style leads to a failure in developing a broader understanding of the structural aspects of placement stability. As Kendrick (2013) noted, young people will avoid staff they dislike and wait to share their good news and time with their favourite carers. The enormous difficulties faced by staff in building relationships with young people in the context of residential care should not be overestimated. A key task it seems in caring for children in care in residential care is to reach out to young people who are existing in a state of social death, which involves overcoming feelings of mutual ambivalence and anxiety, and to attempt to build relationships in the face of strong acts of rejection and avoidance. As will be shown, young people do not always prioritise new relationships.

6.2 'I don't want to be here' – Stories of Arrival.

It is useful to visit the entry points in young people's engagement with the home, staff and fellow residents. Circumstances of their arrival had an immediate impact on young people's engagement with staff and other residents, often reflecting young people's previous care experiences and a difficult end to their preceding placement. Five of the 13 participants gave such accounts. Several young people who participated in the research, often those who had experienced multiple placements in short spaces of time, had quite traumatic experiences of arrival. Examining the start of a placement illustrates the strategies that staff employ in getting to know young people and address the sense of estrangement. In Clyde Close children's home, both Louise and Josh had previously been accommodated in other children's homes in the city. Both

their placements had been terminated due to violence against staff, and in Josh's case, criminal damage.

Between leaving his previous children's home in the City home and moving to Clyde Close at age 15, Josh had briefly returned to his mother's due to a lack of alternatives. When this return broke down, he was found an emergency placement at Clyde Close. Unplanned reunification with family due to placement breakdowns has been shown 'to result in new exclusions from the family' (Sallnas *et al*, 2003:142). In interview (which he asked me not to audio-record) I asked him about his arrival at Clyde Close and first impressions. Josh said that on the day he had to leave his mother's, he was told by his social worker to get on a train to the city - not knowing where he would be placed when he arrived. Josh had not wanted another residential home and had requested a foster placement, which had not been possible. Josh told me the way the staff were at Clyde Close was better than his previous home. However, he also said he did not 'give the previous staff a chance' (Interview, 2017). This reveals that Josh accepts he had a tendency to reject staff in the children's home, and that it was not necessarily an objective of his to build new relationships. Josh said his first impression of Clyde Close was 'get me the fuck out of here, I don't want to be here'. His immediate reaction to circumstances of his latest placement, in which he had no control or choice, was to protest. He stated that when he first arrived he would climb on the roof, partly to keep staff awake. This also highlights the very real issue of sleep deprivation, which staff cited in interview as a significant factor in undermining their ability to be emotionally available to young people. Resistance, in one form or another, is a key way in which people can retain a sense of self, even where resisting authority or powerlessness can be a further source of disadvantage or oppression. This was observed by Patterson (1982) in utilising the example of Frederick Douglas, who expressed that fighting back was one of the only ways he could feel like 'a man' in the context of slavery. He considered such displays of force to be 'essential' to human dignity (Douglas, 1892, in Patterson, 1982:12). Josh had experienced high levels of movement in care, and his understanding of why placements had broken down due to having been 'a little shit' seemed to involve carrying the burden of responsibility for the placement's end. However, staff were unlikely to view his behaviour as an attempt at securing control or dignity. Josh's behaviour resulted in staff resorting to what sounded like greater surveillance practices, or not 'leaving me alone', which has also been found to be a strong feature in residential care as a public

domain (McIntosh *et al*, 2010). Such examples also highlight that lack of choice regarding their placement in care undermined other aspects of participation (Kendrick, 2009).

Louise, aged 16 at the time of interview, came into care aged 15, an age at which she was more likely to experience placement breakdown (Ward, 2009). She had initially been placed in foster care in a nearby city. She told me she had disliked this placement and ran away. She was then placed back in the city in a residential placement. Her story of arrival at Clyde Close was traumatic as she had left the previous children's home abruptly due to assaulting a member of staff and then being arrested. She did not know she would not return. Louise was then placed at Clyde Close straight from the police station late at night, not knowing where she was going, or indeed which area of the city she was in. Clyde Close therefore took in Louise as an emergency placement in emotionally charged circumstances. Louise described this to me in her first interview on day four of fieldwork at Clyde Close:

'Louise: When I first came here I didn't leave my room for like a few weeks. I didn't really like it to be honest, the staff are friendly and everything, but I didn't really like it.'

Helen: 'Ok, so the staff were friendly, but?'

L: 'They were friendly but I just didn't really... 'cos of my previous experience in care and how I got kicked out, I didn't really want to associate with them. It's kind of changed a bit, I still don't associate with them as much, but.'

H: 'Yeah. Do you think it would matter who, given you'd had that difficult experience, do you think it would matter who the staff were?'

L: 'Not really.'

H: 'No. Mm. Was it quite sudden, your leaving the other place?'

L: 'Yeah.'

H: 'Did you have much warning of what was?'

L: 'Well no, not really. I was literally like, 'cos I was in the Police station anyway. So, I was in the police station and I literally got taken from there to here, and I was just like 'Oh no'. (The City Police station is near Clyde Close). So yeah.' (Louise, first interview, Day 4).

This extract reveals that Louise engagement with staff and impression of the new home was hampered by the circumstances of her arrival which, regardless of the reasons for her move, involved significant upheaval, sounding both disorienting and upsetting, appearing connected to an unwillingness to engage with her new

placement. She felt she had been treated unfairly and had no possibility of resolving these feelings with her previous carers. She then brought these feelings with her to Clyde Close, along with the clothes she was wearing, and little else until staff arranged for her belongings to arrive. This is a vivid example of the multiple people involved in the care of a child when they are between placements. I went on to ask Louise how she felt at this point.

H: 'And how did that make you feel then on top of, you know, being arrested, being released from the Police cells?'

L: 'I cried, I literally, I just cried in my room, for about half an hour. I was like, mmm, don't want to be here. And then I finally realised like the area that I was around, and I was just like "oh no my mum lives around the corner"'. (Takes sharp intake of breath, sighs).

H: 'And is that something?'

L: 'I didn't really, I didn't want to live that close to her but, I go round and see her. It's not like we don't really have a relationship. I just didn't really want to live this close to her.'

Louise had clearly been sad and bewildered by her change in circumstances. Her impression of the home was also influenced by what she had come to expect from having lived in a new home in the city which had en-suite bathrooms and computer access, making the move to an older building seem like a down-grade, though this was not the intention, as emergency placements are generally driven by expediency (Norgate *et al*, 2012). A further aspect of her disappointment was that it placed her in close proximity to her mother, who could no longer care for her due to her disability needs. Consequently, when Louise arrived she stayed in her room for some time and would not come down if she disliked the staff on shift. She told me *'But it's hard when there's like, no staff members that you like that are on shift...That, that happens like a lot, I just don't come down 'cos I just don't like them.'* This echoes the findings of Kendrick (2013) regarding young people waiting to spend time with their favourite carers. Although Louise had described feeling the placement was going ok, it broke down in March 2017, one month after this interview, which followed an overall deterioration in her presentation and well-being.

6.3 'Naturally' Settling In

Several young people and staff spoke of an adjustment period on arrival, where young people would often stay in their rooms, only venturing out when necessary. I was able to capture an account of Connor's arrival at Clyde Close from various sources, which

illustrates staff's experience of engaging new people. Connor arrived at Clyde Close in the Summer six months into fieldwork, following a foster placement breakdown. It was his first experience of residential care. I met him two weeks into the placement when he was starting to spend more time out of his room. Similarly, to the account given by Louise, Connor had spent a lot of time alone in his room following his arrival, which had given staff some cause for concern. Ellie, a member of staff who seemed particularly popular with the young people, gave the following account in interview:

H: How do you try and support young people when they first come into the home?

E: It's really difficult and it's really, really hard, because to see how they - to understand how they're feeling...I mean Connor is the newest one, so. And erm, I'd actually been on leave for a week, so he'd been here for over a week before I came, so I hadn't met him. And, er, staff were saying he's spending a lot of time in his room. Now the last couple of, few days, he's been coming out of his shell, spending lots more time down here and spending more time talking to us. But it's also about that balance, he might want to be in his room because he might want some space. He might be a child that likes to be in his bedroom, doesn't like the company of other's he might just like want to be up there on purpose. You, you don't know this information. And it's, you kind of, the first couple of weeks you just have to ask, bombard them with lots of questions to ask them that information, but that's quite intrusive. When you've got ten different people doing it. (Ellie, interview, month six of field work).

Ellie's description illustrates the sense that staff had of things changing within the home during the short spaces of they spend 'off-shift' and having to work within a new landscape when they return. She also discussed the unknown - and perhaps unknowable - information regarding young people's personalities, which may either not be communicated in advance of a placement, or may not be known. If it is the young person's first experience of a particular care setting for example, they may not respond to it in the same way as in previous situations which relates to the observation made by Emond (2014) in that placement change leads to significant cultural differences. The only means staff have to find out about young people is to 'bombard them with lots of questions', which Ellie recognised is not ideal, and Connor in particular expressed this was a quality he 'hated' about his social workers.

One strategy staff used to engage young people was to employ the help of longer-standing residents, such as Chris, who used his own experience of arrival to reflect on how Connor might be feeling:

'He's still, he's still in his room most of the time now, but he's talking a lot more, erm, he's a gamer...Staff, staff are always telling me, 'cos I'm the most senior person here, they're like "Oh go speak to him, go speak to him, go play a game with him", but I was saying "don't rush it". You don't wanna, don't rush it, 'cos staff kind of rushed it when I was here. It wasn't a problem but, it was a little bit in your face, like "Chris, you coming down, Chris, are you coming down?" You've just left someone you love, two people you love in foster care, so you wanna be on your own really. And let yourself naturally settle in...And that's exactly what he's done. Naturally settled in. You don't want to rush it.'

Helen: 'Yeah. A few young people have said that, that they're in their rooms for a few days before kind of venturing out. So that week, or however long when you're in your room, what's going on for you, what were you doing?'

Chris: 'Erm, I was just erm, I was really nervous. Obviously, erm, I didn't know how to talk to people, who to talk to. I spoke to staff and that erm, I was playing on my game most of the time...Then erm, I started talking. And erm, I'm one of the loudest people here now...Just listening to conversations and judging people's personalities by what they said...And then I started to get to know them better.'

Chris describes feeling rushed to integrate in the home which perhaps betrays an anxiety by staff that something must be wrong if young people are not instantly sociable, rather than showing an appreciation of their need to hold back and gauge their surroundings. Louise and Chris had found the efforts of staff to engage them overwhelming in a situation when they were dealing with significant loss and change. Ellie's account illustrates the kinds of dilemmas staff face on receiving a new young person. This period of withdrawal seems to be, in Chris's words, a 'natural settling in' process while young people gauge their new surroundings and find ways to overcome their sense of displacement. Staff are in the odd position of having to quiz young people to get to know them, which serves to highlight how alienated and unknown these young people become within the care system. It is also worth noting that these young people have similar experiences of feeling rushed into socialising on arrival regardless of whether theirs was a planned or emergency move. While involving other young people in the 'settling' of others seems like a helpful and obvious resource, in retrospect I am saddened to re-live this account from Chris and the enthusiasm he possessed and to recall his sense of pride in being called on in this way as the longest standing resident. In spite of the trust he was granted at this point, following a criminal conviction for an offence that staff had been aware of at the time of this interview, Chris was barred from the home when he left care, and was not able to retain his relationships with staff, or young people. This illustrates the extremely

precarious nature of relationships for young people in care and care leavers, who struggle to maintain connections without both proximity or social sanction, and will be elaborated on in the following chapter.

In addition to any trauma surrounding the circumstances of placement moves, those who experienced a planned move also described a level of anxiety. The stigma attached to residential care was a key factor which created anxiety for Chris and his Mum prior to his arrival from foster care. However, visiting in advance helped them to overcome the fear that he would be placed with criminals and drug users. Chris also had supportive and involved family nearby whom he had regular contact with and originated from the local area. Regarding his experience of arrival at Oakhill, Dean stated:

‘Er, I was a bit nervous. Because like, this is my first time living in a place like this, because I was in foster care before this. And er I saw the people and all the staff and that and I was a bit nervous. But erm, I'd say about after a week I was fine. Got to know everyone. Everything was alright.’

Helen: ‘Mm, do you remember how you got to know people? There's a lot of people to get to know aren't there?’

Dean: So I'd seen a few people ...and then erm I was speaking to them, they took me out or something and got to know me. Just doing that. Speaking, going out or doing whatever.

H: Ok.

D: It took me a few weeks to meet everyone. All the shifts and everything. (Interview, Nov 2016).

Dean's account illustrates a sense of not knowing what to expect, and that gaining a sense of familiarity in a changing environment took time. Dean also spoke of the importance of realising that Michael was also at the home, as he had ‘known him for years, grew up with him’ and that Michael had helped him settle in (Interview, Day One). Both Dean and Michael stated they found foster care difficult as it was not their ‘proper’ family, and they felt more akin to other young people in residential care.

Examining young people's stories of arrival helps to highlight the intersecting impact of placement breakdowns, changes of care staff, a sense of rejection and loss and a feeling of the unknown for both children and staff. Resistance by young people in one form or another was common on arrival and has been noted in other studies of residential care. For example McIntosh *et al* (2010: 292) note that despite the various controls which adults put in place ‘children also deploy a range of techniques which

allow them to subvert and resist the adults' systems of control', which is particularly likely when the adults concerned are not family members. In Patterson's account of social death, such resistance is not only desirable, but essential to surviving systems of oppression with dignity (1982).

6.4 Missing Information

The difficulties young people have in forming and holding onto a coherent story also become apparent. Bobby did not articulate the difficulties of his arrival in care, they were more greatly exhibited in his behaviour to others. Clyde Close was his first placement in care, aged 13 in the second month of fieldwork. Staff gave a vague description of his background when I asked about him, in that things at broken down with his Mum and stepdad and he had, staff thought, lived with other family members before coming into care. Bobby was also thought to have undiagnosed learning needs and did appear to operate at below his chronological age. Bobby arrived within the same week as Ethan, meaning the home had two new young people to get to know. This appeared to heighten the mood of the home, as new peer relationships were formed, and older members of the home were keen to assert their authority or know-how. For Bobby this meant Louise encouraging his misbehaviour, and providing him access to illicit substances, and Josh siding with staff in an attempt to bring him into line, which manifested in peer bullying, found to be common within residential care (Sinclair and Gibbs, 1998; Green, 2005). The unknowns about Bobby's learning needs meant that staff found it difficult to know how to care for him or keep him engaged with them. Within a short time of arrival he became one of the city's most frequently missing young people, alongside Harvey, aged 16. Bobby was moved to another residential home in the city within two months as he was considered too vulnerable to remain at Clyde Close. However, the receiving home also had difficulties, and at the end of fieldwork six months after he arrived at Clyde Close, the local authority were exploring placement options in the private sector outside the city. This illustrates that not knowing what Bobby's needs were had a very real impact on his stability and staff were unsure of how to relate to him.

Mia, aged 15, moved to Oakhill as a planned placement move. She had requested to return to the area and had the opportunity - unlike many young people - to visit Oakhill prior to her arrival. Mia came with a narrative, repeated by staff, that she'd had 28

placements in care. Staff initially accepted this story and were understandably dismayed by it. Sharon (the home manager) said she had told Mia when she arrived they 'didn't want to be number 29', meaning she intended for Mia to remain with them until she left care. However, Mia's social worker looked into her placement history and came up with an alternative figure of 13. I am unsure how this was counted, however, and whether it included return placements. Mia dismissed this new figure and held on to 28, a discrepancy of 15 placements. It is curious that there could be such variance and that no one had seemed to calculate her placement number before. This seemed to symbolise that the bodies of the corporate parent had not contained this aspect of her care story and prompts the questions of how much value Mia's story held, given she had experienced so much change. A change of social worker for children in care was found to be even more common than either a change in placement or in education (Stability Index, Children's Commissioner 2018), which helps explain why there may be significant gaps. With either of Mia's placement numbers, it is not hard to understand why her way of relating to people was often hostile and aggressive, and she was considered to have a disorganised attachment style. However, key to a sense of security from an attachment perspective is to be held in mind by others, and know that you are thought of (Howe, 2011: 69). This would have been a challenge for Mia given her volume of carers she had experienced, and the lack of clarity surrounding her placement history reveals this not to be the case.

Belonging has been closely related to memory and maintain connections over time. For example, May (2017:402) asserts, 'There would be no "I" without a past, and our sense of self is forged out of memories'. Our narratives May observes in another work, 'allow us to convey a self that endures...Yet our narratives also tell of change over the life course...Indeed, in order to successfully attain personhood' she states we are required to both change and remain the same (2016:638). In spite of acknowledging the need for some evidence of change, 'a person who did not exhibit any self-sameness from one day to the next would not only be considered an oddity, but untrustworthy and lacking in moral fibre'(p.638). This highlights the importance of people being *remembered*, so that they may be experienced as a coherent, moral and trustworthy person. This is a significant challenge for people who do not remain in place long enough to become known in any meaningful way. For example, at the height of the drama surrounding the romantic and sexual relationship between Mia

and Dean, both resident at Oakhill, I heard Dean's social worker warn him 'Stay away from that girl, she's trouble'. Being remembered in this way would not support Mia's ability to belong. May also notes that memory is part of not only how we relate to others who matter to us, but how we organise the self in relation to our wider culture and the present merges with memories to recreate meaning, recalling memories can 'bring warmth and vitality to the present' (p.403). It is crucial then that when young people leave placements, they are able to do so with care, affection and dignity which allows for the holding of positive memories which can endure, and which add to their sense of self.

6.5 Shared Staff Histories

One way in which Mia had resisted previous placement moves was to refuse to unpack, or to soon re-pack when she wished to protest or express her unhappiness. Mia told Sharon, the manager, who relayed the story to me, she had unpacked in the first fortnight of being at Oakhill which was quite quick for her. Staff took this as a sign she was engaging with the placement. One factor affecting her acceptance of the move was that she soon struck up a relationship with Dean, and that she lived close to her Mum and was able to visit regularly. While Mia's placement posed some challenges for staff from the outset, the team held the attitude, as expressed by one male member of staff, that 'we've been here before, we can cope with it'. In this regard, the consistency of the staff team at Oakhill appeared connected to placement duration for young people, as the team and therefore the home, had a 'collective memory' (Mary, deputy manager, Day one). They were able to remember as a group previous residents, eras and challenges, and know that they had faced them, and were therefore able to do so again. The 'durational belonging' described by May (2016), which refers not only to endurance across time, but the qualities associated with endurance. In this case the qualities of mutual support and understanding were important to the resilience among the staff team at Oakhill. This was less present at Clyde Close, which had greater placement breakdowns, with three young people being moved on to other homes during field work, and only one in Oakhill. It is not difficult to see the relationship between staying in place with the same people over time and the ability to form a consistent narrative, which is able to incorporate progress for staff and young people. It seems likely that Mia's placement would have continued

were it not for her romantic and sexual relationship with another resident. The confidence staff held in their ability to endure with young people seemed key to their maintaining placements. For all the anxiety regarding Mia's 'challenging behaviour', staff did seem to take the view that her difficult behaviour was nothing out of the ordinary – with the exception of her and Dean's sexual relationship which will be discussed in greater depth in the following chapter.

Michael at Oakhill, like Chris at Clyde Close, was the longest standing resident having lived in the home for three years. Michael was tall, and broad, with his own distinct sense of style, which reflected his taste in music. He was generally friendly and spoke to me at length in his first and subsequent interviews. He prided himself on being polite. He was also staunch defender of staff - in spite of his occasional quarrels with them. He told me he had experienced eight placements in foster care by the time he arrived at Oakhill. He was very positive in describing the home and staff.

'I mean before I came here I was doing drugs and drink, beating the crap out of people, for no reason...being arrested was an occupational hazard...Well, with those previous experiences in foster care, coming here y' know is a fresh breath of air. It's like, it's different, it's completely different, it suits me fine. There are no strict rules or, strict things you *have* to do. It's more of a this is your home, you treat it as you will...Obviously there are rules like y' know, you smash something you pay for it...And I like it here y' know, 'cos of all those things, the carers, they actually respect me. They have helped me from the brink of the abyss so to speak, into who I am, so. I thank them for it, I'll never be able to thank them enough.' (Interview, first month of fieldwork).

Michael believed that he was placed in a children's home as '*you're moving into a Residential Home which means no other Foster Family will take you.*' It was his belief that his previous aggression meant that no one else was willing to have him. This low self-belief fed a sense of gratitude to the staff at Oakhill and the fact they had stuck with him. Michael, like Josh at Clyde Close, was able to have something of a flexible relationship with the home, as he often visited family and had friends nearby. However, Oakhill was able to offer him a degree of security and respect which was previously lacking. At age 17, he was on the verge of leaving, which he was both saddened and worried by. 'So, this year I'm eighteen. *Why?...I'm like why?* Uh, I'll be an adult, *responsibilities, nooo!*' It seemed in some respects, the positive attention Michael gained in Oakhill, combined with greater flexibility improved his prospects in residential care, as less was required of him. He had also accessed counselling to address what he described as a 'problem with women'. Michael is an example of a

young person for whom residential care was preferable as it required a less intense degree of engagement than family or foster care. If he had conflict with a member of staff there were other people to whom he could turn, which perhaps helped alleviate the cycle of aggression and rejection. There was a mix of male and female staff to whom he could turn, and the house was very large which provided space for time out. For Michael, residential care had put an end to what seemed like an incessant experience of placement breakdowns, and it enabled him to maintain relationships with a largely stable staff team and nearby relatives. Dean also articulated that he preferred residential care as he felt more out of place in foster care as a substitute family, echoing other research where young people have expressed a preference for family placements (Milligan and Steven, 2006).

Michael often spent a lot of time sitting on the sofa at the bottom of the stairs in the hall way, playing games on his (broken) mobile phone. Sitting at the bottom of the stairs meant he was close to the offices, the kitchen and the lounge, and was therefore around people. This seemed to be a way of being in the company of others. One effect of being a more settled, longer standing member of the home and coming to the end of his time there was that he seemed to become part of the background. I witnessed Michael trying to get staff attention more than once, unsuccessfully, for example when he approached Hazel, who was leaving the office, and he tried to tell her he was sad as the death of a family pet, and Hazel bustled past in a whirl of keys and tasks. This seemed to be particularly the case towards then end of his placement. It seemed that older, long-standing resident's needs could be side-lined in favour of newer, younger children. This was a concern raised by staff, such as John at Oakhill, who described taking in new resident's at times felt like a 'project':

'It's almost like a project, the next project sort of thing. I think Mia was a project in a way, she's had all these places and this will be the one where she...this will be her last place, she won't move on from here, and now it looks like she is. But it's almost like she was a project and then a better project came along, so we'll go for that one and it almost feels like it's been railroaded through (meaning Ronan's placement). We've expressed our doubts, our concerns about communication skills, his age for a start - he's only thirteen - he's just turned thirteen and he's stuck with big lads. (Interview, mid-way through fieldwork, prior to the arrival of Ronan).

In this regard, the ways in which young people were related to by carers goes against the grain of recent developments in sociological thinking on the child. As noted by Smart, Neale and Wade (2001:14) 'the child of sociological discourse has been

transformed from a “project” into a “person”, moving away from the concept of children and young people as in a state of becoming. However, perhaps the difference here is that having the status of being a ‘child in care’ is equated with a need to be repaired, and brought within normative frameworks, which is also part of the staff role.

I also observed in my fieldwork notes in both homes, that the anticipation of new young people arriving changed the atmosphere of the home, and gave a sense of *fresh hope*, as though the difficulties with current or previous residents could be assuaged through investing in a new arrival. While it was pleasant to experience such an upbeat atmosphere, I did wonder what this might mean in the context of placement terminations. It almost felt like the beginning of a new romance, before any problems could set in.

6.6 Relational Alienation

As discussed in the chapter 3 regarding social death, young people’s harmful family histories and separation from their kin can make their family heritage difficult to claim as a positive source selfhood which, links to Patterson’s writing on natal alienation (1982, 2018). While natal alienation applies to children in care to varying degrees, the majority of children who participated in this study retained a degree of parental and family contact. They were able therefore, at the very least, to access some kind of continuity and mutual regard; though this did not always involve consistency of place, and degrees of family contact varied over time. For example, Tegan, aged 16 deeply valued her relationship with her older brother who lived in a different children’s home in the same city, telling me ‘My brother is my world’ (2017). However, at times he would refuse to see her, and fail to prioritise her over his friends. He seemed to find her need of him burdensome. While her relationship to her brother was part an important part of Tegan’s social life, identity and history, it was difficult for Tegan then to make claims on him. Dean, from Oakhill, aged 16 had closely supervised contact with his mother two or so times a year, due to her previous abuse of him. Michael had been scheduled to move in with his father until he was convicted of sexual offences and sent to prison. There is often, therefore, significant stigma attached to young people’s relationships with their family and their immediate heritage can either be unreachable, or too stigmatised to claim as a source of selfhood. Young people’s

relationships with family have obviously been subject to scrutiny for them to have been brought into care and are often a source of shame and profound loss. The majority of young people in this study were in care due to parental deficiencies which included substance misuse, neglect, and physical and sexual abuse. Family relationships would be monitored by social workers or residential staff in the interests of the young person's safety, for example Dean has two supervised contacts per year with his family, though this seemed to reduce as young people got older. If the young person's behaviour was considered to pose a risk, rather than adult family members, then their contact was scrutinised due to concerns of harm to others. Therefore, relationships with family are subject to certain conditions. Young people and their families' entitlement to one another as birth kin is seriously undermined and compromised.

Key to natal alienation as an aspect of social death was the formal, social and cultural isolation from both family and forbears, in addition to:

'the social heritage of his ancestors...Slaves differed from other human beings in that they were not allowed freely to integrate the experience of their ancestors into their lives, to inform their understanding of social reality with the inherited meanings of their natural forbears, or to anchor the living present in any conscious community of memory' (1982:5).

This oft repeated quote is significant in alluding to the fact that belonging is borne not only of current connections, but the value those connections hold in terms of our ability to absorb them honourably as part of the self within our personal narratives in the context of the norms and values of our society. The rejection children continue to experience in care resulting from placement terminations, alongside the fact their relationships with staff are only socially sanctioned during work hours, means that relationships with employed carers are also difficult to lay claim to in terms of time and proximity, and identity. Due to the suspicion generated by legacies of abuse from adults to children in residential care, they do not carry the same social sanction and sense of mutual entitlement that exists for the family. In recent years there has been much debate on 'relationships of choice' and their potential to supplant kin relationships (Beck and Beck Gersheim, 2002; Smart, 2007). However young people's ability to choose to spend time with their favourite carers is undermined by the staff shift system and placement changes which reveal the limits within narratives of 'choice' but also that the requirement for co-presence and longevity to form meaningful relationships is undermined. Staff and managers in this study chose to

terminate young people's placements, and therefore their relationships with challenging children. Relationships between staff and young people can also be fragile rather than a source of security.

In order for significant relationships to be built in which people can lay claim to one another, there needs to be a socially supporting basis on which they can be established and maintained. The relationships available to young people in care are subject to heavy scrutiny and are only sanctioned under certain conditions. Where they fall outside of those conditions they are often subject to negative judgement or restrictions. However, residential care cannot offer a substitute to private and enduring family relationships, as interactions between carers and young people are only sanctioned during work hours, and also for the length of a young person's placement. While some do keep in touch, which has value on both sides, the actual time staff will have available to former residents is seriously curtailed. In addition to this, the serious and widespread legacies of abuse in residential care mean that staffs relationships with young people will be subject to surveillance and suspicion. Additionally, unlike children residing in families who may have access to various forms of social capital resulting from their parents' occupations and social life, children in residential care have access to carers, whose job is to look after them, with the inconsistency that brings. It is unlikely they will have access to care the families of care staff or their lives outside work. In the two research sites, young people rarely spent time with staff outside shift hours, unless it was the case that an activity ran over. Young people however, deeply appreciated instances where they felt staff had gone over and above what they were paid to do, as for them this evidenced genuine - rather than transactional - care. At the point of a placement ending, young people in the city home often ceased to have contact with staff in Clyde Close, whereas in the county home this would continue for a period and was seen as important to a greater degree. The severance of contact can seriously undermine the relationships and self-worth young people acquired during their stay. Though this is not natal in the way Patterson discussed, it is a stark form of alienation from important relationships. As Judith Butler (2004) observes in her writing on what makes for a grievable life, 'We make the claim (for recognition), however, precisely because it is not taken for granted, precisely because it is not, in every instance, honoured' (p.43). The lack of social sanction, or wider societal value attached to these relationships, means they

are fragile and subject to loss and change. Young people are therefore alienated from significant relationships with others.

6.7 Absent Presence

A poignant example of this fragility from the data is that of Casper. Casper was aged 11 when he lived at Clyde Close, and present at the start of my research. I met him only once. However, he continued to be a feature of the home for months after his departure. I named him Casper after the playful child ghost, due to his on-going - if absent - presence at the home. Casper had a big impact on Clyde Close as their youngest resident. He left as part of a planned move due to his extreme and aggressive behaviour. George told me during my first visit that Casper would be leaving as the home 'could not meet his needs', and that the placement was not a good fit. Casper's key worker, Pippa, told me she had been on leave the week he had departed, and he'd not had chance to say goodbye to her on the day. Casper had moved to a 'specialist' placement out of the authority. He telephoned Clyde Close regularly after his departure and asked to speak to Pippa, Ellie and other staff he had liked. He expressed to them that he wanted to come back and that he hated his new placement. Staff were not able to visit him and encouraged him to speak to his new carers about how he felt. Pippa said working with him had been very stressful, as he would constantly shadow her, wanting her attention. While Casper leaving brought Pippa some relief, she also felt she missed him as she had become used to him being at her side. Casper had a need to reach out to them, and staff would always speak to him for some time when he called. However, they saw no more of him, and telephone calls were the extent of the contact. Were Pippa to leave the home, this contact would be severed for good, highlighting the precarity and insecurity for young people in maintaining relationships and an accompanying sense of security.

Neil also described Casper's extremely violent behaviour during his placement at Clyde Close and cited it as a reason he had recently experienced a period of sickness. A significant factor in staff sickness was the violence and aggression they had endured in relationships with young people, which in addition to absence led to them being wary of residents. Such fear responses can have serious implications for social care staff, particularly if they do not experience security or support in their peer group

(Smith, 2010). Neil gave the following account of his difficulties in working with Casper:

'I think he needed a psychological assessment, because there was something happening. I mean yeah, he did have PTSD¹...I imagine there was a lot of triggers for him, for why his behaviours happened...Because, we'd have a lovely shift with him and then, he'd go up to his room at settling time and all of a sudden come down *angry* about something. And then when you tried to talk to him he'd be like '*fuck off, go and die..I hate you*'...and I'd think, 'where's this coming from?'

Neil went on to explain that they were informed by Casper's social worker that he had experienced significant domestic abuse at bedtime, affecting his ability to settle, which Neil likened to 'emotional torture'. He explained:

'And things just, I mean we did work pretty well with Casper, I think in the end, as things got...for me it's normally the case for young people when they're breaking a placement down we get better towards the end of a placement but then, you know the placement might be called and then young people move on. But you probably can't sustain that...young Casper for me was a very difficult time, because it was at a time when this place has been a nurturing environment for young people, probably a couple of restraints in a couple of years...I find it difficult because I felt at some points Casper was targetting me. And you know I'd been assaulted a number of times and it's almost like I felt it within myself I didn't have permission to hold (restrain) him. You know, it was like am I going to be openly criticised you know if this happens. And er, I mean I went off for a few weeks, because the final straw for me was he punched me to the back of the head, when I was locking the vehicle, and I felt in that moment that I couldn't offer this young person the acceptance...I felt angry. You now, and erm, and I just felt it was too much. So I just knew at that point I think I'd ground myself down to the point where I just needed to take some time, you know. But when I'd come back I noticed that things were, strategies were being put in place, you know, if this happens, we hold him'.

This extract reveals not only Neil's difficulties in trying to tune in the what was going on for Casper, but also an inconsistent staff response which left Neil feeling both unsafe and guilty. In this instance he was unable to endure the situation and went off sick, partly as he knew he could not respond appropriately to Casper. He was clearly, in retrospect, able to consider Casper's behaviour with great sensitivity, but did not feel supported to do so at the time. Oakhill appeared to provide a more secure and supportive environment for staff to face fear without an accompanying sense of

¹ Post-Traumatic Stress Disorder.

shame. This appeared more challenging in Clyde Close, where the manager perceived his staff lacked 'resilience' when they went off sick or expressed vulnerability, which he alluded to when speaking of Neil having time off due to Casper's aggression, and a female member of staff who had sustained a back injury due to an assault.

Staff at Clyde Close were also unclear about the policy regarding keeping in touch with young people when they had left. One member of staff, Sarah, told me they did not keep in touch with young people 'due to a risk of CSE', which I took to mean the potential for young people to be sexually exploited by staff. This highlights that relationships between children and staff in the public domain were subject to suspicion due to legacies of abuse by staff, but also the fact that the behaviour and sexuality of children in care is also subject to suspicion. Green (2016:774) observes in relation to the use of touch that; 'Social workers...may be inhibited from utilising supportive touch because of concerns about crossing professional boundaries or fictitious abuse allegations'. However, the allusion to the possibility of CSE suggests this concern goes beyond concerns of fictitious allegations between known young people, to all potential interaction between young people leaving care and professional adults, regardless of whether touch is employed.

My interview with Neil illustrated that where he was able to identify with young people it was a valuable source of empathy, particularly if the young person was difficult to connect with:

Neil: 'You know, different types of young people come through the doors that, it's like with Harvey, he's a street kid, he's not interested in sitting down and watching telly with you, he wants to be out and about with his mates, you know, that's what he knows. But yet we've had other young people that have liked to come and sit and watch telly or DVD's and that kind of thing. It does sometimes happen, you know I think at weekends you might get, like Chris likes to watch a film, erm. I know Louise used to like to come and watch telly when she was here, but again Ethan, he's got a girlfriend, he's more out and about...but then with Bobby you couldn't get him to focus, at all. I mean I did have, just before he went, I did have one evening with him, me and him, which was quite unusual. He asked me if I'd play the play station with him and I just thought 'ah that's brilliant' because that's so unusual. I can never normally, sort of like, get him to focus for too long. And we sat, we sat for about an hour playing a game on the play station and then we went up to his room, and we just screwed wires into his speakers and stuff like that, and he actually enjoyed it, 'cos that's what *he* likes. He reminds me a little bit of myself as a kid, I'd collect old stereos and old speaker wires, and you know speakers out of telly's and stuff like that, you know I just used to enjoy messing about...So

I had some really good quality time with him' (Interview, mid-way through fieldwork).

This section highlights that one factor facing residents and staff in residential care is the 'different types of young people' coming through the doors, with differing needs and preferences. Harvey is depicted and spoken about as a 'street kid' who did not seek relationships with staff, and when he did it was often to meet his material needs. Neil had found a way to engage with Bobby by finding out what he liked, which reflects the recent writing by Emond (2016) on ways in which staff can become 'attuned' to young people through engaging in activities which the child enjoys. However, Bobby left shortly after so this activity and this shared time could not be built upon. It is not surprising given the diversity of young people that forming and maintaining relationships can be difficult, particularly given the staff team also contains a broad array of personalities and backgrounds. While there is evidence from these accounts that establishing and building on some common ground helps form relationships, they also show that there have to be other qualities, such as proximity and continuity, to maintain them.

It seems pertinent here to acknowledge the recent and growing body of work regarding 'containment' and containing practices in residential child-care. Building on the work of Bion (1962) and Menzies Lyth (1988) containment theory has seen something of a resurgence. Writers such as Ruch (2010) in relation to social work practice, Smith, Fulcher and Doran (2013) and Emond (2016) in relation to residential child care and Steckley (2017) in examining restraint in residential care have made a valuable case for the application of containment theory in understanding the difficulties in adult/child relationships. We can see an absence of containing practices through the defensive strategies employed by social care staff, which can incur further rejection of the child and feed the cycle of placement moves. While there is insufficient scope within this thesis to engage sufficiently in this theoretical dimension, it has much to add in understanding the psychological facet which promotes social death and alienation. This can be evidenced through placement terminations following situations of heightened distress. In such situations, were containing practices operating effectively, staff would be more able to acknowledge young people's distress and hold this, showing an acceptance of the heightened emotion and distress to the young person, therefore making it more manageable (Emond, 2016; Steckley, 2017). Instead, what was evident during fieldwork was staff feeling

overwhelmed and 'helpless' (Stefan, staff member during interview at Clyde Close). Such strong feelings, connected at times to conflicting staff priorities, led to placement terminations, and young people being literally put out of sight. This will be further evidenced in chapters 7 and 9.

The fact that interactions between young people and their adult carers operate within particular bounds, against a back drop of loss, means that they are often marked by caution, connected to the psychological and affective dimension of the turbulent relationships both sides have experienced. For example, staff also describe their previous difficult and troubling encounters with young people and make connections between such encounters and their emotional availability in the present. On a structural level, contact between staff and young people is only legitimised within the confines of work tasks, and there is on-going concern regarding the possibility of young people associating with staff outside these confines. Young people's access to adults is closely regulated in part due to legacies of abuse by staff in residential care, which contributes to the stigma surrounding the sector (Smith, 2009). Drawing on Patterson's work on natal alienation, the term 'relational alienation' appeared an appropriate term to capture the loss of relational life. Louise for example was very explicit in saying she felt the reason she left Clyde Close ultimately was that her key worker, Ellie, had got too close to her. Louise had experienced significant rejection prior to moving to Clyde Close and was keen to convey that she would only engage with staff on her terms, expressing a strong desire for control. She felt she had warned Ellie not to seek greater closeness to her, but Ellie has continued to pursue their relationship. I tried to explore this with Louise, while being mindful of the fact that to do so may cause her to sever further contact with me. Louise was describing having a 'hate list' a 'love list' and an 'alright' list for staff. I asked:

Helen: So how do people switch between lists? What makes someone switch between a list?

Louise: When they do something which displeases me. They go to another list. And it's very hard to go up on the list, it's easy to go down...It's *very hard*, to go up, on my lists.

H: Ok, so if someone's on your love list, have they pretty much always been there, and then they might go off?

L: Erm, yeah.

H: But they don't move from your/

L: No, they usually like, are on my 'keen' list, and when they do something that doesn't annoy me, they move up.

H: Ok.

L: So yeah, but Ellie's on my hate list now, she's a bitch.

H: But why's she a bitch though? Like I understand you not wanting people to be close/

L: No, because she got *too* close. And she *knew* she was getting too close.

H: Right. And she did it anyway.

L: I even *told* her she was getting too close, and she did it anyway. So I'm just there like, 'you couldn't have just calmed yourself down?'

H: So did that make it hard for you to keep her at a distance then?

L: Yeah, 'cos I just, yeah. 'Cos she knew she was. And then I had to like remove myself from the situation. In the best way possible, to be a rebel.

H: Hmm. So if someone were to get too close, what would be the worst thing that could happen for you? Like, what does that mean?

L: Oh *god*! Erm, huh.

H: What does it mean for you if someone/

L: It means that they *know me* and I don't like people knowing me, it makes me really fucking uncomfortable...Like, literally, the most uncomfortable, ever...Jenni (staff member) thinks she knows me, she's making me feel uncomfortable...She's just there like (in mimicking tone) '*you're intelligent, and you're this, you're that*' and I'm just there like, mmm, 'don't make the mistake of thinking you know me'. Although, I think she's already made it. So she's gonna like remove herself to my hate list if she continues...Like I'm giving her a chance, like literally giving her a chance. But, I don't think she's gonna take it.

H: Have you told her? How are you giving her a chance? Like/

L: Because I've told her to shut up... 'Cos literally I just said to her 'shut up'...Even before you came I was just like 'shut up...So, I think she knows, I think she knows. And if she doesn't know I'll make it very clear to her.

This extract reveals that Louise connected her own destructive behaviour, which led to the termination of her placement, to feeling the need to reject her relationship with her key worker. Ellie's efforts to get to know her were making Louise feel uncomfortable and triggering feelings which may have mirrored her past experience of abuse. In this way, Louise appears to have felt violated. The difficulties the staff team faced in recognising Louise's attempts to manage, control and pace the

relationship led to a complete breakdown in her contact with Clyde Close, rather than a hoped-for change in how they were developing, reinforcing her pattern of aggression and rejection. Louise behaviours of stealing a knife, self-harm, damage to property and aggression in a short space of time were bewildering and anxiety provoking for staff. This illustrates the point made by Menzies-Lyth (1988) that when carers reject or avoid the people they look after, it is often a defence mechanism to reduce anxiety. As Ruch notes, 'Avoidance and denial are common responses which enable individuals and organisations to defend against troubling and unacceptable aspects of experience' (2010a:27).

These stories illustrate the significant complexity involved in staff and young people forming and maintaining relationships in a residential context, which is bound by structural constraints and limitations. However, these examples illustrate that what is lacking within the structure is an ability to hold, and endure with children, in terms of their emotional and behavioural presentation. A common aspect to sociological writing on belonging and writing on forming attachments is the need for people to continue to exist, in terms of the need to have connections which can endure over time, which contain shared memories and, in doing so, allow us to narrate and revisit the story of ourselves over time (Smith 2009, Emond 2016: 101-103). There was clear evidence that such relationships were present for some young people, in the form of family or peer relationships. Oakhill, which sustained the greatest number of placements, also maintained contact with young people immediately after they left, where this was agreed with the young person. Maintaining placements obviously means there is greater opportunity for the young people to experience themselves as being accepted, and a greater prospect of comfort, and to belong in place. However, in many instances, the termination of placements and the severance of contact between young people and staff reveal the difficulties in establishing and maintaining emotional ties in residential settings. The rejection children continue to experience in care due to placement terminations, alongside the fact their relationships with staff are only socially sanctioned during work hours and certain locations, also mean that relationships with staff are difficult to claim. The numerous placement moves many have experienced may be likened to a form of dispossession, where the sources of a sustained social, material and psychic existence are repeatedly removed, or at least drastically altered. Interdependence is key to the formation of identity and is 'produced between persons and social relations' (Lawler 2014:19). This is clearly a

significant challenge for children in care. For all the attempts to restore their sense of belonging and selfhood through a liberal rights regime, tethered as it is to possessive individualism, children can establish little these respects outside of enduring relationships with both people and place. As Ruch notes (2010b:25) the configuration of 'individuals primarily as rational beings' detracts from relation social care practice within a risk averse, managerialist welfare paradigm. In his writing, Patterson (1982:1) wrote of the aspect of social death as 'the exercising with impunity, total power over another'. In terms of the placement, removal and replacement of young people, this could fit within this description, were it not for the fact that gaining even a modicum of agreement to such changes from young people nullifies the sense that adults are exercising total power. This relates to Patterson's notion of 'the psychological facet of influence', whereby those without power can be persuaded 'to change the way he perceives his interests and circumstances' (p.2), which is evident at times when young people's 'wishes and feelings' become a means to suit adult ends.

Belonging, memory and heritage are intimately connected. In her writing on social death, Card (2004) makes a connection between the loss of 'memories of one's culture' and excommunication from society. She also locates place as significant to the maintenance of cultural traditions and identity as 'sustaining connections meaningfully requires a family or community setting for observance' (p.74-5). She goes on to state, similarly to May (2014, 2017) that 'mere knowledge and memory are insufficient to create social vitality, even if they are necessary. Those who cannot participate in the social forms they remember do not actually have social vitality but only the memory of it' (p.76). For young people in care to experience meaningful relationships, belonging and self-hood, with the necessary memories of who they are and how they came to be here, substantial changes are required to allow residential care to promote these conditions. Particularly, managing and supporting placement change in ways which do not permit the responsibility for failure to be the burden of the child, or to be conducted without any kind of meaningful explanation which it would then be possible for a child to incorporate into a narrative.

6.8 Conclusion

The problems encountered in building meaningful relationships for young people in residential care are multi-faceted, concerning the purpose and context of their

relationships with others, how they are sanctioned, the fact that not all associations hold the same status. The kinds of opportunities for being or becoming known to others, and the possibility of this in environments which are changeable and promote anxiety is a significant consideration for children in residential care. The question of how much and what kind of time and space young people require to build meaningful relationships is a crucial one, when their relationships with adults are in the public realm, in professional as well as personal spaces, and the door to residential care is swiftly revolving. Many relationships for young people in care do not endure over a sufficient period of time to be incorporated into the self in a positive way. The following chapter will continue to examine young people's relationships with their peers and how friendships are also limited by the residential care environment and on-going placement change.

7. Friends, Acquaintances and Residential Care

‘Social groups possess a collective honour in which their members participate; the dishonourable conduct of one reflects upon the honour of all, while a member shares in the honour of his group’

(Pitt-Rivers, 1965)

7.1 Introduction

This chapter will focus on the friendships and peer relationships young people experience in children’s homes, as well as those formed with young people externally. Recent discussions on young people’s experience of the care system have concerned the impact of disrupted placements, education and relationships, and a greater need for permanence (Boddy, 2013; Berridge, Biehal and Henry, 2012; Children’s Commissioner, 2018). However, there has been insufficient regard within this discourse to the significance of peer relationships in residential care (Emond, 2014:200), perhaps especially within the generalised concern over placement change. For example, Emond, (2003:326) found that for young people, the peer group was ‘an important force in their day-to-day lives, their view of themselves and of their social world’. Interview and observational data from my research builds on existing findings to show instability significantly affects young people’s ability to maintain friendships. As most participants did not attend education, opportunities to form wider peer relationships were limited, as noted by Gilligan (2001). Sociological theory will be utilised here to develop our current understanding of how instability affects young people’s social lives and the concepts of stigma and social death will be returned to in illustrating how residential care undermines young people’s ability maintain peer relationships as a key source of belonging, recognition, and consistency.

Three key themes from data analysis will be illustrated as contributing to instability in peer relationships. The most prominent theme was placement breakdown and change, as even when young people were in a long-term placements they experienced the rotation and loss of their peers (Kelly and Hodson, 2008). A further dominant theme was an overriding concern with risk, as even when peer relationships were

maintained they were often couched in terms of the risk young people may pose to one another (Emond, 2004; Smith, 2009). The peer relationships of young people in care continue to be a source of anxiety for their adult carers, and as Smith notes (2009: 48) children have become 'risky subjects within a child protection discourse'. For example, Emond (2004:195) observes that there is a long-standing view that young people in residential care have the potential to 'pollute' one-another, and their associations are linked to the risk of further harm. In this regard, the ways in which risk is managed can contribute to the sense of stigma young people are subject to, as their peer relationships are a source of suspicion and concern. This connects to the lack of value attached to peer relationships by staff and management, leading to a loss of friendship for young people for whom it is impractical to maintain contact. This lack of value is key to their relational alienation.

A final theme is the shallow quality of peer relationships in children's homes. As Sinclair and Gibbs note (1998:156), young people in both children's homes often perceived their peer relationships as 'superficial', and not one's they would have chosen were it not for proximity. In this regard, young people formed connections with others built on convenience and necessity, in addition to others based on mutual regard and common ground. Where friendships are based on necessity this can contribute to their fragility. As reflected in the discussion in the previous chapter, young people can split from those they perceive as 'not like' them. While this may reflect incompatible personalities, it is also a necessary aspect of 'stigma management' (Wacquant, 2007) as young people seek to preserve their own self-hood and dignity while living in a children's home. The arrival of new young people could also significantly alter the dynamic of the home, and the channelling of resources. Even lasting friendships could prove fragile when subject to the pressures of a changing peer group or location. An increased focus on the individual child in care has, Smith notes (2009: 88-89) led to a 'fear of the group' and a reduction in the value of group living for children. Childcare workers experience difficulty in balancing individual and group concerns, which is evident in the data. I will proceed by giving definition to the concept of friendship.

7.2 Friendship: Meanings and Practices.

In defining friendship, Bowlby (2011: 607-608) describes it as 'a voluntary relationship between two or more people' which include relationships that contain closeness and

emotional intensity, to more superficial connections - often described by young people in this study as 'acquaintances'. Friendship can incorporate care and support alongside sharing the stories of everyday life, sharing activities and having fun – 'but it does involve some degree of emotional involvement' and mutual concern (Bowlby, 2011:608). It is acknowledged that friendship can be maintained in a number of ways such as 'occasional', 'imagined' and 'virtual co-presence' (2011:612). However, meeting face-to-face is seen as vital in the building and maintenance of trust, partly due to the importance of body language to meaningful communication and understanding;

'Getting together' with a group of friends to facilitate embodied communication between one another is a common practice. Meeting in the same space facilitates discussion and the assessment of meaning - emotional states are often read through body language...These shared experiences become shared memories – often encapsulated in pictures of people in places or activities-which can be used to reflect on the experience and build a sense of collective, embodied history' (2011: 612).

In this account, friendship has to be voluntary, which can be a challenge for young people who are forced into co-habiting. A number of participants it seems were engaging with peers to manage their time in residential care, rather than entering into relationships out of preference. However, as others have noted, friendships do not always result from 'free choice' (Davies, 2019: 67). For example Alan, (1996, in Davies, 2019: 67) notes that people's friendship choices are 'constrained by aspects of social organisation over which they have relatively little control'. In this respect, the fact that young people in children's homes are forced to associate with others based on proximity is not unusual. However, what is different for them is that they are doing so in the context of severely curtailed choices, in a stigmatised setting, where their options regarding who they associate with of repeatedly undermined by their own or their peers placement change. The emphasis placed on 'co-presence' in establishing memories and being able to locate the self in both time and space is important. This ability may be lacking for children in residential care due to a rotating peer group and the absence of long-term relationships. Data revealed that the lack of opportunities for co-presence undermined the friendships of participants, where they no longer lived together but wished to stay in touch, even with the use of social media. Perhaps surprisingly given their high usage of forums such as Facebook, young people did not

appear successful in maintaining friendships by social media alone, unless there was also opportunity for meeting, which supports Bowlby's argument that 'occasional co-presence' is also necessary (2011: 611). This reflects findings by Green and Singleton (2009) who found that technology, such as mobile phones, complemented face to face contact between young people, rather than supplanting it.

In some instances, allegiances were tested by the changing peer dynamics in the home. Where friendships break, it can be source of confusion, shame and hurt. Where they cease due to lack of opportunity or proximity, they may contain fond memories and be a source of social and self-esteem, but also sadness due to the accompanying sense of loss. The activities organised by staff and young people, such as holidays and trips to the cinema or for meals out, were an important way in which friendships could be formed or consolidated (Smith, Fulcher and Doran, 2013: 101), and a great deal of effort went into these. Activities provided memories and new experiences. They were also often a source of photographs and mementos which clearly add to a sense of belonging. However, as will be discussed, peer relationships are subject to surveillance and suspicion which centre on the potential negative peer influence between vulnerable young people, and the collected data reveals a fragility to even the most enduring friendships for young people in residential care. The frequent moves and attention to risk are means by which young people are 'de-socialised', (Meillassoux, in Bodel and Scheidel, 2017: 2) and 'shorn of existing social links' (Bodel and Scheidel, 2017:2). Such 'de-personalisation' is seen as a key aspect of social death (p.2). An over-riding concern with risk is also a means by which young people's relationships lose their legitimacy and worth as they are viewed as a source of threat, rather than mutual support, regard or identity. As such, peer relationships are not socially sanctioned or supported in a way that permits their continuance which is significant to young people's relational alienation.

7.3 Placement Instability and Peer Relationships

Placement instability and narratives of risk surrounding young people's peer interactions were closely related. Concerns regarding negative peer associations among the resident group were a factor cited in the breakdown of one placement in Oakhill, and three at Clyde Close. For example, Mia was moved out of Oakhill due to her and Dean's sexual relationship and Louise was considered to be putting younger

residents at risk prior to her placement termination at Clyde Close. Both Bobby and Casper, as younger residents were considered to be at risk from older young people in the home. Connor, arriving at Clyde Close following the termination of his foster placement, was clearly trying to maintain friendships from his local area, and was experiencing difficulties due to the fact this was now two bus rides away. The way in which placement instability impacts on peer relationships is therefore multifaceted.

Perhaps the clearest example from fieldwork of the anxiety surrounding peer relationships was Mia and Dean at Oakhill, both aged 16, who struck up an intimate relationship within days of Mia's arrival. This was immediately discussed at senior management level due to the potential risks involved, which appeared to centre around Mia's promiscuity, the prospect of her becoming pregnant, and Dean's vulnerability to 'manipulation' by her. While aspects of the risks of the relationship were obvious, such as that of pregnancy, I attempted to gauge staff understanding of the basis for trying to keep them separate. I was told repeatedly by different staff members that it 'was against (local authority) policy' to allow peer sexual relationships in children's homes. In liaison with senior management, Oakhill staff responded by imposing round-the-clock supervision of the couple, ensuring that a member of staff was with them, or nearby, at all times to prevent them being left alone together. Staff would sit either inside or outside their bedrooms and follow them around the house. For example, one day I witnessed a staff member sitting on the floor in the hallway immediately between Mia and Dean's bedrooms to listen to them and make them aware they were under surveillance. Staff would keep them awake at night by knocking on their bedroom doors to disturb them, stating 'we can't keep you safe if you sleep in the same room' (recorded in the daily log kept by staff mid-way through fieldwork). This latter strategy seemed to combine staff covering their backs, while also disrupting the time Mia and Dean spent in private to presumably to make sexual contact less desirable.

When it became apparent that their relationship was going to continue (both young people having called off the relationship at different points to try and maintain their placements), discussions were held regarding moving one of the young people. This eventually meant Mia's time at Oakhill ended, as Mia was perceived to be less attached to the placement. However, given she had experienced between 13 and 28 moves previously this was not surprising. Staff would not sanction this relationship

on the grounds it posed an emotional risk to both young people, and a risk that two children in care may become parents. However, it also seemed that staff were engaged in an endeavour to preserve their innocence as children. Young people's sexuality 'is the elephant in the room in work with children' (Smith: 2009:125), and in this instance was not something that could be avoided. There was also a concern about the other younger child in the home, Ronan, being inappropriately exposed to a sexual relationships between his peers, indicating the risk of a kind of moral contamination . Once Mia moved out, the home expressed a desire to support the couple to see one another by allowing them visits, and taking them to the cinema and so on, to go on dates. Vicky, a member of staff initially expressed sympathy for their relationship stating, 'when you've got nothing, it's no wonder they will take whatever affection they can get'. However, once Mia left she expressed 'now we can support them to have an appropriate relationship'. The idea that this relationship was 'inappropriate' seemed to be generally agreed upon, this is in spite of the fact that during a break-up period from Dean, Mia become involved in a violent and sexual relationship with a young man outside the home (Fieldnotes, 2017). In this regard, as noted by Goffman (1961) behaviour which is viewed as normal, such as adolescent sexual romance, becomes stigmatised and subject to surveillance in institutional care.

Dean, however expressed that he missed 'hanging out with her' once Mia left. When I visited Mia in her new home, she spent almost the hour either speaking to Dean on FaceTime, messaging him on social media, looking at photos of him on her bedroom wall, or speaking about him and relaying their conversations to me. The physical distance therefore had not enabled her to create greater emotional distance. Neither young person seemed to have more than a superficial grasp of the furore surrounding their relationship. Dean gave the following account in interview at the end of fieldwork, after Mia had left:

Helen: What's it been like with you living together and people saying, that's not, you can't be having a relationship, while you're living together?

Dean: Well, it's all been mad. It doesn't really matter what people are saying as long as we we're happy, does it? It was a bit dodgy, yeah. But you can't really help it, can you? You can't really help yourself. If it happens, it happens.

H: And what do you think about how the home, and how your social workers tried to manage that?

D: Yeah, I think er, 'cos my social worker's obviously fighting my corner for me to stay here, 'cos I've been here for two years. And er, I think Mia's social worker was trying to fight to keep her here, but I think her social worker knew that she'd be alright down there, at the other care home. Obviously she's been there before and that, and she knew what it was like and stuff like that...I don't know, I don't seem to see her anymore, I can't just go and knock on her door at night, and say hello, and just go and speak to her. Can't really chill out with her no-more, and sleep, and that. Can't really have sleep over's either, that's the sad thing about it, can't watch TV and that, and chill out, and just go to sleep. That's the worst thing about it.

H: Yeah. And are you still going, getting opportunities for private time together?

D: Yeah, 'cos we're always meeting up ain't we, so we get all the private time we need.

I got the impression from this account, and from a conversation with Mia, that while there was obviously a sexual dimension to the relationship, the comfort and availability they afforded one another was also important, however this narrative was lost in the concerns over sexual contact which in any case had continued regardless of attempts to prevent it. The fact (which was confirmed in conversations with staff) that their separate social workers were arguing with one another over who ought to stay illustrates that the young people's needs were dealt with in opposition rather than considering how their mutual needs may be considered.

Towards the end of Mia's time at the home, I asked the manager directly which policy stated young people were not supposed to have a relationship under the same roof. She said it was not a 'proper' policy, and probably was not written down anywhere, but was the perspective of the local authority, providing an example of inconsistent working practice and professional anxiety about intimacy with and between young people in care. Previous discussions on the kind of 'touch' children experience in residential care have categorised it as good, bad or absent (Green 2016:774). The example of Mia and Dean illustrates that intimate peer relationships in children's homes can only be related to as 'bad' touch due to the perceived risks involved. The home felt justified in enacting increased surveillance as the relationship could not be accepted. Mia lost not only proximity to Dean, but her place at Oakhill, a type of attachment which is often under-valued for young people in care (Jack, 2015). In an attempt to reduce the disruption she experienced, her keyworker was sent to work at

the new home. While this may have been positive for Mia, it also meant a long-standing member of staff was now unavailable to the other young people at Oakhill.

7.4 Acquaintances

Young people in the study spoke about the superficial nature of their relationships with their residential peers. I will refer to these as 'acquaintances', a term used by Louise in describing her relationships with both young people and staff. Following her departure from Clyde Close, Louise told me that Chris had not responded to her contacting him on social media. She appeared confused by her feelings towards him as they had been good friends at Clyde Close, however she felt she had not missed him since leaving. The following is an excerpt from my second interview with her, which took place in my car at a McDonald's car park where we ate and talked. Louise did not want to go inside, possibly due to what was by this point, escalating and visible self-harm. Staff also told me they were keen for her to leave the house as her behaviour since arrival had been challenging, and she was refusing offers of support.

Helen: Mm. Do you have any friends that aren't in either (of the children's homes?)

Louise: No, I ditched all my friends, 'cos I felt like it. So yeah. And plus I don't even class them as friends. The people who are in Clyde Close and (the new home).

H: Hmm. So how do you think of them then?

L: As acquaintances. 'Cos like I don't even miss Chris, do you remember how much of a good relationship I had with him? I don't even miss him whatsoever. It's kind of freaking me out a bit actually,

H: Is it?/

L: that I don't miss him. Yeah.

H: Hmm. I suppose you've not been away from him that long though?

L: I have, long enough. Long enough to know that I should be missing him. But I don't, not at all. The only reason I saw him the other day was because, I wanted to know if he was pissed off at me, and I think he is, so I don't really care. He can be pissed off in his own little world.

H: Mm. It kinds sounds like you'd understand him being pissed off though, do you know what I mean?

L: I already know he was, I already know he was pissed off at what I was doing. But then I don't really care. The only reason I know is because he didn't respond to my 'meow' on Facebook. *(part of a language they had formulated between them, 'Meow' could mean a number of things, from 'Hello' to*

'whatever'). But he's seen it and didn't respond to it. So I was just there like, bitch (Meaning Chris).

H: Yeah. What do you think that's been like for him then?

L: I *don't know*.

H: Like, that you've gone?

L: He probably does miss me but. I'm just there like, 'cos he actually like, really liked seeing me the other day, but I know that he's like pissed off with the shit I did. 'Cos now like he knows that, what I did, started Bobby doing what he's doing. (Meaning damage to the home and abuse to staff).

H: So would you say that when people start to get to know you a bit, and you get the sense that maybe they feel, you feel they know you or they feel they do,

L: Mm. No, but they think they know me when they don't.

This interview took place 10 days after Louise was, in her words, 'kicked out' of Clyde Close. She had been banned from returning at this point, as following her departure she had returned and tried to break back in, and in so doing damaged the home and was abusive and volatile to staff. This in itself revealed her hurt and anger towards Clyde Close. Louise claimed she did not care about being asked to leave, which I took to be a defence mechanism to mask a deep sense of rejection, reflective of Goffman's work on saving face where he acknowledged the face people present to the world changed according to the social context (1967). Louise was now trying to maintain a mask of indifference to her former home, peers and carers, which required on some level a degree of insincerity and the minimising of complex feelings.

However, Louise feelings towards her peers seem to indicate a mutual ambivalence, whereby they were wary of one another and unsure of how they were viewed. There seemed to be uncertainty about whether or not they could, or wished to, claim one another as friends. The fact she had been barred from her former home meant her only means to try and ascertain her feelings was via social media and was left confused as to the nature of their friendship. In any case, the new distance between them would have made it difficult to meet. This is an illustration of the complexity for young people in maintaining the friendships formed in residential care which are consistently undermined by placement change and the movement. They cannot necessarily be a lasting source of recognition or mutual regard and young people become easily estranged from one another.

Similarly to Mia and Dean, Louise was positioned by staff as a risk to her peers due to her destructive behaviour, and as such staff did not encourage her contact with peers once she left. In her first interview with me, while at Clyde Close, Louise had articulated that she felt risks to her own health had increased as a result of being exposed to the drug use of other young people since living in residential care. Staff discussions around why Louise's placement was terminated tended to focus on her risk to others, which failed to foreground her own significant vulnerability. There is no doubt that young people's peer relationships pose a number of complex considerations regarding their well-being the pro's and con's of contact between different individuals. However, the idea that they are seen to 'pollute' one another is a very salient one, (Emond, 2004). This is perhaps more so where there is a lack of clarity about the types and likelihood of risk that peers may pose to one another, as opposed to the benefits of enduring relationships and social life. A pre-occupation with the risks posed by peer contact clearly raises staff anxieties.

The significance of acquaintances to getting by in residential care was alluded to by Ethan. His admission to Clyde Close was his first time in care, aged 13. He knew Bobby from the community and did not like him. Ethan gave the following account in interview:

Helen: Had you, did you know any of them before?

Ethan: I knew Bobby.

H: Oh right, how did you know Bobby?

E: Just past mates and stuff, and then I hadn't seen him in about a year or two. I didn't even recognise him. And, as soon as they said the name Bobby I was like 'It must be Bobby', because he said my name and I was like 'there's only one voice like that' and stuff like that. And I recognised him, so.

H: And was that, what was that like knowing somebody when you came in?

E: It's kinda ok, but it was like kinda weird at the same time, kind of *annoying*, 'cos I know what he's going to be like, I know he's going to be annoying, I know he's going to cause trouble. But then it's like kinda good, 'cos I got someone to actually speak to that I know.

Inevitably, enforced group living brings young people into contact with peers they do not feel a sense of connection with and would otherwise wish to disassociate from. Ethan expressed a similar double bind to Louise in that while there is a convenient element to these relationships, particularly in an unfamiliar environment, there is also a conflict. Both Chris and Michael spoke of their peer groups in both homes as

troublemakers. They were keen to distance themselves from being 'bad' themselves, but both described criminality as an inevitable part of life in residential care.

Significantly, the disruption to young people's peer relationships also fostered a sense of internal insecurity. Chris, as discussed in the previous chapter, was saddened by the loss of his 'best friend'. This was not only due to the loss of the individual - who he described as having welcomed him and provided him with an anchor when he arrived - but also due to feeling his friend's placement had been terminated 'for no reason'. This lack of knowledge left Chris with a feeling of fear and insecurity that the same might happen to him. Ethan, who arrived at Clyde Close a short while before Bobby, described a sense of insecurity in his sense of what to expect following Bobby's placement termination. I asked Ethan about the impact of changes to the resident group:

E: Er, effects of young people moving out is like really, really weird. Like, they're just gone like that and then, you're just like, if they're causing trouble or something like that, you just like freak out because they ain't doing it. So.

H: Hmm. Yeah, can you say a bit more about that?

E: Like...like, when I started sleeping here and stuff, for a couple of nights it was good, and then erm, Bobby started messing about, getting more aggressive and stuff like that and messing about...and the first couple of nights I couldn't sleep, but then I kept sleeping. And then when he got kicked out, I couldn't sleep because, like, I didn't hear the same noise what I'd been hearing for the past month or two. So it's kind of like weird not hearing the same stuff over and over and over again. And then, I've been getting to sleep more often now, like not tired now, it's working like that. So.

H: Hmm. So how long did it take before that, that kind of calmed down for you? You know when he left and it sounded different?

E: About three or four days.

In this extract Ethan describes needing to adjust and re-adjust to changes in the resident group, which had a very real impact on his sleep at a time when he was struggling to get up for school. Similarly to Chris he had been struck by the sudden nature of his peer's departure. After her move to the new home, Louise self-questioning regarding 'not missing' Chris revealed not only an ambivalence towards him, but also a sense that she did not know, or recognise, herself. In this regard, her placement termination led not only to a loss of friendship and relational life, but also her own sense of herself as someone who valued particular people and was valued by them in return.

The insecurity these young people experienced as they witnessed their peers departure links very closely to Patterson's notion of 'natal alienation' (1982:10) a lack of 'independent social existence' meant slaves could have no 'public worth'. This was partly due to the way in which slaves were viewed as sub-human. However, we can also see that an inability of the slave to 'establish new ties' due to repeat loss was a facet of the way in which they were social controlled and prevented from gaining status in society (Bodel and Scheidel, 2017:2).

Following her move, Louise's self-harm also continued to escalate, and three weeks after this interview she attempted suicide and was admitted to hospital. As Greene notes in her discussion of child slavery in relation to Patterson's concept of social death, 'suicidal ideation' was more common among children 'when separation from family and friends, and when lack of attachment to others seemed permanent and unredeemable' (2017: 205). Louise had been in care for around 18 months when she left Clyde Close at the age of 16, to her fourth placement. Friendship, however superficial, is an important part of the social milieu within residential care from which children and young are repeatedly removed and therefore alienated.

7.5 Friends Outside and Inside the Homes

External friendships were essential to some young people and provided examples of staff working towards facilitating young people's peer relationships. For example, I was informed by the manager, George that they had experienced a degree of trepidation prior to Josh moving in at age 15 due to his previous placement at another city children's home being terminated. However, while there were some difficulties at the beginning of his placement, he settled in well after a few weeks. Josh attributed this to beginning a relationship with his girlfriend, Grace, who lived nearby. He said it had been good having someone to 'keep you on track and doing the right things'. This relationship outside the home was key to his sense of security and acceptance. Josh also became a core member of the Clyde Close and seemed to carve out a role for himself. He came to take pride in his being one of the longer standing residents which showed the importance of durational belonging to some young people. For example, on one occasion I witnessed Josh in the dining room, gathering the other young people together to decide on what activity they wanted to do. Once they had voted he took the proposition to staff. His girlfriend was welcome to visit, and it was agreed with

her parents that he could also stay at her home two nights per week once he was 16. Josh's relationship with Grace and her family was supported by the fact her mother knew one of the carers in the home, who was able to mediate between the home and Grace's family. Any conflict between Josh and the other residents, which sometimes arose, would be diffused by the time he spent elsewhere. His relationship with the home was fluid, he could come and go which meant he was able to build relationships with staff and peers over time. When his relationship with Grace ended at the end of my fieldwork, the home and relationships with staff and peers came more to the foreground. This flexible relationship echoes the findings of McIntosh et al (2010) and Little, Kohm and Thompson (2005) in that residential care can fulfil a number of different purposes for children. However, during the majority of his placement at the home, he seemed to meet his need for intimacy and belonging outside Clyde Close. For most of their relationship, Clyde Close were supportive of Josh and Grace, working with her family to facilitate an agreeable level of contact. However, Grace was eventually banned from Clyde Close due to falling out with Tegan which appeared to place their relationship under pressure as it lost some of its support from the home.

Clyde Close also supported Tegan to have regular visits to her best friend who lived nearby, whose home she would retreat to when she had conflict with peers at Clyde Close. In this way, peer relationships outside the home were utilised to reduce the risk and challenges to young people within, and they became part of the home's extended network. For example, staff would call Tegan's friend when Tegan went missing to ascertain any relevant information. This more ecological approach seemed largely successful at Clyde Close, however it did appear dependent on proximity and staff resources. Connor was not supported to have peer contact in the same way, seemingly due to the distance he needed to travel to visit friends. These examples suggest that as Sinclair and Gibbs note (1998), residential care practice and young people's experience vary significantly within the sector, and sometimes within the homes themselves.

Although young people do make important relationships with other residents, they too can often be fragile and are vulnerable to changes and turbulence within the homes. Michael was heavily impacted upon by the turmoil and alterations to the peer group at Oakhill. He intervened when Jack and Dean were drunk and fighting on two occasions, putting himself at risk in the process. His relationship with Dean also

suffered due to the arrival of Mia. He and Mia's mutual dislike meant he spent more time in his room and sought to avoid her. The end of his time at Oakhill also coincided with the arrival of Ronan, who required a lot of attention as a younger resident with a sensory impairment. Staff expressed concern that this shifted attention away from the other young people due to the time they were required to spend with Ronan.

A feature in forging relationships is often being able to find common ground from which to communicate (Davies, 2019). In terms of peer relationships, it was not uncommon for young people to have met one another prior to finding themselves in the same home. For example, when I first met them, Michael and Dean both expressed that they valued their relationship as they knew one another from their home town. Dean had been pleased to find this connection when he arrived at Oakhill:

Dean: 'Then I met the staff and everything, and I thought it was all good...And then er, my friend lives here, known him for years, grew up with him...So that was even better. Everything, everything was alright.'

Helen: 'Yeah, and who's your friend?'

D: 'Er, Michael.'

H: 'Oh right, so you knew Michael before moving in?'

D: 'Yeah...I've known him since I was about that big' (about 4 feet from the ground).

H: 'Since you were just a little...'

D: 'Yeah.'

H: 'Yeah? How do you know each other?'

D: 'Er, 'cos we're both from (nearby town)...both lived together, went to primary school and secondary school together...And came here, it's just...'

H: 'Did you come around the same time?'

D: 'Er, no he was here about a year before me...And like, a year of him being here and I just show up...and since then I've just been living here.'

H: 'Ok, so that sounds like it was really helpful having someone that you already knew.'

D: 'It was a lot better yeah. Helped me settle in and everything. (Interview, Day 1).'

Michael also initially described Dean as his 'best friend' (Interview, Day 3). However, in spite of the apparent strength of their friendship, after Mia moved in, things soured.

Their friendship ended, and they were no longer in contact by the time Michael left the home, 6 months later. I asked Dean about this at the end of fieldwork, where he aired his frustrations about his relationship with Michael:

D: 'I ain't really fussed about having him for a mate, I told him when he last came as well. I said 'I ain't really looking for you to be my mate and that, 'cos of what you've done I can't, I don't wanna be your mate.' I don't know, Mia did like get in between us a bit, only a bit, but the rest of it was all down to him. So I ain't gonna be going out my way and that to go and see him.'

H: 'So did you have some of those frustrations in that friendship before Mia came on the scene?'

D: 'Yeah, sort of, but I didn't really realise what it was like until I seen it more. It just got to the point where I thought 'fuck it', I ain't gonna get involved...he ain't my sort of person.'

Dean said he felt they didn't have much choice in befriending one another when he first arrived at the home, but essentially felt they weren't very compatible, echoing what Ethan had said at Clyde Close. However, part of what Dean and Michael's relationship represented was a connection to the past and shared memories which had sounded to be significant to them both.

7.6 Peer Expertise

While Chris had expressed difficulty in dealing with the constant changes to his peer group at Clyde Close, saying it was something 'you never really get used to' he also saw it as an opportunity to meet new people. He described meeting Connor, who arrived a few weeks before Chris left care, and Clyde Close:

Helen: So when you're here, because you're the longest standing member at the moment aren't you, what's it like being with that kind of anticipation of someone new coming in?

Chris: Now, erm, I'm excited. I'm always excited to see new people, to meet new people. To see how they've dealt with, whatever they have done. There's a new young person that's came in, Connor...He's just like me. He came from Foster Care, straight into a care home. He spent at least a week in his room before he actually opened up to everyone. He's still, he's still in his room most of the time now but he's talking a lot more, erm, he's a gamer.

Gaming for Chris helped connect with new young people moving into the home and was an easy way that they could spend time together. For Chris, and no doubt other young people having a readily available peer group was an advantage as he struggled

with social relationships. However, in spite of being generally well liked within the home, he often did not keep in touch with his peers once they left. He said he had kept in touch with 'about 5' young people he had lived with, but rarely saw them or kept in touch via social media, often as people had moved away, or perhaps due to a lack of substance to these friendships once they were no longer maintained through proximity. I was saddened to witness Chris being barred from returning to Clyde Close once he left care to go into supported accommodation. His leaving the home at age 18 coincided with him being convicted of accessing pornographic images of children on the internet, which had been a long-standing problem. The home had managed this by barring or supervising his internet access. Prior to his conviction, his contact with the other residents was considered to be acceptable and had been encouraged. However after he was convicted, this was no longer the case. This caused Chris great sadness and confusion, as he had very much hoped to visit the home once he left. The other residents were not informed of the reason Chris was barred, and although this respected his confidentiality and safety, it was also a source of hurt and confusion for them. Connor told me he met up with Chris independently. While there were clearly some risks in permitting Chris contact with younger peers, he had recently lived with them without this being a significant cause for concern. Chris then lost his home, and contact with both staff and peers at the point of departure, a situation made worse by the fact he had had to disclose his offence to his girlfriend, aged 17. He was no longer able to attend his other arenas of social life, namely work experience with the council, the local youth club and college. There was never any suggestion Chris had physically harmed a child in the home or elsewhere beyond accessing pornography. I do not seek to undermine the concerns regarding his behaviour, but rather to question how the situation was managed. Due to the formal increase in his risk status post-conviction at the point Chris left Clyde Close, with the exception of his family, he lost his entire social world.

7.8 Liminal Incorporation and Dishonour

For all positive encounters exist between young people in residential care, which can be a source of 'individual power and status' (Emond, 2003:334), friendships are constantly undermined by placement instability and changes to both resident group and proximity to peers. For those who do remain in place, they are often unsettled

by the loss of peers, which can contribute to feelings of internal insecurity and a sense of not knowing one's self or one's surroundings. As Greene's (2017) research into child slavery and social death highlights, where young people whose experience of loss is on-going and separation, this can have devastating consequences for their overall well-being. An excessive concern with risk is a significant factor here, and the findings show that the generalised concern with peer relationships is not balanced by a sense of value in the ability of young people to maintain friendships and social life. This concern means that young people's friendships are not socially sanctioned by the adults around them, who have the means to support or deny contact between young people. Examples such as Dean and Mia, and Chris and Connor reveal that young people will try and circumvent adult attempts to regulate contact.

There is also an inconsistency to the management of peer relationships, which appears in part to be resource led, and can reduce opportunities for young people to be co-present, to utilise Bowlby's term (2011). The repeated loss of peer group and social life for young people connects back to Smith's point that 'the group is rarely mentioned in residential care nowadays other than as a negative force' (2009: 88). When peers lose contact or break friendships there is often a sense that it is probably for the best, rather than being a loss of community, shared history and social life. As Card (2003: 63) notes in her writing on social death in the context of genocide, 'loss of social vitality is a loss of identity and consequently a serious loss of meaning for one's existence'. For Card, social death is powerful as it takes the focus off our thinking only in terms of the individual and what they may achieve alone, which in the case of young people is severely curtailed on the grounds of their dependence on adults. Also of significance is the fact that young people sometimes feel the need to disassociate from their peers, connecting to Goffman's (1961) and Wacquant's (2007) assertion that people will disassociate from others in a stigmatised community to enhance their own position and reduce any sense of associated shame. This will be elaborated on in the following chapter on the home environment.

The notion of honour was key within Patterson's writing on social death (1982). It was described by Pitt-River's (1968) as an individual's ability to stake a claim regarding how they wish to be viewed and accepted, and for this to be acknowledged on their terms. However, as the example of Louise shows, her separation from her peers left her feeling unsure as to her status with those she had cared about. The friendships

between many young people, however, lose their social sanction when they leave the children's home, as though they are not intended to last. The inability of young people to maintain social life can be seen as a form of 'institutionalised marginality' (Patterson, 1982: 47). In his thesis on slavery, Patterson saw this as an outcome of the loss of natal connections, honour and power (p.47). For young people in care this results from repeated moves and separation. However, in part the moves are justified on the basis that peers pose a 'risk' to one another, alluding to the fact that they are already positioned as a source of contamination. This marginality is a way in which they lack incorporation into wider society through networks and communities inside as well as outside the children's home. As Patterson notes (2018: ix), drawing on Fiske (2004), the desire to belong underlies other core social motives, and this repeatedly eludes young people for whom friendship and community is constantly shifting, or sliding out of view altogether. In this regard, Patterson asserts - citing the work of Judith Butler - that loss of social life and 'the failure of recognition makes life "ontologically precarious"' (2018: xvii). The community that young people imagine will remain available to them often fails to do so. Young people's 'risky' subjectivity to return to Smith's assertion (2009), is a source of social and ontological precarity, and in the worse cases, social death.

7.9 Conclusion

Peer friendships are important not only to their ability to gain validation from others, but also to gain a sense of internal security. In a residential context, young people struggle to maintain friendships due to frequent placement moves and a loss of proximity, which affects those who remain as well as those who leave. Friendships and relationships between peers, which may be considered usual in other contexts, become a source of concern and are heavily surveyed by adult carers. The individual treatment of children's needs by social care staff prevents a consideration of the relational needs of young people in the context of group care. These factors combine to contribute to the loss and alienation experienced by young people. These themes will now be explored in the context of residential care as a 'home' for young people which retains public features, and is also heavily vulnerable to change, to the further detriment of children's personhood and belonging in residential care.

8. Residential Care as 'Home'.

'Just having that safe environment, that it's somewhere that they can come to and they know they're not going to be judged, that looks nice, because you don't want to go somewhere that's not nice. That they feel that they can bring their friends to, that they're not ashamed of, that they know as soon as they walk in the door they're not going to be jumped on and nagged at. You know, they might have been missing for three or four weeks but you're still going to be welcomed back home at the end of the day. It is their safe place'.

(Cath, staff member, on what makes a 'home', Oakhill, Day one.)

'Likewise, the stigmatised area symbolically degrades its inhabitants, who, in return, symbolically degrade it. Since they don't have all the cards necessary to participate in the various social games, the only thing they share is their common excommunication'.

(Bourdieu, 1999: 129).

8.1 Introduction

This chapter provides an insight into the impact of the placement change and turbulence through exploring how residential care is experienced as a 'home' in terms of both its public features and the frequent changes to residents and environment. The relationship between residential care and the social construction of childhood is significant, as childhood is essentially imagined as a domestic, private experience (Ennew, 2002). In contrast to recent writing on children's homes, which seeks portray them as an interweaving of public and private functions (Dorrer *et al*, 2010), this chapter argues that residential care remains a public arena. This is due to the dominance of 'work' tasks, and the fact that young people's private space can be invaded at any time in the interests of managing behaviour and 'risk'. The surveillance mechanisms undermine the domestic aspects of residential care and contribute to the stigmatisation of young people, compromising social life. The extreme nature of change in both research sites, which includes residents, staff, atmospheres and the material environment challenges the concept of home and therefore young people's ability to belong in 'place'. The way young people describe their experiences displays both place attachment and loss. My data supports Jack's argument (2012), in that the

attachment of children in care to both placement and location are not considered within decisions about their placement moves. The data reveals that young people clearly have feelings about their location and re-placement which are not considered sufficiently, if at all. Due to the volume of new young people entering each home whose tastes, needs and routines are to be catered for, children's homes are a constant work in progress. The 'public' nature of the home is evident throughout the data, as will be illustrated. Interviews with both young people and staff reveal that the purpose and meaning of the children's home is heavily contested and inconsistent, reflecting a mix of ideals regarding what home 'ought' to be and acknowledgments of the ways in which it detracts from this. It is first necessary to show how 'home' has been imagined, idealised and understood in academic literature.

8.2 Residential Care: House and Home

Sociological writing on the 'home' shows that it is idealised as a place where members can have more of a say in what happens than in the public realm, in which members can exercise greater control, which may compensate for a loss of control in other arenas (Brace, 2004; Dorrer *et al*, 2010). 'Home' is often conflated with 'house' or a physical dwelling, or where a person lives, and has associations of 'intimacy', 'privacy' and 'belonging' (Mallet, 2004: 66 – 84). More recent studies, including feminist scholarship, have drawn attention to home as a site of exclusion, violence, and disappointment, clearly relevant to the lives of many young people who have entered the care system. (Smart, 2007). However, as discussed in the literature review, concepts of the nuclear family and home have become indivisible and combine to represent normative ideas about childhood as both family and home are regarded as indispensable to the 'proper' upbringing of children (Wyness, 2014:63). Home and family life have been described as a 'moral incubator' in preparation for entering the public realm (Roche, 1992).

There are clearly contrasts between how home has been imagined and the daily life of residential care. For example, the moral education of children within institutions has always been questionable, due in part to the fact that residents were already viewed as 'contaminated' by familial abuse (Ferguson, 2007), and also due to legacies of abuse within institutions (Sinclair and Gibbs, 1998:2-3). The residents of children's homes are often there due to breaches of ideals such as personal safety and familial

harmony. What is more, children's homes and their residents are associated with state intervention, which has always been viewed contentiously within liberalism (Dingwall, Eekelaar & Murray, 1995), representing a threat to family life and the moral order. Domestic privacy has both symbolic and practical significance within liberal notions of personhood, including its connection to property as a marker of success and personal grounding which comprises the ability to exclude others from the self, both physically and in terms of managing one's public image (Brace, 2004). As Gillis notes, the poorhouse - or workhouse - was the opposite of the domestic ideal of a home, which would accommodate a family for a lifetime (1996:117). Residential institutions have not only represented the failure of family life, but the failure of ideals regarding 'home' and a person's ability to remain stable and in one place where they may build connections and extend themselves through family, property and belonging within a community (Brace, 2004). My findings show that while residential care embodies both public and the private features, it is essentially a public arena as the 'work' functions of the home dominate, with professional bodies and functions pervading residential care at all times of day and night. Homes are also visited by unknown family members, friends and relations. They are not a space over which young people necessarily have any say or control over the volume or timing of visitors. As such, children's homes are essentially public institutions, which have incorporated certain domestic features of the home environment.

In this context it is worth bearing in mind the long-standing social anxiety about children's place in the public sphere (Wyness 2012:107-108), which has led to the greater regulation of children when occupying public spaces (James and James, 2004). Children generally lack autonomy due to concerns regarding their immaturity, dependency on adults for care, and legal dictates which seek to offer protections from harm in both public and private arenas (Woodhouse 1998). However, the high level of public intervention in the lives of children in residential care further serves to undermine their worth, in the already undermined category of the child. As the homes themselves are the sites of this intervention, the connotations of privacy, security and stability which accompany the concept of home (Heath, 2019) do not apply. This level of intervention stands in contrast both to notions of the privacy of family life and of childhood as period of innocence and purity to be shielded from unwanted public intervention or pursuits. As Wyness notes (2012), children in public life - that is outside home or school - are subject to greater surveillance. This is somewhat

subverted for children in residential care, however, as their 'home' contains significant surveillance practices (McIntosh *et al* 2010), in spite of current de-institutionalisation strategies. Residential care has been described as a 'threefold space' of home, workplace and public institution (McIntosh *et al* 2010). The latter two functions are clearly public in character, though the role of carer blurs the personal and professional. Moreover, it is the vulnerability of children in residential care, due to both past and present risks and harms which intersects with childhood ideals that renders it a heavily scrutinised and inspected arena, providing a venue for a number of public functions in relation to the regulation and well-being of children and young people. This is significant to the personhood of children in residential care and my argument that they can be said to be 'outside childhood'.

Residential care exposes young people to a number of unknowns, which also affect how space of the home is used. For example, the fact that education, health, criminal justice and substance misuse interventions all take place within the homes means at times young people will remain in their rooms to avoid unwanted interventions. This not only illustrates the public character of residential care, but that residents are less likely or willing to attend non-domestic spaces designed for children, such as school or youth hubs, which in turn is a feature of their social exclusion. It can be argued, as Dorrer *et al* (2010) have done, that as such public visits concern the *private* lives of young people this actually represents an interweaving of public and private life. While this is true in many respects, the volume of people coming and going into a group home makes residential care a unique space. Not all visitors are there for all young people. Some are also strangers to those they have come to visit as I observed with Connor and Tegan, who were visited by duty social workers that they did not know. Both homes involved in this study were also subject to their Ofsted inspections during fieldwork, and Oakhill also endured the Health and Safety Inspectorate arriving on the same day as Ofsted.

Recent thinking on residential care has promoted the concept of the 'Lifespace' as an alternative model to assist our understanding of it as a space for children, by shifting the focus from location to relationships. Working in the lifespace then, involves the conscious use of the everyday opportunities that present themselves in residential work, to engage meaningfully with children and young people about what is happening in their lives. (Smith 2005). While the concept of the lifespace and the

employment of social pedagogy have put greater emphasis on taking opportunities to build relationships where they can be found, there is less focus on the role of 'space' and how it can enable or inhibit this process. A point made by Wacquant is relevant here, in that 'places' are associated with communal life, 'bathed in shared emotions and joint meanings, supported by practices and institutions of mutuality', whereas 'spaces', are 'indifferent' and impersonal, for 'mere survival and relentless conquest' (2007:69). The findings of this study suggest that the concept of 'home' remains important within discussions on residential care, as a place that is both constructed and made personal through the endeavours of those who work and reside there. While there were many examples of utilising space, activities and opportunities to build relationships, these instances do not detract from my assertion that public aspects of residential homes matter, and impact on the status of the young people who live there. In some respects, the multiple functions served by the homes were conflicting. For example, young people's avoidance of education undermined the role of the home as a safe place. While it was possible for young people to obtain a degree of seclusion from aspects of the outside world, their privacy was often intruded upon by a constant stream of visitors. These points will now be illustrated with findings from Clyde Close and Oakhill.

The data reflects the categories identified by Mason (1989:103) in conceptualising 'home', which include the 'metaphysical', encompassing our ideologies and values, in addition to its 'spacial', 'temporal', 'material' and 'social' dimensions. Data analysis produced several dominant themes with regards to the way participants viewed both 'home' as a concept and residential care as a lived reality. These include:

- **Residential Care as a 'sanctuary' or 'safe space'** – which relates to young people staying within the home, particularly to avoid other aspects of social life.
- **The physical and material dimensions.** Certain narratives equated materialism with belonging and individual expression. The physical dimension also relate to how the home was used and how space was embodied by young people and staff.
- **Attempts at 'De-institutionalisation'**. This was a recurrent theme and the design and use of the buildings reflecting this policy objective, re-stated in the Nary Review of Residential Care (2016). For instance, attempts to be less institutional were evident in attempts to create a 'homely' environment, or manage group dynamics. In addition

to reducing overall surveillance practices, de-institutionalisation is closely connected to viewing young people as individuals and adapting to their needs as opposed to requiring that they adapt to the environment or any regime.

- **Displaying belonging.** The data drawn from 'Home tours' with young people reveal ways in which belonging has been sought and displayed through the use of material items, such as furnishing and photographs. Equally, young people's views on the homes reveal how they have sought to resist their positioning and powerlessness in acts of resistance and comradeship, and that the belonging accomplished through such acts can be further undermined through placement change.
- **Children's Homes as 'stigmatised territories'.** Young people and staff continually spoke of the stigma attached to residential care, which related to their interactions with the local community and a sense that children's homes and their residents were frowned upon by others.

A key aspect of the exploration of residential care as a 'home' for children is the fact that, in the eyes of the community at large, the homes retain the stigma of criminality and the moral taint surrounding children in care (Ferguson, 2007; Shaw, 2014), undermining any sense of safety. These aspects combine to compound the notion that children's homes can be a site of social death and relational alienation due to children's contentious relationship with residential care. The stigma experienced by young people will be illuminated by drawing on Wacquant's notion of the 'stigmatised territory' (2007) which will be drawn from further in the chapter to illustrate this dimension. While young people undoubtedly have positive experiences of living in residential care, they are often undermined by uncertainty and the tenuous relationship between life in residential care and the outside world. Examples will be given from the data which gives a sense of hostility and suspicion between the homes and local communities.

6.3 Residential Care as 'Sanctuary'.

It is important to acknowledge that the majority of young people maintained social life and familial contacts outside the home and were encouraged to do so, unless there were risk issues. However, due to on-going issues of shame and stigma residential care posed particular challenges in this respect. The concept of residential care as a

'sanctuary' or place of safety emerged from both interviews and observational data, where young people seemed reluctant to engage with the world beyond the comfort, or isolation, of the home. For staff, this aspect of 'sanctuary' was also equated with the provision of unconditional care, a lack of judgement and accepting young people on their own terms. Chris in Clyde Close and Dean in Oakhill talked about residential care supporting them to avoid negative peer relationships:

Helen: What do you think residential care has kind of done for you, what's been its role, for you?

Chris: Erm, for me, erm...what it's done is well, I've matured a lot...Erm...it's got me out of bad situations.

H: Can you give me an example?

C: Erm, getting in with the wrong crowd, that sort of thing. Getting in with the wrong crowd. And then/

H: Mm, and how did living here support you to do that?

C: Erm, you feel more secure...Erm, you don't, you don't worry very often.

Dean, at Oakhill, also described a reduction in problematic peer relationships. However, in his case he connected this to a total lack of exterior social life, or engaging in any activities outside the home:

I don't know, I'm just so used to this, I've been doing it for about a year or something, not hardly doing fuck all... 'cos when I stopped going to college that's just when I wasn't doing nothing, I was just here. But I don't know, before I came here, I was always out and about and that, I had friends and that, I used to speak to a lot of people, used to socialise, used to have a laugh and that...Used to sleep through the night and that, not during the day. That all changed when I got here, I hardly go out, and that.

The Manager, Sharon, also spoke about Dean not wanting to leave the house, and the difficulty staff had in motivating him to attend college:

And we've had it before where there's something in his brain which just switches off. You could hold your hand out to him in bed, and say, 'come on Dean, all you've got to do is put your feet on the floor and then we'll just go'. And there's something in his head which stops his feet from getting out and that's his block. And he does do that, he was going to college, he was like having a life if you like, like he was going out with his friends...You know and he was doing really well and we did a massive, massive support package but he does, he just ends up like going back into his shell and not interacting. He used to say to me when he went to (alternative education provision in a nearby town), he says, 'Sharon, all they do is sit there, I don't talk to anybody, I don't engage with anybody I just sit there and wait for it to be over.' Well that's not right is it?

These extracts suggest that the home is preferential to young people than more challenging alternatives, such as attending education or meeting new people. By his own admission, Dean struggled in new social situations, *'like if I met stranger and that, I wouldn't really know what to say. I wouldn't, I wouldn't know how to keep a conversation going.'* Dean said he would get so far in achieving something new, and then give up: *'If I achieve something, I didn't really feel like it was much of an achievement. I put myself down about it, so.'* Dean's unwillingness to leave the home paints an image of the residential care as a place of retreat from public life. However, while this fits with certain idealised notions of home, in this instance it represents being unable to 'face' the world and Dean's struggle to manage his self-presentation. At times, it represents not so much a space of retreat as a place of defeat, a place to avoid shame.

Dean's avoidance of education and social life, which became more entrenched during fieldwork, also relates to the fact the home is located in a village, with no specified youth provision. This involved journeys by car or public transport to leave which added to Dean's existing problems in maintaining social life. While there may be merits to re-locating young people to isolated locations may reduce some aspects of risk, it cannot be completely eliminated. For example, Dean assaulted his peers and caused criminal damage to staff cars during fieldwork at Oakhill, for which he was prosecuted. John, a long-standing staff member at Oakhill, discussed the dilemma of balancing security with encouraging young people to develop a life outside the home:

'We make it as homely as we can, and as welcoming, and a place where they like to be but we also want them to get out there into the community as well and not see this as – I think sometimes it's seen as a refuge. This is a place to hide away and I have don't have to take on any responsibilities because there's people here who will do it. So you've got to strike a bit of a balance in a way between making this welcome, a place to live but also, look, you also need to go out there and do it and then come back. Because there are lots of things that I just feel they miss out on. I know I've had fun doing things when I was their age.'

A number of young people, at different points, seemed to use the homes as places to avoid the world, including Dean and Louise, while others, such as Conner found it difficult to maintain his existing social life due to being moved away from his 'home' area. This brings to mind a point by Yuval-Davis (2011) that to conceiving of home also relates what it is like to be away from home. For these young people, residential

care is both 'home' and 'away from home' and therefore represents experiences of loss, in addition to any positive connotations.

A new member of staff, Stefan, spoke of 'home' as *'somewhere that feels safe, comfortable, like relaxing, like you don't feel on edge, it's just security isn't it really? I mean like the soft furnishings and stuff like that, you just want a space where you don't feel threatened... just your own space, just comfort, tranquillity.'* He acknowledged, however, that Clyde Close was often the opposite of this due to the turbulence created by young people's behaviour and the unpredictable nature of the environment, with numerous visitors at all times of day.

The concept of residential care as a sanctuary then, is not solely based on being able to retreat, or remain secure, but also represents escape, avoidance of shame, and isolation. While this may be valuable for some young people given the level of trauma many have experienced, their personal shame and stigma can also be compounded by the residential environment. For example, Dean could not avoid staff entering his bedroom, the last defence against intrusion, during his relationship with Mia, another resident. Staff would knock on his door regularly or sit with them or immediately outside his bedroom door to try and prevent them having sex. While residential care may well afford avoidance of shame and some uncomfortable aspects of the public realm, personal space was often intruded upon by professional visitors to the home, defeating this objective. In part this relates to the staffed nature of the care home, which increases professional access to the environment. For example, if a child-care professional wishes to visit a family home, they may well face a degree of gatekeeping by parents who may or may not wish to prioritise access to their child. Part of the job for the residential children's worker is to facilitate access between children and various child-care professionals. The ability of young people to control their environment is therefore significantly undermined.

8.4 The Physical Environment - Furnishings, Fixtures and Fittings.

In terms of the material dimension of the home, young people had clear views regarding the appearance and feel of the children's homes. They were encouraged in both homes to contribute to the decoration of the house, even if it was only their bedroom, which was another strategy which offered some control. A number of young people had embraced this, including Dean, Michael, and Ronan in Oakhill, and Tegan, Josh, Connor, and Louise in Clyde Close. Young people decorating their room

was seen as a way through which they could express their individuality and develop a sense of belonging. For example, prior to Ronan moving in, he was asked by staff what kind of bedding he'd like which was purchased prior to his arrival, along with a poster of his favourite football team. Josh explained to me when he showed me his room that he'd chosen complementary pictures and bedding featuring a city scene, whereas Dean hung a national flag, and Michael hung posters of his favourite bands. There was a recognition of representations of the self through material items. There was a sense that this increased young people's sense of ownership and belonging and was also a way of creating memories by engaging in activities with staff. The importance of creating and keeping memories through activities is noted by Emond (2016:101), and spaces are also significant in this regard as they both represent people and groups, functions, tastes and periods of time.

At Oakhill, my House Tour with Dean took place at the end of our first interview. I asked if he had been part of choosing the furnishings in the lounge. The lounge was a large, long room, with the hallway at one end, and a and games room at the other, both sides overlooking the gardens. It was decorated a pale pastel blue, with blue and lilac leather sofas, which surrounded the TV. The TV was protected behind a Perspex screen, fitted into a large cabinet, as the manager explained it had previously been a target of damage. It was important to staff that the screen was discrete and did not look 'institutional', however they also felt it was necessary to protect the television. There were colourful pictures on the walls which Dean told me had been chosen by a previous female resident who 'was into her art'. I asked Dean about the décor during the tour, and Mary, the deputy manager, also joined in:

Helen: And what about the decor? Has it been decorated while you've been here?

Dean: Yeah, I'll show you the other rooms. (Walking through adjoining door to the lounge) That's all been re-done. Because when I first came here it was like, a horrible carpet, it was like a greeny colour...but, new sofa's and everything, new TV.

Helen: Ok. That TV's enormous.

Dean: Yeah...It's a good TV. And then all this room, that's all been re-done. I don't know what's happened with that but they was working on it for like a few weeks, and then they did all this (pointing to the TV cabinet). There was like a fireplace here aswell (where the TV was encased). It went all the way down here (pointing to the wall) so they had to knock all that off...and plaster it all and everything. So it took quite a while. It's worth it and stuff.

Helen: And did you choose the furniture aswell?

Dean: Yeah.

(Mary joins us).

Dean: We went to pick all the stuff didn't we Mary?

Mary: Pick all what stuff, the furniture?

Dean: Yeah.

Mary: Well, we did, it wasn't what we chose was it? But, we'd picked all from the big furniture shop called (name), didn't we?

Dean: Yes.

Mary: And then when we went to buy it because they class us as a business and not a house. They said they wouldn't honour the warrantee on it.

Helen: Oh really?

Mary: So, if you bought it for your home you could have a 3 year warrantee, but because we were buying it for this home they wouldn't give it to us so,

Helen: Oh dear.

Mary: ...that was pretty mean wan't it (to Dean). 'Cos you wanted a recliner didn't you?

Dean: Yeah. But then we chose this one and then/

Mary: So, we kind of, it was you, yeah you came, I was thinking if it was Michael came aswell, but you came with us, we were looking at like having some different colours weren't we so it wasn't all just one big block of colour. So. So, we got it from a different place, didn't we, so it's not exactly what we chose, but it's similiar to what we chose. (Dean and Mary during the House Tour, Day one of Fieldwork in Oakhill).

This extract is interesting as it reveals that asking young people and staff about the furnishings also reveals something of the history of the home, whether young people are aware of this, and of how and why decisions were made regarding the home. This revealed a greater sense of belonging and continuity than simply asking questions. Dean was able to show that he had indeed been included in decisions about the home, and that considerable thought had gone into its decoration. It also reveals that engaging in such activities is a way of creating memories for young people, and therefore illustrates a sense of continuity between staff and residents along with a sense of ownership, and potentially, pride. The value of activities in building relationships, passions, belonging and memories in residential care has been stressed in writing on the sector (Smith, 2009; Smith, Fulcher and Doran, 2013). Involving young

people in such 'homebuilding' activities seemed to be a valuable way of spending time. Dean said during both his interviews that he very much liked the layout, size and comfort afforded by Oakhill, but wished it was in a different area where there was more to do than the village. It is also interesting that the home was classed as a public 'business' and not a private 'home' by the furniture shop, which imposed limitations on their choice of furniture. This again highlights the practical as well as the financial implications of the public aspect of residential care.

Within the home, social life among peers was often fostered in particular spaces. Communal areas proved to be important. For example, Michael described befriending other residents when he first moved in by going outside for a cigarette, where sharing tobacco was a means of gaining acceptance and starting conversation. It was common to see young people sitting outside smoking together at Oakhill. Similarly, young people would gather outside the back door at Clyde Close. The dining room at Clyde Close proved key to the social life of the home. Although a couple of staff bemoaned the large 12-seater dining table as too large and 'shabby' (Tom, interview) or more suited to meetings (Neil, interview), it appeared to be a crucial to how some people spent time together. The main entrance led into the dining room, with the adjacent kitchen and lounge. This meant that when young people came in, they could simply join staff at the dining table where they often sat, and that there would be someone to greet them. Staff were conscious of the need to spend as much time outside the office as possible. One significant advantage to being able to join others in the dining room was that young people could simply sit and observe or take part without having to ask for time from staff. This seemed particularly helpful to young people who may otherwise struggle to approach staff for time and attention. As Smart notes, there is a connection between concepts of home and the meaning of relationships inhabited within.

'the concept of home cannot be 'fixed' as it has multiple meanings which reflect 'the quality of relationships which are associated with home, or a time of particular activity (such as home-making or childhood), or a time of movement...it is not a constant nor does it reflect some kind of biologically given yearning (although being homeless – as opposed to mobile or nomadic – may always be deeply troubling.' (Smart 2007: 163).

8.5 Damage, Repair and Re-Placement.

The data showed that there is a direct relationship between the material environment and young people's placements, which will now be discussed. Some aspects of how home has been imagined are more concerned with familiarity and knowing what to expect and how to behave. In her study of ritualised practices, Fortier (1999:47-48) utilised Butler's notion of performativity. She emphasised the value of places where we are not required to 'try and make sense of what is going on', which provide familiarity and comfort through a sense of knowing what to do and how to behave. The disruptions young people experienced in the children's home meant it was often impossible to predict what was going to happen, or how to make sense of it. Even if we discount the symbolic associations surrounding residential care, the lived experience of young people and staff illustrates a level of inconsistency and change which impact on personhood and the development of the self in myriad ways. On the micro-level of the individual it can make it difficult to claim as a home. In particular, the lack of stability and the public nature of the home and the stigma it continues to hold contribute to the social death of young people. As Gillis states:

'The home was an imagined community in the same way as the homeland. As symbols, they became modernity's spatial points of reference, essential to individual and collective orientation and identity...it is a multivalent symbol with the capacity to reconcile class, gender and age differences, home has perhaps become the most powerful source of identity in the modern era' (Gillis, 1996: 114).

It is hard to fit within the 'collective' orientation and source identity in an ever-changing environment.

There was a considerable amount of damage to both homes during the period of fieldwork. I arrived at Oakhill at 1pm on a weekday early on in fieldwork and rang the bell at the rear main door. Mary, the deputy manager, answered and said hello, and that she had forgotten I was coming as they'd had a disrupted 24 hours. We went into the office. It was simply not the same room I had been in the previous week. There were brown and white swirls all over the carpet and damage to the office door. It was hard to make sense of, as my mind was already trying to deduce what could have caused the marks on the floor. When I commented on the carpet Mary said it had been caused by Dean throwing coffee granules and shower gel on the carpet after breaking into the office. She explained there had been a fight between two young

people, Jack and Dean, partly due to Dean getting drunk. Staff had restrained him to prevent further assault to Jack and Dean was currently at the Police station. Jack and two members of staff had gone to A&E with minor injuries. What was striking about this time was not just the damage to the environment, which was fixed by my next visit, but a palpable sense of shock. There was a sense that while staff had taken appropriate action they were in limbo, that people did not quite know what to do with themselves. Whatever sense of order existed in the home had been broken and suspended. Staff looked tired, and Mary looked shrunken. The staff were inhabiting the aftermath of a severe disturbance. I did not ask how much the damage cost to repair but assume it will have been hundreds of pounds, even with the presence of two 'handy men' employed by the local authority who seemed to be in the home most days. They performed a number of repairs and alterations, for example, when Ronan arrived, a number of measures were taken in relation to the health and safety features of Oakhill to accommodate his sensory impairment. When young people leave, it may necessitate re-decorating bedrooms, and the change and removal of furnishings. While there are definitely periods of time in residential care which do not require effort in making sense of what is going on, and can therefore offer a sense of fit, as in Fortier's account (1999), they are vulnerable and prone to disturbance.

8.6 Resistance and Belonging

Conflict and disturbances frequently left their mark in both homes, in burn marks on doors and walls, broken furnishings or holes in plaster for example. They provided useful insights into what had taken place in the home during my absence, and basis for eliciting stories from young people. The impact of young people's feelings could be traced on the physical environment. On an early visit to Clyde Close when Louise was showing me around, she pointed out burn marks to the attic door in the ceiling which she said had been caused by her and Chris 'messing around'. Young people's acts of damage did not merely resort from thoughtlessness or anger but seemed to represent acts of resistance, or a desire to make their mark. Acts of damage committed by Louise were often secretive, some involving writing her name. As described in Chapter 6, her destructive acts seemed to gain momentum after distressing experiences. They were both acts of provocation and rebellion, and some seemed to represent issues related to her experiences of abuse and associated

problems with self-image, such as fire-setting (Kennedy, *et al*, 2006) and smashing mirrors. Josh described climbing on the roof during the early days of his placement as he had not wanted to be placed at Clyde Close and did not want to come inside.

During his tour of the home, Chris showed me two examples of young people making their mark on their temporary home. Chris showed me a small gap under the stairs, near the office, big enough to fit 2-3 young people if they were crouching. He told me he had been shown this by a previous male resident who had befriended him when he first moved in. This young man told Chris that it was a tradition to graffiti your name under the stairs, which were still visible when he showed me. Chris told me he'd been deeply affected and 'sad' when this friend got 'kicked out for no reason', or at least not one he was aware of. In the context of the brief nature of young people's placements, writing their name in a hidden spot seemed an appropriate marker to acknowledge that they were there at one point in time, particularly when memories and information are easily lost in transition. This spot seemed to serve as a site of memorial for Chris who had not managed to keep much contact with his friend, where he could remember their time together fondly. Chris had also been interested to find some stones in the garden when he was working on it with a member of staff which had young people's names on, assumed to be previous residents from some years past. Chris found it re-assuring to know that other young people had left their mark, that they had been there, too. It offered some sense of connection to the history of the home which lay outside the memory of any current occupants or members of staff.

George, the manager and Ellie, Louise's key worker, later explained that due to burn and other marks, the fire doors to both bedrooms would need replacing as the protective seal had been broken, which cost hundreds of pounds. There was clearly a connection at Clyde Close between material damage and placement termination, with George stating he had to terminate Bobby's placement as he cost 'thousands of pounds'. There appeared to be fewer visits by council staff to conduct repairs to Clyde Close, although it was still a regular occurrence which I noticed on four occasions during fieldwork. This may have been because Clyde Close was due for permanent closure due to its dilapidated state. However, it was a regular sight to see staff members such as Neil and Pippa carrying around new curtain rails, or tins of paint. Repair work due to the damage caused by young people was an on-going feature which contributed to the number of external visitors, but also time taken up by staff

in doing chores, although as with Pippa they would seek to involve young people when it was deemed appropriate and useful to do so. The level of disruption in the home could also be marked by the level of investment in furnishings. For example, at Clyde Close, after Bobby and Louise departed, some new pictures appeared around the home. I asked Chris about these and he thought they had appeared as the young people causing most damage had gone, illustrating a relationship between investment in young people and the environment.

Photographs were a common way that staff sought to display belonging and create memories and a sense of home for young people. Photographs of young people during activities together or with staff were displayed around both homes and within the staff offices. Staff kept a photograph display of current young people outside the office door, which included at one stage them on a 'Prom' night to mark leaving school, as staff felt they were missing out in not having one. At Clyde Close, there were photos of Chris taken during an outward-bound holiday, and others of young people laughing together during different activities. Staff were keen in both places to include new young people in photograph's early on to avoid feelings of exclusion. This showed investment in remembering valued occasions and friendships. However, this display was also subject to change, as the photos of previous resident's came down soon after they left, sometimes leaving a visible gap. I found this practice depressing, as it added to a 'conveyor belt' feel during times of rapid change. I questioned this practice with manager's at Oakhill, who pointed out that the removal was in the interests of confidentiality. This highlight's a tension between recognition, belonging and anonymity, the latter serving to expunge young people and reinforce the pre-dominance of public functions. During interview, Chris became emotional talking about the loss of his friend, which he stated was partly due to this creating an anxiety that anyone could be 'kicked out for no reason', including him. Removing photos so soon after young people leave could also feed into this anxiety, not only that they would be gone, but also forgotten.

8.7 Atmospheres, Routine and Change

This kind of disruption and change, often created within very dramatic and emotionally charged events, gives us cause to reflect on the atmosphere of the home environments. While there is a good deal written on every-day life in how people experience home, there is less on the purpose of movement and change. As Pink and

Leder-Mackley note 'movement is infrequently engaged to understand...how people live in their homes', and insufficient attention is paid to how atmospheres are experienced and created (2016:171). At Oakhill, Mary and other staff had given considerable thought to the creation of atmosphere with regards to the decoration of the home and aspects of routine and celebration. She told me that in the past staff had consulted young people with regards to the decoration of the home. The young people she said had chosen bright, primary colours, such as red or blue. This she said had the effect giving the home a charged feel, and impacting on the mood of the young people, who seemed more 'hyper'. They then re-decorated, choosing calming pastel shades, such as pale-blue, and Mary said this calmed the atmosphere or mood of both the young people and the home. In this way, the actions of staff were concerned with creating a relationship between the home and its inhabitants, in which the environment could better contain the young people. This kind of attempt to regulate atmospheres and emotions was not only connected to calming the home, but also their place of work, to allow both arenas to be more comfortable to inhabit, again revealing the enmeshed nature of the public and private domains.

The provision of education in residential care also impacts on the atmosphere and how different rooms are utilised. A key arena for children within childhood is the provision of mass education, and children's attendance in education has become a marker of their social inclusion (Wyness, 2012:34). Attendance at schools or formal educational establishments has become a characteristic of a normal childhood, and a key arena of belonging for children (Ennew, 2002). The majority of children in both homes were not in mainstream education, and either had no provision arranged (Dean, Louise) were refusing to engage with the provision that had been arranged (Connor) or received personal tuition within the homes (Mia, Ronan, Silas, Tegan, Bobby), with which they engaged sporadically at best. Ronan's education was not formal schooling as such, but substitute activities as he had already been excluded from the only local schools which could meet his sensory impairment needs. Alternative provision was proving hard to arrange due to his sensory impairment and 'behavioural issues'. Michael and Chris both had college placements, which Chris was attending and enjoying. Michael was attending but missing a number of classes. Therefore, in addition to their other functions, both homes served as environments for the delivery of formal education and also sites in which the young people resisted this access. This meant lessons had to be carried out in the domestic arena, usually in

the dining room or living room in Clyde Close, or sometimes the games room in Oakhill. Education had been arranged for Tegan at the local library with a tutor, however she objected to this as felt it was, ironically, too public, and staff relayed that she was reluctant to go due to feeling exposed. Mia had a similar arrangement at Oakhill but had also refused to attend. However, as Ellie noted, she also then struggled to work inside the home:

It's the same with their education...they struggle in mainstream school, most children in care homes do if I'm honest. It's very rare that we have one in mainstream school that can manage it. And they come to the, just getting that service...the alternatives, what we can do instead, they take weeks to set up. And it's not always, they're not always right. Like we had a tutor with Tegan, erm we introduced a new tutor with her. Really quick service but she just wouldn't engage. (Ellie, Interview).

This shows that educational delivery was affected by young peoples' personal struggles, poor provision and gaps in delivery. The provision of education at the homes had a number of consequences. One was that the young people adopted various means to continue to evade their tutors, often staying in bed. I witnessed this with Harvey on one occasion, during a period when he frequently absconded from the home. On this occasion his male tutor waited and chatted to staff and myself in the dining room at Clyde Close, for around half an hour before giving up (Observations mid-way through fieldwork) Tegan would spend more time at her friend's home depending on whether she was getting on with peers in Clyde Close. I noted on day 24 of fieldwork 'Tegan has gone to a friend's, she's refusing education I'm told by Maria, probably due to an upset with her brother' revealing the intersection between the different aspects of young people's lives and whether they were present or absent. On another occasion, Tegan stayed in bed for most of her lesson, getting up in time to work with her tutor for around half an hour prior to the session ending (Observations, Day 25 of fieldwork). On one of my last visits to the home, I arrived to see a hooded figure walking around the perimeter fence to the home. I guessed that this was Silas, but had trouble making him out in the pouring rain. On entering via the back door to the dining room, I found a woman I had not met before sitting at the dining table alone. I introduced myself, and she told me she was an education tutor there to deliver education with Silas, however he did not want to meet with her. The figure was still walking around outside, and we confirmed between us that it was him. Silas therefore could not stay at home to avoid education as he had arrived back after the tutor, he had opted to stay outside, on this occasion in the rain. Another effect

was that the other young people who were not involved also tended to stay in their rooms when their peers were being educated in the living spaces. The dining room was the most popular communal space at Clyde Close, and adjoined the kitchen, effectively putting them out of bounds. As the dining room also served as an entrance to the building it also meant people such as myself and other staff intruding on the class room. The fact that the young people were out of education and at home during the day affected relationships with staff and one another. On my final visit to Clyde Close, none of the young people were leaving the home for education. Staff told me that this was having an effect on staff as the children were at home most of the time, meaning they were not getting time out from one another, placing relationships under greater strain and increasing staff stress levels. These examples show that the homes cannot always serve as a place of safety, used to escape from a sense of shame when they are pervaded by public functions, such as education, which can reinforce a lack of confidence.

The materials of the home are also used to 'make' atmospheres (Pink and Leder-Mackley 2016, citing Ingold, 2013). Thinking about appearance in this way served to try and reduce the number of times when they may lose control of both the young people, the environment and the atmosphere, such as in the incident described where the office was damaged and young people were arrested. Repair work following such events served not just to restore the material dimensions and functionality, but also routines and atmospheres. The creation and maintenance of atmospheres within homes have been associated with routine, as families use lighting and other tools to create certain moods (Pink and Leder-Mackley, 2016). However, routine within either Oakhill or Clyde Close was lacking or extremely fragile and hard to preserve, which detracted from the ability of staff to control the atmosphere. This too could be related to the large number of visitors, as each person brought their own agenda and way of interacting with the homes and young people. The significant changes wrought by new residents was also notable, as this led to changes to the appearance of the home, and what to expect on a day to day basis.

Another example which Mary gave was around the celebration of Christmas. She stated one year that there was a lot of anger in the home around Christmas time, and that this abated when they removed the decorations early (after Boxing Day). She stated things 'felt better' and that the young people seemed happier. This is a useful

illustration of how decorations of various kinds can be both affecting and evocative and impact on young people's lived experience. In his work on home visits conducted by social workers, Ferguson observes that confronting and negotiating 'an atmosphere of tension and sometimes menace, pervaded by uncertainty, anxiety, fear and adventure' (2011:83). This work of negotiation is no less significant in a residential setting for either young people, staff or visitors. Attending a residential care home can often be anxiety inducing due to uncertainty of what to expect. Some visits could impact more greatly on the feel of the home, such as those by the police.

8.8 Police Visits

The police were a notable presence in both locations. Police attendance at children's homes is problematic on several grounds, not least of all the lack of trust many young people have in the police (The Howard League, 2016). Due to the nature of reporting requirements police will often call late at night, for example when a young person is reported missing after 10pm, and the police are then required to call at the home at the earliest convenience to take a statement from staff, or in cases of disruption to arrest a young person. I did not witness this during my time in either home, but heard about some night-time calls due to disruption, such as the incidents with Dean at Oakhill and Louise at Clyde Close. I witnessed police attending on two occasions during my visits to Clyde Close, and was also aware of them being called in on two occasions at Oakhill, and also visiting at other times to take statements from staff and young people. I was also told by George on day 8 of fieldwork that after Harvey had been missing for several days that the police had instructed them to lock him in the home if he returned until they could attend. In the City home, Clyde Close, there was acknowledgement between the staff and police that it not desirable to arrest young people if it could be avoided, and to try and build positive relationships between the young people and the Police if possible. Maria stated in interview:

'...I think what we use less is police. We try not to report young people to the police, we try to work with young people, again, instead of reporting any incidents to do with young people here...we try not to criminalise young people which I think is really, really good. Like before it was straight away...I think contacting the police it will be the last resort where nothing else worked...I think it's called, not sure if the police are still using it, (the) Ten Point Checklist. So you can report something or someone to the Police if you've done this, this and this...and plus now if you think something should

be reported to the Police you have to have management approval.' (Maria, Interview).

In spite of these measures to reduce both the demand on the police and the criminalisation of young people, I was still aware of three arrests of young people at Clyde Close, namely Harvey, due to absconding and breaching the conditions of his court order, Louise, on the night she left the home, and Bobby for extensive criminal damage to the home. George cited the 'thousands of pounds' of damage caused by Bobby as one of the reasons for terminating his placement. This appeared to be a greater issue at Clyde Close as it was already in very poor repair and required considerable up-keep. Both Local Authorities were under pressure to reduce costs substantially as a result of cuts to government funding.

The police had been contacted one evening and asked to visit Clyde Close if they were able to, due to the level of disruption the home had been experiencing with Louise and Bobby. The police arrived, two males, one constable and one PCSO, and sat with staff and young people in the dining room. Most young people left the room, however Louise stayed, seemingly to listen to the conversation, and perhaps because she was unsure what to do. It was around 6pm and dark outside. The conversation with the police was a mix of formal talk about the consequences of crime for Louise's benefit and informal chat with staff. The police were clearly trying to engage the young people and were not there to arrest them on this occasion, however, they were still a visible and commanding presence who had been called in due to the damage caused by the young people. On another occasion, Chris's Mum arrived to collect him in the afternoon, and stated she was alarmed to find police in the home at the dining table. Although their visit was not due to Chris, her being alarmed by their presence is understandable given their association with crime rather than welfare and the impression this creates of the home.

In addition to visits from education and the police, each child was visited by their social worker, or duty social worker if their social worker was off work as was the case with Tegan on one occasion, hold their review meetings which are multi-agency. There would also be visits from Youth Offending staff (Bobby, Harvey, Chris, Dean), Drugs workers (Dean, Michael, Mia, Louise), CAMHS workers (both homes received them for supervision in addition to meetings with individual young people), Leaving Care workers (Michael, Chris, Jack), and family members. The comings and goings therefore were constant, and this does not include staff coming on and off shift. The

door to residential care revolves around such activity and adds to a sense of disruption. Scott, a staff member at Oakhill commented on this problem and how it affected the feel of the home, stating:

'I feel for these kids, I really do. It must not feel like a home for them. You're having meetings take place here, you know, like yourself coming in - no offence- but, studying them, erm and they don't seem to get a minute. Erm, young people's meetings, you wouldn't have them in your home...In that respect I don't think it's a home for the young people. It doesn't *feel* like a home, it may look like one, but I don't think the environment feels like one...you know the meetings and us as staff coming and going.' (Scott, Interview).

In addition to the number of visitors, each person who attends the home must first visit the office and 'sign in' for the purpose of personal and fire safety, which

shows and dominance of albeit necessary procedural considerations. Examining the volume and nature of visits to the homes illustrates that residential care cannot be disguised as a domestic arena for young people.

8.9 Social Life and Stigma

Young people are not oblivious to the stigma surrounding residential care and, at least initially, being placed in a children's home was often seen by young people to compromise their social life. Chris for example, only told his 'most trusted friends' that he moved to residential care from foster care, whereas he had not been so guarded about his being in his foster placement (Interview, 2017). When I asked him what he imagined other young people would make of him living in a children's home, he said:

'Well, care homes have a stigma about them and it's not a very nice stigma. Most people when they think of care homes think of rug rats, like, right little so and so's. And yeah, there are occasional scum bags in here I guess, umm, but most of the time it's really nice people'.

This reluctance by young people to acknowledge where they lived was something staff were conscious of, due to its associations with living in 'institutional' care. Cath stated in interview that

'(the) young lady that's just left she did not want her friends to know she was in care...she said all people judge you...she still obviously had that perception that she would be judged for living here'.

Cath went on to state that the young woman decided 'after a few weeks...that we weren't such a bad place' and did invite people to Oakhill. However, she had initially exercised caution to avoid 'judgement' before deciding the home would not compromise her self-presentation to her peers. These accounts also show that young people soon start to create a necessary distance between themselves and the home's reputation, projecting the negative aspects onto other young people. Young people seemed to be aware on some level that residential care is viewed as a poor substitute to family life in the eyes of others and were clearly sensitive to this;

'I had this conversation with one of the young people at the weekend because obviously it was Father's Day and it triggered off quite a bit of upset for, a couple of young people...they actually were talking about the stigma of living in a care home...And I was trying to sort of understand, explain to them, in a way that seemed right at the time, that you can't always live with the people you want to' (Ellie, staff member, Clyde Close interview).

Living in residential care then was contrast to various social norms and expectations which compounded other experiences of rejection and disconnection from other arenas they felt excluded from, such as wider social occasions. In summarising the factors which contribute to children's social exclusion once they arrive in residential care, Kendrick (2009) cites 'displacement, loss and lack of control', 'multiple placements' and educational disruption in addition to 'social and geographical isolation' and the 'social stigma related to residential child care'. Children have therefore often spoken of residential care as a stigmatising environment.

A further aspect of residential care which complicates it as a 'home' or domestic arena for young people is the relationship between children's homes and the wider community, which had been fraught in both locations with active suspicion on both sides. Even though there may have been no active hostilities with the neighbouring community during fieldwork, previous difficulties were kept alive through the re-telling of stories, and both staff and young people imagined that neighbours had a low opinion of the homes and their young people. Staff in Clyde Close were also critical of the community due to it essentially being a social housing area and having previously experienced problems with drug use and CSE in the area. The community was often envisaged as hostile or threatening and likely to increase the vulnerability of young people. Both George and Neil gave the example of a social worker who had once brought a young person to the home to show them where they would 'end up' if they did not stop getting into trouble, which was clearly inappropriate. I was told similar

stories by Cath at Clyde Close who said she had challenged friends who had told their own children if they did not behave, they would be sent to where she worked. Part of the task for staff became defending the reputation of young people and the children's home against the wider reputation of residential care, and of young people who do not live with their families.

One afternoon I was in the dining room at Clyde Close when two men called at the back door, which Ellie answered. I overheard a conversation where one of the men told Ellie that his mountain bike had been stolen and he had been told by a neighbour that a lad at the home had one the same and had come to ask if he might have stolen it. Ellie assured the man that while Chris had the same bike, it was not stolen, and showed him Chris's bike. Ironically, Chris's previous bike had been stolen from outside Clyde Close, and his new one had been fitted with a serial number by the police, which Ellie used to clarify it belonged to Chris. When Chris was told about this incident, he sighed and said, 'It's just the stigma these places have'.

An examination of both homes revealed that young people valued their material surroundings, being able to personalise their rooms and furnishings. A combination of time, activities, relationships and material life were key to young people being able to acquire a sense of familiarity and to build memories within their surroundings. In many respects residential care could offer a place of safety, meaning in part that young people could avoid certain activities which they found challenging or shameful. However, for its positive dimensions, the fact that young people were unable to limit who came in meant that the homes retained an essentially public character. The on-going associations of criminality and moral deprivation also meant that young people were constantly required to account for themselves in relation to the home and their peers, projecting the negative aspects of the home onto their peers or former residents. This alludes to the point made by Bourdieu (1999), that

'the stigmatised area symbolically degrades its inhabitants, who, in return, symbolically degrade it. Since they don't have all the cards necessary to participate in the various social games, the only thing they share is their common excommunication'.

What is more, deflecting this stigma can serve to alienate residents from one another in the interests of self-preservation, which serves to undermine communal life. Whereas in his earlier writing on 'Wine Alley', a poor area in Glasgow, Damer (1974) discusses this point in relation to stigma, he preferred to utilise labelling theory to

understand the relationship between the reputation of a place and its people. Wacquant, as discussed in chapter three, took the discussion a step further and added location to Goffman's existing sources of stigma, describing this as a 'blemish of place' (2007:67). While Damer (1974) focuses on the tarnished 'reputation' produced by stigmatised territories, Wacquant described them as 'social purgatories' (p.67). Whereas Damer drew upon labelling theory to address how people both acquire and live up to a reputation, this did not address mutual alienation amongst stigmatised populations comes into being. Wacquant comments on the 'acute sense of social indignity' (p.68) that is produced for residents of relegated areas:

'People there commonly hide their address, avoid having friends and family visit them at home, and feel compelled to make excuses for residing in the infamous locale that stains the image that they have of themselves.' (Wacquant, 2007: 68).

There are obvious parallels in this account and that of the young people such as Chris, who when discussing the poor reputation of residential care, stated that some of his fellow residents were 'rug-rats' and 'right little so and so's'. Or Michael, in Oakhill, who talked about the 'bad lad's and lasses' in the home. It is telling that both Michael and Louise, in both homes, also saw residential care as a place of last resort, where they believed they lived because they believed no one else would have them, reflecting the dominant narrative about residential care.

Importantly, Wacquant also stated that the distrust created by such weakening social bonds is partly 'fostered by the tendency of individuals to retreat into the privatised sphere of the household and by the strengthening of feelings of vulnerability arising in the course of the pursuit of security...' (2007:70). However, young people in residential care can only retreat so far from sources of shame. Paradoxically, children's homes require that children seek to belong and seek inclusion in a site has the potential to increase both their social exclusion and their sense of sense of stigma (Kendrick, 2009). In his account, Wacquant is situating the household as a place of retreat from the stigmatised exterior; however, residential care is the stigmatised interior, regardless of where children's homes are located. While Wacquant is, of course, writing about the effects on whole communities of de-industrialised capitalism, the additional category of stigma of place is highly applicable to children's homes, which regardless of their type or appearance, continue to be maligned nationwide. Protests are mounted by local residents in a high proportion of areas in

which they are proposed, as discussed in chapter 2. In this regard, the reputation attached to residential homes and their unknown residents persists, regardless of their individual features. The efforts made to de-institutionalise the homes were sometimes at odds with other elements of public policy, for example during my research, Clyde Close home was, according to the manager, given a 'good' and not 'outstanding' rating by Ofsted due to the staff being required to wear their identity badges as part of council policy, which was felt to be 'too institutional' by the inspectors (Interview with George, Clyde Close Manager, 2017).

As Jenks (1996) notes in relation to child criminals, for children in residential care there is a kind of 'conceptual eviction' from the category of child. Children in care exist as both threatening and vulnerable in the public imaginary, which serves to further undermine residential care as a domestic sphere or private sphere, due to historic associations of criminality, abuse and scandal (Shaw 2012, Smith 2009:35). It is an arena which seeks to protect *children*, and yet fundamentally undermines their status in the category of the child.

8.10 Conclusion

The stigma attached to residential care is not its only problematic feature. This chapter has sought to re-assert that children's homes are a public domain, at odds with many of the ways in which 'home' and 'domesticity' have been idealised, which compromises belonging for children. There is a limit to children's already reduced powers of exclusion, key to the concept of 'home' due to an unrelenting number of visitors which further signifies their positioning as 'risky subjects' (Smith, 2009). Displays of community and belonging are often un-done by the high turnover of residents in spite of attempts to de-institutionalise practices and recognise children's individuality. Children's homes remain highly unpredictable settings which in spite of attempts to the contrary can undermine possibilities for familiarity and therefore, belonging. As such, residential care cannot offer children an arena from which to retreat from public life, or to avoid shame, hurt or distress. While this is true for many homes, this is acute in residential care due to its unpredictability and tenuous relationship with the outside world.

The following, final data chapter will diverge somewhat from the theme of relationships to examine how the utilisation of children's participation rights can actually serve to undermine their position in residential care, and prove to be a further source of detriment to their personhood.

9. Residential Care, Rights and Personhood

'First, total institutions disrupt or defile precisely those actions that in civil society have the role of attesting to the actor and those in his presence that he has some command over his world – that he is a person with 'adult' self-determination, autonomy, and freedom of action.' (Goffman, 1961).

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'If I had it my way the whole world would be trashed.' (Louise, Interview, 2017).

9.1 Introduction

This chapter will discuss the interpretation, enactment and utilisation of the children's rights in residential care, principally in terms of the tension between protection and participation rights. As such it has a different emphasis to previous chapters which were more directly focused on the relationships young people forged with others and the home itself. However, this chapter illustrates how relationships are required for the meaningful enactment of children's rights.

There is a substantial body of work relating to children's rights and personhood which debates the value of adopting a liberal rights framework in relation to children (Alderson 2000, Archard 2015, Arneil 2002, Noggle, 2002, Valentine 1996). This literature will be discussed in light of data from both children's homes which illustrates the connection between a recourse to children's rights and placement breakdown. Fieldwork data will highlight that there is a problem for children in care when their rights to participation and autonomy are conflated with personhood and independence. As Arneil (2002) observes, protection rights can undermine autonomy rights; and the tension between different types of entitlement is particularly evident in the case of children. The narratives I encountered during research reflected this complex mix of entitlements. In particular, participation rights will be discussed as a problematic feature of young people's care experience. At times young people's

wishes are interpreted in ways which serve to individualise the child, undermining any sense of belonging and stability, therefore contributing to their relational alienation.

After outlining the complex position of children within the rights framework, data will show that there are serious inadequacies in how children's rights play out in the care system, resulting from multiple structural and relational factors. This includes young people's complex needs and behaviour, and adult attempts to maintain power over young people and the home environment. This will show that rights for children in care are too often conflated with choice - via their entitlement to express their wishes and feelings - which can lead to a literal and de-contextualised interpretation of young people's 'voice' (Lundy, 2009). The way in which young people's wishes are interpreted in a residential context can actually contribute to their silencing, as their self-expression is often subsumed by the need of adult carers to maintain control in the management of multiple considerations. Children in care therefore come to be positioned as individual, rather than relational beings (Steckley and Smith, 2011). As such, decisions regarding placements and other factors are often taken in a way that further isolates young people, who are seen as responsible for their own actions.

To utilise the work of Goffman (1961), this can contribute to children's 'loss of face', whereby the way in which a young person seeks to present themselves to others is either not accepted, or is ascribed a different meaning. A preoccupation with 'wishes and feelings' does not necessarily serve to retain a focus on the needs of young people as dependents. Children require enduring relationships with others to give meaning to rights and entitlements (Smith, 2009, pp.10-13). For children in residential care this is further complicated by the fact that core to the UNCRC is the 'right to family life' and the fact that the family is seen as essential to the development of personhood for children and young people. It is worth bearing in mind that the advent of children's rights is partly responsible for the maligning of the residential sector, as the 'right to family life' is enshrined in both the UNCRC and the Children Act 1989. The UNCRC expresses the conviction that:

'...the family, as the fundamental group of society and the natural environment for the growth and wellbeing for all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities in the community' (UNCRC preamble 1989).

It is imagined that supporting the child within the family will leave them 'fully prepared to live an individual life in society' (UNCRC preamble 1989). The implication that families should produce 'individual' citizens is clear. For children however, individualism during childhood and adolescence is formed as part of their transition from dependence to independence. If children move too far towards independence prior to adulthood this can have deleterious consequences for their personhood, belonging and sense of place. Prior to exploring the research data, it is necessary to examine the problematic relationship between children, family and the state in light of the rights framework to understand why rights alone are not sufficient to bestow personhood or belonging on children and young people.

Historically, children were previously viewed as the property of their parents (Woodhouse 1998). However, the fiduciary view of children as being in the care of adults until they reached majority is a more recent phenomenon, following the acknowledgment that the privacy of family life cannot guarantee the safety of its members (Hendrick 1994, Smart, Neale and Wade, 2001). It was necessary to accomplish an ideological separation between the interests of parents and children to allow the state to protect children and to intervene on their behalf (Smart, Neale and Wade, 2001). This was always a moral endeavour, not only to protect children from harm, but to endorse intervention in the lives of the poorest in society, who were also seen as the most morally deficient (Hendrick, 1994; Ferguson, 2007). Therefore, the advance of children's rights and the intervention of the state is problematic in terms of children's belonging, due to the juncture which is created between children and the family. The family, in spite of any evidence to the contrary, remains idealised as the arena where their needs are best served. Re-positioning parents as guardians, as stated by Noggle (2002) attempts to remove the morally problematic nature of the parent-child relationship. This is translatable to the role of the corporate parent in assuming the role of guardian, as state intervention is justified in part by the notion of 'best interests', which may to an extent disguise the fact that state agencies have also related to children like property in terms of removal from family and placements in care.

Children remain caught in the dichotomy between belonging to and freedom from their parents or guardians where rights, which seek to liberate children, actually contain elements of objectification. Moreover, the conflation of rational choice with

self-possession (Radin, 1993) places young people in a kind of double bind. The basis for the stigmatising intervention in the private sphere of family life is on grounds of children's protection. As Brace notes (2004), a key aspect of liberal individualism and personhood is the absence of external interference and 'despotic dominion' over the self. This obviously was not applied to children due to their physical dependency on adults, and in this way they are more likely to be related to as property, to be moved and placed for their own wellbeing.

Liberal rights, based on ideals of justice and independence, do not necessarily reflect human dependency needs - particularly for children (Barnes 2007, Holland, 2009, Smart, Neale and Wade 2001). As argued in Chapter 3, children's personhood is bound up in their dependency on others. However the liberal model of personhood often excludes those who have historically been dependents, such as women, children, and people with disabilities. Some of the most well-known writing on the conditions for personhood comes from Dennett (1976), who outlines the following prerequisites for being a 'person': that persons are rational beings, that they possess consciousness to which 'intentional predicates' can be assigned. A person also requires others to acknowledge them as such and that they also recognise others personhood. A further requirement is the capacity for verbal communication. Finally, Dennett described a capacity for self-consciousness, which is the quality which marks persons out from animals (Dennett 1976:176-178). These categories obviously serve to exclude many humans, including children - certainly those who are pre-verbal and incapable of expressing clear intent, which has been challenged in research by authors on children's rights, such as Alderson (2013).

Obviously Dennett's (1976) pre-requisites for personhood are open to significant question, for example Mills (2011), in his discussion on how the 'person extends beyond the human', where he incorporates the recognition of corporations as 'persons' for example. In spite of the fact that children were historically excluded from Dennett's model, it is increasingly possible to see how children, and children in care, have been brought within such a rationalist framework through a recourse to rights which place a strong emphasis on the verbal or written elicitation of their wishes and feelings. It is less likely that children will encounter reciprocal relationships when they are on the move, or that their carers will be able to establish the kind of 'attitude' or relationship towards them referred in Dennett's pre-requisites (1976).

Following data collection, it is my contention that when young people in care are seen as displaying high levels of choice, independence and movement, this often contributes to their stigma and marginalisation, rather than being a route to greater personhood. This observation can be attributed to a number of factors; one is that children have been conceptualised as collective beings, which creates an inherent tension in adopting a liberal rights framework (Smart, Neale and Wade 2001: 108-112). A second factor is the difficulties staff experience in eliciting and interpreting young people's wishes and feelings. This is particularly the case given young people in care often use their participation 'opportunities' as an act of resistance within a situation where they broadly lack autonomy. A third aspect are the on-going issues of institutionalisation pertaining to children's accommodation in the public sphere of residential care, including frequent moves, which interrupt their ability to make future plans and to see them to fruition. The onus on young people's involvement, choice and self-reliance were strong in both children's homes, in line with the current legislative and policy framework in the UK (Children Act 1989, UNCRC, DfE 2015, Children and Social Work Act, 2017). Young people expressing their views, however, appeared to be a driver for placement breakdown and change and eclipsed structural factors. This merits further consideration in the context of residential care in the context of relational alienation, when children's rights are generally considered a common good. It is necessary to consider these debates in the context of the rights framework for children in care in England.

9.2 The Rights Landscape for Children in Care in England.

The rights of children under the UNCRC are often divided into three types: provision rights, protection rights and participation or civil rights (Alderson 2000: 123). The 1989 UK Children's Act and subsequent child care legislation within the UK also embody these categories. For example (s.1 (3) of the 1989 Act stipulates that local authorities, in exercising their duty to protect children from significant harm, are also required to consider the 'wishes and feelings' of children in care in the UK. It outlines the duty of the local authority to consider children's views when making a decision about care arrangements, inspired by Article 12 of the UNCRC (1989). This was reinforced recently for children in care under the Children and Social Work Act (2017), which makes specific provision for children in care by clarifying the principles of

'Corporate Parenting' for the local authority. Of relevance to this discussion are principles outlining the need for local authorities, as corporate parents, to both encourage young people to express their 'wishes and feelings' and take them into account. They are also required to provide 'stability' in their home lives, alongside the need to prepare them for adulthood and independent living (Local Government Association 2017:4).

However, in practice, these objectives conflict. For one young person in this study, their stability was seriously undermined by a placement move which was attributed to their desire to leave the home, a narrative which foregrounded their agency over structural conditions. Stability for others was undermined by placement moves ostensibly based on protection concerns. This effectively leaves young people carrying the burden of responsibility for placement decisions which does not sit with them and is effectively a 'manipulation' of children's participation, the lowest rung on Hart's ladder of participation for children (1992:8). The right to take part in decisions is not a legally enforceable right for children, whose participation and autonomy rights come second to protection rights (Barnes 2007, Lister, 2006:22). As noted by Hart (1992), children's participation is frequently manipulated by adults to suit their own priorities, and children are therefore denied genuine opportunities to participate and self-determine. A substantial dimension to the critique of welfare approaches which are based on rights is that it 'encourages atomism and individualism as against relatedness and collectivism' (Barnes, 2007: 143). In a residential context, while failing to consult with the child may reflect negatively in a home's Ofsted inspection, young people's negative feedback during the inspection was also a source of anxiety for staff as part of wider concerns regarding the inspection.

Placement breakdown is a significant issue when considering how agency has been conceptualised, which is heavily connected to a person's ability to see plans to fruition. A distinction is made by Noggle (2002) between 'simple agency' and 'moral agency', the former being 'the ability to engage in the rational, intentional, and deliberate pursuit of goals'. Moral agency on other hand 'requires temporal extension' enabling a person to see themselves as 'persisting over time', with an ability to consider their interests and life plans in the long-term, in other word to develop their own sense of the good and are able to 'identify with their future selves' (p.5). This clearly connects to the previous discussion on belonging and the need for

young people to have durational relationships. While young people's care plans, reviewed in LAC meetings, are intended to allow for long term planning, this is heavily flawed due to placement breakdowns and young people's resistance to formal participation processes.

Young people's rights were generally spoken about positively in interviews and in conversation with staff. For example, review meetings were seen as young person centred and a way of capturing their wishes and feelings (Maria, interview, 2017), though there were also concerns about a lack of boundaries, and that young people in exercising various choices sometimes had too much freedom for their age and maturity. Data from field work will now be examined in relation to formal and informal mechanisms by which children's participation and autonomy is facilitated and acknowledged.

9.3 Young People's Meetings

In her discussion of the conceptualisation of Article 12 of the Convention, Lundy states that for children's views to both be aired and have credence, they require 'Space', or the opportunity to express themselves; 'Voice' meaning their views must be actively elicited. They also require an 'Audience' to listen, and 'Influence', meaning their opinions must be acted upon (2007: 932-939). The care system in England and Wales have certain built in mechanisms to elicit children's views and to meet the above criteria. Residential Care staff are required to hold 'Young People's meetings' in some form, in addition to the LAC review meetings for each child in order to meet the Children's 'Wishes and Feelings standard' (HM Gov, 2015). Staff informed me about these meetings in both homes. Clyde Close stated that their attempts to hold monthly meetings were often thwarted by residents declining to take part. I noted in the office filing cabinets there was a file entitled 'Young People's Meeting Minutes' with only two meetings recorded in it from the previous year, suggesting that reference to these meetings was aspirational, rather than something embedded in practice. The only time I witnessed any such 'meeting' at Clyde Close was an impromptu and informal one called by Josh, aged 16, where he rallied his peers together one evening in the dining room, with staff present, and asked everyone what activities they wanted to do. He then orchestrated a vote. Informally it seemed, young people had quite a lot of say over things like what they wanted to eat, spend their pocket money on, or do

as an activity (though budget cuts had impacted on the availability of activities). They would often be asked about this on a day to day basis by staff or express this in conversation. However, the formal mechanism did not appear to be valued during the research.

At Oakhill, on the 5th day of my fieldwork I stayed for dinner. This was during a period of on-going anxiety about the burgeoning romantic and sexual relationship between Dean and Mia, aged 16, who were present. Staff endeavoured to engage them in conversation. This seemed to be a mix of asking them questions and cautioning that if they carried on in their relationship they would be in trouble, and that either one may consequently be moved out. It was Valentine's Day. A staff member, Liz, did most of the talking, perhaps to fill the space, or possibly because I was there researching, and she was unsure of my presence. She said, buoyantly to Dean, Mia and Michael words to the effect of 'Let's have a young people's meeting, we've not had one of them for a while. Right, what do you want to talk about?' The young people were not forthcoming. Even if they had been on-board, it may have been hard for them to equal her energy and enthusiasm. Liz did not stop talking, particularly as the young people did not respond to her straight away. Realistically, this was not a participation opportunity. It was adult driven, tokenistic and slotted into a conversation which had doubled as a telling off. I noted on the four separate occasions I joined them for lunch or dinner during fieldwork at Oakhill that mealtimes were used to try and convey information to young people, or to chastise them while they were held captive over food. When Mia was not around, Dean would be cautioned about their relationship. On one occasion when it was only Michael, staff gave him advice about budgeting and cooking in line with his 'independence plan', designed to support him to develop independent living skills, such as budgeting, prior to leaving the home.

As with many encounters between adolescents and those who care for them, staff are often at a loss for how best to maintain relationships when faced with disinterest or apathy. However, there was something about the formality of holding a 'Young People's Meeting' which seemed unsuccessful. Perhaps because they tended to be adult led, or that they are called a 'meeting' which may have negative connotations for young people, many of whom have expressed they do not enjoy their LAC review meetings (Pert, Diaz and Thomas, 2017:3). On other occasions I heard Dean request

more activities, and Michael and Ronan ask for particular foods to be purchased, which were accommodated by staff and are the kinds of things which meetings would address in any case. At the end of this meal, Liz said to me 'at least you got to see a young people's meeting', which made me wonder if it had been more for my benefit than the young people, and perhaps reflected an anxiety that she needed to be doing the 'right' things in front of an observer. In this regard, formalised participation mechanisms can be another bureaucratic task for staff and young people, something which *has* to be done, undermining their volition.

9.4 It's not as simple as asking: Interpreting young people's views.

The previous week had brought a more notable failed attempt to elicit the residents' views. I arrived to find Ron, a quiet male member of staff, with three young people, Dean, Mia and Michael, in the lounge. They were sitting together on the sofa, I joined them and sat opposite. Ron had been tasked by the managers to complete a questionnaire issued by the Council to illicit young people's perspectives on local youth facilities and spaces. Mia, however, was visibly and audibly angry, and used the space to express her anger with Dean and the staff. While her behaviour appeared both bizarre and confusing, I perceived Mia to be in control, more so than the staff member who already appeared deflated. To each of Ron's questions she responded, 'Suck my dick.' Giggling in surprise at this strange affront, Dean said something along the lines of 'come on Mia'. Livid, Mia repeated herself over and over with increased volume. I wondered why she would choose this particular affront as a female, and it added to my overall impression of her as someone who had the knack of wrong-footing people and creating considerable unease. It was a confounding display of anger.

In spite of the abuse, Ron continued with the questions on the sheet, which became completely unsuited to the scene, to the point that it would have made a good - if surreal - comedy sketch. I wondered why he did not end the meeting, or perhaps change track. It was an uncomfortable experience and a futile exercise. However, Ron had been given a task to complete, and the young people had dutifully gathered in the lounge. Dean and Michael tried to contribute and help him out with replies such as 'there's not much to do round here'. After a few minutes Mia asked aggressively for the questionnaire, saying she would fill it out. Ron gave her the form

and, in possibly her only predictable move during the exchange, Mia stood up and tore it to pieces. Ron was visibly reduced by this encounter and had lost control of the situation. When the young people left, Ron complained to me that the council tasked them with these kinds of exercises to do, with young people who essentially were not interested. However, on other occasions during interview, both Dean and Michael told me there was little to do in the village, and clearly had opinions about this. Perhaps there is an issue here about the utilisation of questionnaires to elicit their 'voice'. Asking people for information in this way is designed to elicit a rational response. Mia was communicating a good deal of anger, though it was difficult to gauge what had prompted it at that moment.

In the documentary, 'Superkids – Breaking away from care' Lemn Sissay, who grew up in the care system, tells the young people in the programme:

'Thinking's over-rated in my book. People always used to ask me when I was in care about how I felt. "Oh you're angry, tell me why you're angry". I was like, "Well, I'd rather smash a window." Do you know what I mean though?' (2018, Channel 4).

Young people's styles of engaging are not always verbal and discursive. A significant issue was Mia's lack of strong, durational relationships with staff. Oakhill was either Mia's 13th or 28th placement in care, a number under some dispute. She was considered to have a 'disorganised attachment style' which related to her difficulties in forming and maintaining relationships, which comes as no surprise given that either number of placements would have involved significant trauma. However, 'attachment disorder' narratives serve to re-locate the issue of the child's presentation within their personal psychology, rather than the wider system (Smith, 2009:78). Mia's engagement with staff appeared to be surface level. On the other hand, Michael and Dean seemed willing to go along with the exercise as Ron, who they had lived with for some time, had asked them to. For young people to express interest in the running of the home or local services may also require a sense that any changes may be relevant to them. Mia's short-term placements had not enabled this. The filling out of the form was 'top down' in terms of how it was implemented. Participation opportunities seem unlikely to succeed where young people are disconnected from the adults and scenario involved. The question of what would be accomplished by completing this questionnaire had not been outlined to the young people, most of whom would leave care prior to any benefit from the exercise.

Conversely, at Clyde Close, prior to the looming Ofsted inspection, I was asked by the Manager, George, to undertake the 'young people's questionnaires', which sought to capture their experiences for the inspectors. He said staff had 'not got round to' doing them yet, and did I mind? I obliged, though was somewhat concerned that it may blur my role with staff. However, I also wondered if it may be more helpful for the young people to complete them with me, as I would not be affected by what they had to say. This was at a point towards the end of fieldwork when I had been spending a lot of time at the home and engaging well with young people. Connor, Chris and Silas were at home and all agreed to complete the questionnaire. In this instance it was easy to explain the purpose – namely to let Ofsted know what they thought about living there and if there was anything the young people were not happy about or would like to raise. They knew that inspections impacted on the home and any changes could impact directly in terms of how the home was rated. I was able to ask them as we were all in the dining room together, eating jelly beans, playing and talking, and so the questionnaires became part of a wider conversation about how they were doing. That is not to say it was perfect, or that their views would elicit change, however. It is of note that staff had put off completing the questionnaires' due to the prioritisation of other tasks.

At Clyde Close, Louise participated in three separate interviews during data collection and was present at Clyde Close during my early participant observation. The following data is drawn from this, and interviews provided by staff. Louise was 16 years of age and lived at Clyde Close following her entry into care at age 15. Her personal history involved a parent with an acquired disability who needed care, and a parent with a substance misuse problem, with whom she had a volatile relationship. Louise was the only young person in the home to have obtained GCSE's and was acknowledged by staff to be 'very intelligent' (staff, in conversation). She visibly expressed her individuality and had her own style of dress, which was quite distinctive, and took a degree of pride in being different which was positively acknowledged by the staff team. During my first meeting with Louise she described having two previous placements in care, the first of which was a foster care placement. Louise said she 'didn't like it so like, I ran off from it'. She was then placed in another City home prior to her move to Clyde Close, described in Chapter 6. At the time I met Louise in February 2017, she had recently been involved in a serious incident of Child Sexual Exploitation (CSE) and had disclosed historic experiences of abuse to her key worker,

Ellie. It is fair to assume these experiences and disclosing them to others will have been very distressing. There was also a concern that Louise was placing younger children at risk by taking them into undesirable locations in the community, and encouraging their destructive behaviour. During my first interview with Louise, she stated that she had initially struggled in Clyde Close, partly due to the emergency nature of the move:

‘But, it seems to be working out alright so...It seems to be working out fine...Er, I didn't like the (previous) home whatsoever, the staff there just seemed...less...interested’.

That the placement was ‘working out’ seemed to be a significant admission, and from her warm interactions with the staff I gauged that things were going ok in the home for Louise. In spite of these positive interactions, Louise also liked to generate a narrative where she could gain control over her interactions with staff and peers, often stating she would ignore staff if she saw them once she left care. However, somewhat predictably her behaviour began to deteriorate following the incident of CSE.

I arrived at the home one day in the second month of fieldwork to be told by George that he had ‘called’ (terminated) her placement following a series of what were described as increasingly bizarre and troubling behaviours. Around two weeks prior to this, Ellie - the closest member of staff to Louise, told me that she felt Louise was ‘trying to break her placement down’ through her disruptive behaviour. I then interviewed Louise 10 days after her move to a new children’s home. We went to McDonald’s and sat in my car to eat, as Louise did not want to go outside. She described in detail the day she had been, in her words, ‘kicked out’ of Clyde Close:

L: ‘Basically, that same morning, they gave me the kitchen keys...And left me on my own. With the kitchen keys. (Giggles) So I went/’

H: ‘They gave them to you?’

L: ‘Yeah they gave them to me. And I went into the padlocked area because the padlock was on the set of keys and no staff were around, and I just took a knife out and I went back to my room, gave them the keys...I went, I went into town with Bobby and I had it on me,’

H: ‘Right’.

L: ‘I don't know why. And erm I was like proper in a mood so I just like threatened that I'd fucking stab Josh (another resident) 'cos he'd like proper like, pissed me off. I threatened to stab him, then Ellie

was proper like, for two hours she's was trying to get a knife off me. And then in the end she was like "we're going to have to call the police", so she called the police...and then the police came, at like, one. And then they all searched my room...And then, I eventually like gave them the knife before they went through all my personal shit...then, *then* they wouldn't let me out, so I threw like, everything downstairs around, like I threw all the chairs around and everything...And I was like 'I want to go outside for a cigarette', and they wouldn't let me out...So I pressed the fire alarms, ran off, they got the police to chase after me and bring me back in handcuffs...'

H: 'Well how were you feeling that day because you sound like you just got really angry.'

L: 'I did. I still am really angry...'

H: 'And where's that coming from do you think?'

L: 'Erm, I don't actually know, I just feel angry all the time, it's just the way I am... All the staff there trusted me to the fucking point where they gave me the keys...And I'm just there like, you shouldn't have trusted me.'

(Second Interview with Louise, 10 days after she left Clyde Close).

Clearly, Louise connected her behaviour to complex issues of trust in her relationships with staff and peers. Part of what Louise omitted from this account was filled in at a later date in an interview with Stefan, a new member of staff:

'Bobby and Louise basically were happy as Larry one minute...then they started talking about this door being broken...but they're quite upbeat about it so I thought something had just broken by accident...it turns out they'd smashed the door off the hinges upstairs in the bathroom...and they are destroying the house and I think Louise cut herself open. It was all intense...And then by the end of the shift because yes, they're setting fires upstairs, breaking furniture, like I say, they're self-harming and swearing at staff, being so aggressive and I couldn't even see a trigger for it. And that was the difficult thing, we hadn't done anything, we were talking fine a moment before, eating cereal, laughing and joking. And it was just a sort of helplessness you felt just watching that with no control and by the end of the shift I was literally shaking... Ellie told me to come with her and pick Louise and Bobby up because they were out of the home...kicking off in town, and when we got in the mini-van Ellie was like, "now Louise's told me she's got a knife, now I don't think she's gonna use it against us, but if I get out of the van, get out of the van!"'
' (Interview, month three, 2017).

I include these descriptions of the build up to Louise's departure to further illustrate the often difficult and perplexing behaviours which staff are required to respond to and make sense of. This is significant in illustrating that young people's

communication and behaviour is difficult to view through a rational framework, where behaviour connect to desired outcomes, due not only to immaturity, but the level of emotional distress and conflict many clearly experience. Louise articulated that part of her motivation for stealing the knife was to undermine staff trust in her, as she did not want them to think that they 'knew' her. On the surface, such behaviour can make little sense, without understanding the threat that feeling trusted, or 'known' posed to Louise. The effects on emotional and behavioural life of experiencing and disclosing sexual harm are well documented (Corby 2000, NSPCC 2018). There were a number of ways in which Louise's behaviour could have been interpreted in light of her recent disclosures and difficulties. And yet, staff developed a narrative that held Louise to account for 'breaking down her placement', as though it were her choice and a deliberate, rational thing to do. The termination then came to be spoken about as though it were of her own volition, and as a reasonable outcome. This extract is from an interview with Chloe, another staff member, regarding Louise's departure:

'But, I think she did say she was, you know, she was on, breaking it down, and I don't think there was anything more we could do for her. So I think, when it gets to someone's time, there is a right time for everyone. And I think hers was coming anyway. In terms of how much more support we could give...You want them to feel stable don't you so, you don't want, the worst thing is empty threats I think. That's always the worst to say 'if you do this, we'll do that', and nothing happens.' (2017).

Chloe's acknowledgment of the need for stability show the conflicting considerations at play between respecting 'choice' and other qualities of care. These extracts show a narrative among staff which foregrounded Louise's volition, rather than the result of a managerial decision following concerns of risk to Louise and other young people. This left staff - as described by Stefan - with feelings of 'helplessness' and a loss of 'control'.

Yet perhaps what is most striking about Chloe's extract is that it is reminiscent of the way people are spoken about once they have passed away. There is a fatalism about it, as though it is beyond the control of those involved. In research with social workers, Disney *et al* (2019) found that social workers articulated the physical distance from children who were placed further away equated with greater emotional distance, that is when children were placed further away, social worker's thought of them less. In this way, creating physical distance between themselves and children can be seen as

a distancing technique and further illustrates how young people become alienated from people and places of meaning, but also the structures designed to support them.

It was no surprise to me that Louise would behave in such a rejecting way towards staff at a time when she had felt encouraged by staff, particularly Ellie, to disclose abuse, which left her feeling exposed and vulnerable. This is a very literal way in which Louise felt life in the home had invaded her privacy. She had explained to me that she liked to keep some bits of herself secret, and that emotional intimacy was difficult. When I interviewed her at her new care home she explained 'I don't like people knowing me, it makes me really fucking uncomfortable.' In Louise's view, if Ellie had not got to 'know' her, she would have remained at Clyde Close.

The probing into young people's personal lives is clearly a way in which they cannot exclude others as a marker of personhood (Goffman 1961, Brace 2004). Success for staff in their role involves getting to know young people which is also outlined in the Children and Social Work Act (2017). Young people's choices then are very much bound up in their relationships with adults. In this way, viewing their decisions in isolation is an abstraction. For example, research by Buchanan (1995:689) showed that young people were inhibited from expressing their views to staff and family for fear of upsetting people, showing that maintaining relationships with others was a key priority for children in care, over and above the right to express what they really felt. As Holland notes (2009b: 1668), 'this is not to suggest that young people's rights in these contexts should not be upheld, only that the context and complex network of relationships that the young person is in might need careful consideration.' Chloe went on to say in the same interview regarding Louise:

'I think she was ready for the next step, and young people get to a point sometimes where they do decide to break the placement down, and she admitted that's what she was doing. And sometimes that's what they're ready for, and they'll do negative behaviours to move on'.

Sadly, the 'next step' for Louise was another move to a children's home. She had spoken about moving on, only in the context of eventually leaving care. Louise had indeed said she had wanted to break her placement down and claimed this as a deliberate act. However, she only did so to my knowledge in retrospect, her initial description that 'I got kicked out' was far less autonomous. In a situation where Louise had been told by her key worker that they felt she was attempting to leave; and then

being forced to leave, claiming responsibility for the act was no doubt the most dignified option, and one which accorded Louise the most power. In his writing on the effects on institutionalisation, Goffman (1961:41) is explicit about the need for inmates to save face as they are unable to 'defend' themselves 'in the usual way by establishing distance between the 'mortifying situation' (p.41) and the self. Other factors such as the appropriateness of placements, the level of planning and preparation prior to a move, and other personal circumstances affecting the young person are dropped from the narrative in favour of a neo-liberal discourse of choice and agency. This is very concerning in light of the extreme distress which followed Louise's placement moves, and the severance of relationships this incurred with staff at Clyde Close. Being 'kicked out' then serves to reinforce the negative self-worth tied to these experiences. This is one of many such instances which serve to highlight that access to rights and choices take place in the context of relationships and care (Holland, 2009b). During my time at Clyde Close, the children who created the greatest emotional and physical upheaval were generally moved on. Managing emotional and physical proximity in residential care is a very delicate balance.

9.5 The LAC Review, Agency and Resistance.

One method of establishing agency, as noted by Valentine (2011) is to examine how it is exercised in circumstances of oppression:

'For example historical studies of slave women showed that they were resisting even in the teeth of overwhelming oppression, thus countering constructions of them as wholly victimised and acted upon.' (p.351).

This example is used, as is often the case with instances of slavery, to illustrate that serious extreme oppression does not completely deny a person's ability to exercise agency. Valentine goes on to state that childhood studies have sought to demonstrate that children possess competence as a means of illustrating their ability to act. However, I do not seek to question whether children in care have agency or are able to express their views, but to question whether how they are understood and responded to enhances their position overall.

Connor moved to Clyde Close towards the end of my fieldwork. He turned 15 shortly after arriving. His previous foster placement had been terminated he told me due to

his carers finding kitchen knives seemingly hidden in his room. Connor put a good deal of energy into defending himself against this and other charges. For Connor there seemed to be an element of outsmarting the system and its positioning of him. He was clearly struggling to control his reputation and did not want people to think negatively about the kind of person he was. Connor was a bright young man, with a close relationship with his Mum and stepdad. He was in care due to his Mum's 'drinking too much' and assuming a young carer role. However, he was hopeful he could return home at some point. Connor, like Louise, was acutely aware of the flaws in the care system and was able to articulate ways in which he felt let down. For Connor, these failings seemed to concern the loss of relationships and place. This included placement moves and being moved away from his home town, which added to his existing difficulties in attending school and maintaining friendships.

My interactions with Connor illuminated something interesting, namely that he saw his participation in decision making as a kind of resistance to the system, rather than something empowering in itself, which was also evident with Louise and Mia. He did not trust others, such as social worker's and carers, to represent him and he recognised a need to attend meetings to hear what was said. He spoke particularly about LAC reviews; which children are encouraged to attend unless there is a good reason for them not to do so (Pert, Diaz and Thomas, 2017). For Connor, participating in review meetings was a way of resisting a lack of autonomy. This highlights a dimension to the utilisation of a justice ethic in residential care, and care more widely (Holland, 2009b), in that resistance is necessary to a sense of personhood in situations of powerlessness, perhaps especially if it is perceived that opportunities for self-expression are actually masking a power imbalance. My interview with Connor revealed this aspect.

We had been playing basketball, and the others had gone inside. Connor remained sat up on the rose trellis and seemed keen to discuss his experiences of care with me, as I asked how he was getting on as one of the newest residents. Connor said he hated Social workers. Some were good, but others terrible. He said he had had seven in one month when he first came into care. One social worker came to see him and did not even know Connor's name, due to them being temporary. He told them to leave and said he was sick of social workers all asking the same questions 'over and over' again. Every time there was a change of worker he had to start from scratch. He said he now

takes part in his LAC reviews, and does not have a problem speaking his mind, as he used to be quiet, but got sick of it. He'd learned to attend even if he didn't want to, so he could speak for and represent himself.

It is no wonder that he did not feel that the various representatives of the corporate parent could act in his best interests when he had experienced such staff changes. In this regard, greater familiarity with those involved in his care may have allayed his fears of misrepresentation. This interview took place in the first fortnight of Connor's placement when he was still unsure of what was planned for him, and whether Clyde Close would be a long-term arrangement. It was no doubt a time of great insecurity. In this context it is very difficult for participation opportunities to offer meaningful representation, which is to a degree built on trusting relationships. Without trust and investment between young people and their carers, it can be the case that young people feel that their wishes and feelings are not valued by those with power (Diaz and Aylward, 2019).

This feeds again into the tension between the individualistic versus the relational dimension to children's rights as a route to recognition, as where relationships are new, shallow or distant, there is an overreliance on young people's autonomy and choice. This tension is observed by Lawler who notes 'an apparent contradiction between two models of the self: on the one hand an autonomous entity, ending at the skin, individual and unique, and on the other, the self as the embodiment of relationships' (2014:52). Regardless of the strength of relationships between children in residential care, as Wyness (2012:52) observes 'Children's sense of self, their commitments and expectations, are regulated by adults. It is therefore difficult to think of children as having an independent status'. In this context, children's resistance makes sense as invitations to participate in decisions affecting them do not make sense.

Louise, in her first review following the move from Clyde Close chose to express her views antagonistically as the below extract shows. Here Louise is discussing using her participation in the LAC review to communicate with her social worker. By this point she was enacting resistance in most of her relationships with staff and in her general behaviour:

L: I've got a planning meeting on Tuesday.

H: Right, ok. Is that with your social worker aswell?

L: Yeess. I wrote her a proper rude IRO ² letter...I wrote a proper like *intense* IRO letter.

H: Did you?

L: You know we have to send off those review things?...I was just like "you can keep it in the office so I know she gets it". So I don't know what that means, but it's gonna be *hilarious* when I put that in and told her what happened...It's gonna be funny as hell. So fuck that shit y'know?...It's got basically insults to my social worker in it...Erm, insulted, like, loads of people in it, and then demanded loads of things, that I know aren't gonna happen...but still, I still demanded it, because I can...Just to prolongue the meeting so they have to all sit there and listen to what I have to say.

H: Right. Ok, yeah. Hmm. So what did you demand?

L: Erm, I demand for, I demanded for my knife to be returned to me, for me to have aerosol access even though I make flame throwers and shit like that, what else did I demand? I demanded to get a new social worker, I demanded, something else and something else. Yeah, I demanded loads of things.

H: Right. Ok, and was any of it stuff you really wanted, and you're hoping will, will happen?

L: Yeah, I want all of those things, but they won't happen, so.

H: Right.

L: There's no point me demanding it, but still, I did.

H: Ok. Mm, do you think you might get a change of social worker?

L: If I do that'd be hilarious! 'Cos I actually don't mind her. (Interview March 2017).

This extract reveals that Louise was utilising her formal opportunity to participate, to ask for things she knew would not be possible. Participating in this way would, in all likelihood serve to antagonise the people allocated to care for her and fail to address her very real need for lasting support and meaningful relationships.

As noted by Buchanan (1995), the fact that the child's welfare is paramount means if their wishes and feelings are at odds with their social worker and the corporate parent they will be discounted. This is often with good reason where a child fails to acknowledge their own risky behaviour or wishes to stay with family who are not able

² Independent Reviewing Officer.

or willing to care for them. Meaningful consultation with children to elicit their views is difficult for the reasons outlined. However, what has been further revealed in this study is that young people's wishes and feelings are not only discounted, but distorted to suit other purposes. This serves to create an impression of participation, in the context of seeking to satisfy the wishes and feelings standard. Children are only likely to know their rights and entitlements if they have been informed by their carers who are familiar with the system.

9.6 Children, Personhood and Agency

There is a dilemma in trying to enact a rights framework for children in the public realm of care. The employment of rights for children in extraordinary situations often results from the strangeness of their situation, in this case living in a children's home, and an attempt to remedy it. Therefore, rights which are formalised for children in care are part of their extraordinary circumstances and cannot necessarily serve to increase belonging or lessen stigma, particularly when relationships with adults are weak. It is possible to see rights claims, rather than enhancing the belonging of children in care, as a facet of their stigma. This relates to Goffman's (1961) point that mechanisms which would serve to enhance self-hood in wider society can have the reverse effect in institutional settings, adding to residents' mortification. Children who reside within families do not have formalised mechanisms for expressing their wishes and feelings. Their self-expression and capacity to choose will be absorbed within the fabric of family and determined by their parent's authority. Adopting a rights framework in the public realm of care will not necessarily offset other challenges.

The distinction between public and private domains is significant as the public domain of state care remains inherently stigmatising, representing the failure of private family life and the compromise of individual and familial autonomy, as the family and child have been unable to exclude others from their person, an ability which has been viewed as a key facet of liberal personhood (Arneil 2002, Brace 2004). Incorporating children's views and feelings is seen as a means of shaking the legacy of institutionalisation, as children are seen as individuals with specific needs and wants. However, when young people's needs in care are considered in isolation from their social context, they are cut loose both literally and conceptually from relationships

with adults, which are where care and recognition can be embodied in a meaningful way. This relates to the prioritising of an ethic of justice within social care more widely which had fed into a narrative of 'responsibilising' children (Goldson 2002).

A distinction is made by Banks (1998) between 'unconditional care' and an 'ethic of care', the former being based on relationships of caring between connected persons. An ethic of justice, which it has been argued prevails in children's homes (Steckley and Smith 2011), is increasingly viewed as an inadequate method of addressing children's needs for social and moral development as people, due to the relational nature of participation, and the development of autonomy (Holland, 2009; Steckley and Smith, 2011). Concerns of 'economy, efficiency and effectiveness' imposed greater regulations on residential care:

'At another level, neoliberal ideology, which valorises independence, autonomy and competition, constructed care (with its connotations of dependency) as something to be avoided. Indeed, the term 'care' was removed from the professional lexicon. (Steckley and Smith 2011:183).

Approaches which side-line dependency needs in favour of strategies which emphasise individualism and choice are extremely limited in helping young people develop. Participation rights for children cannot be 'meaningfully realised' (Smith 2009:12) outside of enduring relationships with adults who have the job of acting on their views. There are of course multiple reasons why residential care often fails to provide young people with enduring placements and relationships. However, a discourse of choice and individuality based on the rights framework appears to be a strong current in making sense of this failure. Rights for young people in residential care reveal ways in which children are related to both in modern society and within the care system once, as Smith pertinently observes:

'Rights perspectives can conceive of us going about our daily business as autonomous individuals bound to one another only through a series of contractual rights and duties...A view of rights as existing within a consumerist framework of legal relationships is institutional in residential care' (2009:11).

The idea of the child as moving from irrationality to rational thought is significant as children in care are not only positioned as being able to express their views in a coherent way, but also as people who can enter into contract in the form of contributing to care plans and review meetings. Historically perceptions of

irrationality, immaturity and immorality placed children and others outside contract (Brace, 2004), which reveals how children in care are increasingly related to as rational actors in a very adult way via the utilisation of care plans as a form of contractual arrangement. This contributes to the thesis that they are ‘outside childhood’ (Ennew, 2002, 2005; Emond, 2014).

Part of the problem is that the care system is not a single, rational entity and young people’s experiences of care often lack a clear trajectory. A similar observation has been made by Holland in her critique of the prevailing ethic of justice for children in care where local authorities use universal achievement measures to monitor and document ‘individual progress along standardised planning and review categories tend to assume both a rationality and a universality of experience for looked after children’ (2009b). In terms of rights being a substitute for a more collective identity, as Lawler (2014:2) argues, ‘identity itself is a social and collective process and not, as Western traditions would have it, a unique and individual possession’. She asserts that we need to be part of a collective before we can become an individual, as we shape ourselves in response to the intricacies of our relationships with others (pp.51-52). Residential care and the care system more widely continues to throw up challenges as a substitute for family in terms of relational life, and in how meaning is attributed to children’s views. The sector faces significant challenges in maintaining placements (or place and relationships) for young people, which an increasing recourse to rights in the public domain has failed to address.

As Arneil observes:

‘The analytical separation of the child from his/her community, while necessary to a rights theory based on interests, is difficult to reconcile with the dependent nature of children and the symbiotic character of their relationship to their care givers. Indeed, the child looks suspiciously like the “unencumbered individual” which lies at the heart of the communitarian critique of liberal thought’ (2002).

Children in residential care are even more prone to this analytic separation as their best interests are often viewed in isolation from their immediate surroundings and daily care givers. Reducing multiple complex factors to the agency of young people may for staff be key to overcoming feelings of helplessness, but in reality does little to address children’s needs for stability and relational care. Care workers are sometimes required to elicit children’s wishes, only to refuse - or be powerless - to grant them.

Inviting children to express their wishes and feelings suggests they are on an equal footing to their adults carers, when in fact children are considered to 'lack the fully developed capacity for the kind of moral agency that allows adults to interact with other moral agents on equal terms' (Noggle 2002).

9.7 Conclusion

Relating to children as people who are capable of planning for their present and future selves would not be such a problem for young people in care if this did not also hold them to account for actions, such as placement moves and destructive behaviour, which in reality were not rational or informed choices. In this regard, the care system can unwittingly invite children and young people to participate in their own exclusion. Narratives of children's choices and autonomy have a tendency to take young people's views literally, discounting the wider context. Young people's often irrational and emotionally charged choices and behaviours are re-cast in a rational light and taken literally. As Holland states (2009b) it is important that ethics of justice and care should not be viewed as dichotomous but complementary. However, in situations of crisis it is possible to see how a reliance on young people's choices and participation develops, rather than a less individualised, more complex and interdependent alternative. However, this compounds the ways in which young people are relationally alienated rather than strengthening their position.

Children's participation rights are embedded in the care system as a means of seeking to extract and build upon their agency in the interests of protecting children from both state and family. However, this does not erase the fact that living outside family and enduring relationships with adults compromises their social, legal and moral development. While it is important to acknowledge that many young people in residential care and this study were over 15, they retained multiple dependencies on adults. The requirement that children leave care by the point of also 18 highlights the arbitrary nature of age as a measure of adulthood and capacity, and ill-suited to many care leavers.

The following, final chapter, concludes this thesis in summarising the findings, outlining my experience of leaving fieldwork, and debates whether viewing residential

care as a site of social death is appropriate in light of the data and wider research findings.

10. Leaving Residential Care – Conclusion and Recommendations

To conclude this thesis concerning *Social Life and Death in Residential Care*, I will discuss my exit from the field, mirroring as it does the beginning of fieldwork and the experiences of staff in maintaining contact with young people. I will give an overview of my findings in relation to the theory of social death and the concept of relational alienation. Finally, I will make a number of policy and practice recommendations in the aid of improving the circumstances of young people in residential care, and also put forth suggestions for further research in this area.

Prior to the end of fieldwork I had imagined that I might visit the homes from time to time, to remain a kind of friendly presence for the young people I had met during the study. However, at the time I ended data collection I accepted that this had been a way of imagining that I may be more than another temporary visitor in my participants' lives. I was concerned that embedding myself in the fieldwork, getting to know young people and staff in their homes and workplaces felt exploitative if I abruptly severed contact, and epitomised the very thing I had sought to critique, namely the disrupted relationships young people experience (The Care Inquiry, 2013). However, the difficulties I faced in maintaining contact with the homes and young people meant that continued visits proved difficult. The volume of data I had collected meant the time which had been devoted to fieldwork was instead taken up with transcribing and data analysis. As with many aspects of fieldwork, this mirrors the experience of staff where young people move on and their time becomes taken up with new arrivals and other pre-occupations. I also had significant difficulties keeping in touch with young people like Louise and Chris due to issues of confidentiality, the complexities of their lives, and the reluctance of their social workers to share information with a researcher. Other young people simply would not have been concerned about keeping in touch, such as Dean and Ronan, the only two remaining young people at Oakhill, which made leaving feel more straightforward. I ensured my contact details were left with staff and had given young people my email if they wished to get in touch at any point.

During my last visit to Clyde Close, the staff, while conversational, appeared stressed and busy. A new young man was described as having a ‘high level of need’ according to George, the manager, and there were concerns that he was having a ‘negative impact’ on Silas. All of this was reminiscent of language used to describe Casper during my first visit. The longest standing resident was now Josh, who had already taken to telling the others he had ‘been there the longest’ to portray his authority, even before it was true. As much as he held onto this role, it also meant of course that he was possibly going to be the next to leave. Tegan, Connor and Silas also remained. None of the children were attending education, which staff described in challenging terms, as they felt there was insufficient time to both complete tasks and be available to young people. I noticed, uncharacteristically for Clyde Close, that all the staff were crowded into the offices, ostensibly to try and catch up on paperwork. I wondered, however, if there was also an element of needing to retreat into this adult part of the building, as there were not the usual lulls in the time young people spent around the home. In addition to these stresses, I was informed by the Deputy Manager that the planned move to a new building had fallen through, and Clyde Close may actually be closed with the young people and staff relocated to other homes, creating further uncertainty (Fieldwork notes, Day 30).

The cessation of my contact with the homes, and the dire circumstances that some young people had been in on their departure, made the process of transcription something of a forlorn undertaking. I could see why staff often seemed to project their hopes for young people into the future, as discussed in Chapter 6, when their circumstances seemed difficult or uncertain in the present. Perhaps the future would be kinder, perhaps they would find places to belong and people to belong with. One function of moving young people on seemed to be to allow this hope to remain within the uncertainty. At the point of transcription, I had the hindsight to know that there was no such happy ending for any of the young people I witnessed leave Clyde Close or Oakhill, at least not in the short term.

10.1 Social Death and Relational Alienation

The key aim of thesis, as outlined in the Introduction and Chapter 4, has been to understand what children’s homes are like as places to live, particularly in the context of frequent placement change and breakdown. Drawing on the work of Ennew (2002,

2005) and Emond (2014), I have argued that residential care is an environment which locates children 'outside childhood'. This is significant as the 'conceptual eviction from the category of the child' (Jenks, 1996) impacts on the personhood of children in residential care, and how they are related to both in care and wider society. Residential care has often been viewed as stigmatising (See Brown *et al*, 1998:12-14), however the interaction between the personhood of children and the stigma surrounding residential care has gone largely unexplored.

An original contribution of this thesis is in utilising the concept 'social death' as an analytic framework to better understand the lived experience of children in residential care. This follows a discussion on a body of research literature detailed in Chapter 2, which portrays young people's experiences in care and residential care as alienating, lonely or nomadic (Ward, 2011:2514; Dvir, Weiner and Kupermintz; 2012, Holland and Crowley 2013). Social death, particularly, as conceived by Orlando Patterson (1982, 2018) is shown in Chapter 3 to be a highly relevant concept to children in residential care. Its power is in its capacity to understand alienation in terms of both personal and social loss. In order to apply social death, it was necessary to consider what personhood means for children and young people, how this differs from adults and how the status of children is impacted on by living in residential care (Chapter 3). The work of Ennew (2002) was drawn upon here to explore how the qualities of childhood, such as dependency, innocence and 'essential goodness' determine our ideals for children. One of the main conclusions to be drawn from this work, building on that of Holland (2009b) and Steckley and Smith (2011) is that the individualising of children in care does not serve their interests when it is at the neglect of their social and relational needs. This was particularly argued in relation to the implementation of children's rights in care in Chapter 9.

However, stating that life in residential care is a form of social death for children is a bold statement that requires further consideration. In seeking to define the characteristics of social death, Kralova (2017:2) asserts that the term is generally used 'when a person or group has experienced extreme and profound loss' which includes aspects such as being displaced, socially excluded, loss of role or social identity, loss of citizenship or legal protections, and physical decline (p.2). It is certainly the case that all the young people in this study have experienced some, if not all, of the above, and would therefore meet the criteria Kralova has set for social death. There are

definitely aspects of life in children's homes which significantly undermine the social basis of everyday life, wellbeing and identity of children.

Young people's descriptions of arrival in residential care in Chapter 6 illustrate that repeated experiences of separation, uncertainty, loss and shame severely impair young people's engagement with a new placement. A challenge for staff is to find ways to engage with and understand new residents. Examining the ways in which young people are repeatedly alienated from important relationships with people and place helps us understand the difficulties faced by young people and staff in starting anew. However, key to this approach is that social death and the concept I have developed of relational alienation combines both social and symbolic elements. As Patterson stated (1982, 2018), the ability to belong is a key requirement of personhood, and is the actual opposite of slavery, rather than individual freedom. The stigma surrounding residential care means that children are required to pursue belonging in an environment which otherwise increases their social exclusion (Kendrick, 2009).

In the most extreme cases, the losses experienced by young people such as Louise and Casper create conditions where maintaining any degree of connection with others, either carers or peers, is highly precarious, and difficult to claim in terms of both meaning and proximity (Chapters 3 and 6). In Louise's case, while there were other factors contributing to her placement breakdown, it was orchestrated as a result of managerial decisions which were partly attributed to her 'choice'. This means that when young people are held to account for decisions such as placement terminations, their expression of 'choice' can lead to a loss of social life, and well-being. Data revealed that a number of practices in the residential care environment undermine young people's social and legal status to the extent that they lose all meaningful connection to others. While there are numerous mechanisms to promote young people's 'voice', they are open to manipulation by powerful adults (Chapter 9). It is also worth bearing in mind the significant mental and physical deterioration suffered by some young people, which is also connected to social death (Kralova, 2017).

As discussed, a number of young people clearly maintain social and familial contacts. This indicates that many young people do not experience social *death*, or not as a permanent state of affairs. However, while this is not solely a reflection on living in residential care, these relationships were often fragile and marked by turbulence. Some positive practices in the children's homes existed to support friendships and

family contact, such as allowing Josh's girlfriend to visit, though they were not consistently applied. However, in spite of such examples, the facets of social death outlined by Patterson, particularly 'natal alienation' (1982) remained pertinent to understanding young people's profound experiences of loss. In utilising this term, Patterson is referring to the experience of chattel slaves in being uprooted from their kin, lands and heritage, often repeatedly, and the threat of this occurrence was terrifying for the whole community (1982:5). The constant threat of removal from kin and community, combined with the fact that slave families and communities had no force to bind them, meant the concept of 'natal alienation' held relevance to the situation of children in residential care and the frequent upheaval from people and place (Chapters 3 and 6). As shown in Chapter 7, it is of significance that even when young people experienced long-term placements in the children's homes, they suffered the loss of their peers and resultant sense of insecurity.

In considering Patterson's concept (1982) of social death, I have utilised the term 'relational alienation' as an adaptation of 'natal alienation' and developed the concept in this thesis to epitomise children's experience of residential care. Although many young people do retain social and familial contacts, I argue that relational alienation is a common experience in children's homes due to the frequent separation from people and place which disrupts friendships, relationships with staff, and the home itself. This in turn undermines the ability of residential care to provide a home and sense of belonging to young people, which has been a repeated concern in recent years (The Care Inquiry, 2013; Biehal 2014, Emond, 2014). In terms of peer relationships, as outlined in Chapter 7, proximity is necessary to the maintenance of friendship and the disruption to peer groups created by placement moves often removes this. Conversely, forced proximity can also be an issue which leads to friendships of convenience, which may not endure (Sinclair and Gibbs, 1998).

However, can it be said that where social death exists it results from living in residential care? Certainly the stigma surrounding the sector promotes social death for the reasons outlined. As Kralova (2017) notes, stigma is also a significant feature in writing on social death. While he did not term it as such, Patterson (1982) also described social death as a state of un-belonging, utilising concepts such as 'generalised dishonour' and 'liminal incorporation' to depict slavery, as detailed in Chapter 3. The data revealed that young people are not immune to the stigma

surrounding residential care. This manifests in creating a sense of apprehension prior to arriving at a children's home, and a sense of shame with regards their social life and personal narratives (Chapters 6 and 7). The acrimonious relationships with the community described by staff, alongside the way in which the homes are associated with criminality and 'bad' children further reveals this stigma, and that staff tried to counter this perception. Young people were also aware that residential care is viewed as a place of 'last resort' (Shaw 2014), which for them meant believing they were unwanted elsewhere (Louise, Michael, Chapter 8). In this regard, the 'last resort' narrative serves to compound the stigma attached to residential care for young people.

To better understand the impact of this stigma, I have drawn on the work of Bourdieu (1992, 1996), Waquant (2007) and Damar (1974) to illustrate the mutually reinforcing nature of the stigma surrounding people and place. In the case of residential care I have argued that the stigma attached to the sector in England results from its long-standing associations with poor relief, the workhouse and state intervention in the private realm of family life. I have also used examples of the constant intervention within the homes to argue that children's homes remain essentially public domains, rather than a blend of public and private, (see Sinclair and Gibbs 1998, Dorrer *et al*, 2010) and this detracts from their domestic, or private functions. As children are imagined within the realm of both family and domesticity, residential care is inherently stigmatising, which impacts on public perceptions of the children who live there. This continues to play out in public opposition to the location of children's homes within communities, whereby they are assumed to be places of vice which threaten the local community. The concept of the 'stigma of place' referred to by Waquant (2007, 2008), where people will hide their address or distance themselves from where they live as a tactic to manage the stigma of place, is highly relevant to young people's experiences of living in residential care. This helps understand the mutually reinforcing nature of the stigma surrounding the homes and the young people. Territorial stigma has not previously been applied to understanding mainstream residential care. It is therefore possible to view children's homes as 'stigmatised territories' and there were pertinent examples from both Oakhill and Clyde Close.

However, this alone would not be sufficient to support the idea that residential care is a site of social death. However, young people in children's homes are also more likely to experience the greatest upheaval and therefore social loss, in addition to factors such as the staff shift system and lack of genuine opportunities to express their views in ways which share accountability. Social death can therefore be said to be an outcome of residential care for some young people, and all children and young people experience a degree of relational alienation.

A key aspect which relational alienation encompasses which is often missing from other writing of belonging in residential care is the relationship between young people and place, which has largely been neglected (Jack, 2012; 2013). Following Patterson, it encompasses the ways in which young people are alienated due to losing proximity to places of belonging. The research data revealed that young people's frequent moves mean residents cannot necessarily lay claim to relationships or spaces. The concept then relates to both the practical and symbolic, the structural and the social aspects of alienation and loss. Where relationships do not have a 'binding force' (Patterson, 1982:5) and the legal position of children serves to compound their isolation due to the individualist focus of the rights framework (Smart, Neale and Wade, 2001), the social death and relational alienation of many children in care is guaranteed. The relational aspect of this thesis counters the current 'cult of the individual' (Smith, 2009:15) which undermines an emphasis on children's ability to belong with and to others.

In terms of the methodological approach to the thesis, although the sample of young people was small across both homes, it was sufficient to address the research questions in light of our existing knowledge of residential care, as outlined in Chapters 2, 4 and 5. An ethnographic approach allowed for an in-depth examination of both Oakhill and Clyde Close homes which revealed both mobile and sensory data, utilising the approaches exemplified by Urry (2000), Pink, (2015) Ferguson (2011, 2016). This provided a greater depth in understanding the lived experience of participants and the home environment than interviews alone. It was also key to overcoming issues of trust, particularly with the staff teams. The trialling of 'House Tours' as a method also revealed valuable data in terms of young people's sense of belonging and the ways in which they sought to claim space, seek a sense of privacy and secrecy and also resist their lack of 'place'.

While this thesis makes significant use of interviews, the longevity of the research allowed for greater triangulation, and to conduct repeat interviews over time which allowed for comparisons. It also allowed me to witness the impact of upheaval on both the young people and the homes. Utilising two children's homes allowed for a larger sample of young people, and also a comparison of areas of strength and weakness across the two locations, for example in relation to greater stability in the staff team at Oakhill, and the use of the dining room as a shared space at Clyde Close. The following recommendations therefore are geared towards improving the treatment of young people in residential care in the hope of lessening social death and relational alienation.

10.2 Recommendation for Future Policy and Practice in Children's Homes:

In terms of reducing the social loss for children in residential care my findings support Emond's (2014) recommendation that child care professionals need to place greater emphasis on young people's friendships and to consider how these might be supported and maintained across the care system. As Smith has noted (2009), there is a fear of the group in residential care, which can lead to an over-zealous approach to the containment of risk among peer groups. This also applies to relationships between carers and young people, which, while complicated by factors such as time and availability, are a vital part of young people's 'social vitality', the term used by Card (2003) to depict what is lost under conditions of social death. It will be useful to see what conclusions are drawn under the 'Staying Close' pilot - currently underway - and whether the findings can be applied to residential care more widely. In any event, maintaining contact with the homes following their departure was certainly of value to a number of participants in this project and could aid a much-needed shift in the 'discourse of care' (Steckley and Smith, 2011) to a more relational, reciprocal life.

While both homes had made efforts to build bridges and ties with the local community, this is something which needs to be recurrent wherever possible, rather than in instances of crisis. Local authorities and charities may have a role in promoting a positive image of residential care and the children who live there to counter frequent public resistance. However, it must be recognised that the negative image of children's homes is historic and embedded in society and would require concerted and strategic efforts to transform.

In terms of preventing and reducing the risk of placement breakdown and termination, developing alternatives to placement moves could also be a way forward. For example, to offer respite places to young people at times of crisis, which allow for issues to be resolved, before exploring a return to their 'home' placement. This obviously has resource and planning implications. However, it may help young people to have such options built into a care plan, which may allow for young people whose placements may be vulnerable, to consider how different problems may be managed in advance of any difficulties.

In line with recent work undertaken by the Children's Commissioner on the Stability Index, in addition to monitoring placement moves, it may help develop a more accountable approach if the reason for placements moves were also sought from both staff, social workers and young people. This may help keep a track of young people's life stories and could increase accountability. In this regard the decisions to end a placement may be more transparent and subject to greater scrutiny. However, there is of course a risk that this could become another 'task' to be accomplished by overladen staff, and that the adult version would become the 'official' narrative without a critical approach. This however could be an avenue for further inquiry. Instances such as Mia's where there is a lack of certainty over how many placements a child has endured and a lack of clarity regarding what counts as a placement need to be avoided and addressed.

To an extent, the lack of 'containment' practices feels like an elephant in the room of this thesis. It was evident that staff anxieties were often a driving force behind the breakdown of young people's placements or the management of risk, which has been discussed elsewhere in relation to children's homes (Menzies Lyth, 1988; Smith, Fulcher and Doran, 2013). There is a burgeoning literature on the value of containment theory and practice in reducing levels of anxiety in caring relationships (Ruch, Turney and Ward (eds) 2010; Emond, Steckley and Roesch-Marsh, 2016). The value of such practices cannot be overstated, particularly in terms of supporting workers to acknowledge and work with their own and young people's emotions, and to contain heightened atmospheres. Reducing the impact of young people expressing complex and extreme emotions could also reduce the risk of social death and relational alienation, as staff experience a literal desire to put the young person out of sight, reflecting the recent work of Disney *et al* (2019), who found workers think

less of children who are placed further away. In order for this to be possible, further investment in training for residential staff would be required, including clinical and team supervision. This could also be reflected in greater funding to CAMHS teams who offer the ‘emotional containment’ with residential staff and sometimes social workers. Of course, all these recommendations would be subject to resource issues, however I cannot allow my findings to be constrained on those grounds.

10.3 Recommendations for Further Research

Recording the reasons given for placement breakdown within local authority placements in England could be a source of further valuable data and allow for an examination of young people’s, carers and family perspectives on placement change, which may also highlight issues within how decisions are communicated. Further aspects which proved fruitful and enjoyable during the data collection was using the ‘House Tour’ method to explore issues of belonging, and the relationship young people had to the children’s home and its history. Asking young people to show me around the home seemed to give or reveal a sense of ownership and provided opportunities for conversations about stigma, the value of different types of care and the histories of the homes. This method could be trialled with residential care staff as a means of opening-up and generating conversation with young people, particularly early on in the placement during the ‘settling-in’ period.

10.4 Final Reflections on the Research

At points during this study I have been conscious that utilising social death as a frame may be falling into the criticisms of Patterson’s work (1982), (see Bodel and Scheidel, 2017) in that it is overly structural. This may eclipse the fact that slaves, or in this case children in residential care, do have and sustain relationships. I have sought to address the former in the first part of this conclusion in that the issue is not simply whether relationships exist, but that they are fragile, prone to disruption or severance, and often lack a social sanction. I have also been concerned that depicting residential care in such bleak terms may be to the detriment of the young people who live there and already experience considerable stigma. However, I recognise this is probably borne of a desire to *make things better* without wishing to recognise how bad they are to

begin with. In this regard, the data - heavily laden with stories of loss, anger, and fragility – speaks for itself. In the recent re-issue of 'Social Death' (2018), Patterson ends his preface by trying to find a 'happier note' (p.xx) which in the context of slavery was manumission – or rebirth 'into the free space of social life' (2018: xxi). In this regard, academic studies of care leavers offer little hope in terms of the 'outcomes' discourse. However, I am reminded of the recent work of Lemn Sissay (2019) in gathering the names of well-known care leavers who have exceeded the downward trajectory, and whom he terms 'superheroes'. It is important that these stories are told. I do not know what happened to 'Jen', as once I left the authority I heard no more of her. I may never hear about the young people in this study. However, it does not stop me projecting hopes for them into the unknown future, and to believe we can improve our ability to provide children with places of belonging.

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Appendix 1

For office use

REFERENCE

Signed off by supervisor

Minimal Risk

Full REC

Expedited

School of Sociology & Social Policy

Application for Research Ethics Approval for Students and Staff

BEFORE YOU START TO COMPLETE THIS FORM PLEASE READ THE WHOLE DOCUMENT CAREFULLY. STUDENTS MUST INFORM THEIR SUPERVISOR BEFORE STARTING TO COMPLETE THE APPLICATION FOR ETHICS APPROVAL AND LIAISE CLOSELY THROUGHOUT AS THIS IS AN INTEGRAL PART OF YOUR RESEARCH DESIGN.

The University of Nottingham's Guidance on Ethical Review states: "Ethical review (and approval) is required for all projects where the research involves participation of human subjects, their data and/or their tissue (even where the applicant indicates that there is only minimal risk)."

This form must be therefore be completed for all research projects, research assignments or dissertations/theses which are conducted within the School and involve human participants or data that are sensitive or protected. **You must not begin data collection or approach potential research participants until you have completed this form and received ethical clearance including the required signatures. In the case of research**

involving human subjects taking place outside the United Kingdom you must not begin data collection or approach potential research participants until you have also received the approval of the University's Insurance Department.

If the study is based only on a review of documentary sources already in the public domain and involves NO fieldwork of any sort, then this form does not need to be completed.

Completing the form includes providing a summary of the research in Section 2 and ticking boxes in Section 5. Ticking a shaded box in Section 5 indicates that the study is above minimal risk and requires further action by the researcher. Two things need to be stressed:

- Ticking one or more shaded boxes does not mean that you cannot conduct your research as currently anticipated; however, it does mean that further questions will need to be asked and addressed, further discussions will need to take place, and alternatives may need to be considered or additional actions undertaken.
- Avoiding the shaded boxes does not mean that ethical considerations can subsequently be 'forgotten'; on the contrary, research ethics need to be informed - for everyone and in every project - by an ongoing process of reflection and debate throughout the study.

The following checklist is a starting point for an ongoing process of reflection about the ethical issues concerning your study.

The Application for Ethics Approval must be completed electronically in Word format and submitted on line to Alison.Haigh@Nottingham.ac.uk. For all research the checklist must be accompanied by the Fieldwork Topic Guide (where appropriate) and for all undergraduate and postgraduate taught students the Application Form must also be accompanied, where appropriate, by a *completed* Participant Information Sheet and Consent Form (Guidance and templates are included in Annex A below - these should be tailored to the individual project in the form they will be used in the field). All Applications must be accompanied by a completed Fieldwork Risk Assessment Form (Please see School's Ethics webpage: [253](http://www.nottingham.ac.uk/sociology/research/research-</p></div><div data-bbox=)

ethics.aspx).

The School also has guidance on researcher safety, lone working, working abroad, the Mental Capacity Act 2005 and the archiving of research data. When completing this form you should reference these documents where relevant.

For further information on these and other ethical issues, please consult the School's Ethics webpage:
<http://www.nottingham.ac.uk/sociology/research/research-ethics.aspx>

SECTION 1: THE RESEARCHER(S)

To be completed in all cases

Title of project: **Exploring The Meaning of Being in Residential Care for Children and Young People.**

Name of principal researcher:

Status: ☐ Undergraduate student

☐ Postgraduate taught student

☒ Postgraduate research student

☐ Staff

Email address: lqxhywo@nottingham.ac.uk

Names of other project members: N/A.

To be completed by students only:

NAME IN CAPITALS: Helen Woods

Student ID number: 4261055

Degree programme: 1+3 ESRC PhD.

Module name/number:

Supervisor/module leader or tutor: Professor Harry Ferguson.

SECTION 2: RESEARCH WITHIN OR INVOLVING THE NHS OR SOCIAL CARE
--

Does this research involve the recruitment of patients, staff, records or other data through the NHS or involve NHS sites or other property?

☐ Yes

☒ No

If you have answered **YES** to the above question, ethical approval **MUST** be sought from the relevant NHS research ethics committee. Evidence of approval from such a committee **MUST** be lodged with the School office prior to the commencement of data collection.

Does this research involve the recruitment of users, staff, records or other data through social service authorities (children and adult services) or involve social service sites or other property?

☒ Yes

☐ No

If you have answered **YES** to the above question, then you must check whether or not the relevant social service authority has its own ethical scrutiny procedures. If appropriate, evidence of approval from such an authority **MUST** be lodged with the School office prior to the commencement of data collection.

Even where external ethical approval has been obtained from an NHS committee or social service authority, completion of this form is mandatory.

SECTION 3: FIELDWORK INVOLVING HUMAN SUBJECTS TAKING PLACE OUTSIDE THE UNITED KINGDOM

Does this research involve FIELDWORK OUTSIDE THE UNITED KINGDOM?

☐ Yes

☒ No

If you have answered **YES** then you must follow the flow chart on the School's Research Ethics page to organize your overseas travel. All overseas research involving the collection of human data is referred to the University's Insurance Brokers for approval. You should not book flights or arrange fieldwork until you have received approval from the REC and the University's Insurance Department. Following receipt of ethical approval you should carefully read all the University's Insurance documents on the Insurance website and discuss your travel arrangements with your supervisor and the University's Travel Office **before** making any arrangements. The Ethics Form must be accompanied by Fieldwork Safety Plan that has been agreed and signed by the staff researcher/student and the PI/supervisor.

SECTION 4: THE RESEARCH

PLEASE EXPAND THESE BOXES TO PROVIDE SUFFICIENT INFORMATION TO ENABLE THE RESEARCH ETHICS COMMITTEE TO MAKE A DECISION ON YOUR APPLICATION FOR ETHICS APPROVAL

Please provide details about your proposed research, as indicated in each section

1. Research question(s) or aim(s)

Aim: To understand what it means to be a child/ young person in Residential Care in light of poor outcomes.

To explore how understanding Residential Care can contribute to sociological conceptions of children and childhood.

Questions:

What does it mean for children to live in residential care as a space outside their family and community?

Do reciprocal relationships exist for children in residential care which allow them to be honoured and recognised?

How is belonging understood by young people and staff, and how is it displayed?

What narratives do children and staff hold about themselves and their situation in Residential Care? Are these shared?

2. Method(s) of data collection

- I aim to conduct an ethnographic study in a Children's Residential Home - yet to be identified. This will involve being based in the home 3 days per week for 6 months. I seek to primarily engage young people in care but also children's home staff, social workers and potentially family members. I will utilize participant observation, semi structured interviews and documentary sources (social care records).

- Data will be collected through audio recording and taking notes in the company of young people. This will be stored securely and anonymized throughout.

3. Proposed site(s) of data collection

(Please see University's Lone Worker Policy and Working Abroad Policy on the School's Ethics page: <http://www.nottingham.ac.uk/sociology/research/research-ethics.aspx>)

4. How will access to participants be gained?

- I will gain access to children in care by recruiting them through relevant gatekeepers, namely Social Care Managers including Directors of children's social care, Heads of Service, and the senior manager's for the children's home, individual home managers, and children's social workers before gaining consent through meeting with identified children in residential care, aged 11-18 and their families as appropriate.

SECTION 5: ETHICAL CONSIDERATIONS

Please answer each question by ticking the appropriate box. All questions in section 5 **must** be answered.

5.1 General issues

	Yes	No
Will this research involve any participants who are known to be vulnerable due to: Being aged under 18? Residing in institutional care (permanently or temporarily)? Having a learning disability? Having a mental health condition? Having physical or sensory impairments? Previous life experiences (e.g. victims of abuse)? Other (please specify)...	X X X X X X	X X
Will this research expose participants to any significant risk of physical or emotional harm?		X
Will this research involve any physically invasive procedures or the collection of bodily samples?		X
Will this research address sensitive issues, for example, abuse, illegal activities, sex, sexuality, drug use, serious illness? (This list is not exhaustive)		X
Will this research involve deception of any kind?		X

Will this research involve access to personal information about identifiable individuals without their knowledge or consent?		X
Will this research involve the collection of data from human subjects in a country other than the United Kingdom?		X
Will this research expose the researcher to any risk of physical or emotional harm?	X	
I will inform immediately the School's Ethics Officer if I change the method(s) of data collection, the proposed sites of data collection, the means by which participants are accessed, or make any other significant changes to my research inquiry	X	

5.2 Before starting data collection

	Yes	
I have read the <i>Research Code of Conduct</i> guidelines of the University of Nottingham, particularly section 4 on Data, and agree to abide by them. The <i>Research Code of Conduct</i> can be found on the School's Ethics webpage: http://www.nottingham.ac.uk/sociology/research/research-ethics.aspx.	X	
For those intending to work with children and/or vulnerable adults: I have read the University's <i>Guidance on the Protection of Children and Vulnerable Adults</i> The Guidance can be found on the School's Ethics webpage:	X	

http://www.nottingham.ac.uk/sociology/research/research-ethics.aspx).		
My full identity will be revealed to all research participants	X	
All participants will be given accurate information about the nature of the research and the purposes to which the data will be put	X	
All participants will freely consent to take part, and this will be confirmed by use of a consent form. (An example of a consent form is available for you to amend and use.)	X	
One signed copy of the consent form will be held by the researcher and another will be retained by the participant	X	
It will be made clear that declining to participate will have no negative consequences for the individual	X	
It will be made clear that participation is unlikely to be of direct personal benefit to the individual	X	
Participants will be asked for permission for quotations (from data) to be used in research outputs where this is intended	X	
Incentives (other than basic expenses) are offered to potential participants as an inducement to participate in the research. (Here any incentives include cash payments and non-cash items such as vouchers and book tokens.)		
For research conducted within, or concerning, organisations (e.g. universities, schools, hospitals, care homes, etc.) I will gain authorisation in advance from an appropriate committee or individual. (This is in addition to any research ethics procedures required by those organisations, particularly health and social care agencies – see Section 2 above.)	X	

5.3 During the process of data collection

		Y e s	
I will provide participants with my University contact details, and those of my supervisor, so that they may make get in touch about any aspect of the research if they wish to do so		X	
Participants will be guaranteed anonymity only insofar as they do not disclose any illegal activities. This will be made clear before any data are collected		X	
Anonymity will not be guaranteed where there is disclosure or evidence of significant harm, abuse, neglect or danger to participants or to others. This will be made clear before any data are collected		X	
All participants will be free to withdraw from the study at any time, including withdrawing data following its collection		X	
Data collection will take place only in public and/or professional spaces (e.g. in a work setting). If fieldwork takes place in the respondent's home please outline in Section 6 what steps will be taken to ensure your safety. You must read the University's Lone Worker Policy and may wish to consult the SRA researcher safety guidelines (Please see School's Ethics webpage: http://www.nottingham.ac.uk/sociology/research/research-ethics.aspx)			
Research participants will be informed when observations and/or recording is taking place		X	

Participants will be treated with dignity and respect at all times	X	
--	---	--

5.4 After collection of data

	Yes	No
Where anonymity has been agreed with the participant, data will be anonymised as soon as possible after collection	X	
All data collected will be stored in accordance with the requirements of the Data Protection Act 1998	X	
Data will only be used for the purposes outlined within the participant information sheet and consent form	X	
Details which could identify individual participants will not be disclosed to anyone other than the researcher, their supervisor and (if necessary) internal and/or external examiners without their explicit consent	X	
I will inform my supervisor and/or the School's Research Ethics Officer and (if necessary) statutory services of any incidents of actual or suspected harm of children or vulnerable adults which are disclosed to me during the course of data collection	X	

5.5 After completion of research

	Yes	No
Participants will be given the opportunity to know about the overall research findings	X	
Data must be submitted to the School office and will be retained (in a secure location) for 7 years from the date of any publication based upon them, after which time it will be destroyed.	X	
All hard copies of data collection tools and data which enable the identification of individual participants will be destroyed	X	

SECTION 6: ETHICAL APPROVAL

Declaration of ethical research

1. ***If you did not tick any of the shaded boxes in section 5 of this form,*** please sign and date below **and** get the checklist countersigned (see below for who the Application must be countersigned by).

Keep one copy of this form for your personal records.

Students who undertake research involving primary data collection on non-dissertation modules must submit the authorised Ethics Application Form along with their assessed work to Alison Haigh in the School Office.

Undergraduate dissertation students who intend to conduct fieldwork should include **two hard copies** of the Ethics Application Form with their dissertation plans submitted to dissertation tutors in the autumn. Then assuming the Form is signed and authorised by their dissertation supervisor, **students should confirm this authorisation in a section discussing ethics in the text of the dissertation and append all ethics documents (Ethics Application Form, Consent Form, Participant Information Sheet and Fieldwork Safety Plan).** Failure to do so may incur penalties when the dissertation is marked. Some undergraduate module conveners will also distribute a short 'ethical declaration' that you will have to sign.

Principal investigators and other researchers, including postgraduate research students and postgraduate taught students, should keep a copy of the authorised Ethics Application Form and Fieldwork Safety Plan on file.

By signing this form you are agreeing to work within the protocol which you have outlined and to abide by the University of Nottingham's Code of Research Ethics. If you make changes to your protocol which in turn would change your answers to any of the above questions then you **must** complete a new form and submit a copy to Alison Haigh or for undergraduates to your tutor/supervisor.

Signed Helen Woods Date 09/05/2016.....

- 2. If you ticked any of the shaded boxes in section 5 of this form, then you must complete SECTION 7 (below). You must then discuss all ethical issues arising, record the outcome, including the supervisor's and/or REO's response, and have this form countersigned (see below)**
-

Authorisation

This section **must** be completed in **all** cases - whether or not you have ticked any shaded boxes in Section 5.

By type of investigator the form must be countersigned by the following personnel:

Undergraduate student (no shaded boxes ticked) → module convenor or tutor/project supervisor

Undergraduate student (shaded boxes ticked) → module convenor or tutor/project supervisor → School Research Ethics Officer (REO)

Postgraduate taught student (no shaded boxes ticked) → dissertation supervisor

Postgraduate taught student (shaded boxes ticked) → dissertation supervisor → School Research Ethics Officer (REO)

Postgraduate research student → supervisor/upgrade panel → School Research Ethics Officer (REO)

Staff → School Research Ethics Officer (REO)

To be signed by Supervisor/PI.

Having reviewed the ethical issues arising from the proposed research:

☒ I am happy for the research to go ahead

Harry Ferguson

Signed

Date 9th May 2016

Role Supervisor

To be signed by School REO

The Research Ethics Committee is happy for this research to go ahead as described

School REO.....
.....

Date

Note: **any** research protocols lodged with the School Office may be subject to review by the School's Research Ethics Officer

SECTION 7: FURTHER INFORMATION & JUSTIFICATION OF METHODOLOGY

One box should be completed for **each** shaded box ticked in section 5 of this form.

Ethical issue **PLEASE EXPAND THESE BOXES TO PROVIDE SUFFICIENT INFORMATION TO ENABLE THE RESEARCH ETHICS COMMITTEE TO MAKE A DECISION ON YOUR APPLICATION FOR ETHICS APPROVAL**

Ethical issue: **Being under 18.**

I intend to recruit young people under 18 for the ethnography, who will be the children resident in the Residential Home under study.

I am a HCPC registered Social worker and have a current DBS check which shows I am not barred from working with vulnerable groups and have no previous convictions. I recognize that this is not social work practice however, and that my role as researcher will be different and aim to be mindful of the differing boundaries this entails.

Consent to conduct research with children and young people in Residential Care will initially be gained from Senior Manager's within Social Care, including Directors of Children's Services and Heads of Looked After Children's Services, and children's home managers. I would then seek agreement from the home staff prior to approaching young people.

Consent would then be gained from the Local Authority to approach young people in their care via verbal and written agreement explaining the project. This would include those over 16 due to vulnerability issues. Where parents also have legal responsibility their consent will also be sought where required. I would then meet with young people with a staff member to further explain the project and ensure their understanding before seeking their participation. I would ascertain a young person's suitability for the project from discussion with their carers, and ascertain any current risks which need consideration.

Written consent would be gained from both parents or guardians and young people separately. Consent would be continually sought throughout the research interaction and will not be treated as a one off event. It will be made clear young people can disengage or withdraw consent at any time during the research encounter. I will supply written participants information sheets for parents and carers, children, young people and staff.

It will be explained to young people that following the end of the project their contributions will be used for the purposes of my PhD thesis, which may also be utilized for future learning and publications. The young people will be provided with my contact details should they wish to get in touch with any queries or concerns during the lifetime of the thesis. The young people will be provided with a summary of their contribution at the end of the research summarizing any findings, which will be anonymised.

Data will be stored using University of Nottingham Secure storage facility and will be kept in line with the Data Protection Act. All personal details of participants will be anonymized.

Any ethical standards/requirements of the relevant Local Authority will also be honoured and fulfilled prior to any research taking place or meeting with young people.

Rationale for chosen methodology and/or how ethical issue is to be addressed:

The proposed methodology is mobilised ethnography, where I aim to spend

3 days per week in a children's home. Ethnography allows children to engage to an extent they are comfortable with. As I will basically be shadowing young people, they will have control over their actions, and can disengage at any time. Their permission will be continually sought regarding whether they wish me to be present. It will be made clear to the children that should any concerns be raised or observed regarding their own or others welfare that this will be reported to their parents or carers. Ross et al (2009), reported that mobile methods ethnography with young people in care allowed for children to take control and engage or disengage as they saw fit.

It will be made clear to the young people that the project will not directly alter their experience of being in care, however that their contribution will be valuable to future learning.

Although I will be engaging young people in a research capacity I am also a social worker registered with the HCPC, with 16 years standing in the profession and have significant experience of both engaging with and safeguarding children and young people.

Supervisor/REO's response (including whether ethical issue has been satisfactorily addressed):

I am satisfied that Helen is aware of and has covered all the consent issues in a way that will ensure ethical research practice. Harry Ferguson

Ethical issue: **Residing in an Institution – A children's Residential Home.**

As above, I would liaise with children, young people and their carers and relevant gatekeepers prior to commencing the work and ensure I had young people's consent throughout the project. The limits of confidentiality will be explained to young people, as any concerns regarding their wellbeing would be passed to an appropriate carer.

Rationale for chosen methodology and/or how ethical issue is to be addressed:

Gaining meaningful consent from vulnerable children will be a paramount

consideration in this project. I will make it clear that the young people can withdraw consent at any time, and check at the end of time spent together if there is anything they do not wish me to use. The information and consent sheets are age appropriate for those aged 11-18.

The consent of care staff and those with parental responsibility will also be sought and I would respect their wishes if they felt continuing the research was detrimental to the child or young person. This is in line with the Children Act 1989, and UNCRC which state that those with parental responsibility require consultation.

Supervisor/REO's response (including whether ethical issue has been satisfactorily addressed):

I am satisfied that Helen is aware of and has covered all the issues in a way that constitutes ethical research practice. HF

Ethical issue: **Having a mental health condition.**

It is not my intention to seek to research young people who have chronic mental health issues, lack mental capacity or who are deemed incompetent to consent under the Fraser guidelines. However, it may be the case that some participants are subject to medication for conditions such as anxiety or depression, in which case serious consideration would be given to the suitability of involving them in the project. I would seek to ascertain whether any participants were suffering any physical, mental or emotional problems prior to meeting with them and be led by gatekeepers and carers as to whether it was appropriate to seek their participation. I would explain the project in detail to the young person before asking if they wished to take part. If they then consented to involvement in the project, their well-being would be paramount at all times, and no work would be undertaken if doing so would cause possible harm, or the young person became unwell or sought to disengage.

Rationale for chosen methodology and/or how ethical issue is to be addressed:

I will allow young people to disengage at any time and to decline further involvement. If it were considered by the young person or their carer's that

it was no longer appropriate in terms of their well-being to take part, their involvement would cease. Any collected data would only be included with the consent of the young person and their parents/carer's.

Supervisor/REO's response (including whether ethical issue has been satisfactorily addressed):

I am satisfied that Helen is aware of and has covered all the issues in a way that constitutes ethical research practice. HF

Ethical issue: **Having previous life experience such as abuse.**

Having life experiences such as abuse which increase their vulnerability is unavoidable in researching children in care. However, the focus of the research is not the young person's past experiences of abuse but their views on residential care, family life and different care settings. As a registered social worker, I am mindful of the need to engage with young people respectfully and would not seek to cause harm by querying past experiences of abuse. I will seek to question young people about information that they volunteer about their lives in care, and would not seek to probe if it was apparent that a topic was uncomfortable or likely to cause distress.

Consent will be sought through gatekeepers and parents/carers in the first instance and I would not seek to meet with young people alone or apart from a carer in the first instance.

It will be clarified throughout that the participants can disengage at any time and that their wishes and feelings will be respected, in line with the Children Act 1989, 2004, and the UNCRC 1989.

Rationale for chosen methodology and/or how ethical issue is to be addressed:

A mobile methods ethnography will allow children and young people to lead the sessions, whereby they permits me to 'tag along' with their usual activities and to questions them about their day, experiences and thoughts. They will be free to change the subject, disengage, or refuse to answer. While I recognise that young people will often concede to adult authority

and seek to go along with what they imagine is required of them, the research is not designed to be intrusive and the young person's autonomy and authority will be reinforced throughout. As a Social Worker with significant experience with young people, I will pay careful attention to their level of engagement and response and not seek to push them if they do not wish to engage or respond.

Supervisor/REO's response (including whether ethical issue has been satisfactorily addressed):

I am satisfied that Helen is aware of and has covered all the issues in a way that constitutes ethical research practice. HF

Ethical issue: Will this research address sensitive issues, for example, abuse, illegal activities, sex, sexuality, drug use, serious illness? (This list is not exhaustive).

It is not the aim of this research to uncover or delve into such issues. However, sensitive issues may present during the course of the ethnography due to the nature of the residential home environment and the reasons children enter the care system. It will be made clear to young people and their parents or carers that any information of concern which is not already known about by those responsible for them will be passed to their carers' as their well-being will be of paramount consideration. This allows young people to censure themselves if they wish.

Rationale for chosen methodology and/or how ethical issue is to be addressed:

The basis of the ethnography is to shadow young people during their everyday lives as children in Residential Care. However, I would let young people know that if they wished to engage in risky behaviours such as drug use I would not be able to observe this, as doing so would potentially endorse risk taking. I would clarify with their carers which risky behaviours were of concern and already known about to clarify what would constitute a necessary breach of confidentiality.

Supervisor/REO's response (including whether ethical issue has been satisfactorily addressed):

I am satisfied that Helen is aware of and has covered all the issues in a way that constitutes ethical research practice. HF

Ethical issue: Other (current vulnerabilities).

As above.

Rationale for chosen methodology and/or how ethical issue is to be addressed:

I will make it clear to young people the limits to confidentiality and inform them if I became concerned about their well-being at any time. If I was concerned that my presence was contributing to the vulnerability of a young person I would withdraw and end the research in discussion with the young person and their carer, and review consent.

Supervisor/REO's response (including whether ethical issue has been satisfactorily addressed): *I am satisfied that Helen is aware of and has covered all the issues in a way that constitutes ethical research practice. HF*

Please continue on separate sheets if required

School Research Ethics Officer on behalf of
Research Development Group

September 2015

Appendix 2

University of Nottingham

Centre for Social Work, School of Sociology and Social Policy.

What does it mean to be a child in Residential Care?

Young Person's participant consent form:

By signing this form I agree that:

1. I have read the participant information sheet and the purpose of the research and the way it will happen have been explained to me. (Please put a cross through Yes or No).

YES NO

2. I have been able to ask questions about the research.

YES NO

3. I understand why the research is being done and how I'm involved in it.

YES NO

4. I agree that I am taking part voluntarily, by my own choice, and that I can stop taking part at any stage during the project. I do not have to give a reason and there will be no negative consequences.

YES NO

5. I understand that while information gained during the research may later be published in articles, any information I provide is confidential (with some exceptions, see below) and that I will not be identified in any information or talked about to anyone else except the people who care for me, with my permission. None of my personal information will be used in a way that shows who I am, or where and who I live with.

YES NO

6. I agree to quotes from things I've said being used in the research and understand I can change my mind about this, but only during the time I spend with the researcher. I cannot change my mind later, however I understand all quotes will be anonymous.

YES NO

7. I am clear that all the information the researcher collect with me and about me will be stored securely and kept anonymous.

YES NO

8. I know they will use audio recording equipment during our time together and will make written notes and am happy with this.

YES NO

9. I understand that while the researcher will try and keep my confidence they cannot keep anything secret if it means they think my health or wellbeing, or the health or wellbeing of anyone else is put at risk, or if they find out about a crime that has not already been dealt with by the Police. If they are concerned they will let me know if possible before telling my carers or the Police.

YES NO

10. I know that I can contact the researcher or their supervisor if I would like further information about the project. I know I can contact the Research Ethics Officer at the University of Nottingham School of Sociology and Social Policy if I have a complaint to make about my involvement in the research.

YES NO

I agree to take part in the research project:

YES NO

Participant's Name:

(IN CAPITAL LETTERS).

Participants Signature :

Date:

Parent/Carer name:

(IN CAPITAL LETTERS).

I agree to the above child taking part in the outlined research project:

Signature:

Relationship to the young person:

Date:

Researcher name and Signature:

Date:

Appendix 3

Understanding Children's Residential Care

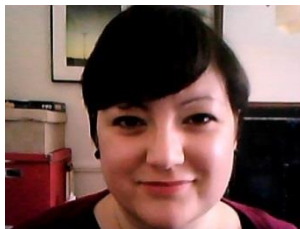
Research Project



Facts for Children and Young People

Who am I and what will I be doing?

My name is Helen Woods, here's a picture of me.



I'm a student at the University of Nottingham -



I'm studying Children's Homes to try and understand what it's like for children to live there.

What is Research?



It's a word we hear a lot and can mean different things, but it's basically trying to find out about something by looking at it in detail. I want to answer the question of what it's like in Residential Care and whether children have a different experience of childhood, being cared for, home and growing up.

How will I do this?

By spending time in your home with you and staff. I will want to speak to you about your thoughts and feelings about the home and your life there, and may want to spend some time hanging out at the house as people go about their day. I will record this using a digital recorder and taking notes.

Do you have to take part?



If you don't want me to include you and your experience that is fine. It means I wouldn't make any notes about you or ask you questions. It's up to you, I will respect your choice. It is your home and it's important that you feel comfortable. If you change your mind that is fine. You can say no at any time.

What Happens if You Take Part?

Taking part would mean I come to your home and meet with you, and talk to you about your experience of living there. I would also ask you to show me round the house and tell me about it. I would like to meet with you more than once. I may also hang out in your home and listen to your experience as you go about your normal day.

What Happens to What We Say and Do?

I will keep my notes and recordings safe at the University. I will change your name, the names of other people and the home so no one outside the

home can tell what you said or who took part. I will write the information into articles and books and will tell other people at conferences. The aim is to make things better for other children and young people in future.

Could I be Harmed at All?



If you told me anything that made me worried for your or anyone else's safety I'd have to speak to your key worker or social worker.

Who Else is Taking Part?

The children and staff in your home and others from different homes.



Below are details of staff at the University you can contact if you're unhappy about something, have any questions, and don't feel able to talk to me.

Harry Ferguson

E-mail: harry.ferguson@nottingham.ac.uk

*Address: The University of Nottingham
School of Social Work and Social Policy
University Park
Law & Social Science Building
Nottingham
NG7 2RD*

Complaints procedure

If you wish to complain about the way in which the research is being conducted or have any concerns about the research then in the first instance please contact myself, Lisa Warwick, on the contact details given above.

If this does not resolve the matter to your satisfaction then please contact Harry Ferguson on the contact details given above. Or contact the School's Research Ethics Officer:

Dr Simon Roberts

The University of Nottingham
School of Sociology and Social Policy
University Park
Law & Social Science Building
Nottingham
NG7 2RD

Tel: 0115 846 7594

E-mail: simon.roberts@nottingham.ac.uk

Appendix 4

Interview Schedule:

Questions: Young People.

(NB: It is important to note that not all questions were asked in each interview or in each recorded conversation, particularly follow up interviews. A number of follow up questions were asked on the basis of individual participant responses, which are not listed here).

- What's the best way for me to understand what it's like to live here?
- How long have you lived here?
- What was your first impression of this home?
- Who did you first see/ meet when you arrived here?
- What was helpful when you first moved here? What was difficult?
- What do you think it's like for young people when they first move here?
- Can you tell me something you like about living here that you haven't had in other places?
- Can you tell me something you've liked in other places that you miss?
- Have you lived in many places? Can you tell me about them?
- Have you kept in touch with people in other places you've lived?
- How do you get on with staff here?
- How do you get on with the young people?
- What kinds of things do you do together with staff and other young people?
- How do staff show you that they care?
- Who is most important to you at the moment?
- Do your friends come round?
- Are there people in your life now you imagine you'll keep in touch with?
- Can you tell me about your day – what would a typical day be like for you?

- What do you do when you're not in the house?
- Who do you see/spend time with?
- Do you know anyone locally?
- What do you think of the local area? Do you do much round here?
- If I had a map of this area/town/city – would you be able to find where we are?
- Tell me about this room? Does it have a name?
- Do you know who decorated this room? How many times have shared rooms been decorated or refurnished since you've been here?
- Do you like it?
- Who chose the pictures/furnishings? What do you think about them?
- What do you think makes a home a home? What does home mean to you?
- Have you met any of the young people who used to live here? How was that?
- What do you imagine it will be like to move on?
- Can you tell about something that happened in the home that stands out for you recently?
- Can you take me round the house?

Interview Questions: Staff

- How long have you worked here?
- What did you do before?
- How would you describe the home?
- What were your first impressions of the home when you arrived?
- Do you remember how it felt?
- How did the reality of working here match your expectations?
- Tell me about the young people here at the minute.
- And the staff?
- What kinds of activities do you do together?
- How do young people show you that they care?
- Who gets up first in the house?
- Who goes to bed last?

- Who makes the best dinner?
- What do you think makes a home a home?
- How do you think residential care compares to this?
- Do you think residential care can meet the needs of young people as well as foster care?
- If so how? If not, why?
- Do you think the number of moves young people have affects them? How so?
- What do you think it's like for new young people coming in?
- What's it like for everyone else when someone new moves in/leaves?
- What's your favourite part of the house?
- Can you show me round the house?

