


Experiences of “I” and “we” among former looked-after children in South Africa

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Abstract

This article examines the care experiences of former looked-after children from a residential care setting in South Africa. There is only limited research among care leavers in South Africa, and even less on their experiences of being in care. Six young adults who had been in residential care participated in individual and focus group interviews. The research was informed by Rogers' person-centred approach. Two central themes emerged from the data, namely, experiences concerning the “I”—the self of the young person—and experiences concerning the “we”—the young person in relationship with her or his social environment. Within each of these themes, participants raised both positive and negative experiences, many of which continued to shape them well after leaving care. The findings emphasize the importance of the self-in-context and the need for childcare settings to strike a balance between the individual and communal needs of looked-after children. These findings have implications both for child and youth care practice and for the management of child and youth care facilities.

KEYWORDS

belonging, care leaving, looked-after children, person centred approach, residential care

1 | INTRODUCTION

Children in care, and particularly children in residential care, are among the most vulnerable children in society (Morantz & Heymann, 2010). Looked-after children enter care with a range of challenging life experiences that constitute vulnerability and “complex needs” (Morantz & Heymann, 2010, p. 11). The removal from their family and placement in alternate care significantly weaken their socio-affective ties with significant others (Mamelani, 2013). Children in residential care are especially vulnerable to social exclusion because of the additional move into a more institutionalized form of care, frequently further from their home community than a foster placement would be (Van Breda & Dickens, 2016).

Given this vulnerability, it is important to listen to the experiences of these young people, either while they are still in care (Holland, 2009; Kendrick, Steckley, & Lerpiniere, 2008) or after leaving care (Gallagher & Green, 2012). However, there is relatively little research that does this, particularly in Africa. Morantz and Heymann (2010, p. 10), for example, state that in Botswana, “very little is known about the children's perspectives on their own experiences [of] residing in these institutions.” Redressing this oversight is important, because giving

young people the opportunity to be listened to is a means to value, respect, and empower them through the healing process of telling their story (Jansen & Haavind, 2011). Furthermore, Holland (2009, p. 232) argues that “including their voices ... may provide different perspectives from their care givers, practitioners, and policy makers, all of whom have often been asked to speak for children in research studies.”

This study thus set out to create a space for previously looked-after young people, to share their care experiences. We decided to listen to former rather than currently looked-after young people to gain the insights that distance and maturity bring. In particular, we wanted to understand how these young people experienced the self, both as an individual unit and in relation to others, which we refer to, respectively, as the “I” and the we.” Our experiences of working in the child and youth care sector suggested that the children's home or child and youth care centre (CYCC) provides young people with important opportunities for growth, both individually and socially, but that balancing these can be challenging due to the powerful influence of the institutionalization of care.

Our approach to this research was influenced primarily by Carl Rogers' person-centred approach (PCA; Grobler, Schenck, & Du Toit, 2003). The PCA, which places the person's self at the centre of all

things, sees a close and reciprocal influence between the self and the social environment (Meyer, Moore, & Viljoen, 2003). The PCA champions the unique and subjective experience of the individual and depends on in-depth and empathic listening to the holistic experience of the person, both internally and in their relationship with their social environment. In this way, the PCA is aligned with the person-in-environment focus of social work (Weiss-Gal, 2008), which parallels our "I" and "we" focus.

2 | BACKGROUND ON RESIDENTIAL CARE IN SOUTH AFRICA

Residential care in South Africa is regulated by the Children's Act (Republic of South Africa, 2005). Children enter care through an order of the Children's Court, on the basis of a recommendation from a social worker that the child be found in need of care and protection (Stout, 2009). Over 21,000 children were in residential care in South Africa in 2011/2012 (Jamieson, 2017), having been placed there because residential (rather than foster) care was judged by the social worker to be in the child's best interests. The residential care system, however, faces its own challenges; some children have not been through the Children's Court, and less than half have both the required care and individual development plans in place (Jamieson, 2017).

Care of children in residential care in South Africa is provided primarily by child and youth care workers (an emerging profession), with social workers providing primarily therapeutic services. Children transition out of care at the end of the year they turn 18, but an application for an extension of placement up to age 21 can be made if the young person is continuing with formal education (Republic of South Africa, 2005). There is virtually no policy mandate or funding for aftercare services to support young people after leaving care (Van Breda & Dickens, 2016); thus, facilities for continued care are rare.

3 | YOUNG PEOPLE'S EXPERIENCES OF BEING IN CARE

There is a small, but growing, body of research on residential care and leaving care in South Africa (Van Breda & Dickens, 2016). Most of this research focuses on the processes and outcomes of the transition from care, but some explores the experiences of having been in care. For example, Bond (2010) found that care leavers gave greater attention to the negative experiences of being in care than positive. Positive experiences were related to the provision of basic needs, feeling that they belonged to a caring group, and being prepared for the transition to young adulthood. Negative experiences included staff incompetence, bullying, sexual abuse, stigma, favouritism, and lack of aftercare. In a study of children still in residential care, Beck (2015) found that a fifth of the children had mental health problems and that they valued the contribution of social support, particularly from family, friends, and care workers. Malatji and Dube (2017) found that children had generally positive experiences of being in a residential facility but that aspects of their culture, particularly language, were neglected.

Internationally, research on children's experiences in care is far better developed. Carter's (2011, p. 151) study of a large-group

therapeutic community in the United Kingdom, for example, found that children's experience of care was influenced by access to resources they might otherwise not have, the opportunity to grow and develop, authentically caring and engaged staff, the opportunity to connect with other children facing similar life challenges, and feelings of being included and belonging. Carter's findings appear to highlight both individual and relational elements as important to these children's care experience. Similar themes emerge in a study by Gallagher and Green (2012) in the United Kingdom: Life story work and therapy emerge as important personal elements, whereas leisure activities and relationships with staff, as well as with school and friends, are relationally focused.

Personal growth and development are important aspects of children's experience of residential care. In a study of young adults in the United Kingdom, Schofield, Larsson, and Ward (2017) found important shifts in the identity of care leavers over time: for most, from being "bad" or a "victim" towards being a "survivor." Among the processes that facilitated this shift were their capacity to exercise personal agency in their lives and being constructively engaged in education and work. A study by Gilligan (2007) in Ireland linked engagement in extramural activities with improved educational performance. Berridge (2017) found that empowering looked-after children in the United Kingdom with driving lessons contributed positively to the development of their self-esteem.

Furthermore, involving children in their placement plan encourages feelings of self-worth (Dixon & Stein, 2005). Many children entered care due to circumstances where they had little control, leaving them feeling that their own feelings and views did not matter (Lee & Perales, 2005). Thus, a participatory approach is supported and is in line with the developmental framework for social welfare and child and youth care services in South Africa (Allsopp & Thumbadoo, 2002).

Relationships are central to children's experience of care. The experience of being a member of a residential community is related to the Circle of Courage's theme of belonging (Lee & Perales, 2005). Schofield et al.'s (2017, p. 785) research found that belonging relationships "with parents, relatives, peers, foster carers, children's home and transitions staff" were central to identity development among looked-after children. Their research also emphasizes the familial nature of these relationships, similar to findings from Van Breda (2015) in South Africa, Sulimani-Aidan (2016) in Israel, and Morantz and Heymann (2010) in Botswana. This last study also highlights, however, the children's negative experience of high staff turnover and loss of contact with their family of origin.

4 | METHODOLOGY

This study adopted a qualitative, exploratory approach (Babbie, 2014), since the focus was on the nuances of the participants' subjective experiences. The purpose of this study was to explore participants' perceptions of their experience of residential care, and guided by the principles of the PCA (Grobler et al., 2003), to holistically understand their experiences with minimal direction.

The study was located in a large CYCC in Johannesburg, South Africa, one of the largest and most demographically diverse CYCCs in

the city. This CYCC provides residential care to approximately 220 children removed from their families for a wide range of reasons, including trauma, physical and sexual abuse, and neglect. Services are provided to clusters of approximately 10 children per cottage or unit at the centre. The CYCC offers general residential care, specialized care for children with low cognitive abilities, and high-impact therapeutic residential care to highly traumatized children.

The population was defined as previous residents of the home, who were aged 18–21 and who had aged out of the home in the previous 2 years. Former clients of the first author (who worked as a social worker at the CYCC) were excluded to avoid potential blurring of roles and on the advice of the university Ethics Committee. Thirteen young people met the population criteria, but only six could be traced, due to changes in contact details and addresses since leaving care.

Table 1 presents the demographic profile of each participant. Pseudonyms are used to protect the participants' identity. All had completed secondary school while in care, and all were now working and/or studying, indicative of more positive care-leaving outcomes than found in other South African studies (e.g., Dickens, 2016).

Two methods of data collection were used (Tracy, 2013). First, each participant was individually interviewed using a semistructured interview schedule. In line with the PCA's nondirective approach, interview questions were few and open-ended, designed to elicit narrative reflections on positive and negative experiences of their time in care. Interviews lasted 60–90 min each and were recorded, transcribed, and anonymized for analysis. Second, five participants (the sixth member was unavailable for personal reasons) participated in a focus group discussion, which not only provided the opportunity to reconnect and reminisce but also allowed for comparable experiences to be shared. The focus group guide incorporated similar questions to the individual interview but created space for discussion between participants on their responses and served to confirm and deepen findings from the individual interviews.

Thematic analysis was used to analyse the data (Ezzy, 2002). Transcripts were read multiple times to immerse the researchers in the texts. Several main themes emerged, and within each of these, sub-themes were identified, all of which were plotted in the transcripts, line-by-line, with clarifying and reflective memos. Texts were then grouped under their themes and subthemes, so that the detail of the participants' responses could be analysed as a collective. As far as possible, original texts were utilized to retain a close connection with the experiences of participants. The first author did the first round of data coding; the second author scrutinized all coding against the transcripts and made corrections and suggestions for improved coding; and the

third author reviewed all quotations used in the report against the transcripts and coding framework.

A number of methods were used to enhance the trustworthiness (Lincoln & Guba, 1985) of the study. Triangulation of data methods (using both individual and focus group interviews) served to elicit responses to the same questions in different contexts and ways, with the hope of generating compatible but deepened data. The 1-month interval between the individual interviews and focus group allowed participants a chance to reflect with greater depth on their experiences. In addition, an audit trail was maintained of each step of the data analysis process, from the original transcript to the finally coded transcripts, and their link to the findings presented in this article.

The first author, who conducted the data collection, worked reflexively (Finlay, 2002) throughout the research process, aided by the other two authors, who served as her somewhat independent supervisors and peer reviewers. The first author recognized that her employment at the CYCC introduced a potential bias in terms of her desire that care leavers should have had a positive and enriching care experience. Her commitment to quality care paradoxically increases her vulnerability to such bias. She endeavoured to regulate this by utilizing the PCA, which cherishes the unfiltered life experiences and reflections of participants, with minimal influence other than basic reflections.

Ethics approval was provided by the Faculty of Humanities Higher Degrees Committee, at the University of Johannesburg. Permission for the study was also obtained from the management board of the CYCC, who gave permission for the first author to draw a list of potential participants and contact them. Participants received an information letter and completed an informed consent form addressing issues of confidentiality, anonymity, audio recording of the interviews, and voluntary participation. Provision was made for participants to obtain free counselling after the interviews if required.

5 | FINDINGS

From among the wide range of findings emanating from the study, this article presents two key cross-cutting themes, namely, a focus on "I"—the self of the participant, and a focus on the "we"—the self in relation to others. It is the combination of these two foci that stands out as having important implications for good child and youth care practice.

5.1 | Experiences of "I"

All participants related important experiences of the "self" in care, which focused on their own development, growth, and identity. Some

TABLE 1 Sample profile

Pseudonym	Gender	Race	Age	Years in care	Years out of care
Alison	Female	Mixed race	19	13+	0.5–1
Bob	Male	African	19	13+	0.5–1
Carol	Female	Mixed race	21	6–12	2
Diane	Female	Mixed race	19	13+	0.5–1
Edward	Male	African	20	6–12	1.5
Fiona	Female	White	19	3–5	0.5–1

participants spoke about the experience of being permitted or not permitted to exercise self-determination, which implied participating in decisions about their care and future. Diane, for example, expressed both positive and negative experiences of self-determination (unless indicated, all quotations come from individual interviews):

It's actually like a 50/50 ... sometimes they think you should know about what's happening, but then sometimes they think they should keep you in the dark. But I think they realised that I needed to be included because I am very hard-headed and if I don't want to do something, I will show you I'm not going to do it and you will regret it at the end of the day.

During the focus group discussions, other participants related experiences of not being permitted to make decisions:

Bob: "They have a certain way of doing things and they think it's right, but it's not always the case."

Alison: "They don't see our point of view."

Carol: "No, you weren't given a chance to have your say."

This lack of self-determination manifests in feelings of being restricted:

Fiona: "The thing is, I have always loved my independence ... and [the CYCC], I'm going to describe it very clearly; it's like a mini jail ... and those walls are like prison walls and you cannot get out unless the warden comes, puts you in the car, and takes you out ... or a friend comes and fills in a hundred forms and then only can take you out."

Alison [focus group]: "And then I really think they need to allow the children to take public transport because when you are out, you can have a licence with no car ... so what then, you have to try and figure it out and you are always late because you don't know how it works."

These narratives of the lack of self-determination and feelings of being restricted point to rather negative experiences of the "I" being stifled. Participants did not experience the opportunity to stretch their wings, to explore, and take risks. They felt diminished by these limitations in the CYCC. These experiences became particularly prominent during the transition out of care, when they entered a world where there were very few restrictions, but also little support. This elicited ambivalent responses from participants in the focus group:

Carol: "Ja [yes], the first day I went to the flat ... I started crying ... I was so alone ... it's quiet ... you don't know what to do with yourself ... I had to adjust to work also, the first day I also felt like crying. I would have liked to stay longer ... until I could decide when I could leave."

Alison: "Ja [yes], so it was a bit scary, but exciting at the same time."

Edward: "You know, going out into this new world ... it is sort of like a new adventure ... but after that you realise it's not the same out there and that we're actually better off inside the CYCC."

Notwithstanding these negative experiences of the self being restricted and diminished, participants also related various ways in which being in care helped them grow the self. As Diane said,

[Growing up in the CYCC] affected my life a lot actually... I wouldn't be where I am right now, with all my different role models in my life so... I don't think I would want to change anything about my time at [the CYCC], actually, because I learned a lot from everything.

Participants related a range of specific ways they felt they had grown, although at times, they recognized that they only realized this growth in hindsight and not while in care:

Carol: "I feel that I'm a much better person. I went for therapy and it helped a lot with my anger issues, and depression, and what."

Alison [reflecting on her many moves between units at the CYCC]: "I travelled on the campus because of my [challenging] behaviour. I think because I have learned so much, I will now make better decisions than if I was not here."

Alison: "I think I am more responsible ... so if I were to encounter something now, I wouldn't do anything stupid."

Bob: "I have to say that [the CYCC] taught me to have a lot of patience, because you have to live with 12 other people. And one thing I learned is that you can't just sit and feel sorry for yourself. You just have to get on with life."

Diane: "I find that the negative experiences help me to understand and know how to handle situations that are similar ... I will be able to deal with difficult situations and I will be prepared."

Edward: "To be honest, I don't think I would even have gone to school if it wasn't for [the CYCC], because before I came, my dad was having trouble even getting me into school. So he didn't have money and I only started Grade 2. And I skipped Grade 1 because I was way too late."

These quotations reflect growth of the self, of the 'I', while in care. Participants were specific about the kinds of self-development they experienced. It also began to emerge that an important contributor to this growth was the experience of being heard and understood. Alison related how her childcare worker engaged with her as a unique individual and helped to develop self-understanding:

She actually explained to me what's going to happen with me if I don't change. She explained that if I don't change

my negative behaviour, normally it grows with you and then when you get older you won't be able to find a proper job because you won't be able to know how to talk to people.

Alison continued during the focus group to say,

[The childcare workers] should remember that all of the kids come from different backgrounds, so they should adjust to our situation.

The religious climate of the CYCC was an important source of spiritual growth for the participants, which appears to have made an enduring contribution to their sense of self:

Bob: "Always remember where your strength comes from: from God. So believe in God. It's not always easy in the dark times, but you just keep on believing."

Edward: "I truly believe in my religion ... Christianity."

Related to this is a sense of appreciation for those moments when life was kind towards them, often in the midst of prolonged deprivation:

Bob: "I always try to be humble and appreciate the small things in life."

Bob [focus group]: "I just want to say that if it wasn't for all those troubles and hard times that we went through, we wouldn't have been as strong as we are now. So sometimes it's actually good to go through all this just to see, ok, you are still alive and you should appreciate everything that comes your way."

Carol [focus group]: "Ja [yes], I think in the children's home we have learned to appreciate, because you get it once in a while, and you probably won't even get it again." [Others nod in agreement]

Participants thus provided a mixed picture of the experiences of the self while in care, influenced by reflections during the time since leaving care. Experiences of being excluded from decisions that affect their lives and the restrictive, risk-averse culture of the CYCC were negative for them. They felt that their sense of self was crushed and diminished through these experiences. During the transition out of care, the sudden loss of this hyper-protective structure was overwhelming, although also exhilarating. Participants related how they felt their experience in care contributed to a growth of the self, facilitated by being understood, and influenced by spirituality and an attitude of gratitude. This growth of the "I" appears to have crystallized for most participants after leaving care, as expressed by Fiona:

Ok, so how I feel at the moment is ... I didn't like it there ... there were a lot of challenges and obstacles in my way ... but that happens in everyone's life at some stage. It just happens that I was feeling that way there. So although my experience was negative, I look at it in a positive light because ... I mean, if I think about what my life would be like if I never lived there ... I saw it as a chance to spend time on my own and focus on my

academics because I didn't want to end up like my mother ... it was a chance to make something of myself.

5.2 | Experiences of "we"

In addition to experiences of the "I"—the self—the former looked-after children who participated in this research emphasized the centrality of their experience of the "we," by which is meant the experience of the self-in-relationship. The focus here is on the young person's relationship with others. Central to these experiences is the experience of not belonging, which was played out in the caregiving relationships with childcare workers, social workers, and family members.

There were many negative experiences of the caregiving relationship, which left the participants feeling that they were not valued and isolated:

Fiona: "My previous house-parents didn't care about me ... I can say that straight ... they just didn't care about me ... But when I went to a different unit ... I was more appreciated ... They like ... saw more in me."

Edward: "Um ... sometimes ... not all the house-moms, but sometimes they treated us really unfairly, which wasn't nice ... even though you were living in this place ... and they tried to make it as positive and normal as possible, you would always feel that I don't really have a normal family ... and not really a place where I can go back to."

Participants reported feeling disoriented by the turnover of childcare workers. Bob and Diane, for example, report their experience of instability of care staff in the focus group:

Bob: "Changing house-parents all the time ... was difficult. And most of the time it was because of your age. And then [in] that [new] house you [are] going to be the newest or youngest again. Um ... to move from house to house, I have to say, was not so nice. Mmm ... you don't feel like you belong anywhere."

Diane: "The house-parents changing all the time was difficult." [All participants nod in agreement]

Participants in the focus group similarly reported the changes of social workers as being a source of negative relational experiences that led them to withdraw from interpersonal connections.

Alison: "Ja [yes], the social workers always changing was hard ... because you know, you tell the one social worker everything and then the next one comes in ... and you have to start all over again ... and it happened so often."

Carol: "Ja [yes], it did [happen often] ... Why let me tell you my stuff in the first place, if you are just going to leave?"

Diane: "That's why I stopped telling people my problems."

For many, the sense of not belonging was highlighted by the lack of secure connection with their families. For example, Carol said:

Family holidays were negative ... when the other kids would go home to their families and we couldn't. And the other terrible thing was that I had to play mother to

my younger brother when I needed a mother myself ... [I had to] bath him, change his nappies, and look after him ... he was only three when we were first moved to the Place of Safety.

The issue of not belonging comes to the forefront prominently when looked-after children have to leave care, perhaps because there is no requirement for South African CYCCs to provide transitional or after care. Carol expressed this most strongly in the focus group:

I have another thing about what should change: when you turn 18, they can't just kick you out and say okay that's it ... [The childcare workers'] mother didn't put them out when they 18. It really doesn't help. You can't look after them [children in care] for 17 years and then just put them out.

However, in the midst of these rather negative and fragmented experiences of "we," participants also reported experiences of rich, rewarding relationships that contributed to their growth and development. This occurred most frequently in relation to the childcare workers, who took on the parenting role of caring for the day-to-day needs of the children:

Bob: "I was with them [the childcare workers] from 8-9 years old ... but the aunty [female childcare worker], she really cared for me ... the uncle [male childcare worker] also cared for me ... and when I went to other bigger houses, I would visit them ... and once they had left [the CYCC], I still went to visit them."

Fiona: "[The childcare worker] really loves the children and that I can say about her ... She is not selfish ... she really cares about the children."

Edward: "Even though [the CYCC] is going through a tough time and under a lot of [financial] pressure ... but they still persist in their goals to provide quality care for the children ... They are trying to carry on and continue [the CYCC's] legacy; the guy who started [the CYCC's] dream and taking care of kids."

Some participants reported that other people stepped into their lives and took on a familial role, which helped fill the need for belonging:

Alison: "I don't know where I came from. I think the social workers brought me to [the CYCC]. I have holiday friends [a family who takes in a child in residential care for holidays] and we are like one big family. They are like my own family. I went to them from when I was like five, til today ... it was great ... different ... [Growing up in the CYCC] really means a lot because thinking about it, I don't know much about my background, so I don't know if I would even be alive or be where I am today. So, ja [yes], it really means a lot to me."

Participants highlighted aspects of the CYCC as a whole that they experienced as supportive, affirming, and empowering, as they were

afforded opportunities for growth and development. Bob and Edward expressed this particularly strongly:

Bob: "Ja [yes], we even went to see the psychiatrist and that was nice ... Ja [yes], she was also a social worker and she helped a lot. In [the CYCC], there were actually many [supportive people] ... Like for instance, when I got provincials [representing the Gauteng province in sports] in Grade 10 ... but all the other things they supported me in, they just always supported me. I really didn't have to worry or care about anything ... like there was a lot of support. If I asked for something I needed, they would always support me, no matter what."

Edward: "[The CYCC's] motto is 'I can!' Your sense of 'I can' gets taken away from you when you go into the system of child care ... some [children] don't have parents, some have one parent, and life is difficult ... and it's very hard to adapt and it feels like the world is against you. [The CYCC] gives you a sense of family and they help you with challenges ... and they sort of give you a light to show you that you can be anything you want to be. I know a number of kids coming out of [the CYCC] and they are doing well, and I think it's because they believed in themselves and that sort of helps you as an adult."

The relationships between the children in the home were an important source of belonging for many participants, particularly as the CYCC was structured like a village, with cottages on the same campus:

Edward: "In terms of residential care on the campus, we lived sort of in a complex where it was a simulated sort of society for kids growing up together. It wasn't really strange, because we knew that what you were going through, I was also going through, so we weren't strange from each other."

Alison [focus group]: "I mean, we not blood family, but we also orphan family. We all in the same boat, like when the titanic sank, they were all together ... united."

Diane: "Because we were young and we wanted to experience things ... and we never let the one do something alone ... we all did everything ... together ... because we all experienced things together. We got into trouble together and stood up for each other."

6 | LIMITATIONS

This study reports on a very small sample of participants, from a single CYCC in Johannesburg. The findings are thus useful in describing the experiences of these six participants but cannot be generalized to the broader population of care leavers in South Africa or

internationally. Findings can be transferred to other contexts, but only with careful consideration by the reader (Lincoln & Guba, 1985).

7 | DISCUSSION

Participants in this study—young people who had aged out of a CYCC—reported a range of experiences that can be clustered under the themes of “I” (the self) and “we” (relationships with others). In both instances, there are both positive and negative aspects to these themes. This CYCC, probably like all CYCCs (and families), has both strengths and weaknesses, and it is interesting to see the “I” and “we” manifesting in both the positive and negative experiences.

7.1 | Experiences of “we”—The value of the residential care group

Experiences of being part of a collective—part of a “we”—emerge as important in this study. The familial role played by the residential care social system, with a multitude of different people—adults and children, professionals and non-professionals—taking on family-like roles stood out in this study. This appears to have contributed to the participants' sense of belonging, being valued, and the sense of security experienced, while living in care. This highlights the importance of the CYCC staff to provide opportunities for building rich, nurturing, and rewarding relationships.

Another important aspect to consider is preserving, where possible, the bonds with the biological family, as well as promoting positive relationships with host family and volunteers who are involved with the CYCCs. This is supported by numerous theories that emphasize the centrality of relationships (McKellar & Kendrick, 2013).

The professional role of child and youth care workers merges with parent-like roles, resulting in complex and multifaceted relationships of care (Fowler, 2015). Children in some contexts are increasingly asking to be “loved,” not just “cared for” (Thrana, 2016), a theme that resonates in the South African child welfare system (Thumbadoo, 2011). This suggests that a network of relationships may create circles of care, akin to being raised by a village or community. Such findings may be particularly useful in the developing world, where there may be few opportunities for intensive one-on-one care, but rather where a community of significant relationships could be constructed in village contexts, as was the case in precolonial days (Patel, 2015).

One key aspect that emerged from this research was the turnover of childcare workers and social workers. Participants viewed this as a hindrance to building relationships. Strolin-Goltzman, Kollar, and Trinkle (2010) viewed this harmful to the children's capacity for attachment, making them hesitant to trust and engage with staff. Although there is a lack of research on continuity of youth care services (Naert, Roose, Rapp, & Vanderplasschen, 2017), there is a growing body of evidence to suggest that placement stability improves the outcomes of care leavers (Dixon & Stein, 2005; Holland, 2009).

Recent research suggests that the longevity and stability of placements, rather than placement type, may be key to positive outcomes for looked-after children (McSherry, Fargas Malet, & Weatherall, 2016). This is supported in the spirit of belonging to be a fully

functioning person, with a healthy sense of generosity, mastery, and independence, reflected in the “Circle of Courage” (Brendtro, Mitchell, & Jackson, 2014). Meyer et al. (2003) argue that this is supported by ecological theory, which emphasizes the importance of being connected to one's environment—both contributing to and receiving from it in a healthy way. Security (and a sense of security) is one of Maslow's most basic needs (Meyer et al., 2003). Lastly, the PCA itself focuses on the importance of the perception that people have of the messages that they get from their environment, and how this contributes to their self-image and view of the world (Grobler et al., 2003).

7.2 | Experiences of “I”—The development of self

It is within this “we” context that there are opportunities for looked-after children to develop the “I,” or the self. The findings in this study suggest that all participants experienced growth of self, both while in care and upon leaving care, with both positive and negative experiences contributing to self-development. Development of the “self as a person” was reflected in feelings of self-determination, seeking opportunities for growth and development, reaching one's full potential, developing a sense of gratitude, receiving the message that one is understood, valued, and accepted, and providing opportunities to explore and develop one's spiritual beliefs and cultural values. This study also reveals that growth happens in reflection *after* leaving care, in retrospective introspection, and realizing how they have grown, despite the difficulties and restrictions they faced. Participants reflected on cultivating a balanced view of their experience of being in care, how it contributed to their present selves, and how they perceived themselves within their living environment. This suggests that capacity for reflection may be helpful while children are still in care.

Van Breda (2015) argues that contextualized responsiveness—the capacity to observe and reflect on oneself within one's social context and to make thoughtful decisions about how to respond—was crucial for a successful care-leaving journey. This reflective process can be a vital learning opportunity while in care and is seen most clearly in the use of daily life events in relational child and youth care (Garfat & Fulcher, 2012).

Participants in this study experienced a lack of active, if any, involvement in decisions regarding their care, and they found that the highly structured care environment did not adequately prepare them for life after care. These experiences are rooted in a possible tension within the childcare system: On the one hand, the right of children to be active agents in determining their care pathways is legally championed (Jamieson, 2017) and written into care policy and procedures (Stein, 2012). On the other hand, children are often not adequately involved as real partners in their care reviews (Frimpong-Manso, 2012; Pert, Diaz, & Thomas, 2017). There is also an inherent risk aversion within the childcare system (Anglin, 2002) that inhibits the freedom of care staff to allow children to take the risks inherent to growth and development (Bessant, 2008; Ungar, 2007). It is therefore imperative that the experiences of young people's sense of self and their feelings of being overridden while in care should be understood by all care staff.

A challenge for the residential care community is that issues of noninvolvement of young people in decisions relating to their future,

and neglecting the development of the young person's sense of "I" and "we," have the risk of being institutionalized. This creates the sense that the child is just one of many in the so-called system and may not get the individualized attention and care that is needed to thrive. However, engagements with the broader care community such as the school, church, host families, and volunteer community can be helpful in providing more attention to the individual in various contexts. These engagements may provide opportunities for the "I" to emerge, be noted, and even excel, thereby giving positive messages about the child's individual strengths, talents, and unique attributes (Gilligan, 2007).

8 | RECOMMENDATIONS AND CONCLUSION

The findings of this study have important implications for working with children and youth in care as well as for child and youth care practice, particularly concerning the balancing of individual and communal needs in institutional settings. Critical to the building of the self in relation to "I" and "we" is the helping relationship. Genuine care and acceptance, and an understanding of looked-after children's needs and vulnerabilities, are qualities or behaviours that need to be present in all care staff and other people who interact with children in care.

Child and youth care facilities are to provide a therapeutic milieu for all children and young people in care (Cahill et al. 2016). Therefore, promoting both the "I" and "we" in care is a management concern, not only a practice process. CYCCs should limit the worker-to-child ratio to allow for more opportunities for meaningful and individualized interaction. Child and youth care workers should be passionate about children, and given specialized training to provide a genuine and caring environment for children in care. Measures to reduce staff turnover are important to secure stable placements and continuity of care.

This study also supports the importance of looked-after children connecting with others in similar situations, providing opportunities for young people in care to develop a sense of support, understanding, and learning from one another. This implies that physical and environmental structures should be reviewed. The units in which children live should be designed as "family" units to encourage socialization and positive peer relationships.

Opportunities for self-development and growth are vital. These need to be supported by the CYCC and should include quality education and support, extra mural and sporting activities, spiritual/cultural expression, as well as connecting with communities and services outside of the CYCC. Finally, it is imperative that CYCCs encourage out-of-care support and continued relationships, particularly with children's family of origin.

This study set out to explore the "I" and "we" experiences of children in care, from the perspectives of young people who have already aged out of care. We conclude that the young persons' sense of self, nurtured within a care context, was vital in developing their sense of identity, mastery, belonging, and independence in the outside world. Arguably, all practitioners in a young person's life space and lifespan can play a significant role in their development of self, and in the development of their "I" and "we." As they enter adulthood and claim their

independence, the young person's sense of self may be either enhanced by positive relationships or damaged by a lack of recognition, unreciprocated relationships with others or feelings poor self-worth.

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