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CHILDREN WITHIN THE WELFARE SYSTEM: CHILDREN'S EXPERIENCES LIVING IN LONG-TERM RESIDENTIAL CARE IN LITHUANIA

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Annotation: *This research aims to examine children's experiences living in long-term residential care in Lithuania by giving children a 'voice' to narrate on their experiences living in long-term residential care. By leaning on previous international research conducted with children, this research aims to enable children to 'talk' and let them represent themselves for themselves. The research will produce new knowledge about children's position in the Lithuanian child welfare system by examining their own perspectives and lived experiences.*

Keywords: *long-term residential care, child welfare system, children experiences.*

INTRODUCTION

Child participation is one of the core principles of the United Nations Convention on the Rights of the Child (1989). In Lithuania, the UN Convention was ratified on 3 July 1995. The nation ensures protection of children's rights through the State Service for the Protection and Adoption of the Rights of the Child under the Ministry of Social Affairs, the central institution for the protection and defence of children's rights in municipal territories, helping to shape state policy on the protection of children's rights. This institution is responsible for protecting children's rights by managing child custody (care) and adoption, training guardians and adoptive parents, responding to violations of children's rights, coordinating placement of children in foster homes and coordinating mobile commands, among other functions (Child Rights Protection and Adoption Service 2021). The Lithuanian child security system is divided into two levels: Child protection operates at the state level by employing specialists whose background is mainly in law and family, and child welfare services function by employing social workers at the municipal level (Motiečienė 2020). This research focuses mainly on the first level: child protection at the state level.

The purpose of this article is to present the idea, methodology, and part of the research results of the social work dissertation, taking into account that the analysis of the research data is in progress.

THE CONTEXT OF LITHUANIA'S CHILD WELFARE SYSTEM AND SERVICES

According to the 2015 activity report on Lithuania's Children's Rights Protection and Adoption Office, under the Ministry of Social Security and Labour (2016), 1,188 children entered long-term residential care homes in 2018. As a post-Soviet country, Lithuania has a long tradition of using institutionalization to address of social problems, and a relatively short, young 30 year history of developing child and family services (Motiečienė, 2020). According to Pertvarka (2019), since 2014, Ministry of Social Security and Labour initiative has started the process of deinstitutionalizing: community-based services for the disabled and children without parental care. During the deinstitutionalization process, all institutions (for elderly people, those with disabilities, and children without family guardians) were restructured. Prior to the deinstitutionalization process, there were large-scale institutions in Lithuania for children, the disabled and the elderly, with over 300 people living in one institution.

The purpose of deinstitutionalisation has been to provide a harmonious environment in which every child can grow up with their biological families, and for children without parental or other family care, with foster or adoptive families. The strategic goal has been to develop a system of integrated services that enables each child to receive individualised services and assistance in the community so that children without familial guardians can grow up in a safe environment with a family of adoptive or foster parents, or other guardians. One of the goals of deinstitutionalisation has been to create community-based apartments and more child welfare services for children at the community level. Besides foster families or adoptive families, the child also can live in community-based apartments, which offer long-term residential care for children in a family-based environment. Now, 130 community-based apartments exist in Lithuania, in which 676 children live. Thus, approximately six to eight children live together in each unit. Large units were closed during the first deinstitutionalisation stage, which lasted until 2020 (Pertvarka 2019).

Other European countries have launched similar deinstitutionalisation processes in the field of child welfare as well, but Lithuania's initiative, launched in 2014, started relatively late compared with other countries. For example, in Sweden, deinstitutionalisation began in 2000 after Parliament set a December 1999 deadline for residential institutions to be recognised as a service. For example, as of January 2000, all forms of support for those with an intellectual disability were channelled through community-based services (Ericsson 2000). Generally, deinstitutionalisation has focussed on the orderly abandonment of large institutions, which were replaced by personal assistance and community accommodations (Kunitoh 2013; Mansell et al. 2007), including in-home care and residential and inpatient services in more home-like settings (Hamden et al. 2011). For example, in Estonia, traditional institutional care partly was replaced by home-care services and the creation of home-like housing units (Anttonen & Karsio 2016; Kuuse & Toros 2019). According to UNICEF (2018), in Bulgaria, between 2010 and 2017, the number of children in institutional care dropped from more than 7,500 to under 1,000. The number of small group homes or family-type placement centres increased from 48 in 2010 to 283 in 2017, and the number of community-based services for children and families has more than doubled, from 241 in 2010 to 605. Bulgaria is a good example of how a government effectively can utilise EU funds to support community-based services and deinstitutionalisation.

Also, in the Slovak Republic, transformed children's homes entailed partitioning dormitories into family-size units. Instead of a dormitory system, in which children lived in rooms organised into long corridors and ate in large dining halls, apartments were built within the buildings, each including its own kitchen, bathrooms, living room and several bedrooms. Children were divided into groups, or 'families', of about 10 children of different ages. They were cared for by four care workers who worked in shifts. Most importantly, the children benefitted to a greater extent by being deinstitutionalised into family-based care, rather than remaining in an artificial family environment (European Commission Daphne Programme 2007).

Studies have indicated both positive and negative outcomes from deinstitutionalisation. Mansell and Beadle-Brown (2010) noted that community-based service models achieve better results than institutions for those whom they serve. Most studies have been conducted in relation to mental illnesses and have indicated improved life satisfaction, clinical stability with less illicit drugs, support from community mental health systems (Hobbs et al. 2002) and enhancements in social functioning (Kunitoh 2013). Moreover, a growing consensus nowadays indicates that institutional care is simply not compatible with a human rights approach. The mass treatment typical of institutions, although smaller than earlier forms, is inadequate for providing services in a modern society, as it fails to recognise children's individual needs and empower children, families and communities. Certainly, it is not a suitable system to meet children's rights and developmental needs. Several countries progressively have begun to dismantle their institutional care systems and reintegrate children into their families and communities, but the process remains far from completed (Eurochild 2014).

Although much attention has been paid to the deinstitutionalisation process, research on children's experiences living within this context is lacking in Lithuania. Only a few studies have examined children's well-being in institutional care. Čepukienė and Pakrosnis (2008) analysed 'factors determining the difficulties of psychological and social functioning of adolescents living in children's care houses. Snieškienė and Bumblauskaitė (2005) analysed 'preparation of young people growing in a care institution for independent life'. They found that institutional care for children who have lost their parents does not enable them to prepare for independent living sufficiently. Self-development is hampered by too much care and too few opportunities to face real life. During the deinstitutionalisation process, many changes in services were made 'for children', and yet 'without them', i.e., children were not viewed as capable participants in improving services. Thus, this research aims to fill this gap in Lithuanian social work research and provide new insights into existing literature by comparing empirical data from Lithuania with international research discussions on children's well-being and agency as welfare system clients

THE SOCIOLOGY OF CHILDHOOD AS A THEORETICAL FRAMEWORK

This study leans on the idea of sociology of childhood, which highlights children's role in society and research. Until relatively recently, research on children has been conducted fundamentally *on* children, rather than *with* children and *for* children (Darbyshire et al. 2005; Mayall 2000; O'Kane 2000; Fargas-Malet 2010). Historically, children have been viewed as objects to be studied – and as incompetent, unreliable and incomplete (e.g., Barker & Weller 2003). However, thanks to theoretical developments in the study of childhood, children now are viewed as active participants in the research process (Powell & Smith 2009). In current social work research, children's agency, participation and knowledge are highly valued. According to Graham and Fitzgerald (2010), children's participation in research concerns promoting their right to have their opinions heard. It assumes that children are people of value, their experiences are of interest to themselves and to others, and they have valuable contributions to make to social and political life.

According to James and Prout (1997), the ideology of a child-centred society gives 'the child' and 'the interests of the child' a prominent place in the policy and practices of legal, welfare, medical and educational institutions. The main idea of sociology of childhood is that children are viewed as active agents and constructive members of society, and that childhood is an integral part of society. According to Punch (2002), children are marginalised in an adult-centred society, experiencing unequal power relations with adults, with much in their lives controlled and limited by adults. Also, children are not accustomed to expressing their views freely or being taken seriously by adults because of their position in an adult-dominated society. The idea of children and adults interacting with each other on equal terms contradicts our 'adultist' imagery exactly because it cuts across preconceptions of children as subordinates.

The prime importance in the sociology of childhood is that childhood is understood as a social construct (James & Prout 1997), i.e., the institution of childhood provides an interpretive frame for understanding the early years of human life. Second, under these terms, it is biological immaturity, rather than childhood, which is a universal and natural feature of human groups. The third important feature of the paradigm is that childhood and children's social relationships and cultures are worthy of study in their own right, not just in respect to adults' social construct. Children's participation can enhance their skills and self-esteem, support better decision-making and protection of their rights, and improve public policy on children (Mayall 1999; Sinclair 2004). This requires children to be involved actively in the construction of their own social lives, the lives of those around them and the societies in which they live. Children no longer can be viewed as passive subjects of structural determinations (James & Prout 1997).

PREVIOUS RESEARCH ON CHILDREN LIVING IN RESIDENTIAL CARE

Children are placed in long-term residential care for many reasons, ranging from parental neglect to addictions. According to Lithuanian statistics (2019), the main reasons for children entering long-term residential care homes are: parental death (Pileckaitė-Markovienė 2004); parental illness; parental imprisonment (Arelytė & Karkockienė 2015); parents lacking living conditions to care for children; parental abuse of alcohol and/or drugs (Bražienė 2010); parents not properly educating, or physically or psychologically abusing their children (Pileckaitė-Markovienė &

Lazdauskas 2007); or parents who cannot be located. These reasons often lead to parents permanently losing custody of their children.

According to Little et al. (2005), in the US and UK, a reasonable amount of evidence indicates a prevalence of mental disorders and other mental health problems, including antisocial behaviour, among children who enter child welfare, juvenile justice and residential treatment settings. According to Roche (2019), most of the reasons for entering residential care are related to family risk factors and health problems. The findings reveal a range of familial risk factors, in addition to parental death, including neglect, abuse, parental health issues, abandonment, illness, lack of parental capacity and resources, poverty and social isolation. The impact of poor health on families is a major theme across findings that lead to parental death or incapacity to care for children, most commonly involving HIV/AIDS.

Several extant studies have focussed on children's experiences living in long-term residential care and how these experiences have affected different spheres of their lives. Children develop knowledge and skills through their experiences living in and leaving residential care – knowledge that cannot be gained through other sources and that reflects the care system as it is experienced, not as it is intended or written in policies, programmes or plans (Vosz et al. 2020). Children living in residential care often are aware of their 'care' status, and they have developed strategies to manage this identity in other life spheres, such as in school and in peer relationships (Emond 2014). From the children's perspective, it is important to consider how they manage to integrate residential experiences into their lives after leaving the care system and starting independent lives (Gabriel et al. 2021).

Previous studies have indicated that children lack agency and opportunities to influence their living circumstances in residential care. According to Southwel and Fraser (2010), caregivers, social workers, government officials and research ethics committees often have prevented children from participating in research that examines their views and experiences on the assumption that such research would be too distressing to them and, therefore, would not be in their best interests. Also, according to Cashmore (2002), whereas decisions for children living at home generally are made by one or two adult parents with whom the child is in daily contact, for children in the care system, decisions often are made by any number of adults (e.g., care workers or workers from one or more agencies, judges, magistrates and/or lawyers). Some of these people may not have even met the child or understand what is important to them. The professionals need to challenge their attitudes and disrupt practices that exclude children from participating in decisions that impact their lives. Residential care staff and social workers should provide information and safe and inclusive spaces to help children form and express their views (McPherson et al. 2021).

Other research has found that children living in residential care may have been exposed to abuse and violence. For example, a study on Finnish childcare found that children have experienced physical and sexual violence; neglect of basic needs, i.e., food or health care; and various humiliations while in foster care under the first Child Welfare Act (1937–1983). These children were victims of violence from both adults and other children across all levels of placement (Hytönen et al. 2016). Thus, the prospect of children being victims of abuse and violence in residential care is important to consider in the study.

DATA AND METHODOLOGY

To fulfil this study's aims, a qualitative research approach was chosen for its ability to provide complex descriptions of how people experience a given research issue. It also extracts information about the 'human' side of an issue, i.e., people's often-contradictory behaviours, beliefs, opinions, emotions and relationships. Qualitative methods are also effective for identifying intangible factors – such as social norms, socioeconomic status, gender roles, ethnicity and religion – as these factors' roles in the research topic may not be readily apparent. Although findings from qualitative data often can be extended to people with characteristics similar to those in the study population, gaining a rich and complex understanding of a specific social context or phenomenon typically takes precedence over eliciting data that can be generalised to other geographical areas or populations (Qualitative Research Methods 2020).

DATA AND RECRUITMENT OF CHILDREN

The study comprised 10 children who were still living in long-term residential care, between ages 10 and 17, as most children who live in community-based apartments are within this age range. The children were recruited from two community-based apartments in Kaunas, which I chose because it is one of the biggest cities in the country and contains several community-based apartments.

DATA COLLECTION METHODS

In this qualitative study, I combined interviews and task-based methods in interacting with the children to gain insight on their experiences (Punch, 2002). First, the data was collected via *unstructured thematic interviews with the children.* According to Qu and Dumay (2011), the unstructured interview process shapes the individual situation and context, as it aims to make the interviewee feel relaxed and not like they are under a microscope (Hannabuss 1996). The interview proceeds under the assumption that the interviewers do not know all the necessary questions in advance. As Greene (1998) suggests, the purpose of open-ended interviewing is not to put ideas in someone's mind, but to access the perspective of the person being interviewed. Therefore, in an unstructured interview, the interviewer must develop, adapt and generate follow-up questions that reflect the central purpose of the research.

Second, I utilised a drawing method as a task-based visual approach (Punch 2002) to elicit supplementary data on children's views and experiences. Children's drawings were used to collect the most authentic data possible and to supplement the interviews. The drawing method has been used as a fun and enjoyable way for children to express their own views and experiences (Fargas-malet et al. 2010; Punch 2002). Drawings also can function as an icebreaker that can help the children relax and establish a rapport with the interviewer, act as memory prompts and triggers to elicit discussions, and may help children organise their own narratives (Hill 1997; Miles 2000). This technique also may help the children gain more control over the interview, giving them an opportunity to draw as much or as little as they like, as well as giving them time to reflect on their own ideas (Miles 2000).

The third method to collect data that supplemented the interviews was the *photovoice* (Fargas-Malet & McSherry 2010). The children were asked to take photos for use later as interview stimuli (Samuels 2004). The photos were used during an interview as an instrument to help the children develop their answers to particular questions and simultaneously enable the children to express facets of their lives in a unique way (Clark-Ibáñez 2004). The photos also can act as prompts for a child's personal story (Newman et al. 2006).

DATA COLLECTION PROCESS

Data collection started and ended with interviews with the children. Each child were interviewed individually, four times. The interviews were conducted once a week, so the process took four weeks per child. Each interview featured a different theme: 1) lifetime; 2) people important to the child; 3) life in a care home; and 4) future prospects. During the interviews, each child were asked to draw pictures based on each interview's theme. After the child has finished the drawing, we discussed it. At the end of the interview, the child was then asked to take some thematic photos during the following week, then bring them to the subsequent interview. During the next interview, we discussed the photos they have taken. The purpose is to analyse why some details or objects in the photos (and the drawings) are important to the child. I offered an instant camera for each child as it can be considered the most secure device to take the photos in order to avoid any harm for the child. The photos were scanned, encrypted and saved in an external drive disc with a password, which is accessible only for me. Also, the coded data were saved and backup to an external drive. The physical photos were separated and stored in the archive locker with a lock. The interviews were conducted in community-based apartments where children lived to ensure a safe environment for the child. The data collection has begun in autumn 2021 and ended in summer 2022.

Data collection process	
First week	Opening interview + drawing and photo request
Second week	Second interview + drawing and photo request
Third week	Third interview + drawing and photo request
Fourth week	Closing interview + drawing

NARRATIVE APPROACH IN DATA ANALYSIS

I utilised a narrative approach in analysing the data. According to Brown (2017), as recognised by Paschen and Ison (2014), a narrative approach is inclusive on several levels: socially; structurally; and conceptually. At the centre of narrative approaches to data generation is co-construction. Whereas researchers within a normative realist model of environmental psychology collect data, narrative researchers engage in a process of co-construction and mutual reflection about the phenomena being studied. Rejecting the notion of realism, i.e., that a 'real' world exists 'out there' that can be studied objectively, the social constructionist perspective views the world, and the experiences associated with the world as interpretations. Therefore, if we cannot gain access to 'direct' experiences, we deal with a person's account of them. Consequently, narrative researchers are mindful about issues such as voice and positionality. They reflect critically on the process of research as much as on the topic under study. The context within which the research takes place, researchers (listeners) and study participants' (storytellers) roles, and the interpretation are all subjected to extensive critical reflection.

Riessman (2005) outlined five interconnected engagement levels with research 'data', though they are subject to constant shifts because at each level, a different subjective interpretation is brought by the storyteller, listener and, ultimately, the reader.

1. The first level comprises attending to experiences: These experiences are sensory experiences, experiences that capture the researcher's attention as a backdrop to the area of study or experiences that influence the following levels of representation.
2. The second level concerns 'telling about experience'. This level is the performance of a personal narrative, in which the storyteller

provides his or her narrative account and includes and omits information depending on the function that the narrative is serving.

3. The third level is the transcribing level, in which a recorded conversation is given written text status. However, it has been asserted that such written text never can be an unproblematic transparent recording of the interview.
4. The next level entails the analytical experience in which the researcher examines significant parts of the storyteller's account to analyse in adherence with the research project's aims or epistemological position.
5. The final representation level, according to Riessman, is that of reading experience. At this level – depending on the reader's ontological, epistemological and theoretical position – each text is open to an infinite number of interpretations

According to Spector-Mersel (2014), narrative interpretation is an open, multi-dimensional endeavour that allows for the co-existence of multiple analytical perspectives. Any analytical reading is conceived as one possible story about a story, rather than as an act of discovering 'the truth' about the text, so there is neither a single, absolute truth in human reality, nor one correct reading or interpretation of a text. The final decision on a narrative method will be chosen after the data are collected.

ETHICAL ISSUES

Throughout the study, I followed the Finnish guidelines on ethical principles for research with human participants (Finnish National Board on Research Integrity 2019). So far, in Lithuania there do not exist ethical guidelines or requirements for research with human participants and particularly with child participants.

According to Bitinas et al. (2008), researcher ethics distinguish between five groups related to researcher behaviour towards the informant:

1. The research participant should participate in the study only voluntarily. The children in this study will be informed of their right to end their participation at any time if they feel that they do not want to continue.
2. The researcher must disclose the study's nature and aims to all

subjects, inform them of any potential risks, adhere to the study's ethics and obtain each subject's consent (if any) to participate. The children will be asked for verbal and written informed consent to participate. The children also should be informed about the limitations of confidentiality before participating in the research to enable them to give fully informed consent (Williamson et al. 2005). When interviewing young children, this could 'be expressed as the difference between what can be "just between you and me" and what may need to be told to others "to stop someone from getting hurt"' (Thompson & Rudolph 2000: 35).

3. At all stages of the investigation, the researcher should strive to protect the subject from potential harm. Children will have an opportunity to use the 'Stop' rule. If they feel that they do not want to talk about something sensitive, they could say 'Stop', and we will not pursue this specific theme further until they feel ready to talk again.
4. The researcher will ensure the anonymity of the information received from the subject, and the children will be informed that only I, as the researcher, will have access to the data obtained during the research.
5. The researcher must ensure research participants' anonymity. The children's own names and other people's names whom they mention, as well as the places mentioned in interviews, will be changed to avoid any possibility of research participants being recognised.

I stopped the interview if the child felt uncomfortable in the interview. As a researcher I made the decision if I see that the child expresses negative emotions, such as strong sorrow, anger or distress, or in other ways was not able to continue participating in the interview. After the interview, the child has possibility to discuss about the negative emotions with a social worker who work in the residential care home. This supportive role of social workers were be agreed already in the phase when applying research permission. We were also decided together with the child and the social worker whether the child participates in the subsequent interviews.

The main ethical challenge in conducting the study successfully was entailed care home administrators. Administration staffs are gatekeepers who provide access to the children, and they may be reluctant to disclose children's particularly painful experiences. The main steps how to proceed to gain the research permission and child's informed consent is following: First, I contacted the director of residential care and apply a research permission for conducting the study in the residential care homes. I have received the guidelines for application. Director made the decision concerning the research permit. After receiving the research permit from the director, I contacted the social workers who worked directly with the children in the residential care homes. I added with the research permission a short Lithuanian version of the research plan and discuss about the study with the social workers. In gaining the child's informed consent I discussed together with a child and a social worker about the study, how the material will be used, and what are the child's rights if he/she participates to the study. In explaining the research and the interview process for the child I used both text and pictures (Information letter). After the discussion the child was able to sign the consent form immediately or he/she could sign it later if he/she needs some time to think (the Consent form in the end of the Information letter). If the administrators of the institution in Kaunas did not grant permission to conduct the research, I would apply to long-term residential care homes in other Lithuanian cities. Another ethical challenge was related to my own role. My long work experience as a social worker with children living in long-term residential care offers insider, first-hand knowledge on the topic, but also might hinder perceptions of the whole scene. I also paid conscious attention to my own role when meeting children, as I might encounter children with whom I have worked as a social worker.

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VAIKAI GLOBOS SISTEMOJE: VAIKŲ, GYVENANČIŲ ILGALAIKĖS GLOBOS ĮSTAIGOSE LIETUVOJE, PATIRTYS

SANTRAUKA

Šio tyrimo tikslas – ištirti vaikų, gyvenančių ilgalaikės globos įstaigose Lietuvoje, patirtis. Tyrimo metu bus gauta naujų žinių apie vaikų dispoziciją Lietuvos vaikų globos sistemoje, nagrinėjant jų pačių požiūrį ir gyvenimišką patirtį. Tyrimo plane susietos teorinės vaikystės sociologijos diskusijos, kuriose į vaikus žvelgiama kaip į kompetentingus visuomenės ir tyrimo dalyvius; metodologiniai tyrimų su vaikais, susijusių su jų jautriomis patirtimis, atlikimo principai; empirinės ir konceptualios vaiko teisių apsaugos ir socialinio darbo su vaikais išvados. Metodologiniu požiūriu, tyrimas suteiks vaikams „balsą“, kad jie galėtų papasakoti apie savo patirtį gyvenant ilgalaikės globos namuose.

Duomenys buvo surinkti iš 10 vaikų (nuo 10 iki 17 metų amžiaus), gyvenančių ilgalaikės institucinės globos namuose. Duomenys buvo renkami palaipsniui. Pirminiai duomenys gauti iš teminių, nestruktūruotų interviu su vaikais, o antrinius duomenis sudarė užduotimis pagrįsti metodai, naudojant piešinius ir fotopasakojimo metodą. Duomenys analizuoti taikant naratyvinius metodus. Šis tyrimas bus naujas indėlis į Lietuvos socialinio darbo tyrimus, atsižvelgiant į tai, kad vaikų asmeninės perspektyvos Lietuvoje dar nėra tyrinėtos. Jis taip pat reikšmingai prisidės prie tarptautinių mokslinių diskusijų apie atstovavimą vaikams ir žinių socialinio darbo ir vaiko gerovės sistemų srityje.

Reikšminiai žodžiai: *ilgalaikė institucinė globa, vaiko gerovės sistema, vaikų patirtys.*