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## **An equality perspective on residential child care**

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### **Introduction**

An equality perspective on residential child care is one which places the issues of power and oppression as central concerns of practice. This requires more than an understanding and appreciation of the nature of the inequalities that children in care experience. The residential practitioner must appreciate egalitarian values and develop the skills, competences and knowledge base to evolve programmes and strategies that promote equality. Fundamentally, equality practices require significant changes in relationships of power. This paper will outline a means of conceptualising inequalities by discussing the way that they often have an impact on children and young people in residential care.

Baker (1999) and Lynch (1995; 1998) have presented comprehensive frameworks that outline major inequalities. They argue that inequality involves five basic dimensions. These are in the areas of resources, representation, respect, working/learning, and love / care. Inequalities in these five areas are generated from sources within political, cultural, economic and affective systems, which relate in complex ways. The five basic dimensions are explained below using examples from the residential care context in the Irish Republic with which I am most familiar; however, I have referenced a variety of sources, both old and new, from both the UK and Ireland to support my claims. The purpose of the article is to emphasise the broad context of inequalities with which many young people in care have to contend.

### **Inequalities and children in residential care**

Children and young people in residential care are not homogeneous, having unique life-stories and individual experiences of inequality. Nonetheless, inequalities are shaped by social regularities, manifest within common social divisions, and often expressed as social problems. The circumstances of social class, family status and family conflict, ethnic background, gender, sexuality, disability, age and generation, and the way that these patterns interconnect with systems of welfare and care, shape certain common inequalities. Children and young people in care experience a wide variety of common inequalities with multiple sources. These include the family context, but are also related to their care experiences, and more generally to age, ethnicity, class and gender inequalities (Frost, Mills & Stein, 1999). It is also widely appreciated that the wellbeing of children and young people in need of care is generally poorer than that of other groups of children (Department of Health, 1991). Some of the specific inequalities facing children and young people in residential care will now be outlined.

### **1. Resource inequalities**

A variety of resources are required by people in order to live a fulfilling life. These include income and wealth, housing, play and recreation facilities ( McVerry, 2006; Drudy & Punch, 2005). Additionally it includes the quality of welfare, health and care systems, clean air and a pollution-free environment, freedom and safety from drugs, gang violence and other threats. Different groups of people will have different access to, and command of, resources and different forms of capital, with social class divisions being particularly important. Those with less power and access to resources face greater obstacles to living and a decent life (Baker, 1987).

With the majority of children in residential care coming from some of the most marginalised sections of working class communities (Bullock & Little 1991; Gilligan, 1991) they typically experience class-based resource inequalities. The burden of social disadvantage for children in care means that they often experience poorer physical health resulting in greater health care needs (Parker et al., 1991). These young people are at greater risk of homelessness, imprisonment, drug and alcohol abuse, unemployment, or psychological and relationship difficulties, than many other young people, particularly those from more privileged backgrounds (Focus Ireland, 1996; Barnardos, 2000). Many children and their families experience intermittent homelessness and displacement, whether this is caused by fleeing persecution, the asylum process, escaping domestic violence, or the general vagaries of housing markets (McVerry, 2006). These insecurities have far-reaching implications for the general health and wellbeing of children and families, and may contribute significantly to the need for care (Costello, 2002).

Living in care is not always a protection from resource inequalities. Historically children in care were significantly neglected by state and religious systems in Ireland and were exploited by unpaid work (Raftery & O'Sullivan, 1999). In many respects, however, contemporary systems compensate for the more negative experiences of poverty by meeting basic needs of food, shelter and care. Although the degree of basic security that young people in care experience is questionable, there is little doubt that systems of residential child care have improved remarkably in recent decades. Yet there remain many resource deprivations within the care system. These are often evident as human resource issues, poorly managed homes, breaches of quality standards, and the whims of short-term funding which force residential closures (Fulcher, 2001; Irish Social Services Inspectorate, 2005). What is clear is that a poor quality residential system is a resource inequality for children in care. More fundamentally, resource inequalities are experienced in terms of the lack of family support, intervention and aftercare services (Gandy 1997; Doolan, 2005). The distribution of resources in relation to meeting the needs of children in care raises many questions including whether investing in residential, rather than community, services is the best way to meet care needs and reduce resource inequalities. Ultimately resource equality is concerned with

children in care having a wide range of resources to meet their particular needs, in a way that provides them with the same range of options as other children in society.

## *2. Power and representation inequalities*

Representation inequalities are inequalities of power, voice and decision-making. There are many aspects of this for children in care. Care systems have traditionally given children very little power and control over aspects of their lives and children themselves command little political power to create change (Frost et al., 1999). Children in care have traditionally had little say in their care in terms of who should look after them, for how long, whom they will live with, what they will eat and where they will go to school (Laxton, 1998; Barnardos, 2000). One of the most significant power inequalities for children in the care system is the neglect and abuse by adults which includes abusive care systems (Frost et al., 1999; Raftery & O'Sullivan 1999).

Another crucial power inequality is disempowering care processes for families (Bullock, Hosie, Little and Millham, 1990). Chakrabarti and Hill (2000) suggest that the experiences of powerlessness, prejudice and dependence are three dynamics that exist in social welfare services, including residential child care services. These processes can disempower, exclude, de-skill and create dependencies on professional skills, and parents can feel overwhelmed and incompetent. Prejudice is also evident in care services in terms of classism, sexism, racism, ageism and discrimination because of disability. This is particularly evident if the culture of care lacks an appreciation of anti-oppressive or emancipatory practice.

The United Nations Convention on the Rights of the Child has undoubtedly reduced power inequalities, giving children greater voice and decision-making. Child-centred policy and practices and children's rights frameworks are positive signs that care systems are moving in the right direction (Pinkerton 2001; Forkan 2005). The creation of children's ombudmen, the Children's Commissioner in Scotland, and the development of advocacy organisations for children in care such as Who Cares? Scotland and the Irish Association of Young People in Care, promotes practice that moves to include children more meaningfully in decisions in residential care homes and in the selection of care workers. Empowerment approaches to practice can help to adjust imbalances of power between professionals and families (The Scottish Social Services Inspectorate, 1992; Warren 1997). The key issue is to avoid tokenism and develop innovative practices in ways that change oppressive structures.

Although there have been developments in the training and qualification of residential workers, the drive towards professionalism could risk reinforcing inequalities of power (Hugman, 1991; O'Connor, 2006). Professionalism

institutionalises power as authority, expertise, the power to define needs, to coerce, restrain and detain and is therefore subject to dangers of abuse. Ultimately representation and power equality is concerned to empower and enable each young person in care on an equal basis so that they can influence and make decisions about their lives.

## *3. Respect and recognition inequalities*

Respect and recognition are related to status and social esteem. Respect and recognition inequalities are experienced by all minority groups including children in care, minority ethnic communities, people with mental health difficulties, prisoners, lone parents and all groups that are seen as different and denigrated by normative social standards. Women in general experience recognition inequalities within a male-dominated culture.

Inequalities of respect and recognition have far-reaching social and psychological consequences for children in care. The image, or stigma attached to being in care is a sign that children carry well into their adult lives, making the construction of positive identities difficult. Children in care, and even more so, minority ethnic groups in care such as Irish Travellers, will often have significant problems in configuring positive images of self-identity, with major implications for their mental health (Hayes, 2006). The labelling of children in care as deviant, disordered and dangerous has strong social currency. It manifests itself when residents object to residential homes opening on their street, when parents threaten children with being sent away, and when children are stigmatised and bullied in school because they are in care. More widely, disrespect comes from familial ideology where the nuclear 'ideal' family form is valued above other forms. It is noteworthy that other forms of residential care such as boarding school care are validated and even privileged by society. Prejudice towards care is reinforced by the standard view that residential care is a last resort (Chakrabarti & Hill, 2000) as well as other negative images of family support and welfare services. Greater equality of respect and recognition means realising social conditions where children in need of alternate forms of care are valued equally with others.

## *4. Working and learning inequalities*

Inequalities of working and learning are broadly about the quality of working, educational and developmental experiences. Educational disadvantage and exclusion are a major inequality for children in care in terms of both the quantity and quality of the education that they receive. Educational disadvantage is one of the multiple causal contributors that result in children entering care (Edmond, 2002; Maclean & Connolly, 2005). Many children and young people in care will have negative experiences of formal education with histories of truancy, disrupted schooling (especially from placement moves), school exclusion, and a lack of opportunities to develop basic educational skills. Many young people

in care experience stigma and embarrassment when in school because of their care situation which can make integration difficult. The poor educational life-chances and experiences of some young people in care contribute to cumulative disadvantage and 'multiple traumatisation', which affects their quality of life into adulthood (Frost et al., 1999; Carroll 2002).

Emotional, behavioural and educational difficulties including low self-esteem are exacerbated by under-resourced schools, which are ill-equipped to meet education needs. Large class sizes, a lack of awareness of the needs of children in care, and the lack of supportive interventions, such as home-school-liaison officers, all contribute to cumulative educational disadvantages (ADT Fourth World, 2004). Education is sometimes given low priority by care workers (Parker et al., 1991). Many children in care leave their residential home without the appropriate educational qualifications or without entering further or tertiary education, or worse still with poor literacy abilities leaving them ill-equipped for the employment market. A care history is also a potential source of discrimination by employers. Children in care are more likely to be unemployed when they leave care. They are also more likely to change accommodation frequently (Millham, Bullock, Hosie & Haak, 1986). Unemployment is a particular problem for young people leaving detention settings (Bullock & Little, 1991).

Equality of working and learning for children in care means ensuring that they are able to develop their abilities and talents and to realise their potential equally with other children. It means preparing them developmentally for the social environment, including paid work, so that they have a decent choice of employment options after they leave care.

### *5. Inequalities of love, care and solidarity*

Affective inequality is concerned with who has access to and who is denied relationships of love, care and solidarity, and also about who takes on the greatest burdens in terms of maintaining these relations (Lynch & McLaughlin, 1995). Supportive relations of love and care are often under significant strain in contemporary life, which may be exacerbated for different groups because of a lack of respect, power, resources, education, or because of the way our working lives are organised.

Deprivations of love, care and support are a major source of inequality for children in care. The consequences of affective deprivations on children in care have been well documented. Major issues include a poorly developed sense of identity and belonging, ongoing attachment and relationship difficulties, and family problems both emotional and social (Craig, Donellan, Graham & Warren, 1998; Edmond, 2002). Deprivations of familial love and care are often compounded by systemic inadequacies of the care system. Poor access to quality supportive relationships and social support networks compound psychological difficulties arising from

early attachment problems (Trowell & Bower, 1995; Costello, 2002; Graham, 2006). Poor social, familial and community attachments, and care-placement disruptions contribute to homelessness (Focus Ireland, 1996; Frost et al., 1999). Disrupted community networks and diffuse social relationships cause significant problems for children throughout their lives in terms of a sense of identity and belonging. These children in adulthood will often have nowhere to access care and support in times of difficulty with possibly greater consequences in relation to secure care (Berridge & Cleaver, 1987; Kelleher, Kelleher & Corbett, 2000; O'Neill, 2001; O'Doherty 2006).

Abuse and neglect are major sources of affective inequalities for children in care both within families and in residential care systems. Frost et al. (1999) argue that children in care have been subjected to four distinctive forms of abuse that are enveloped by the wider structures of inequality. *Sanctioned abuse* is where forms of therapy have become institutionalised. Examples of this are 'regression therapy' and the 'Pindown' procedures, which were based on extreme psychodynamic and behaviourist methods that have become misguided and abusive physically and psychologically. *Institutional abuse* is described as the failure of care to deliver outcomes that will compensate and assist the young people educationally and developmentally resulting in the problems of 'instability, dependency, stigma, identity formation and under-achievement'. The common fear expressed by residential workers of physical closeness with residents because of the risk of allegations is another institutional deprivation of love and care. The only time some children experience physical closeness is when they are restrained. *Systematic abuse* is the organised physical, emotional or sexual abuse of young people in care whilst *Individual abuse* is isolated incidents of abuse that can occur.

Residential care has possibly placed most emphasis on emotional and therapeutic roles viewing young people as emotionally damaged. What is important is that an equality perspective recognises that these difficulties, either in their social or psychological manifestations, are strongly related to inequalities of love, care and solidarity. Affective equality means promoting conditions in which children in care have an equal capacity to develop and maintain fulfilling relationships of love, care and solidarity. This includes not just family relationships, but also community networks and friendships and other resilient support structures in time of illness and need.

### **Conclusion**

This article has outlined five sets of inequalities commonly experienced by children and young people in residential care. This is a brief introduction to a way of conceptualising inequality rather than an attempt to evaluate these issues definitively. Equality raises many issues for care work. Understanding that there are various dimensions to inequality, that inequality is multiple and interconnects with a wide range of social divisions, and that it impinges on

different social groups in a wide variety of ways, is only a starting point (Baker, 1999). An equality perspective on care asks not only what inequalities are, and what they look like, but also what equality objectives are worth pursuing. It also considers how greater equality can be advanced and what obstacles stand in the path. These questions raise difficult issues for care workers. Laxton (1998) points out the problematic deficit in blaming micro-institutional shortcomings on socio-political and economic problems by stating that:

...social work child care services however well organised or funded cannot deal with all the social ills of society. Children from families who experience long-term poverty, unemployment, poor housing and inadequate educational opportunities will continue to come into care (Laxton, 1998, p.29).

While this is an important point I think that the de-politicisation and 'psychologising' of caring is an equally problematic feature of residential care practice. Therapeutic care must be placed within the social context within which it is nurtured (O'Connor, 2006; McVerry, 2006). Residential care can do much to compensate and develop the resilience of children in these circumstances but it should do this with an understanding of the wider nature of inequalities in the merging of personal and political issues (Gilligan, 2001). The way that equality is presented opens up debates about the complexity of powerlessness, exploitative relationships, disempowering structures and forms of abuse which are all part of social inequality. Locating residential care policy and practice within an equality perspective seeks to reconnect the personal and political in a new dynamic way.

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