At Risk of Social Exclusion: A Study of Care Leavers in UK

Abstract:

This paper examines the experiences of socially marginalized/ excluded individuals in society when they re-enter the society after a period of being "looked after"[1] by the State (by placement in either foster care or residential care homes, referred to as "Care Leavers" in UK). This group was selected for the study because "socialization" of care leavers is a major problem for the UK Government. The aim is to explore their psychological states, and in turn, examine possible link between their psychological states and socialization process after leaving care. Successful socialization is defined here as resulting in a capacity to make personally and socially beneficial decisions and judgments. The findings suggest that being in care may have a negative impact on identity development, with care leavers exhibiting low self esteem, stigmatization, low trust and low self-confidence. Negative psychological states impede socialization and enhance the risks of care-leavers becoming socially excluded.

Keywords: Social Exclusion; Socialization; Care Leavers; Identity; Stigma

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[1]   UK Government refers to children in care as "looked after" children.

Introduction:

There are approximately 61, 000 children placed in care every year. The cost of placing one child in residential care is around GBP 100,000 to 110,000 per year (DfES, 2006). The notion of investing this amount (approx. 2 billion pounds) in child care is based on the ideological belief of the Labour Party that children are the nation's future (Hendrick, 2003; 2005). However, statistics show that the probability of care leavers choosing a life of crime and indulging in other anti-social behaviour is quite high due to their psychological states and abnormal attachment history (Newton, Litrownik & Lansverk, 2000; Fisher, Burraston & Pears, 2005; Grogan-Kaylor & Otis, 2003; Johnson-Reid & Barth, 2000; see Widom 1989a, 1989b for review of this literature). In fact, it is only a fraction of care leavers who succeed in building a life for themselves after leaving care:

"There are approximately 61,000 children in care at any one time. They run very high risks of being unemployed, having mental health problems, becoming teen age parents. And we need to be frank, we are not really succeeding. One in ten children in care follow through GCSEs compared to 6 out of 10 for other children. Only 6% make it to higher education compared to over 30% of all children.. at any one time children in care make up about half a percent of all children but one quarter one quarter of the adult population in prison has been in children's care system at some point." (Blair, 2006).

The impact of Care Leavers' lack of adjustment or successful integration into society after leaving care is a measurable financial loss. Three-quarters of approximately 60,000 children in care are not in education, employment or training by the age of 16-18 and this group has been identified as one of the most difficult to reach by agencies combating social exclusion. This group is also over-represented amongst the homeless, teenage parents and those in young offender's institution and prisons (Coles et. al., 2002). In 2002, total additional lifetime costs of this group were estimated as GBP 7 billion in resource costs and GBP8.1 billion in public finance costs (Godfrey et.al. 2002). The situation has worsened in recent years with Britain facing highest inequality and child

poverty levels for 40 years (Ward, 2007). Care leavers remain within the most socially excluded groups in society.

The process of social exclusion is embedded not only within the socio-economic conditions of care leavers but even more so by their psychological/ emotional states. The external situations generate emotional states and our emotional states are known to influence our social judgment and decision making process. In fact, research has shown that not only are emotions present in the decision making process, they actually guide the process as well (Bechara, Damasio et.al. 2000; 2002). For example, research on relationship between affect and decision making has shown that positive affect enhances decision making capability (Isen, 1999; Isen, Niedenthal & Cantor, 1992; Isen, 1984; 1987; 1993; Isen, Daubman & Nowicki, 1987; Isen, Johnson, Mertz & Robinson, 1985; Isen & Means, 1983; Isen, Nygren & Ashby, 1988; Isen, Shalker, Clark & Karp, 1978). Another example is, negative affective states viz. sadness and anxiety in particular, are linked to differences in risk taking behaviour, such that sad individuals favoured high risk/ high reward tasks whereas anxious individuals preferred low risk/ low reward options (Raghunathan & Pham, 1999). The research evidence, therefore, suggests a link between emotional/ psychological states and social behaviour. Tendency to engage in anti-social behaviour would be enhanced in individuals driven by negative affective states, increasing their risk of being socially excluded.

Social Exclusion:

Institutionalisation presents an alternative social order that does not provide the natural social fabric or the opportunity to construct one's identity through social interaction. Experience of being institutionalized impacts the personality of the individuals and their cognitive processes (Goffman, 1961). Though residential care and foster care placements can not be considered "total institutions" (Goffman, 1961), they do retain the control and power over the children's lives to a much larger extent than experienced by children developing in their natural environments. Social Institutions play a role in reinforcing social exclusion as well. Department for International Development (DfID) in Britain

recognizes that "people are excluded by institutions and behaviour that reflect, enforce and reproduce prevailing social attitudes and values, particularly those of powerful groups in society… institutions perpetuate exclusion unofficially. Public Sector workers who reflect the prejudices of their society may institutionalise some kinds of discrimination" (pp. 3). Recent studies on social exclusion in Britain has highlighted that the current society shows deep class divisions and highest levels of inequality over the last 40 years. The poll results showed that 89% feel they are judged by class and social mobility has remained static after ten years of Labour Government (Glover, 2007; Ward, 2007)

Social exclusion reduces the impact of overall growth rate of the economy on combating exclusion within the society, creating endemic cycles of poverty, inequality and exclusion among the affected groups. In a recent study of child well-being across 23 "rich" countries, UK was placed at the bottom of the UNICEF Child Wellbeing Index and the researchers found that the main factors responsible for child poverty were Inequality and relative Poverty endemic to Britain's society. Translated into social processes, inequality and relative poverty affects the children's wellbeing directly by limiting the material resources they grow up with and indirectly by influencing their relationships with family and peers. Also, the children are affected negatively by the perception of status differentials in society and make negative social comparisons (Pickett & Wilkinson, 2007)

The salient feature of being placed under care is the invisibility of the *individual* child, similar to lack of identity of institutional inmates. The affect of institutionalisation in absence of therapeutic intervention results in a passive state of mind that has also been referred to as "learned helplessness" by other scholars (Freire, 1970; Dweck, 1977; Dweck & Goetz, 1978). Since these individuals lack experiences of decision making early on in their lives, they are not comfortable with the role of decision maker in society (March, 1994). Simultaneously, DfID (2005) states that when people perceive they are being judged based on their identity, the stigmatization by society hampers their performance in achievement-oriented tasks such as education. Moreover, "the resulting

sense of powerlessness can rob people of their self-confidence and aspirations and their ability to challenge exclusion" (pp. 4), thus reducing the productive capacity of the society on the whole and increasing poverty among affected groups.

Child Developmental Psychology:

Risk of engagement in anti-social behaviour for both samples, children in care and children growing up at home under abusive conditions, is almost the same (Fisher et. al. 2005; Johnson-Reid & Barth; 2000; see Davidson-Arad et. al., 2003 for review of this literature; Leslie et. al., 2000). Neglect in childhood has been found to be the strongest link to anti-social behaviour in adult life (Grogan-Kaylor & Otis, 2003) and neglect can occur after being removed from home as well. Children who did not show behavioural abnormality at the time of placement in residential care developed attachment disorders and consequently other behavioural problems after being moved multiple times in care (Newton et. al., 2000).

Attachment disorders are documented as the most common reason for breakdown of placements (Chaffin et. al. 2006), and research has shown that the risk for developing attachment disorder is more or less the same at home and in residential care. Research on children raised in abusive homes suffer from impairments in their basic trust, have low self esteem, have difficulty forming and maintaining relationships and are at high risk of developing personality disorders and other psycho-pathology as adults. They are also at high risk of engaging in anti-social behaviour and criminality (Salzinger et. al., 2007; Davidson-Arad et. al., 2003).

Research on child development has shown consistently that lack of emotional security is directly related to dysfunctional homes and low self confidence is the major cause of maladjustment in later childhood (Cassidy & Shaver, 1999). If a child faces a single traumatic experience, the chances of the child completely recovering from the loss are almost certain. The child is still capable of forming normal, healthy relationship s if the trauma or loss has been resolved successfully. However, if there is a chain of traumatic

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events in the child's life with no resolution, the chances of long term personality damage and psychosis are quite high.

The reason behind this is the fact that children develop their attachment models in childhood based on their experiences with their care-givers. If the healthy emotional development of the child is interrupted by a traumatic event such as loss of a parent due to death or divorce, the impact of the trauma is intense for the child but given the right environment, the damage is not permanent. On the other hand, if there is a cycle of traumatic events that leads to perpetual stress for the child (such as a series of placements in foster homes), there may be irreversible damage. It is extremely important to help the child reach a resolution of loss or conflict, to accept it and move on in order to secure normal relationships for the child in the future (Cassidy & Shaver, 1999). Interventions that fail to take into account the attachment patterns of children and child developmental psychology ultimately fail to contribute to the well-being of children at risk (Fisher at. al., 2005).

When children are coping with stress, the chances of them becoming self-destructive are high unless they are given proper support. Diagnosis and treatment of behavioural and attachment disorders through therapeutic intervention has shown positive results (Becker-Weidman, 2008). Therefore, "Whatever the circumstances, it makes sense to foster the child's inherent strengths and resilience, and where impairment exists, to bolster their coping strategies" (Little, Axford & Morpeth, 2004, pp. 114). An excellent example of adaptation of this approach in real life situations is the Project carried out in underdeveloped communities of Peru that involved enabling young people to become innovative decision makers by using creative means of multi-media based communication networks (Humphreys, Lorac & Ramella, 2001).

The young people in fifteen Peruvian communities overcame their social exclusion and successfully implemented new pathways that overcame the constraints of traditional decision making by gaining control over their futures through interactive decision analysis. Minimum guidance was provided to these networks of young people that

consisted of basic instructions on how to use the multi-media tools. Once given the opportunity and the arena to facilitate their communication and decision making networks, these young people managed not only to improve their quality of life as well as future options but also succeeded in establishing community welfare initiatives that soon spread to other regions as well (Humphreys, Lorac & Ramella, 2001).

The main aim of this paper is to examine the impact of being in care on the psychological states of care leavers. The premise is that the emotional/ psychological state of care leavers influences their socialization process. Data obtained through participant observation in an Internet Community of Care Leavers is analyzed to 1) highlight the emotional/ psychological state of Care Leavers shortly (2-10 years) after leaving care and 2) to examine the impact of being looked after by State (UK) on the Care Leaver's emotional/ psychological state.

Methodology:

Data was collected through participant observation in an Internet based community of Care Leavers for a period of 8 months. The members of this community are people who were separated from their families at a young age (between 5yrs – 11 yrs) and placed in State (UK) run residential homes or foster care. They grew up under the care of the State until the age of 18 (recently increased to 21). Each member had been placed in multiple foster/ residential homes due to inability of social service in UK to provide stable placements for children placed under their care. This failure is attributed to lack of resources in terms of money required to secure a foster placement in the first place (prior to which the child is placed in a residential care unit), and secondly, the placements break down often (usually due to maladjustment). The issue of multiple placements is of grave concern to the Government and attempts are being made to remedy the problem (DCSF, 2007). After leaving care, these young individuals are provided some support from the government as well as by independent non-governmental organizations run by former care leavers themselves. Eventually, the care leavers are expected to find a job, a place of residence and be able to adjust in the "real world" after leaving care.

The research "site" was an Internet Forum for Care Leavers. The forum served as a support group for care leavers and all the permanent members had some experience of being in care. There were some 'visitors' that joined the group for a short while as well and these were relatives of care leavers and wanted to help them by taking the initiative first of joining the site. I obtained membership to the group through the manager of the site who informed the forum of my identity as a researcher and provided information about the project, my desire for participant observation and contact details for the School (London School of Economics and Political Science, LSE) to all participants prior to my joining the group. Ethical approval was obtained from the Ethics Committee of Department of Organizational and Social Psychology at LSE.

The members discussed matters related to job hunt, relationship issues and other social processes that they were engaged in and this provided a snap shot of the world fabric through their eyes. 627 messages constitute the data for this study. The 'chat' remained fairly light and informal generally, with intermittent episodes of crisis when one of the members would share grievance about being "bullied" at work, relationship break-up, loss or change of job and / or non-specific episodes of depression. Positive events were also shared and were mostly about 'a good day' at work or at home. For example, one member shared his enthusiasm at finding a job that he really appreciated. Given the highly rich and complex data base, the analysis was divided into two stages. First, the entire body of text was subjected to thematic content analysis. In the second step, messages in which the group members shared their life stories were selected for Narrative analysis.

Identifying underlying themes:

The first step was to select the text that would be used for thematic content analysis. Random, innocuous messages were deleted (for eg. Messages pertaining to the weather that day, cooking tips, mutual advise on activities related to housework, gardening and pets) Remaining 152 messages was subjected to thematic content analysis. The text was coded under four categories of 1) Stigma, (2) Affective State (3) Self-Esteem and (4)

Trust. Entire passages were dissected into 'Units of Meaning' where each unit consisted of 2-3 lines. All coded units are distributed among the four categories, based on *what* the person was conveying in that unit. Operational definitions for each code are:

- Stigma: References to feeling ashamed or disrespected and /or perceptions of being made to feel different.
- Affective State: References to emotions such as feeling sad, lonely, angry, resentful, anxious, afraid, etc.
- Self-Esteem: References to feeling inadequate, useless, self-depreciating remarks, self-blame, inability to defend oneself when needed, feeling unable, stupid, ugly, helpless, unlovable and / or all demeaning remarks when referring to self.
- Trust: All references to trust

As the analysis progressed, each of the categories was saturated and seemed adequate. No new themes or categories emerged during the process. The text that could not be classified under any of these categories was examined again and led to emergence of two additional sub-categories of a) Decision Making and b) Aggression. These sub-categories comprised of off-hand remarks made while chatting on the forum and were sporadically strewn across the messaging threads. They were not consistent and frequent enough to be categorized into independent, additional themes. Each of the categories is illustrated below:

1) Stigma: Approximately 85% care leavers narrated incidents where they were made to feel "inferior", felt a "sense of shame" and felt "looked down upon" by "teachers", other adults and peers. One of the group members in the sample posted a message addressing explicitly the sense of shame attached to being a care leaver. The post started a thread of conversation where the rest of the group members narrated incidents where they felt ashamed of their status of a "child in care" or living in foster care. Interesting additional sub-theme that emerged was that some of the members denied feeling ashamed of their status and vehemently stressed upon the fact that

"there is nothing to be ashamed about!", but then proceeded to narrate events centered around how the teachers and other care givers could have treated them with more respect and understanding rather than "being judgmental" and "nasty". One of the members wrote, "Just dropped by to see if any of my fellow "inmates" were here..". Feelings of being incarcerated were expressed off and on by the group members. Being placed in care was viewed as a "punishment" for either their parents' acts or their own "inability" to "settle down". For eg., one of the members wrote, "I could never settle down.. it wasn't their fault really.. "

2) Affective State: Three negative emotions were expressed by the group members, anger, resentment and fear. All of the care leavers expressed extreme anger and resentment. For some, it was directed against their birth parents, mostly mothers for "abandoning" them and for others, it was targeted against the social services in general and/ or their foster care-givers. Most intense emotions were expressed when the anger was against the mother. "I will never forgive her" said one of the members and another one wrote a hate-poem for the mother which ended with the lines

   "Oh how I waited for you
    but of course you would never come
    How do you live with yourself
    For how long can you run"

Some care leavers had re-established contact with their mothers after leaving care but felt lack of connection with them, as expressed by one member, "I don't trust my mother.. there is too much emotional blackmail still involved".

The anger against the social services was mainly due to "lack of heart" shown by   social workers who worked on their cases. They felt the social workers were "cold and apathetic" and "it is just another job for them.. they don't care about us really". There was general resentment against the system for putting them through multiple placements and separating siblings.

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One of the members wrote, "we had siblings separated, plonked in HOMES, convents, foster care etc etc. what choice what sense of self worth.. told lies never consulted about anything always THEY made the decisions and we were the creatures of circumstance.. when we see our records it often reveals that different people who did not know us made the decisions that affected our lives". Each care leaver had experienced at least 10 different foster placements between the time they were placed under State care and until they left care (18 yrs for this sample). The maximum number of placements was "36 foster homes in 7 years". One of the members wrote "I wonder how I would have been if I haven't been in care all those years..I feel like I have lost 10 years of my life" and another one said "it's not surprising that I find it hard to trust people.. trust becomes a redundant concept.. why get to know these people when you know you will be moving again in 6 months.. you withdraw and don't really care".

Except 5 group members, no one recalled any stable relationship with adults or peers. Five care leavers narrated stories about being "lucky enough to find my foster mom" and "I remember that social worker, she was really nice..we kept in touch for a while" or "I realized later on how hard it was for my Dad to never let us go and visit us every weekend.. he kept us together even when we were placed in different homes". There was an omnipresent fear, expressed by all the members, of *losing* their loved ones, being abandoned and /or being hated/ bullied or otherwise made to feel unwanted and "discarded".

3) Self-esteem: All the care leavers expressed feeling "unwanted" and "unloved". Word frequency count revealed "unwanted" and "lonely" were the two words mentioned most frequently (145), followed by "empathize" (130). "Satisfaction" was the least frequent, used only once. Some of the care leavers had jobs that they liked and had partners and families. They expressed feeling "stable" and "just moving on.. getting on with their lives". The referred to themselves as "survivors" of abuse and "strong" people who had "broken the cycle of abuse", as expressed by one of the care leavers, "My mother was abused and she abused me but I broken the cycle. My children will never know that kind

of misery". However, their narratives bore a sharp contrast between expressing strength and pride as a survivor and feeling "worthless" at the same time.

The narrators reminisced about their time in care and said "No one liked me enough I guess (to adopt).. and I don't blame them .. LOL". Another member posted "my memories of this time (in care) are of feeling lonely, unloved and unwanted". Some of the care leavers who had relatively better experiences of foster care blamed themselves for not "fitting in" and expressed guilt, as one of the members wrote, "they were not bad really.. but didn't understand how badly damaged I was.. they wanted to turn me into them.. I rebelled, did not do anything terrible as such but left home when I turned 18.. I don't talk to them anymore.. I guess I am a bitch".

Five members shared memories of positive experiences in foster care with their care-givers. These members showed greater sympathy for foster carers and a tendency for self-blame when foster placements broke down. They viewed themselves as "difficult" or "rebellious". Sad statements about lack of education and feelings of inadequacy were disclosed in a jovial, mocking fashion. For eg., "I was never much at adding up or spelling.. was always too thick in the head I guess.. lol[2]!" and "I enjoy classical music and many other things.. and can't add up or do anything smart .. LOL!"

One of the care leavers who wrote about having moved on in life and having found "peace" in her partner and children added a post later saying, "I found that after living in homes I wasn't able to live on my own.. although I had kids I found it very difficult to cope with just my own company after they went to bed". Women who had married or were in long term relationships expressed surprise at "being wanted". One of them said, "I could not believe for the longest time he actually wanted to be with me!". Another one wrote, "For the longest time I was afraid he would see the real ugly me.. what I truly am and leave". Men expressed feelings of inadequacy in their careers and did not comment on relationships at all. All care leavers agreed that they had low self esteem and self confidence. One of them said, "I wonder if I would have made the mistakes that I did if I

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[2]   Abbreviation for "laughing out loud" in Internet lingo

liked me more.. I could never stand up for myself back then! Even now I get so angry when I let my boss bully me.. I still can not speak up for myself".

4) Trust: "You learn early on that there is no one you can trust" wrote one of the group members. This post initiated a thread of conversation on trust. Some members (6) disagreed and said that they had managed to form trusting relationships in their lives, despite their wariness. For eg., one of the members wrote, "I did not trust men.. I expected my man to beat me, bully me.. as I had been used to.. but I struck gold". The expectation to be abused confirms awareness of trust issues even when the narrator is emphasizing how she has changed. Another message from the same member read "sometimes I still get afraid but I just have to hold on..". Most of the members had been moved multiple times and one of them said, "whom can you trust? And what's the point anyways when everything would change in a few months".

Another one wrote, "moving many times can make us feel unstable and anxious.. I never really formed any relationships with any of my foster parents.". Following the thread of the online conversation, all the members agreed that they felt like "outsiders" when placed in a foster home. One of them explained, "it's like when you have a real family, you mess up and you get punished.. it all stays in the family. But if you are in foster care, no matter how much you may like your foster parents, you mess up you know there is somebody from *outside* (social worker) who'll come in and ask you questions.. it would be someone you have never seen before and they will decide how you should be punished. So how do you feel like a family when you know you'll never belong.. or stay long enough"

As mentioned earlier, there was some text that could not be coded under any of the themes mentioned above. This text could be categorized under two additional sub-themes of:

> a. Decision Making: References were made to decisions made by the group members, mostly regarding their choice of partner. Personal

decisions were viewed as most important and challenging by the group members and short discussions arose sporadically. One of the members wrote in conclusion to a discussion, "I wish I had made better decisions.. wiser ones.. but I don't know how.. I get so confused and there is nobody telling you what to do anymore". Another member wrote, "I think if I was less emotional, I could make better decisions"

b. Aggression: "the bastards (social workers) won't win" wrote one of the group members in conclusion to her message that day about having moved after leaving care and managing to live a successful life. Similar strong comments were sometimes posted by some members, for eg., "social workers are parasites.. sick perverts who derive pleasure out of making people weaker than them suffer". Most of the group members made statements like "I will never let this happen to my kid" and "No more bullying, I can stand up for myself now!". They unanimously referred to themselves and to each other as "survivors" and explicitly complimented each other on their (and own) strength and resilience. These references were in sharp contrast to feelings of inadequacy and low self esteem categorized under the previous themes.

Narrative Analysis:

As I grappled with the content analysis, I realized there was another layer to the data that could only be exposed by maintaining the totality of the narratives. Breaking down the texts and coding it in content analysis seemed inadequate and impotent in capturing the true depth of the stories, albeit it did help to see which themes are the most dominant ones. Narrative analysis seemed appropriate lens for catching a glimpse of the sense-making processes and the struggles experienced by care leavers.

Burke's (1969) dramatistic pentad of Act, Scene, Agent, Agency and Purpose is adopted for analyzing the narratives. The main questions borne in mind are what was done (act), the situational aspect of the act, i.e., when or where it was done (Scene), by whom was it done (Agent), which medium was used, i.e., how it was done (Agency) and why it was done (Purpose) (Burke, 1969). The 'Scene' for this analyzed at two levels. Being in care is considered to be the overarching Scene similar for all Agents and at the micro-level, the environment in which each narration is currently framed is considered to be the immediate Scene. The Agents are the members whose stories are analyzed here. The act is that of sharing their experiences of being in care. Virtual platform for communication provided by the Internet site gives agency to them through which their individual purpose for sharing is served. Individual analysis of purpose for each agent is conducted.

Burke addresses the relationship among the pentad in form of ratios between them. For instance, the Scene-Act ratio can be studied from the motivational perspective, that is, "*there is implicit in the quality of a scene the quality of the action that is to take place within it. This would be another way of saying that the act will be consistent with the scene*" (Burke, pp.7). Similarly, the Scene-Agent ratio helps to understand the character (dramatic, in terms of 'acts') of the Agent as influenced by the Scene. In popular poetry and prose, the scene is set before the agent is introduced and in successful writings, there is consistency between the two (for eg. Character of a young girl likened to description of spring in the same poem or, characteristics of natives explained in terms reflecting the geographical conditions of their natural environment). Similar consistency can be observes in real-world situations. Nation states and cultures provide the Scene to which the citizens align their acts and consequently, evolution of their agent-hood. Where there is inconsistency between the two in real-life situations, either the agent changes the scene (depending upon perception of self-power), or the act is modified until it is consistent with the scene (Burke, 1969).

Scene-Agent ratio is examined for each narrative, guided by the assumption that the specific scene containing the act plays a crucial role in understanding the act and implicit purpose for each narrator (agent). This assumption is based on the field observation that

the invisibility provided by the Internet Community seemed to be the key factor behind their decision to share. Several attempts had been made to contact care leavers prior to and during the membership of this community in face-to-face situations but access was not given, with exception of one care leaver who agreed to meet in person (she was not a member of this Internet Community, thus in Burke's terms, influenced by a different 'Scene').

An additional feature that must be borne in mind in this analysis is that these narratives are not just life-stories, but attempts by people who experienced various kinds of serious abuse to make sense of their lives (Weick, 1979, 1995). Each story is deeply disturbing and intense. It is not easy to talk about life's experiences and tell a story about oneself (Reissman, 1993). It is especially hard for victims of abuse to talk about their experiences. Guilt is the most common feeling expressed by victims of sexual abuse even when they are made aware it was not there fault. In other cases, the child tries to protect the family and maintaining silence is the only way to do so (Staller, K.M. & Nelson-Gardell, D.; 2005).

In instances where social networks exist in form of help-lines or call centres, victims of abuse are reluctant to call due to reasons varying from guilt to shame, fear and ignorance about existence of protective agencies and when they do manage to overcome their barriers and call, they are given little support (Crisma, M. et al, 2004). All the narratives studied in this study are stories that the authors have never shared before. Such first-person narratives serve the additional purpose of empowering the authors and help them form a coherent account of their experiences (Adame & Hornstein, 2006).

Ellen

Ellen began her narrative by establishing her identity as "I am 26 years old, mother to my 4 year old daughter and live with my partner" (line 1, opening remark). She then proceeded to narrate that she had been placed in 35 different foster placements during 7 years in care (line 2,3; Stanza 1). She does not state the reasons why she was placed in

care but abruptly starts talking about her son by saying "he will never know what it's like to be abused.. I have broken the cycle of abuse" (line 4,5; Stanza 1). Then comes the revelation that "my mother was abused and she then abused me" (line 6; Stanza 1). Ellen repeats her earlier assertion "my son will never know that kind of misery"(line 7; Stanza 1). She then talks about her foster parents and wishes that "things could be different" (line 8,9 and 10; Stanza 1). She says she is sad because she does not keep in touch with them after leaving as soon as she was 18 (Line 11, 12; Stanza 1). The reasons for leaving were that they "tried to turn me into them.. they thought love would make everything alright.. they did not realize how badly damaged I was"(Line 13, Stanza 1). After expressing guilt for not keeping in touch with her foster parents (line 14, 15; stanza 1), Ellen says "but I feel I have the right to move on with my life" (Line 16, end of stanza). The narrative abruptly ends with a question "Is this too much information?" (line 1, Stanza 2) and immediately the statement, "I don't think so. I could have said a lot more" (Line 2; stanza 2; end of message).

Ellen does not talk about how she felt during her time in care, except for disclosing that she was abused by her mother. The impact of this abuse on her is not stated explicitly. Instead, her determination never to let her child suffer comes across as the strongest part of the narrative. She indirectly refers to herself as being "badly damaged" but does not explain or elaborate how it actually *felt*. She expresses slight anger at her foster parents for not understanding her needs, for thinking that "love would make everything alright". She is angry that they tried to make her turn into them. She leaves home as soon as she is legally allowed to do so and has distanced herself from her foster parents. Ellen expresses guilt for being "ungrateful" for their love. But she feels that she has a right to live her own life. What she doesn't say explicitly is that she is unhappy about the fact that she had to distance herself from them in order to live *her* life, to feel free to be herself and not confirm to their idea of how she ought to be.

Ellen blames herself that she could not bond with her foster parents, despite their love for her. She says they didn't realize how badly damaged she was, taking the blame on herself, on her being "damaged" for the lack of understanding from them. At the same

time, she acknowledges that they could not understand her needs and give her the help she needed. Either ways, Ellen is "damaged" and she is determined never to let it happen to her child. It's interesting that Ellen begins her story by establishing her identity *now* – as an independent young woman, a mother and a partner. The rest of the story is a concise narration of her life's experiences, presented almost without emotions. The only emotions expressed are those directed at other people - that of guilt, anger and grudging love for her foster parents and fierce protectiveness for her child.

The bone of contention between her and her foster parents seems to be their inability to make her feel loved *for who she was*. It seems Ellen is still tormented by her inability to bond with her foster parents and she tries to make sense of it here in this narrative. She ends her story by posing a question whether this was too much information. It seems she is still judging herself by an externally set criterion of what would be the "right" amount of information. But the narrative doesn't end there as she answers the question herself, implicitly asserting her opinion on the matter, that she could have said a lot more. The question is not directed at anyone in general and is more like an internal mechanism, a self-imposed check. The fact that she negates it, and ends with an assertive note stressing the contrary, seems to be representative of her struggle to overcome constraints externally imposed on her and eventually establishing her Identity as an independent young woman, a mother and a partner.

Applying the pentad to Ellen's narrative, the following structure emerges:

Act
Writing her experiences of being in care on an Internet message-board

Scene
Interaction among members of a Virtual community

Agent
An assertive young woman who grew up in State Care (multiple foster homes)

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Agency

Internet forum for Care Leavers (high security and invisibility)

Purpose

Conveying survivor status, emphasizing normalcy and independence of current life

Bill

Bill's message starts with, "umm.. is this for your studies" (line 1, Stanza 1), followed by, "I never really got an education, always felt so thick and stupid" (line 2, Stanza 1). These were the first two opening lines of Bill's story. Next stanza starts with "I know I was neither but because of the stigma believed it" (Line 1, Stanza 2). And "so I gave up trying (for education), it was hard enough to survive without a family" (line 2, stanza 2). There is a break in the narrative here and Bill starts another stanza, "Decisions were made for us, we were tossed here and there like a worthless piece of scum" (line 1, stanza 3).

The next stanza refers to an earlier message posted that day by me, stating the desire to get to know the group members better. Bill responds to that message in the following lines of Stanza 4, "I could go on for hours.. you say you know how people feel what happened to them but it seems you don't want us to talk about it because you KNOW.. come on ..you wanted us to talk about our feelings but I don't think you really want to know how we as human beings feel." There is a break in narrative here and a new stanza begins. "I have much anger and bitterness over what happened to me. I cannot change it-- I think I turned into a fairly decent person but if you are researching us surely you need to try to have a sense of understanding. (Lines 1,2; Stanza 5)

If our feelings or reactions offend you or you are not interested because you think you already KNOW. (line 1)

How do you know? (line 2)

how can you possibly know what is inside each of us. (line 3)

is it too much for you to cope with when the reality of it is glimpsed. (line 4)

I think it probably is. nothing is black or white at all is it? (line 5)

circumstances often hinder what we would have liked to do. same for many of us not just careleavers. (line 6)

every member here is a real person." (line 7)

Bill expresses his lack of education and the reasons for it in Stanzas 1 and 2. He is angry about being made to feel "thick and stupid" at the time and sees that as the main reason why he gave up on education. In retrospect, he believes that it was the stigmatization that made him give up. He does not talk explicitly about the impact of that stigmatization, but goes on to say "it was hard enough to survive without a family". This utterance indicates that the impact was strong enough for Bill to succumb and "give up" on attempts to get educated because in essence, he gave up on his intelligence and his ability to achieve. Bill's anger seems rooted in this sense of injustice done to him by making him lose faith in his abilities at a time when he was most vulnerable and alone. Stanza 3 reflects this anger at being made to feel like a "worthless piece of scum".

Stanza 4 reflects anger towards the researcher. The researcher had written in a previous message that "I can only imagine how difficult it is to open-up and share the experiences" and Bill responds to that statement in this message. He says, "you say you know how people feel what happened to them but it seems you don't want us to talk about it". The anger verbalized here seems to be directed against the claim of "outsiders" to *know* what care leavers actually go through. Bill reacts to this claim, emphasizing that it is actually impossible to know what it feels like unless you have lived through the experience yourself. It seems that this claim of 'knowing' by outsiders (in attempts to convey understanding and sympathy) is interpreted as 'we don't need to hear your version, we

already know', and hence implicitly dismissive. It seems Bill is reacting strongly against this implicit *dismissal* of his (and other care leavers') construction of their lives and experiences. Bill's anger vented in stanza 4 ties in with the preceding stanza where he explicitly verbalizes feelings of being dismissed and excluded from having a say in his own life's decisions.

In stanza 4, assumption is made that "I don't think you really want to know how we as human beings feel". On one hand, this statement could be construed as suspicion of researcher's motives as well as reflecting lack of faith in the researcher's intentions to try and empathize with the group members. On the other hand, given Bill's willingness to share his beliefs and experiences in his threads of communication independent of this monologue, it seems to be a further reaction against exclusion and neglect of taking *his* perspective into account instead of an attack on the researcher. Bill had been one of the most trusting and involved members of the group and had expressed much interest in the current research in prior messages.

However, he did exhibit distrust initially and fluctuated between intense messages of disclosure (this one being the longest and most expressive), and complete with-drawl from group discussions. Therefore, it seems that "you" in this Stanza is not specifically meant for the researcher but is a general "you", representative of all people claiming to understand the plight of care leavers but not actually "listening" to them. Bill seems to be reacting against the exclusion and dismissal that he has experienced throughout his life in care, where assumptions are made on one's behalf and individual autonomy is denied.

The next stanza begins with expression of anger and bitterness. Bill explicitly acknowledges it - "I have much anger and bitterness over what happened to me" - but defends it with "I can not change it—I think I turned into a fairly decent person". Bill seems to be asserting his identity here as a "fairly decent person". He has managed to step away from believing himself to be "thick and stupid" and with the new identity has come the painful realisation of the injustices done to him, resulting in this anger and bitterness.

There is a disconnect between stanza 5 and the lines that follow. Line 1 starts abruptly, with the assumption that either the researcher (explicitly) and the society at large (implicit, generalised "you") is "offended" by "our" (care leavers) "feelings or reaction" or is not interested in them. The first part of line 1 starts with "if" but ends abruptly with no consequence explicitly stated, "If our feelings or reactions offend you or you are not interested because you think you already KNOW." The tone of the message is threatening, but consequences are not verbalised, reflecting the powerlessness that Bill has experienced in care. He is angry and reacting against the apathy he's experienced but withholds direct expressions of hostility or aggression. Instead, the statement abruptly ends in mid-syntax and is followed by three questions:

 "How do you know? (line 2)

how can you possibly know what is inside each of us. (line 3)

 is it too much for you to cope with when the reality of it is glimpsed. (line 4)"

The first question (line 2) ends with an appropriate question mark at the end, unlike lines 3 and 4 that follow the syntax of a question but end with a full-stop instead of a question mark. The first question is the only direct aggressive remark made by Bill and is an explicit expression of his anger against assumptions made about experiences of being in care. Lines 3 and 4 are rhetorical questions, the answers to which Bill already seems to have, as expressed in Line 5, "I think it probably is".

It seems as if Bill is again expressing his opinion of a more general "you", of people who have not been in care and venting his frustration at their lack of understanding and even the desire to understand the "reality" of the care leavers because "is it too much for you to cope with when the reality of it is glimpsed". Though the sentence is posed as a question, but comes across as a statement of what Bill already believes, a statement that requires no external validation. Even though it is supposedly a question, giving the implicit impression that an answer is being sought and could be an input for the person

asking the question, it comes across as a declaration, a statement that needs no conformation from the outside world. Bill seems to believe that outsiders, even researchers claiming to be interested in knowing the reality of the group, are grossly ill-equipped to do so because of their ignorance, apathy and arrogance ("you think you already KNOW").

Bill indirectly expresses the extent of his pain and suffering in his statement/question, "is it too much for you to cope with when the reality of it is glimpsed". The absence of question mark emphasizes the resignation, the sadness of believing that people might choose to ignore his pain because it is too much to cope with.

Line 4, "is it too much for you to cope with when the reality of it is glimpsed", is posed as a question, but again of a rhetorical nature. It is almost mocking the researcher and the general "you" for their discomfort when faced with "real" knowledge of suffering. At the same time, it is an assertion that things are more complex than usually assumed, "nothing is black or white at all is it?" This question is followed by the statement, "circumstances often hinder what we would have liked to do". Bill seems to be justifying not having done "what we (he) would have liked to do". Bill had initiated this message with reflections on why he could not educate himself. It seems he is making peace with the fact that tormented him, his lack of education, as he is nearing the end of his story. The following statement continues in the same line (6), "same for many of us not just care-leavers". Bill mentioned stigma of being in care at the beginning of this message. It seems that he is concluding his message with an explicit verbalization and assertion that care-leavers are not the only ones prone to succumbing to mitigating circumstances. Essentially, Bill is stepping away from the stigma he has felt in the past, asserting that care-leavers are not lesser human beings, as assertion that is verbalised in the concluding line of his message – "every member here is a real person".

Bill's message began with implicit anger and bitterness that he makes explicit as the narrative proceeds. After venting, Bill makes peace with his pain and ends his message emphasizing that every member of the group is a "real person". This last statement

summarizes Bill's experience of being in care, where he felt like a "worthless piece of scum", and his struggle to establish his identity and become a real person. The dehumanizing experience is over for him and through this narrative, it seems Bill asserted his new found identity and vented his anger against the care system as well as the society at large, for their apathy, ignorance and dismissal of Bill's individuality.

Applying Burke's pentad, the emergent structure is:

Act
Writing about his experiences of growing up in care

Scene
Interaction among members of a Virtual community

Agent
An angry, bitter man who grew up in multiple foster homes

Agency
Internet forum for Care Leavers (high security and invisibility)

Purpose
Expressing (venting) anger and bitterness over neglect and apparent lack of concern for psychological well-being Care Leavers

Anna

Analysis of Anna's story is slightly different from Ellen and Bill's because instead of writing her life-story, Anna narrated it to me. She is the only care-leaver whom I could meet in person. She does not belong to the community I was participating in. Anna is 23

years old and recently left care. The meeting took place at a small café in a remote part of London. Anna had been waiting for me when I reached, but not for a long time she assured me. As we sat down to talk, I noticed Anna quickly sweep a glance over me. She was silent after we introduced ourselves and just sat their silently watching me. I too waited in silence, maintaining eye contact all the time while I arranged my notebook. I saw Anna's face freeze when I placed my tape-recorder at the table. I asked her it made her uncomfortable. "well.. no.. well.. I guess you need it.. well, if you really can't do without it.." I promised that her identity will not be revealed and she doesn't have to say anything that she doesn't feel comfortable with. She visibly relaxed and I asked her to talk about anything she would like to share.

Anna maintained her silence, I prompted her with a question, "how was it like to be in care?" She said "I was moved 60 times at least.. I think that is the worst thing about being in care.. the multiple placements.. you never really get to feel like a real family". Anna then told me about her last foster placement that was finally permanent until she left care. She referred to her foster mother fondly and said "I was lucky I eventually landed with her". As we chatted, Anna gradually became more relaxed and now sat more comfortably in her chair. She thought carefully before speaking and held my gaze longer than she did initially. At one point, I made a joke that made her laugh. She stopped abruptly in mid-laughter, looked straight at me and said, "so now you think you have broken the ice.. won my trust..". She did not laugh after that. Instead, she started talking seriously about what it feels like to be in a foster placement that you know is not going to last. "When you are at home with your birth parents, you might mess up real bad.. but you know it's your parents who'll be pissed off at you .. punish you for what you've done.. when you are in a foster home and the 10th or the 11th that you've been put in, you mess up you know there will be a stranger walking in the door the next day making threats and your side of the story won't be heard.. it will be the people looking after you who will be heard by the social worker because they need them to be ok with the placement.. otherwise it is the social worker's headache to find another placement.. so they threaten you.."

At this point, Anna started drawing a picture on her notebook that she had brought with her. She drew a little box with a big and a small figure in it and another little figure outside the box, at the corner of the page. She then looked up and said, "this is the family (the box) and it's your home.. it's your parents who decide what happens to you, even when you have a bad episode" Then she pointed at the little figure outside the box. "this is how you feel when they call a social worker to punish you.. you are not in the box, you are outside. It a stranger who will decide what happens to you.. how can you develop any relationship then?.. I find it hard to trust anyone". As she said these words aloud, I saw Anna's face get tense again and she leaned forward in her chair. She did not smile anymore.

The situation became quite tense and awkward and the easy flow of conversation was lost. I felt acutely embarrassed all of a sudden and felt I had lost her. And I had. Anna sat their in silence. She did not say she wanted to leave but she wouldn't look at me any more. She withdrew completely and did not respond to any of my attempts to engage her again. I knew the meeting was over. I thanked Anna, that's when she realised I did not intend to push her into talking. She immediately smiled, with a puzzled look in her eyes, as if she half expected me to try questioning her again. When we shook hands, she looked at me straight and said, "it was nice meeting you.. good luck with your research". She said she would mail me, keep in touch. I never heard from her again and she did not reply to any of my mails subsequent to the meeting.

The behaviour pattern exhibited by Anna was similar to the pattern of engagement that I experienced at the Internet Community. The members of the forum had initially welcomed me warmly into the community. My identity as a researcher was known to them but it did not seem to be a threat. After initial months of "small talk" I gradually started posting messages with the intent of starting discussions of experiences of being in care. This is when the atmosphere changed. Some members welcomed the idea and narrated their life-stories in detail. Others went silent and a couple of members posted very negative, aggressive messages, calling me "insensitive, selfish and ignorant". I responded to each message with calm, neutral replies, addressing the main cause of the

attacks which was lack of trust. I provided them with complete information about my research, affiliations and contact details. It did not matter. Except for two members who continued to post messages for me, all the other members boycotted me. I had been ostracized and everything I said was interpreted negatively.

During the period of eight months as a member of the group, I experienced being completely trusted, then suspected and eventually rejected. This process was almost independent of my messages. Once the suspicion started, everything I said was negatively interpreted or ignored. Anna exhibited similar behaviour. She trusted me initially but as soon as she realised she had let her guards down, she reinforced them immediately and permanently. The underlying structure given to Anna's narrative is:

Act

Verbalization of experiences of being in care

Scene

"Interview" at a local Café in London

Agent

A cautious, ambivalent young woman who grew up in multiple foster homes

Agency

Engaging in face-to-face interaction with a researcher (visible medium)

Purpose

Help the researcher in understanding psychological processes ensuing placement in care - Attempt to overcome distrust of strangers

Scene- Agent Ratio:

The Scene-Agent ratio is selected for deeper investigation of the narratives because the aim of this study is to examine the influence of being in care on the psychological states of Care Leavers, i.e., the over-arching Scene of being in care and its relationship with the Agent is the subject of this study. The Scene is the same for Ellen, Bill and Anna when considered holistically, in terms of being in care and experiencing multiple foster placements. At the micro-level, Ellen and Bill share the Internet forum as the common Scene within which they commit their Act. Anna's Scene is different in terms of the nature of medium chosen by her to narrate her story. The overall purpose can be considered similar as well, in terms of its cathartic nature and the desire of the narrators to help me understand the "reality" of being in care. Individual purpose emerges to be different for each of them.

Burke stressed that it's not just the Scene that influences the character of the Agents, but Agents sometimes choose the Scene that they feel most consistent with (Burke, 1969). Both Ellen and Bill chose the Internet forum as their Agency. Ellen seems motivated by the desire to establish her victory over an abusive history. She comes forward with an Identity of a Survivor, still troubled by some memories but emphatically asserting, "I have broken the cycle of abuse". However, there seems to an inherent paradox. Ellen is emphasizing her new identity while still concealing it. The Scene is an internet forum where members are invisible. The contradictory forces of trying to establish one's Self explicitly (visibly), while choosing a medium that guarantees invisibility, seem delicately balanced in the Scene-Agent ratio of Ellen's narrative. Viewing Identity itself as a narrative that we formulate through our own and other's statements about us, Ellen's Identity can be drawn from her autobiographical narrative (Czarniawska, 1997). Reflections of the paradox embedded within the Scene-Agent ratio can be seen in Ellen's personality in the form of conflicting emotions. Her narrative represents a picture of a woman still struggling to overcome her traumatic past, despite strong claims of already having overcome it.

Bill's purpose was to vent, to stress upon the neglect of acknowledging identity and individuality of children/ young people in care and giving them the opportunity to be involved in decisions about their lives. His anger and resentment against the State (and all the "others") for destroying his self-confidence is explicitly expressed throughout his narrative. However, there is a paradox similar to that embedded in Ellen's Act. Despite Bill's strength of conviction in his beliefs and strong protest against not being considered a "real person", he chooses a medium (Agency) that guarantees lack of identity and individuality. His narrative paints a picture of a man deeply tormented by his experiences of being in care, struggling to establish his self-respect and confidence.

The present Scene for Anna is different from Bill and Ellen. Anna chose to meet me in person. Multiple foster placements and their impact on the psyche of children in care came across as the main concern that Anna wanted to convey. She expressed her own difficulties in trusting people and views it as the aftermath of multiple placements. There is a greater consistency in Scene-Agent ratio. Anna verbalizes she had difficulty trusting strangers but also recounts her last and final foster placement fondly. Both elements of that 'Scene' are reflected in the Agent when she displays both elements in her act. She agrees to meet me in person, is willing to share her experiences openly and then retreats during the process. Anna's Act represents movement between positions of trust and distrust with a "stranger" (me), actions that are coherent with the story she narrates about herself.

All three felt excluded from decisions regarding their lives and general wellbeing. Ellen was not included by her foster parents when trying to help her. Bill experienced stigmatization from teachers and foster carers. Anna shared a close bond with her last foster mother but had experienced constant exclusion in her earlier placements. She did not feel included in the 'family circle' and felt judged by external authorities. All the care leavers expressed anger and resentment at not being consulted about and included in the decisions made for them by "others". Assumptions about what's "in their best interest" and about how to help them best seem to be the guidance followed by external agents responsible for their welfare. These assumptions are challenged by the care leavers and

they express much trauma because of the neglect of taking *their* perspectives into account, rather than relying on objective information about them. The process of intervention is experienced as another form of oppression where the individuality of the care leavers is compromised. Feelings of isolation are recounted painfully by each of them and expressed differently (with anger, resentment or bitterness, or assertiveness of strength and pride at being a "survivor"). Isolation remains the common, constant feature in their life-stories.

Results and concluding remarks:

The results of content analysis, experience of participant observation and narrative analysis suggest that care leavers have low self-esteem, exhibit negative emotional states (viz. anger, "bitterness", frustration, resentment, regret, suspicion), have low inter-personal trust and exhibit symptoms of negative psychological/ emotional states. Findings in this study show that placement in residential care generates high risk of creating negative psychological world states for vulnerable children. The existing paradox between removal from home option versus leaving at home is reinforced, i.e., usefulness of intervention remains doubtful and leaving the children at home does not appear to provide a better solution either.

An additional observation is that experience of a positive and stable relationship with an adult care-giver seems to influence the *degree* of exclusion and self-isolation in life after care. Anna had positive experiences in her last foster placement whereas Bill and Ellen did not narrate any positive interaction with their foster carers. Though all three of them have the same Act and shared the overarching Purpose, their choice of Agency seemed to re-create the Scene that they individually feel most comfortable within. Ellen and Bill prefer staying invisible even when campaigning for greater visibility of Care Leavers. Anna steps into the spot-light, albeit sporadically, reflecting the pattern of engagement she experienced in foster placements. She was "seen" by her last foster mother with whom she shared a deep, healing bond. This experience seems to be the one that makes Anna more comfortable being seen than Ellen and Bill.

These findings underline the fact that it is through channels of social communication and interactions that the sense of Self develops. Mead (1982) theorized that "the individual mind can exist only in relation to other minds with shared meanings" (pp. 5). As we enact different roles, we become aware of "the generalized other" (Mead, 1934) and learn the norms of acceptable behaviour, or "appropriateness" of acting out certain roles, supporting the claim that we learn by imitation and comparison (Vygotsky, 1978 March, 1994). Reflection of this process is found in the research evidence that relationship with peers from 'normal' families has a strong mediating influence on adolescents prone to anti-social behaviour. Children and adolescents at risk of delinquency refrained from engaging in anti-social behaviour where they had friends who did not fall within the "at risk" category (Salzinger, et.al., 2007). Isolation of care leavers impedes their socialization process and this isolation can not be overcome in absence of positive, stable relationships with at least one care-giver and later, with peers.

Healthy social relationships with care-givers and peers help in resolution of identity and self-development issues. Unresolved identity issues adversely affect social judgment and decision making capacity. Unless these issues are resolved and a strong sense of self emerges to dissipate consequent role confusion, the individual will be unable to view him/ herself as a productive member of society. The resultant impact of development in isolation is a high risk of social exclusion (Engler, 2006).

Freire (1973) refers to the process of social interaction and engagement as *integrating* into the society and views it as the essence of being human and a Subject rather than a passive Object. Integration is dependent upon the subject's capability to *make choices* and intervene in the given reality, with the power to change it. It is the capacity to make decisions that makes us human and to deny people the right to make decisions is to "de-humanise" them (Freire, 1970). Thus, along with healthy social interaction, experiencing the process of making decisions, either "good" or "bad", is also crucial for development. Where such experiences are lacking, the individuals fail to develop the cognitive and social skills required for successful integration into society.

To conclude, research reviewed in this study and the findings from this study suggest that traumatic experiences of feeling socially excluded are embedded within the psychological states of Care Leavers. Treatment of disorganized attachment patterns and unresolved traumas of childhood is a pre-requisite for enabling socially excluded minorities to engage in socialization processes and develop socially functional judgment and decision making skills. This evidence should be taken into consideration when planning intervention for socially excluded groups in society.

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