

Institutional Care for Children in Trinidad and Tobago: Toward a New Model of Care for  
Developing Countries

by

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## **Abstract**

Children around the world need care outside their families for a variety of reasons including poverty, war and epidemics such as HIV/AIDS. The majority of these children live in developing countries where there are limited resources to care for them. As a result of concerns about the effects of institutional care on children, and following trends in the developed world, there is a movement in developing countries to replace large residential institutions with a system of adoption, foster care and small group homes.

The aim of this study is to examine the experience of orphan, abandoned, and neglected or abused children who grew up in residential institutions in the Caribbean nation of Trinidad and Tobago, to learn the positives and negatives of residential care in order to contribute to developing a model of care suited for high need, low resource countries.

Oral history methodology was used to collect the stories of 24 alumni (12 men and 12 women) from seven homes in Trinidad and Tobago. The homes were categorized as 1) state—partially funded by the state but managed by the Anglican and Catholic dioceses, 2) faith-based—run by religious communities, and 3) community homes run by individuals in the community.

The findings of the study show that overall experiences were positive. For poor and working-class children, life in the home was better than their life would have been if they had remained with their families. However, discharge and transition from the homes were less favourable. Alumni from the state-funded homes experienced more difficulties than the faith-based and community homes as a result of poor planning and a lack of

post-departure supports. Women suffered more hardships than men, often leading to sexual exploitation.

The findings also show that being admitted with siblings and staying at the same home over the duration of care—as was the norm—correlated positively with educational outcomes for the majority of alumni. Some life-long relationships were maintained with volunteers and with friends made among peers at the homes.

The study concludes that large group care is not necessarily harmful for children. It may be even beneficial and may be cost effective—a factor that is very important for low resource countries. An aftercare plan, with planning beginning at admission might ease the transition process and gender must be considered in discharge and transition policies.

## **Acknowledgements**

I grew up in a home with a mother who struggled to write her name and who due to poverty was unable to go beyond Grade 2 education. I saw her routinely take the evening newspaper after my father read it and try to grasp the stories based on the pictures and the few words she understood. My mother always pushed education and sacrificed to provide me with the best private school education available. This thesis is dedicated to my deceased mother, Floodina Roberts, for her belief in me and for showing me the restorative power of prayer, struggle and perseverance.

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## Table of Contents

Abstract.....	i
Acknowledgements.....	iii
List of Abbreviations .....	viii
CHAPTER 1 .....	1
INTRODUCTION AND BACKGROUND .....	1
<b>1.1 Introduction</b> .....	1
<b>1.2 Background and Rationale</b> .....	2
<b>1.3 Research Questions</b> .....	5
<b>1.4 Reflexivity on the Researcher’s Positions</b> .....	5
<b>1.5 Definitions</b> .....	8
<b>1.6 Organization of the Thesis</b> .....	9
CHAPTER 2 .....	12
HISTORY OF RESIDENTIAL HOMES IN TRINIDAD AND TOBAGO .....	12
<b>2.1 Introduction</b> .....	12
<b>2.2 General Overview of Residential Homes in Trinidad and Tobago</b> .....	12
<b>2.3 Contextual Framework: Historical, Social, Cultural and Political Context of Trinidad and Tobago</b> .....	17
<b>2.4 Family Formation in Trinidad and Tobago</b> .....	21
CHAPTER 3 .....	24
THEORETICAL APPROACHES .....	24
<b>3.1 Introduction</b> .....	24
<b>3.2 Attachment Theory</b> .....	24
<b>3.3 Marxist Class Theory</b> .....	29
<b>3.4 Summary</b> .....	34
CHAPTER 4 .....	35
LITERATURE REVIEW .....	35
<b>4.1 Introduction</b> .....	35
<b>4.2 Earlier Findings Showing Poor Outcomes</b> .....	35
<b>4.3 Later Findings Showing Poor Outcomes</b> .....	37
<b>4.4 Findings Showing Mixed Outcomes</b> .....	41
<b>4.4.1 Mixed outcomes: Findings in the 1970s</b> .....	41
<b>4.4.2 Mixed outcomes: Findings in the 1980s</b> .....	44

4.4.3 <i>Mixed outcomes: Findings in the 1990s</i> .....	45
4.5 Studies Showing Positive Outcomes .....	48
4.6 Summary.....	53
CHAPTER 5 .....	55
METHODOLOGY .....	55
5.1 Rationale .....	55
5.2 Description of Oral History as a Research Method.....	55
5.3 Methods of Data Gathering/Data Collection .....	56
5.4 Ethics.....	58
5.5 Selection of Participants/Recruitment Process .....	59
5.6 Compensation .....	61
5.7 Settings.....	62
5.8 Interpretation and Data Analysis.....	64
5.9 Descriptive Analyses.....	66
5.10 Reliability, Validity and Triangulation.....	67
5.11 Summary.....	68
CHAPTER 6 .....	69
ADMISSION .....	69
6.1 Introduction.....	69
6.2 State Homes.....	70
6.3 Community Homes .....	76
6.4 Faith-based Homes.....	79
6.5 Summary.....	82
CHAPTER 7 .....	84
LIFE IN THE HOME .....	84
7.1 Introduction.....	84
7.2 State Homes.....	84
7.2.1 <i>Margaret</i> .....	84
7.2.2 <i>Robert</i> .....	90
7.2.3 <i>Joseph</i> .....	95
7.3 Faith-based Homes.....	97
7.3.1 <i>Kelly</i> .....	97
7.3.2 <i>Christine</i> .....	102
7.3.3 <i>Raf</i> .....	109

7.4 Community Homes .....	111
7.4.1 Victor .....	111
7.4.2 Clarke .....	116
7.4.3 Jenna .....	119
7.5 Summary.....	120
CHAPTER 8 .....	123
TRANSITION.....	123
8.1 Introduction.....	123
8.2 State Homes .....	124
8.2.1 Roger.....	124
8.2.2 Veronica .....	125
8.2.3 Beverly.....	126
8.2.4 David.....	127
8.3 Faith-based Homes.....	128
8.3.1 Kelly.....	128
8.3.2 Jane.....	129
8.3.3 Liz .....	130
8.3.4 Raf.....	131
8.4 Community Homes .....	132
8.4.1 Victor .....	132
8.4.2 Clarke .....	133
8.5 Summary.....	135
CHAPTER 9 .....	137
DISCUSSION.....	137
9.1 Introduction.....	137
9.2 Summary of Main Findings .....	137
9.2.1 Admissions.....	137
9.2.2 Life in the home .....	139
9.2.3 Discharge.....	147
9.3 Summary.....	149
CHAPTER 10 .....	151
IMPLICATIONS .....	151
10.1 Introduction.....	151
10.2 Implications for Critical Research .....	151

<b>10.3 Implications for Theoretical and Social Work Practice</b> .....	153
<i>10.3.1 Attachment theory</i> .....	153
<i>10.3.2 Marxist theory</i> .....	155
<b>10.4 Implications for Social Work Practice</b> .....	159
<b>10.5 Summary</b> .....	166
CHAPTER 11.....	167
CONCLUSION AND RECOMMENDATIONS.....	167
<b>11.1 Introduction</b> .....	167
<b>11.2 Summary</b> .....	168
<b>11.3 Recommendations</b> .....	170
<b>11.4 Limitations of the Study</b> .....	173
<i>11.4.1 Selection</i> .....	173
<i>11.4.2 Memory and the use of oral history as the research methodology</i> .....	174
<b>11.5 Directions for Future Research</b> .....	177
<b>11.6 Concluding Reflections: The Space Between</b> .....	179
REFERENCES.....	184
APPENDICES.....	205
Appendix A.....	205
<b>Interview Guide</b> .....	205
Appendix B.....	208
<b>Oral History Demographic Sheet</b> .....	208
Appendix C.....	209
<b>Interview Context</b> .....	209
Appendix D.....	210
<b>Consent Form</b> .....	210
Appendix E.....	214
<b>Recruitment Poster</b> .....	214
Appendix F.....	215
<b>Children’s Legislation</b> .....	215
Appendix G.....	216
<b>List of Code Groups and Their Members</b> .....	216
Appendix H.....	218
<b>Participants’ Age and Gender</b> .....	218



### **List of Abbreviations**

CA	Children’s Authority
CATT	Children’s Authority of Trinidad and Tobago
CRC	Convention on the Rights of the Child
GDP	Gross Domestic Product
HIV-AIDS	Human Immunodeficiency Virus – Acquired Immune Deficiency Syndrome
MGYCD	Ministry of Gender, Youth and Child Development
PAHO	Pan American Health Organization
PNM	People’s National Movement
PP	People’s Partnership
T&T	Trinidad and Tobago
UN	United Nations
UNAIDS	The Joint United Nations Program on HIV and AIDS
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development

# CHAPTER 1

## INTRODUCTION AND BACKGROUND

### **1.1 Introduction**

This study examines the lived experience of orphaned and abandoned children in the middle-income country of the Republic of Trinidad and Tobago (T&T) to learn the positive and negative outcomes of residential out-of-home care in order to contribute to developing a model of care suited for high needs, low resource countries.

There are millions of children around the world orphaned, abandoned or separated from their parents as a result of war and conflict, the AIDS pandemic, or the ravages of poverty (UNAIDS, UNICEF, & USAID, 2004) and the number is increasing, especially across parts of Asia and Africa (Whetten et al., 2009). The majority of these children live in developing countries where there are limited resources to care for them.

In developed societies orphaned, abandoned, and neglected children living on the streets were for many years cared for in large-scale institutions—“orphanages”—but more recently the trend has been to move to a model of caring for the children through extensive and bureaucratized systems of adoption and foster care.

Orphanages were established in many developing countries, such as in the Caribbean nation of Trinidad and Tobago. Recently there is a move internationally to close these institutions in favour of foster care or small group homes. With the massive upswing in numbers of children needing care in low-resource countries, the results of this study indicate that large-scale collective care of children cannot be abandoned completely

and there are positive aspects of group care which should be preserved and incorporated into new models of care.

Within days of announcing the date of the 2015 general election the Trinidad and Tobago government announced the proclamation of the package of children's legislation (Hunte, 2015). (Please see Appendix F). However, these legislations had been tabled in parliament since 2008. The legislation included the Children's Authority Act 2000, Chapter 46:10. This Act was partially proclaimed allowing for the appointment of the Children's Authority board of management and the establishment of the Children's Authority of Trinidad and Tobago (CATT) whose responsibility is to "be the guardian of children in need of care and protection in Trinidad and Tobago and a hub for the delivery of integrated services to those children" (CATT, 2012, p. 8). It does not have a social worker on its 10-member board. My study will provide much needed data to aid the CATT in their decision making around out-of-home care for children in T&T.

## **1.2 Background and Rationale**

In most societies of the past, children who lost their biological parents, or whose parents could not care for them, were taken in and raised by extended family members.

However, with the increasing dominance of the nuclear family under capitalism, the care of such children was increasingly taken over by charitable institutions and later by the state (Berridge, 1985; Lee & Pithers, 1980; Steckley & Smith, 2011). In industrial societies, and soon as a result of colonialism in developing societies as well, orphanages were established in which relatively large numbers of children were cared for by adults (largely women) who were not kin and who were financially compensated for their work (Colton, 1992; Jones, 1993).

Over the years nearly all orphanages in industrial nations like Canada have been closed and replaced by adoption, foster care, or group homes (Jones, 1993; Morton, 2002). This was partly due to a series of influential studies concluding that institutional care is damaging to the development of infants and small children who are abandoned, orphaned or neglected. The conclusion was that they could be better cared for through adoptions, in foster families, independent small group homes and other community based facilities (Frank, Klass, Earls, & Eisenberg, 1996; Jones, 1993).

While orphanages and large child-caring institutions continue to exist in many developing countries (UNICEF, 2013; Whetten et al., 2009), the need for care options for abandoned and neglected children is increasing in developed and developing countries (UNAIDS, UNICEF, & USAID, 2004). Global policies under the United Nations Convention on the Rights of the Child now recommend that institutional care be used as a last resort and that adoption and foster care be the preferred option when a child is unable to live with parents (UNCRC, 1989).

The Republic of Trinidad and Tobago is moving ahead in developing foster-care and small group home systems with the plan of closing the country's two large residential care institutions. St. Mary's Children's Home and St. Dominic's Children's Home have been in existence since 1857 and 1870 respectively providing care for boys and girls from birth to the age of sixteen. Trinidad and Tobago often uses the US and Canada as a resource to model programs, often ignoring the many problems inherent in these high resource countries with their highly bureaucratic social service framework. These approaches are often adopted without taking into account socio-economic and cultural

differences. There is no research that includes the voices of the hundreds of former residents of these homes.

Growing up in the foster-care system presents its own set of challenges. This system that is seen as a replacement for institutional care in developing countries is viewed by some as having failed to care for and educate foster children and will continue to do so unless drastic changes are made to the process (Allen & Vacca, 2011). In Canada and the US, the number of vulnerable children in need of protection is increasing and the number of children in care is growing every year (Hughes, 2013; McKenzie, 1999; Mulcahy & Trocmé, 2010). The Report of the Auditor General of Canada (2008) notes that “little is known about the outcomes of children placed in care...and the limited information available shows a child who has been in care is less likely to complete high school than a child who has never been in care” (p. 10).

These sentiments were further echoed by the Manitoba Family Services Minister, Kerri Irvin-Ross, at the conclusion of the Phoenix Sinclair inquiry into the death of five-year-old Phoenix: “The child welfare system failed Phoenix Sinclair. We deeply regret and are profoundly saddened by the loss of the child” (CBC News, 2014). There were a record high 17 murders of children in Trinidad and Tobago in 2013, including two horrific deaths of a 6-year-old girl raped and beaten to death by a male caregiver and a 12-month-old baby beaten to death and dumped in a cesspit by his father (Bruzual, 2013). These views and stories indicate a desperate need to develop a new model of care for children who need care outside of the home as a result of abuse or being in danger of being abused, being subject to aggression or sexual harassment, the death of a parent(s), parental alcohol misuse and the experience of neglect at home.

### 1.3 Research Questions

1. From the perspectives of persons who have experienced out-of-home care, are there features of institutional care which provided them with the support needed to become well-adjusted, productive members of their community?
2. From their perspectives, what were the features of the living arrangement which were least helpful?
3. From their perspective, should institutions be abandoned entirely?

### 1.4 Reflexivity on the Researcher's Positions

Qualitative research is reflexive and reflexivity is about the researcher's own reaction to the study, their position and location in the study and the relationships encountered, which are reciprocal (Holloway & Biley, 2011).

Reflexivity combines the process of reflection with self-critical analysis. It is highly valued as a means whereby social science researchers are able to explore their own subjectivity, be more aware of the impact they necessarily have on the research data they collect and increase the sensitivity of their analysis and interpretations of data (Somekh & Lewin, 2005, p. 348). In social work research it has been defined by Fook (2000) as "the ability to locate oneself squarely within a situation, to know and to take into account the influence of personal interpretation, position and action within a specific context" (p. 117).

Whether the researcher is an *insider*, sharing characteristics, role or experience under study with the participants, or an *outsider* to the commonality shared by participants, the personhood of the researcher, including her or his membership status in

relation to those participating in the research, is an essential and ever present aspect of the investigation (Dwyer & Buckle, 2009, p. 55).

In this study I was both an insider and an outsider. I was born in Trinidad and lived there until my early twenties. Post-secondary opportunities were limited as the University of the West Indies had only three campuses located on three islands to accommodate all of the English-speaking Caribbean islands. Demand was high and it was often viewed, based on its colonial history, to be a place that accommodated the small elite group of society. The inheritance I received through the death of my father gave me the opportunity to migrate to Canada as an international student. For close to three decades I lived in Canada, first as a foreign student, later a citizen and professional social worker residing in the northern Manitoba city of Thompson and later Winnipeg, the capital and largest city in the province.

I have over 20 years experience working in child welfare and adolescent mental health in Manitoba and I am a member of the Manitoba College of Social Workers. In addition, I have worked as a volunteer with various community organizations, including the Women's Health Clinic birth control and unplanned pregnancy program, as well as with recent immigrants and refugee populations. I have also been a sessional instructor at the University of Manitoba's Faculty of Social Work.

During the years I remained strongly attached to my home, its culture and the community through all my family members who continued living in Trinidad and many of my childhood and high-school friends. I always perceived myself as a Trinidadian living in Canada temporarily who would be returning 'home' soon. The opportunity came in 2008. I resigned my social work position and returned to Trinidad to contribute

or bring knowledge back to my country. I wanted to make the lives better of those to whom I felt so closely connected.

I spent approximately four years in Trinidad, during which time I worked as an epidemiologist at the Caribbean Public Health Agency, a board member of a child and adolescent disability organization, an instructor in the University of the West Indies Social Work Department, and a volunteer with the children at St. Mary's Children's Home from September 2008 to August 2011. At the home, I developed programs, got business sponsorship for the July/August school vacation camps and built capacity by recruiting community members and university or college students to become volunteers.

I did not expect the reactions that I faced. I was viewed with mistrust by some at the home, as 'foreign' by others. There was no validation for my mostly non-paid contributions and at times my gender and dark skin colour seemed to cause people to devalue or dismiss my work and knowledge contributions. In the Caribbean darker skin is often taken as a sign that one is lower class and uneducated. Despite the challenges there were some gifts, such as positive and appreciative responses from the children and the university students. However, some of the challenges I experienced were due to the one identity or the one self I took with me – being a Trinidadian with a felt obligation to bring my knowledge back to those I consider my cultural family.

I returned to Canada in September 2011 and went into PhD studies as a full-time student. Although my area of study was on children in the Caribbean I did begin to see myself as neither an insider nor an outsider but as someone who now occupies 'the space between'. To prepare myself for the return to Trinidad to conduct my research it was important for me to see myself or embrace different selves.



Holloway and Biley (2011) argue that “the self is always an integral part of any study” (p. 29). Walshaw (2009) notes that “the self or researcher identity written into the research account is a technique used to expose power and normatively constituted relations amongst those involved in the research” (n.p.). Coffey (2002) goes further to say that some qualitative researchers “position the self as an integral part of the broader research process” (p. 314). Reinharz (1997) identifies 20 different selves in her study. The author categorizes the variety of selves in the field into three major groups: research based selves, brought selves and situational created selves (p. 5).

I have used Reinharz’s (1997) categories of selves to engage in the transactions and exploration with self, informants and the socio-cultural realities of my field research. My research-based self was being a researcher. This was the first time returning to Trinidad as a PhD candidate researcher. My brought selves include being a woman, a dark-skinned person of African descent, foreign, Canadian, middle class, a sister, a social worker and an academic. My situational created self was not fully either an insider or an outsider but occupying the space in between.

### **1.5 Definitions**

The ‘home’ in the context of this study is a generic term for a variety of residential care facilities. The United Nations’ *Guidelines for Alternative Care of Children* (2010) define four forms of alternative care. These can be summarized as follows:

- I. Kinship care is family based care within the child’s extended family or with close friends of the family known to the child, whether formal or informal in nature.

- II. Foster care is where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children's own family that has been selected, qualified, approved and supervised for providing such care.
- III. Residential care is defined as care provided in any non-family-based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short- and long-term residential care facilities, including group homes, and supervised independent living arrangements for children (p. 6).

In this thesis I will use the terms 'institutional', 'orphanage care' and 'homes' alternatively to refer to residential out-of-home care.

### **1.6 Organization of the Thesis**

The present chapter provides the background and rationale of the study. The second chapter focuses on a brief history of residential homes and the contextual framework within which these institutions lie. The second chapter gives an historical, social, cultural and political context of Trinidad and Tobago as a former British colony and now middle-income republic in the Caribbean region. The third chapter covers the theoretical underpinnings of the study. Chapter four is the literature review. It covers the history of institutionalized care as far back as the early twentieth century and highlights findings of poor, mixed and positive outcomes of institutional care.

Chapter five explains the methodological choices and procedures I adopted to collect the information for the study. These included in-depth interviews from people who had lived in residential homes, participant observation, a review of demographic

information about the participants and reflexive field note-taking. The chapter examines my position as both an insider and outsider to the study participants. The ongoing reflexivity allowed me to bring forward any challenges, expectations or concerns from an insider or an outsider position.

Chapter six is the first of three chapters which discuss the findings of the study. This chapter focuses on the various ways and ages that children were admitted to the homes. Chapter seven tells the stories of life as participants remembered living in the homes. Chapter eight details their experiences of leaving the homes and returning to family or alternative care, which at times included being homeless and living on the street or for girls engaging in inappropriate living arrangements. The past residents or alumni came from various homes. Their stories were presented in three main categories of care: state funded homes, faith-based homes and community homes.

Chapter nine is a summary and discussion of the findings. In this chapter the themes generated from the stories were drawn together to provide a picture of what worked for the alumni, what did not work and recommendations for improving and providing good quality residential childcare services for children and youth whose parents have died and those who can't live with their families. Chapter 10 gives the implications of the study for research on out-of-home placement and the contributions that this study can make in looking at care options, including foster care. The chapter also looks at the contribution the study makes in theoretical knowledge about institutional care. The chapter ends with the implications for social work practice. Is it time for social workers to rethink residential childcare as an equally viable option on a continuum of out-of-home care? Or do we continue to advocate one form of care for all children

despite the many disruptive breakdowns and evidence of the detrimental effects of such disruptions on children?

Chapter 11 is the concluding chapter. In this chapter I provide an overview of the study. I highlight the limitations of the study, including the reliance on the participants' memory, issues in selectivity, and the voices that are not heard. The chapter closes with directions for future research and concluding reflections.

## CHAPTER 2

### HISTORY OF RESIDENTIAL HOMES IN TRINIDAD AND TOBAGO

#### 2.1 Introduction

The orphanage system for care of children was created in nineteenth century Europe, based on the belief that institutions solved many social problems, including crime, mental and physical illness, and dependence (Morton, 2002). Attention focused on the control of “what were perceived as the dangerous classes, and future generations of the urban poor” (Berridge & Brodie, 1998, p. 10). Commonly called ‘colonial asylums’ in the US, the orphanages were set up by their founders “to incarcerate the orphan, juvenile vagrant, the abandoned child, the youngest living in poverty, and the delinquent” (Rothman, 1971, p. 206). These concepts were exported from Europe to other parts of the world as part of colonial governments.

#### 2.2 General Overview of Residential Homes in Trinidad and Tobago

The orphanages in Trinidad and Tobago were established in the mid to late 1800s within a socio-economic structure of slavery and indentureship. With the end of slavery throughout the British colonies after 1834, plantation owners in Trinidad and Tobago and other Caribbean colonies imported indentured workers, primarily from India, to prevent the freed African workers from bargaining for better wages and working conditions (Sunshine, 1988; Williams, 1970). The first children’s institution, now known as St. Mary’s Children’s Home, was established in 1857 near a large sugar plantation and was intended for orphans of deceased indentured workers. It also included “children under the age of fourteen years, found begging, wandering, destitute-not being an orphan, has no parent, guardian to provide for or control who have parents who may be unfit due to

drunken habits...is in the company of a thief or prostitute” (Children Act 1925, Chapter 46.01, section 44 (1)).

Set up as The Orphan Asylum and Industrial School, it was also a place which lodged, clothed, and fed as well as taught children (Children Act 1925, Chapter 46:01, section 37). A decade later the second orphanage opened to “accommodate the many poor, wandering and homeless children of the city of Port-of-Spain” (St. Dominic’s Children’s Home, n.d.). Many of these destitute children would have been offspring of impoverished former slaves.

The orphanages or ‘homes’ also had a political goal, the assimilation of Indian children into the British colonial culture. In 1857, the British Governor of Trinidad was quoted as saying that he hoped the orphanage “would provide a wonderful opportunity of westernizing the young Indian children...whose education will make them...Indian in descent but English in education and feeling, and having no home associations beyond the limits of the colony” (Martin, 2012, p. 205).

These residential facilities certainly had altruistic motives of caring for suffering children. However, it can be argued that they also helped stabilize a potentially volatile economic and political situation created by numerous homeless children in the city and on plantations, which would have underscored the fundamental cruelty of the colonial economy and been a possible breeding ground of rebellion. The homes also assisted in reproducing the labour force through training the young people in desired skills while inculcating colonial cultural values.

Over the years the population of both homes moved beyond ‘orphans’ to children whose parents might be incarcerated, addicted to drugs, sexually and physically abusive,

or who neglected or abandoned the children. Today, these two homes receive the majority of their funding from the state, which funds the provision of care and other services for the children, staff wages and the maintenance of the physical infrastructure. The homes are governed by the Bishop of the Roman Catholic Church (St. Dominic's Children's Home) and the Bishop of the Anglican Church (St. Mary's Children's Home) with staff appointments and dismissals regulated by the government's Public Service Association.

The resident population of St. Mary's grew from nine in 1857 to over 400 by 1940 and currently (2016) stands at approximately 90 children. Overall control is vested in the board of management, which is headed by the Anglican Bishop, but the Manager does the day-to-day business of managing the affairs of the home. A similar decline in population occurred at St. Dominic's Children's Home which had at one time a population of 600 children, with significant numbers of children under five years old. In 2002 the home stopped accepting children under four years old. Currently there are approximately 80 children at the home.

It is important to note that all the participants' experiences were determined by the children's legislation from the colonial period that was still in force in Trinidad and Tobago up to May 2015. The Children Act 1925, Chapter 46:01 section 32(1) covers the St. Mary's and St. Dominic's Homes, as well as two institutions called "industrial schools for the training of youthful offenders", all opened in the early nineteenth century. In ratifying the UN Convention on the Rights of the Child (CRC) the government was expected to bring its laws into accordance with the provisions of the Convention and develop a comprehensive code on children (UNICEF, 2005, p. 9). A package of

children's legislation has been developed, including a bill to replace the Children Act 1925, the Children's Authority Act 2000, Chapter 46:01; Children's Community Residences, Foster Care and Nurseries Act 65 of 2000; the Adoption of Children Act, 2000; the International Child-Abduction Act, 2008 and International Child Abduction Regulations, 2009; the Family Court Bill and the Children Bill, 2012. The establishment of the Children's Authority (CA) was also part of the obligations assumed by T&T upon ratification of the CRC in 1991. The Children's Authority Act 2000, Chapter 46:01 was partially proclaimed to allow for the appointment of members to the CA board of management and to facilitate the development of administrative and physical infrastructure to accommodate start-up operations (CATT, 2012).

In July 2011 the Ministry of Gender, Youth and Child Development (MGYCD) was created. Children's institutions came under this ministry. In September 2013 the government presented the 2014 national budget of T&T\$61.398 billion dollars (exchange rate 6:1US dollars). For its first budget allocation, the MGYCD was allotted the smallest amount of funding of all ministries—1.2% (T&T\$211,321,460) of the national budget of T&T\$56 billion. In 2014 the four institutions covered under the 1925 Children Act were given T&T\$26 million and an additional T&T\$10 million “for construction activities related to the modernization program” (Ministry of Gender Youth and Child Development, unpublished document, 2013). The St. Mary's Children's Home received T&T\$210,380,640 for recurrent expenditure and capital expenditure (email communication from the Manager of the SMCH, October 2, 2013).

As a signatory to the UN Convention on the Rights of the Child the T&T government also supports the closure of long-term institutions. CRC Article 20 states



that a “child temporarily or permanently deprived of his or her family environment, or in whose own best interest cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the state...state parties shall...ensure alternative care and such care could include, inter alia, foster placement, ‘kafalah’ of Islamic law, adoption or if necessary placement in suitable institutions for the care of children” (UNCRC, 1989, p. 6). UN General Assembly Resolution 64/142 adds that “where large residential care facilities (institutions) remain, alternatives should be developed in the context of an overall deinstitutionalization strategy, with precise goals and objectives, which will allow for their progressive elimination” (UNICEF, 2010, p. 5).

The T&T government is developing foster-care and small group home systems with, as previously mentioned, a long-term plan of closing the country’s two large residential care institutions. The Minister of Gender, Youth and Child Development has recently said, “there are 47 registered foster homes in Trinidad and Tobago, but the Ministry was looking to increase the number, especially since it might be better for the child to be in a family environment where the money spent to ensure the child was taken care of might be used more effectively” (Bridglal, 2013). A recently published report by the Children’s Authority of Trinidad and Tobago (2012) lamented “the paucity of data on children and children’s issues in Trinidad and Tobago as a real challenge” in decision-making and policy development (p. 18). This adds to the importance of my study in contributing empirical information for making decisions on out-of-home care for children.

### **2.3 Contextual Framework: Historical, Social, Cultural and Political Context of Trinidad and Tobago**

Trinidad and Tobago is one of the 27 island and mainland nations that are generally referred to as making up the Caribbean region. This twin-island nation lies at the southern tip of the island chain, nine miles from Venezuela. It is described as “an economic and political leader in the Anglophone Caribbean. [W]ith oil money in the 1970s, Trinidad became the region’s wealthiest state, providing economic aid to its neighbors and much of the market for intra-regional trade” (Sunshine, 1988, p. 172).

Trinidad and Tobago is a culturally diverse country. Its Amerindian indigenous peoples, consisting of two main tribes, Arawaks and Caribs, were almost entirely wiped out by colonization, although remnants of the Carib community are still present (Bethel, 2013a). It spent three centuries as a Spanish colony, beginning with Christopher Columbus’ ‘discovery’ in 1498. During the period of Spanish colonization French planters, with their African slaves, migrated from neighbouring French colonies accommodated by the 1783 Spanish agreement (Williams, 1942). The cultural crucible continued with the British capture of Trinidad in 1797.

Emancipation of the large population of enslaved Africans in 1834 resulted in a shortage of cheap, forced labour for the sugar plantations. A wave of immigration began in 1838 with immigrants from China, liberated Africans seized from foreign slave ships by the British navy, and indentured Indian labourers who became the second largest racial group in Trinidad. Later immigrants included Germans, Portuguese from the Azores, Jews fleeing Nazi Europe, and Lebanese-Syrians including some Palestinians (Martin, 2012).

Williams (1970) describes the influx of immigrants as a demographic revolution which changed the “simple population pattern at the end of the eighteenth century—a few whites of the metropolitan country, some mulattoes, and a majority of Negroes—became a heterogeneous mixture which included Indians, Chinese, Javanese, and Portuguese, with all the infinite gradations, shadings and mixtures produced by miscegenation” (p. 350).

It should be noted that Tobago has a somewhat unique history in its alignment with Trinidad. In the 18<sup>th</sup> century various countries controlled Tobago—England, France and Holland. It was finally acquired by Britain in 1802 but maintained as a separate colony from Trinidad.

In 1899 the two islands of Trinidad and Tobago became one colony. Tobago maintained a predominantly African population post-emancipation although the planters attempted to seek new labour. Attempts at importing labour failed due to economic bankruptcy of the slave economy and natural disaster through a devastating hurricane. In the end, the population increase resulted mainly from enslaved Africans who were captured by British cruisers from ships illegally bringing slaves after the abolition of slavery, and labourers imported from Barbados (Maxwell 2013; Williams, 1942).

The most recent (2011) census statistics from Trinidad and Tobago (Central Statistical Office, 2012) show a “nation of ethnic minorities with the two largest being Indians (35.4%) and Africans (34.2%). The group classified as ‘mixed’ is 22.8% and of these 7.8% are what Trinidadians refer to as ‘douglas’ (Indian/African mixed) and 15.1% are mixed but not Indian/African. All other ethnic groups totalled 1.4% and 6.2% of the population did not declare an ethnicity. In Tobago 85.2% are of African descent, 8.5%

mixed and 2.5% Indian” (Bethel, 2013b). Caucasians, who are often referred to as ‘local whites’, made up .59% of the ‘other ethnic groups’ category (Central Statistical Office, 2012, p. 15).

The population now stands at 1.3 million (a 0.4% growth since the last census in 2000) with men accounting for 50.2 % (672,596) and women 49.8% (667,961). The population is viewed as aging: 70.4% of the population falls between the ages of 15 and 64 and 29.6% is less than 15 years old (Central Statistical Office, 2012). Young persons aged 24 years or less account for 36.6 % of the population whilst those aged 60 years or more represent 13.4 %. Exactly half of the population is aged between 25 and 59 years.

Trinidad and Tobago continues to be the economic leader in the region. In 2011 it had one of the largest per capita GDPs (US\$15,000) in the Americas because of hydrocarbon revenues (Central Statistical Office, 2012). The GDP was expected to grow by 1.6 % in 2013 through expansion in the non-petroleum sector, which made its largest contribution of 60.2 % since 2005 (Central Statistical Office, 2012).

The political system of T&T is based on the British Westminster system with a parliament that consists of the House of Representatives and the Senate. The prime minister, the opposition leader and the president select the members of the senate. The president is elected by an electoral college consisting of the full membership of both houses of Parliament.

The administrative function of Tobago is conducted through the Tobago House of Assembly, which consists of 12 elected assemblymen and four appointed councillors. The chief secretary is the leader of the majority party in the assembly.

In 2013, T&T celebrated 51 years of political independence and 37 years as a republic. The current political system in Trinidad and Tobago can be described as operating under a neo-liberal conservative government system.

There are two main political parties. The People's National Movement (PNM) was the party in power at the time of independence from Britain (1962) and it remained in power for the next 25 years. The PNM lost the election following the death of its political leader and former Prime Minister, Eric Williams, in 1981. This ended the reign of the region's longest serving government (Sunshine, 1988). The PNM was perceived as being an African-Trinidadian dominated party. A few months before the 2010 election the opposition parties united to form a new coalition party, the People's Partnership (PP). The PP, which is perceived to be dominated by the Indo-Trinidadian population, defeated the PNM.

The 2010 election victory brought to power the first woman prime minister, Kamla Persad-Bissessar. It was widely thought that a woman prime minister would have influenced progressive discussions and necessary changes in childcare. But the influence of race and gender in the politics of Trinidad and Tobago seems to be a barrier to meaningful changes. The Prime Minister is a member of, and has a huge voting base within the Indo-Trinidadian community, whose members identify heavily with either their Hindu or Muslim heritage.

In June 2015, the Prime Minister called a general election for September 7, 2015. In May of 2015, the government announced the proclamation of the children's legislation: The Children's Authority Act, chapter 46:10, Children's Community Residences, Foster care and Nurseries Act, 2000; Children Act, 2012 and Adoption of

Children Act, 2000. (Please see Appendix F.) The PP government lost the 2015 election and the People's National Movement (PNM) returned to power. In October 2015, the new government renamed the Ministry of Gender, Youth and Child Development to the Ministry of Social Development and Family Services. Children's institutions are now under this ministry.

#### **2.4 Family Formation in Trinidad and Tobago**

With the racial and cultural diversity in the Caribbean region, family formations are also diverse. The nuclear family consisting of a married couple and children is just one of the family forms existing in the Caribbean. These family constellations “draw on various cultural roots: the African extended family, with parents, children, grandparents and cousins living in close proximity; the patriarchal East Indian family, with its strict marriage customs; stable, often lifelong, common-law unions, prevalent among older working-class couples; and the nuclear family, favoured by the middle and upper class” (Sunshine, 1988, p. 230). Shared childrearing and socialization within the extended family are historical and cultural norms in T&T and throughout the Caribbean. It may take on various forms and functions based on ethnicity and socio-economic factors but parental responsibility for children, including ‘owning’ (accepting paternity of), ‘minding’ (financially supporting) and ‘caring’ (rearing), are distributed and allocated not only to those identified as biological and social parents, but also to extended family and community members (Rubenstein, 1980, pp. 334-335).

The traditional family forms that took care of orphans and abandoned children are no longer as strong as before. Internal migration from rural areas to the cities and external migration overseas increasingly separates kin. Traditional systems, including

informal adoptions of children, sometimes referred to as ‘child shifting’, when biological parents delegate childrearing responsibilities to families without children in the community, are on the decline (Gordon, 1987).

One can argue that the orphanage was seen as part of the culture as a legitimate option for orphaned and abandoned children since emancipation. Two days before Christmas 2012, a mother of two young children left her two-day old baby outside the gates of one of the large orphanages. According to the report, after her arrest, “the woman admitted to leaving a child at the orphanage, saying she could not financially support another child” (Achong, 2013).

Barrow (2001) argues however that, “it would be a mistake to exaggerate any decline in extended family ties, especially in the Caribbean where, firmly rooted in kinship ideology and culture, the matrifocal family is situated within an extensive network of consanguineal relationships” (p. 206). In addition a recent report by UNICEF, in analyzing the health of women and children with the emergence of non-communicable diseases and HIV-AIDS in T&T, argues that a number of grandmothers and aunts have taken over the role as primary caregivers in light of parental migration, an increase in the number of working mothers or in many cases, the inability of biological mothers to fulfill their role (2010, p. 31). The Children’s Authority of Trinidad and Tobago (CATT) conducted a review in 2012 of out-of-home care for children. The CATT found that kinship care remained a feature in rural communities in Trinidad but was especially prevalent in Tobago where, in the absence of parents, elderly relatives and close friends in the community were caring for children (CATT, 2012).

This difference in family forms between Trinidad and Tobago could be accounted for by the colonial plantation slave history of the two islands. Williams (1942) identifies the “importance of one feature of slavery in Tobago which deserves special mention” (p. 60). This was revealed in a report by the Tobago Legislature on measures to improve the conditions of the African slaves in 1798. In addition to increased food and clothing allowances, incentives to matrimony among the slaves included a comfortable house, gift of livestock and clothing of a superior quality, all at the expense of the slave owner. Of interest is the recommendation that “slave mothers should be prevented by law from carrying their young children into the fields, and to implement this, the law should oblige every estate to establish a nursery for the care of young children” (Williams, 1942, p. 60-61). Tobago also did not have the vast migration of Indian indentured workers after Emancipation that occurred in Trinidad, leading to the establishment of an orphanage in Trinidad for the orphans of the indentured workers. One may argue that the lack of an orphanage in Tobago contributed to the maintenance of kinship childcare from slavery through to the present day.

While kinship care is in apparent decline, despite its enduring history, it can nonetheless be viewed as a cultural norm in Trinidad and Tobago and family bonds transcend national boundaries as a result of migration. Chamberlain (2003) notes that patterns of kinship care “can also be discerned among middle-class Caribbean families and among Caribbean migrant communities abroad, suggesting that culture may be a more enduring ingredient in family formation” (p. 65). My decision to sponsor my sister’s child to attend university and live with my family is evidence of the continued belief in shared responsibility for childrearing.



## **CHAPTER 3**

### **THEORETICAL APPROACHES**

#### **3.1 Introduction**

This chapter will provide two theories that underlie institutional care for children. Attachment theory can be viewed as more of a developmental psychology based theory. Issues of attachment have been essential to the literature on the effects of institutionalization for decades. Marxist class theory moves beyond the individual and looks at children in institutions as part of the poor and working class of society where there are structural determinants of individual functioning.

#### **3.2 Attachment Theory**

As already noted, it has been argued for more than a hundred years that residential care harms children, particularly by not allowing them to form needed ‘attachment’ to adults. Studies examining outcomes for children cared for in institutions often view those outcomes in the context of attachment theory. Attachment is viewed as a key component of emotional development, that is, the ability to form emotional bonds with other people (Woody, 2008, p. 118).

The theory speaks to how and why children develop close relationships with their caregivers as well as an “understanding of what happens to the psychological development of children who do not experience satisfactory relationships and who suffer poor attachment experiences” (Howe, 1995, p. 45). Rooted in the work of John Bowlby and Mary Ainsworth the theory holds that attachment is a basic human need (Bretherton, 1992). According to Bowlby (1988), “the theory of attachment is an attempt to explain both attachment behavior, with its episodic appearance and disappearance, and also the

enduring attachments that children and other individuals make to particular others” (p. 29). Bowlby’s theory contributed to moving the field of human development towards an understanding of how the behaviour of the primary caretaker has a direct impact on the psychological development of a child (Whelan, 2003).

Bowlby (1988) argues that attachment has a biological, evolutionary basis where attachment between the infant and mother ensures that the infant will be adequately nurtured and protected. The theory emphasizes “the primary status and biological function of intimate emotional bonds between individuals, the making and maintaining of which are postulated to be controlled by a cybernetic system situated within the central nervous system, utilizing working models of self and attachment figure in relationship with each other” (Bowlby, 1988, p. 120).

Whelan (2003) proposes that attachment theory may best be understood as a pathway theory, as opposed to a theory that views development as progressing through a series of stages:

It sees a child’s development as constantly progressing, and the progress can be toward a healthier, secure attachment style. Insecure attachment styles are associated with psychopathology of emotion. Interruptions, either positive or negative, in relation to a child’s development of an attachment style could occur at any time during the course of the child’s life, with the most important period of attachment development occurring between 18 months and five years (p. 24).

Mary Ainsworth (1982) added to ideas of attachment by developing a method for measuring attachment by observing the infant’s response to various events occurring in a strange situation. Ainsworth described three types of attachment: secure, avoidant or

anxious. Main and Solomon (1990) suggest a fourth category termed disorganized/disoriented attachment: “children in this category exhibit unclear, inconclusive, or contradictory attachment patterns” (as cited in Ashford, LeCroy, & Lortie, 1997, p. 196). These children attempt physical closeness, but retreat with acts of avoidance. According to Ainsworth’s attachment theory, “children whose mothers are consistently present and responsive to their needs and whose mothers exhibit a warm, caring relationship develop an appropriate attachment” (Hutchison, 2008, p. 120). The gender of the parent is irrelevant in the development of secure infant attachment. Rather it is the behaviour of the primary caregiver, regardless of whether it is mother or father, which has the most influence on infant attachment (Geiger, 1996).

Johnson, Brown, and Hamilton-Giachritsis (2006) note that institutional care may also have damaging effects on attachment. They summarize a number of studies that investigated relationships and attachments in children who were raised in institutional care and conclude “in terms of attachment, even apparently ‘good’ institutional care can have a detrimental effect on children’s ability to form relationships later in life” (p. 42). Vorria et al. (2003) used the Strange Situation procedure (Ainsworth, Blehar, Waters, & Wall, 1978) to study the attachment relationships of infants reared in residential group care from birth with a comparison group who attended day care and lived with two parents. The majority of the residential group-care infants formed attachments categorized as disorganized (66% compared with 25% of control infants) (p. 1216).

Shore (2001) further suggests a connection to an infant’s brain growth and development and secure attachment: “a child raised in institutional care is typically deprived of the supportive, intensive, one-to-one relationship with a primary caregiver

that is essential for optimal development. Without a caregiver to ‘scaffold’ infant learning, there is no process to guide synaptic connections and the development of neural pathways. This neglect leads to excessive pruning, which will result in neural and behavioural deficits” (p. 37).

Recently researchers have questioned the cross-cultural validity of identified attachment behaviours: “both execution of the strange situation procedure and unequivocal classification of infant attachments have been technically difficult in cultures outside the USA” (Sagi et al., 1985). Jackson (1993) argues that attachments of African-Americans should be studied with a focus on cultural practices of multiple caregiving and with an emic approach, in order to detect attachment phenomena inherent in the culture (p. 87). The cultural pattern includes the exposure of the child to a multitude of extended family caregivers. As such a relatively high proportion of African American children appear to be insecurely attached when assessed using the standards for majority children (Ashford et al., 1997, p. 197).

Similar results were seen in a study examining attachment classification using the Strange Situation procedure in a laboratory setting and a home visit with 50 Puerto Rican and Dominican mother-infant dyads living in the US (Fracasso, Busch-Rossnagel, & Fisher, 1994). The results revealed attachment classifications that suggest more insecure mother-infant relationships with this sample group than studies of European-American infants. The researchers hope that future research will look at the influences of culturally different environments on the quality of mother-infant attachment and on the consequences of culturally related relationships (p. 153).

A Japanese longitudinal study (Takahashi, 1990) involving 60 infants and their mothers aimed to examine the universality of the Strange Situation procedure and whether the key assumptions on which it is constructed are valid for other cultures or subcultures than the original one, that is, American middle-class, Caucasian home-reared infants and their mothers. The study sample included mothers who were full-time and primary caregivers in nuclear families of first-born infants (boys and girls). Whereas securely attached infants were easily soothed upon their mother's return, insecurely attached infants avoided contact or expressed resistance behaviours towards their mother upon her return.

The Japanese infants were highly anxious when the mothers left the room and were not easily comforted when the mothers returned. The infants' response may be characterized as a sign of insecure attachment. However, the authors argue that the infants have a secure appropriate attachment to their mother. The children's reaction may be viewed from the Japanese cultural practice of mothers rarely leaving their infants in the care of others, as well as keeping them in close proximity through infants sleeping in the same room or being carried on their mother's back. As a result infants tend to be highly anxious when the mothers leave the room. The authors conclude that the basic assumptions of the Strange Situation procedure on attachment should be applied in a flexible manner to other cultures (Takahashi, 1990, p. 29).

MacLean (2003) makes an important observation on whether current measures of attachment are appropriate for assessing attachment in orphanage samples because they were not designed to evaluate the presence or absence of an attachment relationship; rather, the measures assess the quality of attachment and make the assumption that an

attachment relationship exists. In light of these concerns, a researcher needs to be cautious when utilizing attachment theory and attachment measurements in orphanage care and specifically in care in the context of children in the Caribbean.

### **3.3 Marxist Class Theory**

Although historically, and to the present day, orphanages have existed in both capitalist and non-capitalist societies, Marx's theory of class structure may assist in an understanding of children's institutional structures. As noted earlier, Trinidad and Tobago society is based historically on an oppressed class of low-wage African and Indian workers, an economic legacy within which modern capitalism and the current class structure developed. Children's institutions are part of the infrastructure that was handed over by the colonial power to the local elites who now govern the nation. The institutions were created to control what were perceived as the dangerous classes and future generations of the urban poor. One can argue that past governments and the current government carry on like their colonial predecessors, mostly with a desire to contain, in part through orphanages, rising crime rates and possible unrest among growing numbers of poor and marginalized people in T&T.

Baronov and Yelvington (2009) argue that class reflects social power relations and is a critical determinant of access to social resources, social mobility, social status and acceptance, and social identity (p. 226). Rennie's (2014) analysis of the class structure in T&T follows the three blocs of capital model: imperialist capital, local private capital, and state capital, which adds three sections to the ruling class (the international corporate ruling class, the local dependent landowning-commercial-manufacturing class and the dependent state capitalist class). The middle class consists

of the private professionals and petty bourgeoisie of small business owners, service providers, etc. and the working class consists of industrial, agricultural and service labourers, unionized and un-unionized, those who do not own or wield any form of capital and sell their labour in exchange for wages.

Camejo (1971) adds that in Trinidad and Tobago class is a much more complex phenomenon than in more advanced or industrialized countries (p. 307). For instance, colour and ethnicity are major factors in the T&T class system. Sunshine (1988) argues: “the correlation between skin shade and class has become a truism of Caribbean life. White (with admixtures of Middle Eastern and Chinese) equals upper class; mulatto or ‘brown’ is middle class; while the African and East Indian majority occupies the base of the social pyramid but within these broad divisions underlie a more complex stratification resulting from social mobility through education, politics, property ownership and marriage” (p. 20).

Two ethnic/racial elements of the ruling class battle for power in T&T. Afro-Trinidadians have traditionally accessed economic power through positions in the government bureaucracy, having been systematically excluded from ownership, management and higher-level positions in private business. T&T has a high level of state ownership and control of key industries in the industrial sector, such as oil and natural gas. The public service sector, such as water, electricity and telecommunications, is also heavily characterized by state ownership. Indo-Trinidadians have historically played a greater role in the commercial sector, along with so-called Syrians and local whites, thus drawing their economic power from this base. These two elements of the elites battle for control of the government apparatus and the economic and political benefits it bestows.

Thus, as mentioned previously, the Indo-Trinidadian-dominated People's Partnership government, like the United National Congress government before it, was seen as a historic victory by the Indo-Trinidadian community who had long perceived their community as being excluded from elected political power. Correspondingly, the Afro-Trinidadian community perceived these governments as an 'Indian takeover', which resulted in their systematic expulsion from government bureaucracy and prestigious roles on state enterprise boards.

The development of social policy legislation suffers in the struggle for control between these two dominant groups, mediated by powerful religious and ethnic institutions (for instance, the religious groups blocking the inclusion of gay rights and reproductive rights mentioned above and the government buckling under to the political pressure).

A recent newspaper report claims that the country was being misgoverned by a cabal—a secret group of mainly Hindu males—which had virtually kidnapped the prime minister and who were meeting and making critical decisions which inform policy (Ryan, 2012).

The power of these male voices can be seen in the refusal to remove some of the oppressive and discriminatory parts of the children legislation, particularly the marriage exclusion clause, which potentially forces marriages on girl children by not standardizing the legal age of marriage to 18. At present child marriage is sanctioned by law under the Muslim Marriage and Divorce Act, with marriage of young women being legal from the age of 12 with parental consent and young men from the age of 16. In addition, the Hindu Marriage and Divorce Act allows a young woman of the age of 14 to marry with



parental consent and a young man from the age of 16 (UNICEF, 2010, p. 27). The voices of dissent against reforms were from the male-dominated religious organizations, in one of which the prime minister at the time was a member. The discriminatory clause regarding legal age of marriage remains in the new Children Act of 2012, which, as mentioned earlier, was proclaimed as part of a package of children's legislation within weeks of the 2015 general election which returned the opposition PNM political party to power.

As an old African proverb goes, "When two elephants fight the grass gets trampled." No matter which element of the ruling elite holds government power, conditions of deep unemployment and low-wage poverty in both urban and rural settings remain, with Afro-Trinidadians being relatively more represented among the urban working class and Indo-Trinidadians among small farmers and agricultural labourers. The children placed in orphan-care institutions overwhelmingly come from these poor backgrounds, both urban and rural.

High crime rates in general, and violent crime in particular, is a high-profile political issue in Trinidad and one on which political leadership is judged. When rising violent crime rates make media headlines, and from there become top issues in electoral campaigns, only then does attention turn to poverty and joblessness in 'hot spot' poor neighbourhoods. Governments rush to put into place make-work projects, or raise the level of police, and even military, intervention to demonstrate that they are addressing the issue of crime.

Some of those particularly concerned with children might argue that the politicians and bureaucrats don't fundamentally have the interests of poor and

marginalized children at heart. They make efforts to be seen as caring of unfortunate children for political reasons. Children in institutional care only become perceived as a political problem when abuse and neglect—rooted in persistent poverty and hopelessness—come to public notice, or violent youth criminal activity is seen as contributing to the rising crime statistics.

The children come to police attention as a result of their having engaged in criminal activity or when reports of abuse, neglect or abandonment are received, or members of the public, including family members, identify children as needing care and protection. There are limited facilities for juvenile offenders in T&T, thus very young offenders—approximately age ten and under—are funnelled to the homes together with those, the majority, who are judged to be neglected or abandoned.

There are proportionately more boys than girls in care, at a ratio of approximately two to one. It is speculated that the reason for this imbalance is that girls are easier to control in single female-headed households (CATT, 2012, p. 62), thus leaving boys to be caught up in criminal behaviour or to be abandoned to the streets. It might be further argued that the community is silent in general, and thus inactive, on the sexual abuse of girls.

As a result of these various class factors and resulting struggles for political power, there has long been a general political inertia at a national level and a failure to modernize care. Only the move by the PNM government in the early 2000s to develop a long-term strategy to move T&T to ‘developed country status’ by the year 2020, combined with a general movement internationally, led to T&T being a signatory of the CRC. The subsequent political and programmatic changes for care of children have been

described above, including determination to move away from institutional to family-based care.

Poverty and inequality are perhaps the defining features of the families and the children in residential homes. A Marxist class theory moves away from individual pathology and looks at the structural inequalities that impact these children even before being placed in a home. Berridge and Brodie (1998) view children in residential care in the UK to be among the most disadvantaged in society. Smith (2009) notes that countries like the UK and the US, which have embraced neoliberalism most enthusiastically, have found themselves in the bottom ranking on measures of child well-being, unlike North European countries where child well-being is at its highest (p. 65). A structural and political view of children and institutional care is warranted.

### **3.4 Summary**

The theories discussed in this chapter began with a psychological theory focusing on individual developmental processes like attachment theory. The chapter ended with a critical social theory to look at structural inequalities and poverty that contribute to development outcomes for the families and their children who grow up in residential care. The next chapter will review some of the literature on children and institutional care.

## CHAPTER 4

### LITERATURE REVIEW

#### 4.1 Introduction

In thinking about a new model of care for orphaned and abandoned children, one must of course examine the research that has already been conducted on institutionalized children and the various types of long-term care facilities. A considerable amount of literature exists on institutionalized care. These studies will be reviewed in three categories: studies that conclude there is irreparable damage from institutionalized care, studies that are more positive where children are not destined for developmental compromise and studies with mixed results.

#### 4.2 Earlier Findings Showing Poor Outcomes

As early as 1909, at the first United States of America White House conference on children, a consensus was reached and delivered by the then US President Theodore Roosevelt that home life is the highest and finest product of civilization and children who must be cared for by charitable agencies should, so far as practicable be cared for in families (Roosevelt, 1909). Nonetheless, the major decline of American orphanages did not come until after World War II. The passing of the 1980 Adoption Assistance and Child Welfare Act marked the official end to American orphanages (Jones, 1993). Similarly, in England and Scotland, two 1946 committee reports recommended a shift away from large, institutionally based provision for children to smaller homes modeled on family living (Report of the Care of Children Committee, 1946; Steckley & Smith, 2011, p. 182).

From as early as the 1940s research interest began to focus on the developmental consequences of institutional care and extreme deprivation in infancy. Spitz (1945a,

1945b) studied the effects of continuous institutional care of infants under one year of age. The study was based on children in four settings. Half of the children either came from “progressive middle class family homes” or were from homes in “an isolated fishing village”. The children in institutional care were divided between those who “were handicapped from birth and lived in a ‘nursery’ and those who lived in a ‘Foundling Home’” (1945a, p. 58). Foundling hospitals were the earliest version of what later became known as orphanages, and were intended to house abandoned or orphaned infants (O’Sullivan & McMahon, 2006). The ‘nursery’ was part of a correctional institution for girls who, when pregnant upon admission, delivered their babies in a neighbouring maternity hospital and their babies were cared for in the nursery from birth to their first year. Spitz (1945a) reports a drop in the development quotients of the children in the foundling homes “though starting at almost as high a level as the best of the others, had spectacularly deteriorated” (p. 59).

Spitz (1945b) did a follow-up study and found that even though the physical conditions in the foundling home/orphanage had improved, the development quotients dropped lower than in his first study. As such he maintained his earlier conclusion “that the damage inflicted on the infants in Foundling Homes by their being deprived of maternal care, maternal stimulation, and maternal love, as well as by their being completely isolated, is irreparable” (p. 115). He argued that the developmental imbalance caused by the unfavourable environmental conditions during the children’s first year produced a psychosomatic damage that could not be repaired by normal measures; as such, he reaffirms that children are irreparably damaged by institutionalization in the first years of life (p. 117).

In the same year Goldfarb (1945) studied adolescent children who had been raised in an institution “from the earliest months to about the age of 3 years, at which time they were transferred to foster homes” (p. 247). He compared those children with a group of children who had been in foster homes from early infancy. He notes that the “experimental data showed clear-cut differences between both groups” (p. 247). The author found that even in adolescence the children who were raised in the institution were delayed intellectually relative to the foster care group. He further maintained that early institutional care resulted in developmental deficits that were not overcome once children were placed in more stimulating and loving environments (Goldfarb, 1945a, 1955, as cited in MacLean, 2003, p. 856).

Bowlby (1951) did a major summary of the results of studies of institutional care. The author proposed that the major cause of detrimental effects of institutionalization is the separation of children from their mothers or other primary caretakers, which negatively affects emotional bonding between the child and the mother and prevents a child from developing a secure attachment to the mother.

#### **4.3 Later Findings Showing Poor Outcomes**

Dennis (1973) followed a group of children from an orphanage in Beirut, Lebanon known as the Creche. Prior to legalized adoption in Lebanon, abandoned children and orphaned children were brought to the Creche shortly after birth. At the age of six the girls and boys were transferred to separate institutions located in the villages of Zouk and Brumana. They stayed there until age 16 and 14 respectively. When adoptions became legalized the majority of children were adopted between the ages of two and six. The author followed the children after they were adopted and compared the development

outcomes of children adopted at different ages as well as those who stayed in the institutions through their childhood. He claimed that children who were adopted before the age of two regained normal IQs whereas those who were adopted after two years old showed permanent impairment (p. 3).

Sloutsky (1997) did a study comparing 52 children between the ages of six and seven who lived in orphanages in Russia with 45 kindergarten children who lived with their families. He examined the effects of institutional settings on cognitive, affective and personal development of children. He found that the kindergarten children had higher intelligence scores, a higher level of empathy, and a lower level of conformity. The author also proposed that there are institutional factors in the organization of orphanages that affect the behaviours of children and staff and influence the developmental outcome of the children (p. 150). Such factors include the orphanage environment, which places constraints on children's exploratory behaviour in their play, their social activities and their spare time, all of which are strictly controlled particularly at the initial stages of their development. The author argues that this type of control blocks cognitive activity, which is perceived to be essential for the process of development and learning (p. 149).

A study in Quebec looked at middle-aged adults who were institutionalized at birth or in early childhood. Sigal, Rossignol, and Ouimet (2003) took a sample from self-help groups of former residents who grew up in crèches and later orphanages and psychiatric institutions run by the Roman Catholic Church in Quebec. The children were born of women who were not married and they stayed in crèches until they were six, moved into orphanages until teenagers, then the boys were placed in reform schools, or

on farms where they worked as indentured labourers and the girls were placed as maids. The study concluded that the orphans “were significantly more psychosocially dysfunctional and had significantly more chronic illnesses that could be stress related than the randomly selected matched community sample” (p. 3).

Researchers in Uganda studied 33 orphans between the ages of 12 months and three years (Nielsen, Coleman, Guinn, & Robb, 2004). The objective of the study was to describe the emotions and behaviours of the toddlers living in orphanages in a country where, prior to the AIDS crisis and economic hardship, orphans were typically relocated in their own extended families. Information was obtained from available medical records, semi-structured interviews with orphanage personnel and direct observation. The researchers concluded that “the results presented herein do sadly suggest that the toddlers are not developing strong emotional ties to others, that they are rather withdrawn, and that their environments are deficient in many very basic ways” (p. 110).

Frank et al. (1996) did a literature review of pediatric and child psychiatry research which supported their position that orphanage care carries potential biological and social risk to infants and young children, both in the short term and the long term. The authors ended their review with a cautionary note, “the evidence from the pediatric and child psychiatry literature makes clear that orphanages are neither an effective nor a humane mode of assistance to infants and families” (p. 575).

A study conducted in Pakistan compared the behavioural problems of children living in an SOS Village, which is a style of institutional care providing a family setup for children who are orphans, with children living in conventional orphanages (Lassi, Mahmud, Syed, & Janjua, 2010). The study concludes that a high burden of behavioural



problems existed among the children living in orphanages and that the SOS Village should be a model facility for orphaned children (p. 796).

Van Ijzendoorn, Luijk, and Juffer (2008) did a meta-analysis of 75 international studies in 19 different countries comparing children living in orphanages to children living with foster families. Children growing up in orphanages showed a substantial delay in intellectual development compared with children reared in foster or biological families (p. 355). Factors that appear to determine the outcome include the age at placement into the children's home, the age of the child at the time of assessment, and the developmental level of the country of residence. Although this study showed overall negative results, in three of the four countries in the medium or low Human Development Index no differences were found between the intellectual development of children in institutions and families.

The preceding review covered studies that indicate poor outcomes for children in institutional care. However, Casler (1961) identifies some flaws in these earlier studies making them "neither conclusive nor particularly instructive, because of their failure to take into account certain critical variables" (p. 3). These variables include the age at which the children entered the orphanage or separated from their main caregiver, limited descriptions of the institution, and the reason for separation from the main caregiver, for example, death of caregiver or illness of the child. In addition, there were methodological problems, such as limited information on how the samples were selected—were the groups of children randomly drawn from the general population of orphans in care or were they clinical referrals? There were also questions of how reliable and valid were the testing instruments, and whether the data were amenable to

meaningful statistical analysis (Casler, 1961; McKenzie, 2013). These flaws limit the ability of the studies to draw conclusions that can be generalized to orphanages overall.

#### **4.4 Findings Showing Mixed Outcomes**

##### ***4.4.1 Mixed outcomes: Findings in the 1970s***

The following studies attempt to show that institutions do not irreversibly affect human development. They argue that the effects are short term and could be removed by early intervention or changes within the orphanage environment.

Tizard and Joseph (1970) embarked on a study to assess cognitive development of 30 children aged 24 months who had entered residential care before the age of 4 months and compared them with 30 working-class children matched for age and sex living “in small well-functioning London working-class families in housing that was poor by English standards” (p. 179). The mean mental age of the children in residential care was between two and four months below the comparison group of children living at home.

However, the researchers also studied the institutional and home environment of the two groups. A ratio of one staff to six children was a common occurrence at the institution while the children at home were often either the only or oldest pre-school child, which placed them in a position to be the main talking companions of their mothers. The play material available to the children at the institution was as good as that of the home children but the staff ratio may have limited the playtime between staff and children. The authors reported the institution children’s IQ scores were only slightly lower than those of the working-class children, “2 months below the norm and more than 3 months below the mean of the comparison group”, and that their language was only slightly delayed (p. 184).

Tizard, Cooperman, Joseph, and J. Tizard (1972) conducted observational studies of 85 children between the ages of two and five years from 13 residential institutions in England to ascertain the effect of institutional care on language development. The majority of the children were admitted as infants, which avoided multiple placements at an early age. The high staff ratio (2 staff per 6 children) and few household duties for staff allowed increased interaction among staff and children for a high frequency of adult talk and to engage the children in the available books and play equipment at the nurseries. The authors conclude that “intellectual retardation is not a necessary consequence of institutional placement; even in our ‘worst’ nurseries the mean test scores were all near average, while in the ‘best’ nurseries the children’s language comprehension scores were considerably above average” (p. 355-356).

Similarly, Tizard and Rees (1974) conducted a study comparing the effects of adoption, restoration to the natural mother, and continued institutional care on the cognitive development of four-year-old children. Sixty-five children aged 4 ½ years from three institutions who had spent their first 2-4 years in institutions were tested and an assessment made of their behaviour in the test situation. The 65 children consisted of 24 who had been adopted, 15 who returned to their mothers at a mean age of three, and 26 who remained in the institution. The authors concluded, “No evidence of cognitive retardation, verbal or otherwise, was found in a group of 4-year-old children, institutionalized since early infancy” (p. 97). However, the adopted children were “intellectually more advanced” than the children who stayed in the institutions and those who returned to their mothers. It is interesting to note that the children who were restored to their mothers scored lower than the children in the institutions. As the authors

explained, “in exchange for a mother they had lost some environmental advantages (e.g., they had many fewer toys and books and were read to less often)” (p. 98).

Tizard and Rees (1975) used the same sample of 65 children from the previous study to look at the effect of early institutional rearing on the behaviour problems and affectional relationships of four-year-old children. This study also used a comparison group of 30 working-class children living at home. The authors concluded that “the institutional children had different, but no more frequent problems than the working-class children; the adopted children had significantly fewer problems than the institutional children. A minority of the institutional and ex-institutional children were “over friendly” to strangers and indiscriminately affectionate; most of the adopted but few of the institutional children were believed to have formed close attachments to adults” (pp. 72-73).

Hunt, Mohandessi, Ghodssi, and Akiyama (1976) did a longitudinal study on successive groups of infants in an orphanage in Tehran. The intervention occurred among infants who were between the ages of four weeks and three years. There were five successive groups with various interventions among each group. The first group examined received only a sensory motor development test administered biweekly during the first year and monthly thereafter. Subsequent groups were given audio-visual intervention consisting of tape-recorded music and mother-talk with the last group being given a reduced infant-caregiver ratio from 10 infants per one caregiver to a ratio of three or two infants to one caregiver. The caregivers in the last group were also taught a childcare program “with procedures to foster vocal imitation and semantic mastery of body parts, clothing, toys, and other objects and events regularly encountered” (p. 180).

The results showed each successive group achieved improved developmental scores at ages younger than the preceding group and the “fifth group surpassed even American home-reared children from predominantly professional families” (p. 180). This study showed early intervention and simple changes in the orphanage environment increased children’s developmental competence.

#### ***4.4.2 Mixed outcomes: Findings in the 1980s***

Hodges and Tizard (1989) followed a group of children now in their adolescence who were raised in institutional care until the age of two then adopted or returned to their biological parent. This longitudinal study looked at the IQ and behaviour and emotional adjustments of this group of children compared with a matched comparison group, “a comparison 16 year old was found for each of the adopted and restored adolescents, matched by sex, one- or two-parent family” (Hodges & Tizard, 1989, p. 58). They concluded that “there was no evidence of a long-term effect of early institutionalization on IQ, there was evidence that, as a group, the ex-institutional children had more behavioural and emotional difficulties than comparison children” (p. 73).

Further research demonstrates that ill effects of institutional care can be reversed depending on later events in the child’s life. Using this same sample group of children who were in institutional care and later adopted or returned to a biological parent, Hodges and Tizard (1989) investigated the relationships the ex-institutionalized children had with peers and relationships with parents and siblings. The family relationships of most of the adopted 16-year-olds seemed satisfactory for them and for their parents, and differed little from non-adopted comparisons who had never been in care. In contrast, the restored group still suffered difficulties and poor family relationships much more frequently than

either the adoptees or their own comparison group (p. 93). The study gives evidence that children who in their first years of life are deprived of close and lasting attachments to adults can make such attachments later. But it does not occur automatically if the child is placed in a family. The adults involved must nurture such attachments. Yet despite these attachments, certain differences and difficulties in social relationships are found over 12 years after the child has joined a family (p. 96).

#### ***4.4.3 Mixed outcomes: Findings in the 1990s***

The following studies show mixed results from institutional care. Aboud, Samuel, Hadera, and Addus (1991) studied a group of Ethiopian orphanage children between the ages of 5 and 14 years in relation to variables such as child to adult ratio, intellectual, social and nutritional status, and age when they entered the orphanage. The children were compared with family-reared classmates who were matched for age, grade and sex. On the test of intellectual ability the orphanage children were functioning comparable to or better than the children who lived with their families. Self-esteem was also higher in the children from the orphanage but the orphanage children reported fewer interactions with and weaker attachments to adults. Both orphanage and family-reared children showed “problems of malnutrition, particularly in the weight for age index” (p. 1278).

Ahmad and Mohamad (1996) investigated the socio-emotional development of a group of orphans in Iraqi Kurdistan between the ages of 4 and 16 who lost both parents during the war of 1988. The study examines children who were placed in the traditional family-supported foster-care system and those who were placed in orphanages.

Traditional foster care in the Kurdish society is defined as a voluntary care of any orphaned child within a family structure that consists of relatives or non-relatives.

Families are expected to integrate the orphans into the foster family. In addition, this voluntary care of orphans bestows social status in Kurdish society as well as being in keeping within the belief of “securing a place in paradise according to Islam” (Ahmad et al., 2005, p. 204). The orphanage system is an institutional Iraqi state-run care system that has been a part of Kurdistan society from the early 1950s. The number of orphanages was increased after the Gulf War through “financial support from abroad” (p. 205).

The authors did an initial assessment after the children were placed and “a follow-up one year later revealed a deterioration in mental health and behavior among the orphanage sample as compared with the foster care sample” (Ahmad & Mohamad, 1996, p. 1170). The children from both groups showed improvement in competencies that included school attendance, behaviour at home and participation in activities and organizations.

The authors believe that the improvements in the foster care placements were due to the cultural pattern of care where the caregivers were all relatives of the children. The orphanage care was described as “totally lacking a family environment”. The authors conclude “the traditional foster care in the Kurdish society to be more favorable for the care of orphans than the orphanages” (p. 1171).

Two years later the authors participated in a follow-up study (Ahmad et al., 2005). The tests were re-administered. Although the two groups revealed more similarities than differences, such as both groups showing a decrease in school competence, the foster-care children showed an improvement in the activity scale which includes participation in sports, hobbies and other free time activities (p. 211). Despite there being relatively few

differences in the outcomes of the two systems, the authors assert that the traditional family style foster-care system is more suitable for Kurdistan society.

In a 1985 examination of 20 children's homes in the United Kingdom, Berridge "looks at the young people they shelter, examines their backgrounds and 'care careers' and explores children's feelings and perspectives on the care they receive and the problems they face" (p. 2).

The most important finding to emerge from this study includes the lack of specialization in the children's homes and the incongruence between residential styles and children's needs and problems (p. 127). Berridge (1985) proposes various refinements to the existing childcare system. He suggests a range of substitute living arrangements might be developed which would incorporate different forms of fostering, including part-time fostering, small centres with a residential base acting as a clearing-house and advice centre, and provision of short-term respite residential care. Community care support teams made up of social workers and volunteers might offer longer-term supervision (p. 128).

Ten years later the author revisited the homes and "investigated the changes in the children's homes sector over a decade, including who lives in homes and why; who works there; how establishments are organized and run; links with families and other professionals; and the quality of care that homes provide" (Berridge & Brodie, 1998, p. 160). The authors observe that the number of children living in children's homes has been halved. Some things have improved, others worsened. Children's homes are more varied. Positive models of care were found for younger children. The authors note that a body of work has demonstrated that, for comparable groups of young people, children's



homes are equally effective in meeting their objectives as their main alternatives, especially foster care (p. 24).

#### **4.5 Studies Showing Positive Outcomes**

Wolff, Dawit, and Zere (1995) examined the contributions that institutional organization could have on the socio-emotional status and behavioural symptoms of 5 to 7-year-old orphans in Eritrea. Their study “compares the psychological status and developmental potential of severely traumatized orphans in Eritrea, before and after the social environment of a large understaffed orphanage in Eritrea had undergone major reorganization” (p. 1133). This orphanage consisted of 500 children living in large tents accommodating 50 to 70 children with beds arranged in a row. Many of the staff had little experience in childcare plus their work included collecting water from distant wells, cooking, and taking care of the children’s physical needs with little time left to tend to their emotional needs.

The authors’ recommendations included staff training as childcare workers, mixed-age dormitories to a maximum of 15 children in a dormitory, and one surrogate parent always sleeping with the children (p.1135). Two years later the authors reported a dramatic reduction in the frequency of serious behavioural symptoms and a parallel improvement in the children’s social-emotional relationships with peers and adults (p. 1137).

Wolff and Fesseha (1999) returned five years later for a follow-up study of the same reorganized institution. The children were re-examined and were compared to children living in one of the residential institutions that had not been reorganized. The authors found that “over the 5-year interval the children’s capacity for cooperation and

sharing with peers had increased...they exhibited significantly fewer behavioural symptoms than the children in the comparison group...their cognitive performance equaled or exceeded that of the comparison group...and their academic achievement was on par with that of home reared children” (p. 1236).

Wolff and Fesseha (1998) compared the mental and cognitive development of 9- to 12-year-old children in two orphanages with different styles of childcare management. Orphanage A had an authoritarian style with interactions between staff and children described as “impersonal”, while at orphanage B the entire staff participated in the decision-making process and “the children were encouraged to become self-reliant through personal interactions with staff members” (p. 1319). The authors found that the model of childcare in orphanage B was more effective in meeting the needs of the children. They experienced fewer emotional and behavioural difficulties.

Wolff and Fesseha (2005) examined the emotional well-being, adaptability and emotional distress of 10- to 13-year-old Eritrean orphans cared for in three different social environments and one group of home-reared children using 2 scales of the behavioural assessment system for children and informal interviews with the children.

The four groups included children:

- Who had been reunified with their extended families for at least two years and their host mother,
- Who had been living in small group homes for at least 2 years and their house mother (single family units up to 12 children of different ages and two house mothers),

- Who had been living in a large institution for at least two years and childcare counsellors with primary responsibility for the care of the orphans selected for the study,
- Who were living with their parents at home (p. 476).

The study concluded that there were greater symptoms of emotional distress and lower frequency of indicators of adaptive strength among institutional orphans than either the orphans who were reunited with their families or the children who lived at home. The group home institutional setting reported and exhibited fewer clinical symptoms than either reunified orphans or home-reared children and more adaptive attributes than reunified orphans (p. 481). The authors concluded that residential group care that is based on child-centred principles with a nurturing and authoritative style of parenting, a democratic process for making family decisions, organized activities that encouraged the reintegration of children into their community and the transmission of pro-social values can provide an emotionally supportive social environment as well as an effective substitute for a family setting.

McKenzie (1999) conducted a large study using the mailing list of the alumni associations of nine childcare institutions in the US. The findings from the survey showed that alumni fared very well compared to their non-orphanage counterparts: “the respondents outpaced their counterparts of the same racial and age group in the general population by wide margins on practically all measures, not the least of which are education, income, and attitude towards life” (p. 110).

McKenzie (2013) recently published a book on life in a modern-day orphanage in the US. The author spent a number of months at the home to acquire “firsthand

knowledge about how it worked from the ground level...about the experiences of the children who lived there and of the house parents, maintenance workers and administrators who contributed to its success” (p. 19). He presents the results as perceived through the eyes of the children in residence who relate heartbreaking and heartwarming stories of childhood trauma and recoveries. He argues for the place of modern-day orphanages or the place of children’s homes as a viable option among the various childcare options.

A recent study by Whetten et al. (2009) compared the well-being of orphans and abandoned children between the ages of 6 and 12 in institutional and community-based care in five countries—Cambodia, Ethiopia, India, Tanzania and Kenya—to “assess if the hypothesis that institutional care for children of this age group in countries facing the current orphan and abandoned children crisis is associated with poorer intellectual functioning, memory, emotion, behavior, and health than community care” (p. 2). The authors found that the results from the study did not support the hypothesis: “the institution based children scored higher on intellectual functioning and memory and had fewer social and emotional difficulties” (p. 8). This is an important study, as it looks at institutional care in five culturally diverse developing countries. It also attempted to correct the flaws in the design of earlier studies. The sample consisted of 1,357 children in 83 institutional care settings in six study sites across five medium Human Development Index countries compared with 1,480 orphaned and abandoned community dwelling children from 311 community clusters in the same regions.

The previous studies show positive outcomes for institutionalized children when changes occur in the orphanage environment, including changing the organizational

structure and changing the child to caregiver ratio. Although there were some improvements in the methodology of these later studies, a number of problems still existed in the study design. Some of the studies were quite descriptive, anecdotal and short term. Researchers of these later studies also used standardized measurements with overall improvement in reliability and validity. However, MacLean (2003) emphasizes the inherent limitations to what can be learned from any one study of institutionalized children. Among the limitations “the variable of ‘institutionalization’ refers to a complex mix of social, perceptual, physical, intellectual, and emotional deprivation. As a result, when institution-reared children are found to differ from family-reared children, it is usually not possible to specify the type of deprivation that produced the differences” (p. 854). Even in the later studies that are using standardized measures to improve generalizability, the measures are standardized on home-reared children to assess institution-reared children (MacLean, 2003).

As noted earlier, today in all developed countries it is rare to find an institution dedicated to the provision of care solely for dependent children. Instead the governments in developed countries have established child welfare policies where the state takes over functions normally carried out by parents for their children (Crosson-Tower, 2004). In addition to placement of children in alternative settings such as foster homes and group homes, child welfare policies may dictate that children be cared for through services that include counseling and related services to the children and family supports that may enhance their environment (Heinonen & Spearman, 2010; Macintyre, 1993).

However, for children in Canada and other western countries, growing up in the child welfare system presents its own set of challenges. For instance, children experience

a sense of loss from being removed from their biological family and may experience a repeated loss after a foster placement breakdown or a change in caseworker (Hepworth, 1980). McKenzie (2013) details other weaknesses of the system:

The central problem of foster care borders on the criminal: far too many foster children are shuttled from one placement to another and to another and another. A handful of placements for children in their cycle through the foster-care system is common, and for kids in ‘the system’, several foster-care cycles are just as common. The crime is that many foster-care children go through a dozen or even two-dozen placements during their childhoods. Judges and social workers have names for the system and this form of care—the foster care roulette and the plastic-bag brigade (because the kids often move from one placement to the next with side trips through the courts, with all their possessions in plastic bags) (p. 16).

The research of Hepworth, McKenzie, and others (Allen & Vacca, 2011; Kendrick, 1990; Morin, 2012; Office of the Provincial Health Officer, 2007) thus lead us to question whether foster care is an effective alternate model to institutional care.

#### **4.6 Summary**

This chapter has examined the range of available literature on residential care. The review identified poor, mixed and positive outcomes of residential care. It also noted the weaknesses of the earlier research. In addition, the review noted the ongoing reliance on a system of care preferred by professionals with little evidence to support its effectiveness in the midst of detrimental effects in light of repeated foster breakdowns.

There is a considerable body of research originating in the United Kingdom and a significant number of studies from the US. There are also studies conducted on residential homes in the Middle East and Africa with some of these studies being conducted in partnership with researchers from the US. There are very few Canadian studies. There is also a dearth of published research on the voices of children who have been in residential care. This review provides evidence for the contribution my study can make in understanding residential care and in public policy discussions.

## **CHAPTER 5**

### **METHODOLOGY**

#### **5.1 Rationale**

In this study I used an oral history research design. The Caribbean has an oral tradition rooted in the African oral tradition of stories being told and passed on to subsequent generations (Liverpool, 2001; Sherlock, 1966). One example of this can be seen through the musical art form known as calypso which originated in Trinidad and Tobago. This culturally accepted mode of relaying experience, of teaching and learning through sharing stories, fits well with using oral history as the method to elicit the experiences of the participants. As noted earlier, the major institutional care homes in Trinidad and Tobago are strongly steeped in the colonial history of the region. Linkages to that era can be made in the stories the participants provide.

In addition, a socio-demographic questionnaire was administered to all respondents. It included gender, race/ethnicity, education, age, marital status and employment status. This provided data to add quantitative descriptive information to the study. The questionnaire was administered to the participants before the start of the oral history interview (please see demographic sheet in Appendix B).

#### **5.2 Description of Oral History as a Research Method**

Yow (2005) maintains that oral history is a specific research method within the general category of qualitative methodology. The author defines oral history as being the recording of personal testimony delivered in oral form (p. 3). Ritchie (2003) sees memory as the core of oral history and defines oral history as a collection of “memories and personal commentaries of historical significance through recorded interviews” (p.



19). Creswell (2013) adds oral history as a type of narrative research consisting of gathering personal reflections of events and their causes and effects from one individual or several individuals (p. 73). Shopes (2011) views oral history as a way of collecting and interpreting human memories to foster knowledge and human dignity (p. 416).

Thompson (2002) emphasizes that oral history is history built around people, “it helps the less privileged and especially the old towards dignity and self confidence...it makes for contact and hence understanding between generations...in short it makes for fuller human beings” (p. 420). Yow (2005) rightly adds that oral history is too dynamic and creative a field to be entirely captured by any single definition (p. 2).

There are many concepts in oral history methodology that fit with my research goal, my research questions and the culture of the participants. Oral history is a collection of human stories built around people, delivered through talk by those who may be less privileged in a way of understanding their past and the meanings they attribute to their uncommon experiences of growing up in an orphanage. In addition to providing historical interest and relevance to an institution and form of care linked so closely to the colonial past, it also speaks about the benefits and losses of this form of childcare in developing a new model of care.

### **5.3 Methods of Data Gathering/Data Collection**

The approach to data gathering in oral history is audio recording of a first-person account made by an interviewer with an interviewee. Yow (2005) suggests that at the point of being in the field the researcher should have done careful background research, deciding what they want to find out, drawing up the interview guide, selecting the interviewees carefully and getting tape recording equipment ready (p. 68).

Thompson (2002) believes that a successful interview requires skill: “there are some essential qualities which the successful interviewer must possess: an interest and respect for people as individuals, and flexibility in response to them; an ability to show understanding and sympathy for their point of view; and, above all, a willingness to sit quietly and listen” (p. 222). Yow (2005) adds that an interviewer needs to be conscious of interpersonal relationships that will be present, as the research process and source of information involves living witness. Interpersonal relationships are affected by age, race, gender, social class, status, ethnicity, and subculture (p. 179).

An email communication with oral historian Michael Angrosino (October 28, 2014) reminded me that oral history allows the process to be open-ended; it lets the respondents structure their own stories. He added that an oral historian must provide an emphatic listening ear not just a neutral, scientific one.

The interviews were to be conducted with a digital recorder with a built in internal microphone and conducted in a quiet place to limit as much background noise as possible and also to provide a safe and private place for interviewees to tell their story. However, the participants were located at various geographical points on both islands making it difficult to confirm or rent one particular office space. As I will highlight later in the settings section, interviews were conducted around the kitchen table of people’s homes on a park bench, and several other locations. The digital recorder was too big and visible for these open settings. The voice recorders on cell phones were more discreet to use and did not stand out, as cell phone use is very common in the country.

After explaining the oral history method and having the consent form signed, I began each interview by asking the participants to talk about the residential care home where

they lived (hereafter ‘the home’), the age they were admitted and details, stories and memories that remained with them about life in the home. The interviews were guided by three main questions and some follow-up probing questions:

- A. Tell me about the home, stories, memories that remained with you about your childhood growing up in the home.
- B. What were your school experiences like?
- C. Tell me about life outside the home and the transition from the home to the community. Were you prepared to live in the community?

The interview guide was used when participants needed help in telling their story (please see interview guide in Appendix A). As Angrosino cautions, the questions should not be rattled off like a checklist nor should the interviewer become attached to bringing the questions up in any particular order (2008, p. 35).

#### **5.4 Ethics**

Ethics approval was received through the University of Manitoba’s Psychology/Sociology Research Ethics Board (REB). The Faculty of Social Sciences at The University of the West Indies, St. Augustine, Trinidad campus, was in the process of developing a research ethics policy. I shared my research protocol as well as a copy of my REB approval certificate with the Head of the Social Work Unit at the university.

The informed consent form included risks and benefits associated with the study (please see consent form in Appendix D). In the past there have been allegations of abuse by staff towards residents at the state homes and sexual abuse by older residents of younger residents in one of the group homes. The most recent allegations came in 2010 at one of the state homes. The government contracted a committee to probe into “the

reports of physical, sexual and mental abuse at the home and found nothing substantive to support the allegations” (Williams, 2010). As it was possible that the allegations may have been true and telling their stories in a less investigative environment might allow some participants to reveal past abuse allegations or become very disturbed by difficult experiences in the past, I made arrangements with the Acting Director of the University of the West Indies community counseling services to provide free counseling services to participants who might have needed such help as a result of the interview. In addition, assistance would have been provided in following through with the requirements in reporting abuse. I also felt that as a mental health clinician and counsellor I would be able to provide additional support to participants who might be experiencing post-trauma issues.

One older potential participant did experience some discomfort after my initial telephone contact. She called the contact person the following day and asked that she contact me and cancel the appointment. She was in her late 70s and lived on the island of Tobago. I was concerned that she would lose the benefit of debriefing with me to process the memories or trauma that may have surfaced after our telephone conversation. However, she preferred to not discuss the topic any further. None of the 24 participants required further counselling services. Most expressed feeling better after talking about their experiences, as they had not done this before.

### **5.5 Selection of Participants/Recruitment Process**

Participants were selected through purposeful sampling which focuses on selecting information rich cases where one can learn a great deal about issues of central importance to the purpose of the study (Patton, 2002, p. 230). Holloway (1997) further suggests,

“generalizability is less important than the collection of rich data and an understanding of the ideas of the people chosen for the sample becomes the priority” (p. 142). In this study, information rich cases consisted of those who lived in group homes and orphanages. I used snowballing to recruit participants, a relatively common form of purposive sampling where participants identify and introduce the researcher to potential participants who also identify other potential participants. Pseudonyms were employed to protect the identities of the participants.

Upon arrival in Trinidad I made telephone and email contact with lecturers at the University of the West Indies Social Work Department, College of Science, Technology and Applied Arts of Trinidad and Tobago, the University of the Southern Caribbean, the managers of the two orphanages and various group homes. I also contacted social workers at various agencies in Trinidad and those practicing in Tobago. The telephone calls were followed up by emails with the recruitment poster attached (please see copy of the recruitment poster in Appendix E).

My first participant was a former resident of a state home who had recently graduated with a Masters degree in social work and was now a practicing social worker. He used social media to help me implement the snowballing process. After our interview he wrote a message on his Facebook page, including only friends who he knew were at the orphanage during or after his stay at the home. This resulted in calls from a number of eligible participants. I was reluctant to use Facebook as I was concerned about privacy but this participant belonged to the generation of social media users. A number of participants came through word of mouth. Most were eager to give me names and

contact numbers of others who were in the home with them. They all maintained a relationship through social media.

Managers of the smaller group homes also selected individuals or gave me contact numbers of past residents. This meant there was a possibility of managers selecting past residents who they felt would tell a positive story of their lives at the homes. To counter the risk of coercion I asked those participants who were recommended by managers to identify alumni they knew who might have had different experiences while living at the home or who might have been asked to leave before the transition age. Only one participant who was recommended by the manager currently lived at the home as part of the transition program. The interview was held at the home. Besides the consent form explaining confidentiality, I reiterated that nothing would be shared with the manager. I also encouraged him to call me if there was something further he wanted to say about his experiences that he might not have felt comfortable saying during the interview.

## **5.6 Compensation**

Participants were given compensation in the form of T&T\$100 cash (approximately CA\$20.). This was a reasonable level of compensation for T&T. It is common among researchers in T&T to give phone cards in the value of T&T\$50. I chose to give cash because there are various phone card companies and some people do have post-paid plans that do not require a pre-paid card. There was an additional \$100 to those who travelled for the interview. I used a hired taxi for the majority of the interviews and met participants at locations most convenient to them.

I found it difficult to give only one hundred dollars to the participants who were financially struggling. I am unsure if this was the ethical thing to do but I did give over

\$200 to the young woman with a 7-month-old baby who had an eviction notice taped to her small one-room rental. The same was given to the man who was living in a makeshift shack and survived by doing odd jobs in the area. Two participants refused to take the money. A few did not see the flyer and said they did not expect to receive any compensation and would have done it without the money.

### **5.7 Settings**

To limit background noise when conducting the interviews the goal was to have the interviews done in a quiet place and one that was safe and private for participants to tell their story. However, participants were located throughout the country in both rural and urban locations. It was difficult to rent interview space in such varied locations. A number of participants identified the places where the interviews were conducted and it seems to be the places where they felt most comfortable. The following were the locations of the interviews:

Four interviews were held at restaurants—not all had semi-private rooms for taped interviews. One was a Subway restaurant in the middle of a heavy downpour of tropical rain showers. Two interviews were held at the homes of participants. These women felt it was more private to meet in their homes. We met in the kitchen of one home. Four interviews were held at an office at the University of the West Indies. This provided the ideal conditions for recording and interviewing. However, I was unsure how comfortable the setting was for the participants who had never attended university, which to some can feel like a very intimidating environment. One interview was held under a tree in an open park. Three interviews were held on the grounds of the orphanage. These participants were not negatively affected by returning to the home.

One interview was held in a makeshift office at the local union centre. Four interviews were held at a group home. Three participants maintained contact with the group home and chose to be interviewed at the home. The fourth participant, as mentioned earlier, was in the group home's transition program.

One interview was at an open, outside steel-pan orchestra facility commonly called a pan-yard. The steel-pan is an original T&T musical instrument. This pan-yard meant something to the participant as he received on-going sponsorship from the pan club to learn music. He continues to play for the band and also to tutor younger students. It was gratifying to see the positive interactions and well wishes he received from other young and old pan-players at the pan-yard. Two interviews were held at a lumber warehouse. Two interviews were held in Tobago, one in the participant's home and the other at a business office. I was unaware that there was a dress code at this office. The youth came in normal 18-year-old attire, which included distressed cut-off jeans. He was only allowed into the building after a call from the Director to the security officers. I did spend more time in ensuring he was comfortable before we started the interview. This did not have a negative impact on the sharing of his story.

After the first interview I replaced the digital recorder with a cell phone recorder. Having a cell phone on the table was a normal occurrence, as such it did not indicate that an interview was being conducted. I spent a few minutes at the end of each interview completing a form which covered the context of the interview, including brief notes about the location and sound conditions (please see interview context form in Appendix C).



## 5.8 Interpretation and Data Analysis

The qualitative data was analyzed using qualitative data analysis software, Atlas.ti, and manually. Agar (1991) notes the benefits of manual analysis: “numerous cycles through a little bit of data, massive amounts of thinking about the data, and slippery things like intuition and serendipity” (p. 193). All interviews were taped using two smart phones—one as back up. Field notes were written after each interview both as personal reflections and to capture details that might not be included in the transcript. For instance, there was a participant who was in the process of becoming homeless. She lived in a small room while the rest of the building was in the process of being demolished.

I transcribed all my interviews. This allowed me to listen to the interviews again and begin the data analysis process. The written form of the interviews was in the local dialect. I found it difficult to change the dialect to Standard English when using the quotes in the findings chapter because meanings in some local idioms were lost as were feelings expressed by the words chosen by the speaker or interviewee. I tried to avoid transcribing some interviews because I did not want to re-listen to the more painful stories. It made me feel helpless. I wanted to do something to fix their situation. I did transcribe all the interviews. I took breaks when transcribing the ones with the emotionally painful stories. I had to maintain my role as a researcher.

After the interviews were transcribed they were uploaded to the qualitative data analysis software. Lofland and Lofland (1995) view coding as the core physical activity of developing analysis (p. 186). Miles, Huberman, and Saldana (2014) define a code as “most often a word or short phrase that symbolically assigns a summative, salient, essence-capturing, and/or evocative attribute for a portion of language-based or visual

data. This data can consist of interview transcripts, participant-observation notes, drawings, etc.” (p. 72).

Codes were assigned to the transcripts. Memos were written to elaborate on some codes and to add insights or ideas that developed while assigning codes to the transcript. At the next stage of the analysis the codes were reviewed and codes with similar meanings were merged. Out of this merger 10 Code Groups were created: Admission/Sibs/Family, Discharge/Transition, Education, God/Religion, Life Satisfaction, Negatives, Positives, Recommendations, Tobago and Reason for Admission. (Please see appendix F). The transcripts were further grouped by type of institution—state, faith-based and community.

There are many advantages in using data analysis software, such as transcribing, editing, coding, storage, retrieving and linking; however, during the process I felt I was limiting my analysis to what the program could do, that is, the technical capabilities of the software. Agar’s (1991) comment on existing software and technology being too physically and intellectually confining became useful in adding a manual approach to the data analysis. The author adds:

In the micro phase of analysis I need to lay out a couple of stretches of transcript on the table so I can look at it all at once. Then I need to mark different parts in different ways to find pattern that holds the text together and ties it to whatever external frame I am developing...simultaneous visual access to material is what makes the ideas happen...critical ways of seeing come out of numerous cycles through a little bit of data, massive amounts of thinking about the data, and slippery things like intuition and serendipity (p. 193).

I did print the transcripts and took them with me for a weekend to a silent retreat monastery. I re-read the transcripts and listened to a few of the tapes. I also laid out a few transcripts on a blank wall and looked for patterns and engaged in a ‘massive amount of thinking’ after which a much clearer picture of the overriding themes emerged. A walk by the lake and in the expansive fields surrounding the monastery helped with clarity in my thinking about the data and moved me in the direction of further analysis and interpretation. As Silverman (2010) notes, the software does not do the thinking for you. The software frees up time for analytical thought. The findings will be presented in chapters 6, 7 and 8. Further discussion on the findings and the themes will be presented in chapter 9.

### **5.9 Descriptive Analyses**

The study consists of interviews with 24 alumni. Twelve of the alumni lived in the two large state-funded institutions. One lived in the state-funded home in Tobago. The remaining 11 lived in the private faith-based homes (6) and the smaller community homes (5). Although half of the alumni lived in the state-mandated orphanages, there were none who were fully orphaned. There were two participants who were placed in the home after their mother’s death. A few participants lost a parent while at the home. The majority of the participants had both parents alive when they were admitted to the homes.

There were 12 males and 12 females in the study (please see Participants’ Age and Gender in Appendix H). The majority were admitted to the homes with siblings (15) and nine were admitted alone. Eleven were of mixed ethnicity (11), nine were of African descent and four were Indo-Trinidadians. The average age of admission was five years old with a range of newborn to age 13. The average age of discharge was 16. At the time

of the interview, the majority had completed high school and post-secondary education with only two participants having completed only primary school.

Participants were asked how satisfied they were with their lives. Nineteen of the 24 participants were somewhat satisfied, satisfied or very satisfied. The majority of the participants were employed with only eight unemployed. All participants were unmarried with only two living in a common-law relationship. Thirteen had no children and five had one child; four participants had two. There were two participants with three children but one did not have full custody of her children.

### **5.10 Reliability, Validity and Triangulation**

Triangulation, validity and reliability are three essential parts for assessing quality in research projects. Triangulation involves collecting different types of data from different data sources (Creswell, 2013). Validity is ensuring that the data collected measures what it purports to measure (Maxwell, 2013). Reliability refers to the extent to which questioning will lead to the same answers whenever and wherever it is carried out. Angrosino (2008) adds, “Establishing statistical reliability is a straightforward enough process when working with numerical data; it is quite another matter when dealing with narrative materials” (p. 19).

Atkinson (1998) argues that reliability and validity are not necessarily the appropriate evaluative standards for a life story interview. However, Creswell (2013) and Silverman (2010) support the use of **inter-coder agreement** which means that researchers check for reliability of their coding by involving multiple coders to assign and check their code segments to establish the reliability of the data analysis process. For

Richards (2011), coder reliability means coder consistency and doing a **coder consistency test** allows discovering inconsistencies in coding over time.

To address the reliability in my research, I used **coder consistency tests** by comparing two codings of the same document. I selected a few completed transcripts that were coded earlier and recoded that same document without checking the earlier coding. I then compared the codings. Some of the differences I was interested in understanding came from the following questions: what categories did I use in one document and not the other; what differences are there in the segments I selected for coding within each category; are the styles of coding and themes different; why was one version of the document more richly coded (more categories) or larger passages selected for coding in one document than the other. I was satisfied that the answers from my coder consistency tests met the criteria for this study.

### **5.11 Summary**

This chapter described the research design used in the study in addition to the methods that were used in gathering the data. It also covered the recruitment process and the selection of the participants for the study. A brief description of the settings in which the interviews were conducted was provided. A more detailed description of the settings will be given in the findings chapters when the participants' stories are told. The chapter ended with a description of the methods used to analyse the data and some brief demographics of the participants. The following three chapters will focus on the voices of the participants. The chapters will describe the experience of admission into the homes, life in the home and transition and discharge from the home.

## CHAPTER 6

### ADMISSION

#### 6.1 Introduction

As noted earlier, this study was conducted with participants representing ten residential children's homes located in Trinidad and in Tobago. I will present the information by grouping the homes into three categories: government mandated or 'state homes', 'faith-based homes' under the direction and management of a religious group, and small community-based 'community homes'. Under these three categories I will describe the participants' experiences of admissions, life in the home, their experiences in being discharged from the homes and their life after leaving the home.

In this chapter I will present their stories beginning with the various ways in which participants arrive at the homes—most times with a high level of informality—the reason for admission and experiences starting life in an institution with siblings or alone. I will give a brief description of the homes and, using an oral history methodology, I will present verbatim quotes from respondents to exemplify their experiences and give voice to their life stories. Pseudonyms will be used to represent their voices.

Children are placed in homes through various avenues and for various reasons. Under the Children Act 1925 “any person may, without a warrant, bring before a Magistrate any person apparently under the age of fourteen years who is found begging, wandering and not having any home...no parent or guardian...and the Magistrate if satisfied...may order him to be sent to a certified orphanage” (section 44(1)). Children can also be placed in homes without a court order by representatives of government

departments, such as police officers and social workers, as well as by parents, other family or community members and by staff of the homes.

## **6.2 State Homes**

I met and interviewed Albert on the grounds of one of the oldest residential children's institutions, located along the east-west corridor of Trinidad. As noted earlier, the home was built in the 1800s on the grounds of a sugar plantation along a riverbank to accommodate the orphaned children of the Indian indentured sugar cane workers. The home occupies a quarter of the land it once had and the fields of cane are now replaced by family homes. The church is located across the street and part of the church grounds is used as a burial place for the remains of the children who died at the home.

Albert heard about the study through the volunteer coordinator of the home when he was attending the home's annual toy day. This is a tradition that goes back to the early years of the home. Companies donate toys and the children's families and friends are invited to see their performances and the distribution of the toys. Toy day is traditionally held a week before Christmas. Afterwards, children who have families are allowed to leave with them to celebrate Christmas at home. Albert was the oldest participant in my study at 79. His hair is white. He greeted all the children playing on the grounds as we walked to the back through the blazing Caribbean noonday sun to find a newly renovated air-conditioned office space where we met:

*"I got to the home in 1940. My mother and father came from Grenada. My mother had an affair with another man because she said my father was not taking care of the family. They had a fight. My father probably hurt the guy. He spent some time in*

*jail. I think he died in jail and my mother's boyfriend told her to put us in the orphanage. She went to court and everything to have us placed in the home.*

*It was three of us. I am the middle boy. The one thing I remember is walking from the office to the hospital, which was right around here [we are in the back of the compound]. Miss Stanley was here. In those days the manager had one secretary. We had more children, almost 300-400 children. She brought me to the hospital to be quarantined...maybe I was not feeling well. Next day I joined the population of the orphan home and it was, you can't describe it, peer pressure from young.*

*I was five years old. It was me, my brother, who now lives in London...there was me and my brother who died here, my little brother. His name was B. It became...his name hadn't come to this generation but he was a very liked boy, everybody had loved him...He fell from an orange tree. He was sent to the Tunapuna General Hospital. They thought he had appendicitis but he had a ruptured...No, they thought he had typhoid but he had a ruptured appendix, so he died.*

*The body was tended to at the colonial hospital and then brought back here. Miss Macy was the manager and she called us together. The funeral was one of the most beautiful things here in my memory. I remember two or three funerals we had here. They used to make the casket, you can smell the varnish and you can smell the cedar. But when she came she got Haynes funeral home to make a casket. The school was right under the—over there. The body lay in the school from about 1-3:00 pm. We had the band play and it was the most beautiful thing. He got buried over in the burial grounds across the street on the church compound.”*



For many years, residents and former residents who died were buried in the grounds of this Anglican Church. This practice stopped some years ago. This participant's description of his brother's death and funeral can be contrasted to the words of the Chair of Canada's Truth and Reconciliation Commission when he speaks about the estimated 6,000 children who died in residential schools in Canada: "How they were treated after they died was most shocking...many were not returned to their families, most were buried in unmarked graves" (Puxley, 2015). Albert did not identify his mother as part of the ceremony but the participation of the music band did give him an opportunity to celebrate the life of his brother and see his death treated with respect.

The following participant, Bob, relates coming into the home through the court system:

*"I remember going to the court house in San Fernando right on the promenade...they give me an Orchard to drink. We went to the court upstairs and after we were placed in a Land Rover vehicle and we went up there...It was an evening...It was tough not being with your whole family but I was there with a lot of kids...our dorm alone had one hundred."*

The procedures of the past for admissions remain today. There are no transition rooms or special procedures when children arrive at the homes. They are immediately placed in the milieu of hundreds of other children. If they are placed in the large institutions it is common to have two staff supervising over one hundred children. If the siblings are close in age and of the same gender they are placed in the same dormitory. But if they come alone or are of mixed genders they will be immediately separated and placed in different buildings. In the smaller homes the separation of genders may occur

within the same building, that is, boys in the upper level and girls in the lower level of the house.

David was admitted to the home with his sister. Because it was a larger home they were immediately separated. He was familiar with the home as his mother was an employee there before she got sick, but the familiarity did not make the transition from living with his family to moving into an institution any easier: *“I was very familiar with the staff. Actually going into the home was different. Initially it was somewhat, I don’t know how to really make it clear. It was quite a transition. Mommy got sick and before she was hospitalized the manager came and she took us. My father was also hospitalized at the time due to an accident. While we were there, within a couple of weeks, mom died. So a range of feelings, the loss and everything and regardless of how nicely you are treated it is not what you accustomed to.”*

At age 6, Roger came into the home with his three older siblings—two sisters and one brother: *“We were hungry and my brother who was the oldest will be, like, going in people’s yard and probably stealing their fruits. One day we walked down to the police station, all of us, my sisters and my brother, we walked down to the police station and said to them, we are hungry, we need something to eat. They asked us where our parents were and we said to them it is only mommy living with us and she is not working. They took us and carried us to the home...we were separated when we got there. I was the only one in the nursery dormitory, my sisters were in junior girls and my brother in junior boys.”*

Tanya reported a similar story: *“My mother could not take care of us. Four of us came, one older brother and two younger brothers. The police brought us to the home.*

*We had to go to the magistrate's court. I remember going to the court and they were hiding my mother. They did not want us to see her in the cell with shackles on her hands. When I saw the home, I liked it because we did not come from a good home. I was placed in the girls' dormitory, my younger brother in the nursery and my older brothers, separated in upper junior boys' and lower junior boys' dormitory."*

Veronica recalled coming to the home as a baby with her brother who was only one year apart in age. She could not recall the reason for admission: *"Some of the reasons, because I don't know many, is actually that I was a little girl and stuff had happened and then they end up putting me in the home. The other side of it is that they couldn't take care of me and then they ended up on drugs and all those sort of things, so that's how I ended up at the home."*

At 37 Ken was still hurting over his placement at the home and still angry with his mother for the decision to put him and his brother into separate homes without any contact: *"I went there at the age of 8. I was a big 8. The reasons I went to the home? You know how the old saying goes, when your parents can't really take care of you, you go to the home until further notice... My first memory is, like, I came to asking myself one thing, but why I come here? What I doing in here? It was just when I got older, I got to know, and hearing people saying, 'boy, yuh know your mother couldn't take care of you and so that is why they put yuh there'. But I just didn't want to understand that, because all I just wanted from my mother was to be together. I don't really care or give a damn what we eating. I just wanted to see how it does be to live in a family of your own."* Ken met his brother at the age of 17 when he was getting ready to leave the home, *"I saw the*

*welfare officer coming with a guy and when they reached me she told me that is my brother. It is then I get to find out.”*

Ian found out about his other siblings as an adolescent. He was placed in the home as a toddler: *“According to court documents that were attached to my files that I was privy to later on, it was more or less my father and mother could not agree. They separated. They had two children together, two boys one year apart. My mother decided that my dad should keep one and she would keep me. It interchanged and I went with my father who lived with his mother and family in south Trinidad. I guess in my grandmother’s condition she could not take care of me properly because she wasn’t too well and the house was dilapidated. So for those reasons I was placed in the care of the state through the court system and that is how I came to the home.”* Ian’s father and stepmother came to visit him when he was approximately age 13. At that point he became aware he was not an orphan and he had an older brother.

While the island of Tobago has four residential state homes for children, the route to out-of-home placement for children in Tobago is still affected by the culture of kinship care. Children are more commonly entrusted by their parents to another family, who may or may not be related, who assume responsibility for caring for them. Only if this fails is the option of seeking a residential home placement pursued. A participant who ended up in one of the state homes related a history which illustrates this process.

Joseph came from a sibling group of eight where shared parenting among extended kinship networks was evident. *“When I was small I grew up with my mummy and I started giving trouble. I started fighting and being disrespectful and going to school sometimes only when I felt like going...Anything you could think of I would do it...”*

*Afterwards I went to my granny... A few people used to come and complain about me and my brother because we used to make real trouble in the village... One day another friend was giving us talks and we decided to kidnap him and just leave him there...we didn't do anything to him. We thought it was a joke but he took it seriously and was crying. We eventually let him go and he went home told his parents and it had a big bacchanal [uproar]. My granny got fed up and she carried me to the Scarborough Magistrate Court and the Magistrate said if I can't behave then they will send me to the Youth Training Centre or St Michael's Home for Boys [locked residential homes in Trinidad]. Instead they allow me to stay in Tobago and sent me to the Probation Services Hostel Residential Home.*

### **6.3 Community Homes**

Along the eastern main road 26 kilometers from Port-of-Spain, the capital city of Trinidad and Tobago, lying in the foothills of the Northern Range is the municipality of Arima. Historians claim Arima is the only district in Trinidad where remnants of the native Amerindians can still be found (Anthony, 2001). Nestled within a busy street of large brightly painted homes, is the house owned by a 79-year-old woman, Miss Cathy, known to all as 'Auntie'. Miss Cathy is a short affable woman who walks with a light bend on her right side and a smile always on her face. She lived with her parents until their death and started taking care of children from a desire to help single parents in her community who needed affordable day care. Through an announcement at her church group, *"I offered my services to the community, asking if there is any young ladies who need help to take care of their babies so that she could go out there and work instead of moving from man to man."* The location of the home makes it blend in with the

community and it does not stand out as an institution or group home. The first child Auntie took in was 6 weeks old, the next two were five months old, and a few weeks later Victor and his four siblings came.

Victor describes the circumstances that led to his coming to Auntie's home: *"My mom left my dad and he tried to commit suicide, but he first tried to kill all of us. He gave us insecticide to drink and I was the only one who drank it. The neighbours intervened. The priest became involved and he brought my brothers and sisters here. I came here after spending some months in the hospital. I did not want to stay at first but I saw my sisters and everybody was happy and I had a bed to lie down on so I was happy. I slept, I can't remember how long I slept, but I slept for a long time.*

*I remember the neighbourhood being classy, like a lot of concrete houses and roads with cars passing. I remember the roadside standpipe. I remember seeing people going to school. I remember some of the children were looking at me funny and I looked back at them funny. Where we lived we did not have...where we lived was mostly a board house, not really a board house, a tapia house [a house made of mud], a corridor, a hallway. It had plenty bushes; it didn't have bathroom or toilets. Indoor bathroom was strange to me. Our home was about 5 miles from here, just outside of Arima. We didn't go to school. I didn't know anything about school but I just saw everybody in the school uniform."*

Poverty and abuse are common reasons for children being placed in a home. However, once they are placed in a home limited attempts are made to assist their families and there is limited access to treatment for the children. Clarke who is 18 and still attending high school said he came into the home as a baby but there were no records

indicating the reason for admission and family contacts. However, he recently got a contact number and name of a sibling and the question of why he was placed in a home nags him: *“Two of the children from the home went to a primary school that my sister happen to attend. One of them, Linda, was her best friend and after they started talking, the girl said that she was missing some boy name Clarke. Linda asked for the last name and she said Clarke Ford. The two of them started to talk and after Linda came home from school she told the administrator and stuff. Linda told her I live here. I got her on Facebook. We talked after the administration went to get contact number and stuff. I never asked her personal stuff like why they put me here and she is with her parents, because I think we have different fathers or mothers or something.”* Clarke is focused on completing high school with grades that will assist him in admission to university.

Another Tobago participant, Jenna, was placed at her auntie’s home while her mom went abroad on a work related program. This is similar to the culture of kinship care described earlier with Joseph before he was placed in the state home. A conflict developed between her mother and father and as she reported: *“While staying there, meh Daddy came and he does drink and smoke and whatever and I was staying there. He came and take me from by meh auntie and carry meh home by him...When he drink he used to abuse and beat me and that time meh mommy didn’t know ah was there, she was still away. And meh auntie could not contact she and meh auntie was frighten to call the police and all of that...Ah teacher used to live right next to me and ah day the teacher call the police. She told them what happening and when they put meh daddy in the police van ah was crying...they call meh mommy...they say she can’t take me...and meh granny couldn’t take me and nobody couldn’t take me. So they put me in a home.”*

#### 6.4 Faith-based Homes

The Miracle Mountain Home is located west of Port-of-Spain among the hills and valleys of the Northern Range. The home can be found in a street off the busy main road known as Mountain Street. It is a short street, approximately 5 to 10 kilometers long, with the church, residence for the church personnel, two schools, the college and the children's home making up the street. The lush green mountains form a backdrop to the home and the yard is well manicured and filled with a variety of tropical trees and flowers. The home is run by the Catholic sisters and has been in operation since 1946. It accommodates children from babies to 17 years old or when they complete high school. Jane recalls her reason for admission:

*"I believe I was around age nine or ten. The reason I went to the home is because my mother had a nervous breakdown and she was staying in the Home for Battered Women and the lady who was in charge of there recommend the home. So we end up going there and my mother end up staying at the Home for Battered Women until she could get back on her feet. At that time it was just my two brothers and myself."*

Christine's memory of the reason for being placed was: *"I don't know, I think it is because my mommy got sick. That's what I know. I don't know of the reason of being there...I was placed there since from a baby since I was small...if not newborn, probably a month or two months...I was the last of five."*

Another participant, Lisa, added: *"I was probably about age three or four. My mom could not take care of me. She was a user of drugs, alcoholic. She placed us there because she did not know better. My father died. I sort of knew him before he died."*



Located in the far east of Trinidad is the community of Sangre Grande, a rural community some 30 miles from Port-of-Spain. It was developed in the early days as a prime cocoa producing community. Today it is the largest centre of population in the entire eastern half of Trinidad (Anthony, 2001). In 1998 a businessman in the area “found Jesus” and built a children’s home called ‘Borderland’ on a five-acre piece of land on the outskirts of the town. One participant, Jasmin, identified the reason for her admission: *“My mother is an alcoholic and when she drinks she used to not abuse us but would swear at the neighbours. There were so many times the police came to the house. They threatened her that someday they will take us away. At some point she decided she would put us in the home. She wanted to know that we were in a safe place. So she put us there and she was supposed to go to an alcoholic treatment centre for 6 months and get better. She did go but she left before 6 months, so we end up staying at the home.”*

Raf’s parents also drank but he did not identify that as the main reason for being placed in the home: *“I don’t know, probably, single parent family, unable to take care of children. At age 6, my two younger brothers and me were placed in the home. It was difficult. At the age of 6 and you are taken out of your environment put into somewhere new, strange, different, it would seem scary at the time. As we were all boys we stayed in the same boys’ dorm. There were separate rooms but they were all close enough to know that they were close by.”* Raf did say that in the area where he was born families survive on “doing garden work”, which is small-scale farming, for daily consumption and selling of leftover produce at the weekly market. He concluded that, if he had stayed in the village, he would have been “like the other kids in the village, they end up on alcohol or drugs or something.” Raf and Jasmine identify as Indo-Trinidadians.

A large number of the children currently in residential care are groups of siblings (CATT, 2012). This was reflected in this study where 60% of the participants came with siblings: *“It was eleven of us in all...actually everybody came into the home but they didn't stay in, some of them were of age to leave and they gone all over so we don't know where they are.”* All the homes in the study cared for both boys and girls. They were separated by gender and age. Participants were happy to be in the home together: *“I came with my sister and brother...it was nice in that they kept us together because initially they wanted to put him in a different home and separate us. But because of the caregiver, even though she had some ways I will say, ‘mental’, today right? ...she made sure we stuck together.”*

Another participant commented on coming to the home with two younger brothers and later having a newborn baby sister join them in the home: *“My mom had two more kids, my brother and my sister, but their dad took the boy and left the girl, which is my sister, and that is how she ended up there with us.”*

For those without siblings it was difficult being alone. As one participant said: *“Everybody inside the home had their brothers, their sisters staying there. I was maybe one of the few who was the only one unpaired, by myself in there.”* Another thought he was an orphan: *“In those early years I never saw mother/father/brother/sister/uncle/nothing...nobody claiming to say that I am so and so.”* Those who came with siblings and got separated through adoption or change of placement felt a greater renewed sense of loss: *“I went with my brother. Somebody saw him and he got adopted. They thought it was best that all relationships were cut off.”*

*That had a really bad effect on me, a bad effect...he just got taken away from me...so I started to vent.”*

## **6.5 Summary**

In this chapter I have presented the reasons participants gave for coming into the home, their reactions to moving into an environment shared by sometimes hundreds of other children and an environment away from their parents and sometimes siblings.

Fortunately most of the children were placed with siblings. The participants identified coming to the homes with their siblings as helping in the transition from a family home to an institution.

However, coming with siblings not always resulted in maintaining a bond with the siblings, particularly in the state homes when they are separated in different dormitories due to age or gender. In the smaller community homes, where a family atmosphere is encouraged, the relationship is maintained and biologically-related and non-biologically-related residents view everyone as family members.

As a volunteer at one of the state homes, I developed sibling groups to bring together siblings who were in the home but separated by dormitories to participate in activities that could strengthen the sibling relationship. The staff had identified a lack of bonding and relationship among the siblings, when they felt that the children were not looking out for each other. This was further noticed when siblings would be discharged and never return to visit their siblings. Some of the alumni identified that they do not have a close relationship with their siblings. In spite of this it is common to hear alumni mention always having the support of ex-residents, in the form of providing those who are homeless with a place to stay and other forms of assistance.

Economic reasons, such as the inability of a family to meet the needs of their children, were the main reason for children being placed in a home. But once placed in a home there were no further actions by the home or others to assist family members in preparation for the return of the child to the family home. Neglect and abuse were the other reasons for admission. Again, once placed in the home, there were no provisions in place for treatment for the child or for the family.

In the next chapter I will talk about the lived experience of children in the homes. I will use the same three categories of state, community and faith-based homes in describing the experiences of the alumni.

## CHAPTER 7

### LIFE IN THE HOME

#### 7.1 Introduction

In this chapter I will continue to tell the stories of participants' lives growing up in an institution outside the boundaries of a family unit. I will use the same three categories of state, community and faith-based homes to tell their stories. Education, Christmas and school vacations, supports from members of the community through sponsorships, and religion are the experiences most talked about by alumni of the homes. These experiences will be highlighted in this chapter.

#### 7.2 State Homes

##### 7.2.1 *Margaret*

I met Margaret at her home in Valencia, a small community located in the northeast region of Trinidad about an hour away from the capital. It came into prominence during World War II for its proximity to the American military's Wallerfield Airforce Base established in 1941 (MacDonald, 1986). The area is considered a rural district used as a route to get to the larger municipality of Sangre Grande. It has recently seen some development through government assisted housing programs and private developers, mainly as a result of the overcrowding of the populated east/west corridor of the island.

Margaret lives in small house perched high above the main street. We met in her dining room. She is a single parent of three children ranging from ages five to twelve. They were completing their evening snack, after which they were directed to wash their hands and go to the bedroom to watch a movie. Margaret owns her home, which is uncommon for the alumni interviewed.

There is no physical separation of the living room, dining room and kitchen. Due to lack of space, the washing machine is situated close to the dining room table and the kitchen. The humming of the machine can be heard through the interview tape.

Margaret also works full time. Meeting Margaret at her home gave me an opportunity to observe her transition from a 'home child' to a homemaker and parent. Below is Margaret's experience of living in the Catholic-managed state home:

***"I was involved in every sport"***

*"I would say that growing up in the home to me has been a positive because I was able to learn. I was exposed to a lot of things that I would not have been exposed to if I stayed living with my grandfather. Not even my children are exposed to the amount of things that we were exposed to. And although it seemed as a drill every day but in the long run when you really looked back at it, it was really positive because it teaches you a lot of things. I was able at the age of 12 to cook for a household of 30 people and when we had functions we would have to cook for functions.*

*I was a musician. I played the saxophone. I played in the Queen's Royal College band. I also went to a music school which I was sponsored by someone from one of the major banks. I did swimming. I did every sport I think possible. I was involved in every sport. I was also involved in dancing. We would go out and compete. Besides the restrictions I think, all in all, growing up at the home was good for me.*

It is not common for a 12-year-old to be cooking for 30 people or large functions. But it appeared that Margaret did view this as a useful skill she was learning. Margaret has a 12-year-old daughter who may not have the skills to cook for her younger siblings.

***"You don't get somebody saying, 'I love you' or 'You are a nice child'"***

Margaret continued: *“I mean, the downside of it is that you don’t have a one-to-one relationship with somebody. When you live in a nuclear family household you have your mom and your dad. At the home you don’t have that. You have two people or three people seeing about a large number of kids. It is difficult to get individual attention. There is that lack of nurturing...that lack of love. You don’t get that. You don’t get somebody telling you, ‘I love you’ or ‘You are a nice child’. You don’t get that. That is the downfall for me. So you find I was lacking that coming out of the home.*

*And it is not that I went looking for it but eventually it became part of me because I wanted to know what was that about. How is it to have somebody to love you, treat you respectfully as an individual? I didn’t have that and I think I made a lot of bad choices in turns of relationships based on that feeling that I wanted to get. That’s basically the downfall, but outside of that there were positives.*

*Yes, you were scolded when you had to be. You were punished when you had to be and I was not the perfect of children because I rebelled a lot of times. But, you know, you always have somebody there who would see you as their favourite and those who do not see you as their favourite. Unfortunately the people who weren’t for you were the ones on top so there was nothing that the people who favoured you could have done at the time. There were incidents that the people who would have been on my side were on top at times, so it was vice versa. Not every day was my luck.”*

Favouritism continued to be a theme coming from the alumni of the state homes and how it affected their day-to-day life and probably opportunities they received or did not receive as a result of not being the favourite of a staff person or manager. As another person from the state-mandated homes added, “I always wanted to learn to play the

piano...but they say I wasn't bright enough. They used to have their favourites who they used to send to do everything and the ones they don't favour, who they thought was dumb and dotish [a derogatory term used to describe people who may be intellectually compromised], they used to leave them home." Fighting back tears, one participant, Veronica identified favouritism as one of the negative things about growing up in a home:

*"Is that people in there have their favourites and some of them feel they could ill-treat you and treat others good and then some of them does be picking on you to see what you will say and then when you answer they will write you up. They will keep doing you that. They will write you up. Make reports on you and then they will carry you to the office. The welfare officers don't want to hear nothing what you are saying. They are only interested in what the staff says. Then they will take us to the magistrate court and send you to the women's jail or send you to St. Jude's."* There is a process involved in the state homes where the children's behaviour is recorded in a log. Incident reports are sent to the Manager and the welfare officers who then investigate further and determine if the behaviour warrants further action.

Under the previous Children Act 1925, children can be taken to the Magistrate's Court where the welfare workers can present evidence to the Magistrate that the child was "exercising an evil influence over the other children" (Section 57 (2c)) and most often the magistrate will agree that the child be transferred to one of the Industrial Schools, such as St. Jude's Girls' Home which is also a locked facility. If children continue to be deemed by staff to be difficult, for instance by finding ways to run away



from St. Jude's, staff will go to the Court and ask for the child be placed in the Women's Prison.

Margaret never knew her parents. A man whom she called her grandfather but who was not a biological relative took care of her from as long as she could remember. She was admitted to the home at the age of eight. At the time they lived at the same location where she currently lives but in a two-room board house with no indoor plumbing or electricity. As a pensioner her grandfather applied to the court to get assistance for a bus pass to allow her to travel to school. The court assigned him a guidance officer who visited the home and decided that she should be placed at the children's home. However, this was one of the few participants who had on-going family visits during the stay at the home. As Margaret states, *"He was there religiously every Saturday evening, religiously, and then I started getting busy in a lot of activities. He started to come every other Saturday but he was there religiously. He never stopped."* Below Margaret speaks about religion in the home and Christmas and school vacations.

#### ***"Holidays were awesome"***

*"It was awesome because you find that they always keep up the tradition. As a Catholic institution we had 'station of the cross' and they would have done the two sides of it, the religious side of it and the fun side of it. We observed Lenten season after Carnival, then Palm Sunday. For the Easter weekend we will have Easter egg hunt, bunnies and Easter baskets.*

*During the Christmas season a lot of organizations would invite us to different parties. Organizations such as the Hilton Hotel, Republic Bank Christmas, Rhand Credit Union and the Trinidad and Tobago Telephone Services party. So we were invited to all*

*those Christmas parties where we would collect gifts, which they will tell us, don't open until Christmas day!*

*During the July/August school vacation we attend camps. These camps were located in different parts of the country...areas like Palo Seco, Blanchisseuse and Mayaro. We will go for a week or two. We will barbeque; we will do different things, fun things. No restrictions. You can go in your bed at whatever time. Those who can't stay up will get maced. [It is unlikely that this was the chemical mace use to ward off predators, probably a liquid product created by the boys]. It was a fun thing. We will be in the beach the majority of the day."*

Most of the poor and working-class children in Trinidad and Tobago do not have these experiences of spending their school vacation at various beaches and camps. These became some of the positives that alumni identified about life in the home in the midst of not so positive experiences. As Margaret noted, she was unable to give her own children some of the experiences she had growing up in the home.

Formal adoption is not common in T&T. This could be due to the strong cultural value attached to kinship, to the broad definition of extended family kinship, and to the practice of shared childrearing. In shared childrearing, parental responsibility for children is distributed and allocated not only to those identified as biological and social parents, but also to extended family and community members (Rubenstein, 1980, p. 334). The adoption unit within the Ministry of Gender, Youth and Child Development manages local adoptions. The unit consists of one supervisor and two welfare advisors. There were only 85 prospective adopters on the unit's waiting list for all of Trinidad and Tobago (CATT, 2012, p. 16). This did not limit volunteers from the various homes

discussing with the managers their desire to adopt the children with whom they had developed a relationship. Margaret voiced her experience with the prospect of being adopted.

### ***“Adoption”***

*“I did want to be adopted. There were two different sets of parents who wanted to adopt me but because it would have been difficult for my grandfather—he would have been hurt...I really did not stick around. Then one of the parents were like really strict and their own children, who to me, as I said, I don’t know if it was a mental thing, but to me they were not nice, especially the son. He was always doing stuff. He will hit me and run and those sorts of things. And when I rebel they will scold me. The other person was a doctor. I didn’t stay with her for too long because that was around the same time that I started rebelling. She got involved and eventually I left.”*

#### **7.2.2 Robert**

Robert was the second person I interviewed. He was from the state-funded Anglican-run home. I was very nervous. There were many calls to confirm the interview. I was unsure that he would even attend after it was confirmed. He arrived half an hour late with a smell of alcohol on his breath. The interview was on a Friday evening. It was the end of the work week and the eve of his birthday. The drinking could have been a combination of early birthday celebrations and the beginning of a weekend in the Caribbean.

It is interesting that in my reflective notes I was sure I would not get much out of this interview. I prejudged him based on his difficulty to commit to a day and time and probably on the negative values I attached to growing up in a home. I was also

concerned that the interview being held on the campus of the university might be an uncomfortable place for him. He turned out to be a very good narrator and showed no discomfort in sharing his life story as an alumnus of a children's home. His story follows:

***"It was a dark moment for me"***

*"When we were in sick bay that was it, no school. Prior to that I can remember feeling very ill and there was a supervisor who was really beating me really, really bad and I was screaming a lot and was seeing stuff that was kind of really, really weird and the next day I end up in this place where they call sick bay...the next day...it is like a hospital but not really a hospital but an area where individuals that are not well, will be kept in that area. I was there for like more than a year.*

*But in looking back at it, as I say before, I remember a lot of stuff but that was one my most vivid memories, is a moment that was, it was a dark moment for me. Prior to that I was favoured by some, you know, and as a child when you are favoured by some, things will work out for you. You WILL get a lot of licks. We did a lot of stuff there because the home is located close to the Caura River so we would frequent the river very often. Every weekend we will go up there. We did a lot of stuff. We will go by the river and cook and do all of that...yes, cooking before a small fireside."*

I did not ask for details on the beating, which seemed to precipitate his admission to 'sick bay' and what he described as a 'dark moment'. The state-funded homes have an Inspector of Orphanages whose role is clearly stated in the Children Act 1925. It is unclear if an investigation would have followed a child being placed in the sick bay for a

year. However, Robert quickly followed up with a positive childhood memory of river outings with other boys from the home.

***“Not so much where they give you a lot of care”***

The lack of individual attention was a common memory. Robert’s experience reflected that: *“Generally it is a place where each dormitory has two staff on a shift, so you not so much attended to, then. Like they have a routine where they will come in from 6 to 2 and do what they need to do based on the work roster. So not so much where they give you a lot of care and stuff like that.*

*You just more or less there, like going through a particular routine. You get up in the morning, you go bathe, get ready for school, you return for lunch... [The school and the dormitory were just across from each other]. You just go for lunch. You come back, you go back to school. You finished school evening time. You would have homework, you probably try and do your homework—if you could, right—and then you will go and play and stuff like that, and then supper time, and then have a little moment of TV, and then we have roll call, and then we have prayer, and then we go to bed. That was the EVERYday routine for most of the time. That was an everyday routine. We would say the ‘Our Father’ prayer because it was Anglican based home.”*

***“It didn’t really make any sense”***

All except one of the homes in Trinidad were managed by a religious organization, or a church was the foundation of their work. At the state-funded Anglican managed homes the expectations were attendance at church. The state-funded Catholic managed homes included participation in even more religious activities. As one participant from the Catholic managed home said, *“There was a lot of praying...we had to pray a lot”* while a

participant from the Anglican managed home added, *“We had to go to church...sometimes it was boring...I used to sleep in the church.”* It seemed unclear to the participants from state homes what the goal of church attendance and religion was in their lives.

Robert observed: *“The Anglican Church was across the street. Yes, we used to go to church but to me, I could say it now, that didn’t really make any sense, it wasn’t, I am speaking now because I understand what I went through, right, from a spiritual base, it was a waste of time. Based on how I now understand spirituality, it didn’t do me any good at all in getting closer to Christ you know. But one used to still go. You know, it was a place to go and from time to time you have holidays where some people, if they have parents, they will come and take you home for the holidays. You will go and come back and stuff like that. Then you have individuals who would, in the Anglican community, would ever so often during the July/August holiday they would probably come and take one or two kids and have them over the weekend and stuff like that.”*

Veronica, another alumna from this home shared a similar view of compulsory church attendance: *“The Anglican Church to me—I wouldn’t say it made no sense because I can’t judge nobody—it just not my type. You just sit down, and to me to what I or we were hearing was that the priest would just be preaching the same thing over and over. He will only be preaching the New Testament. I read from Mark, Matthew, Luke and John so I know everything in the Bible. He does not preach in, like from his heart—I wouldn’t say not from his heart—but he does just like...he preaches like he is talking...how we are talking now...he does not preach like with ambition and for stuff for*

*people to feel it...when we young kids go over there to church a lot of us will be sleeping.”*

I emailed the Anglican Bishop for his comments on the participants’ views and how representative they are of the children from the home. Also, I asked what role he saw or expected of the church in the children’s lives (December 5, 2014). He acknowledged receipt but we were unable to meet before my departure.

### ***“My father died”***

Volunteers, sometimes called sponsors, are a positive presence in the lives of residents of children’s homes. Most participants recalled fondly a relationship with a volunteer who attempted to give them the individual attention they did not get at the home or sponsored them in an extracurricular activity. Some relationships were maintained through adulthood, as noted in the comments by forty-year-old Ian: *“I tell people that is my next set of parents. They are actually my first set of parents after my biological parents and the mom was one of my mother-givers in my wedding.”*

Robert remembers: *“I used to go by a lady in San Fernando close to where I actually grew up. She was really, really nice to me, EXTREMELY nice. I could never forget her even after I left. I went or used to go and look for her and stuff like that. That was a good time.*

Holiday celebrations were often a time of happiness for the children, but could also be sad times if they had no family or others to visit them. Robert continues: *“But there was a dark time for me. It was a period of time when my mom was going through a trial where, after my father died we had, or she had, a big house. We were living in a big house in San Fernando and my father’s family fought her for the house and put out her*

*stuff and all of that. So there was a period of time where, I would say approximately three to four years, she did not come and look for us.*

*So it was a LONELY period. It was a very lonely time. So you would kind of like occupy your time with, you will see Christmas come. People family coming and bringing stuff for them, toys, gifts for them and you will not get anything. One thing I remember getting was a pair of blue shoes from my mom and I really liked that shoes. It was like super comfortable and I remember, certain things you would remember, I don't know at what age I got the shoes but I remember when I got the shoes.”*

### ***“I played the saxophone”***

School activities were often important for recreation and also to learn skills that they could carry with them after they left the home. The state homes have a history of alumni joining the armed forces through the musical bands. Robert remembers:

*“Eventually after school leaving I was placed in a trade. At first I went to do masonry and eventually I think the mason teacher retired. So after that and apart from all of that, they used to have music classes on an evening after school so I used to attend that. I play saxophone and that give me the opportunity to be in the orphanage band—myself, all my brothers, three of us were in the orphanage band—myself and my two brothers. As a result of that my last brother is in the police band right now playing music.”*

### **7.2.3 Joseph**

Unlike Trinidad, Tobago does not have a history of state-mandated residential homes. In Tobago, the Department of Social Services and Gender Affairs of the Division of Health and Social Services in the Tobago House of Assembly is responsible for child protection. Within the Department, the Probation Unit is one of the three units that



addresses issues related to children and is responsible for the Probation Hostel which houses children between 12 and 18 who are committed to residential care or on remand (CATT, 2012). The hostel opened in 1990.

Joseph's story weaved through kinship care, group home, adopted home, group home and back in grandmother's care. At age 18 he was diagnosed with kidney failure and is to this day on dialysis every three days. This seemed to be an additional responsibility for a young person whose living arrangements still appeared unstable. Following is his story about his first placement at the group home/hostel in Tobago:

*“When I went there I met a staff name Miss Kate and she treated me real good and up to this day we are still good friends. She treated me good and thing. I met two other boys and about 5 or 6 girls...it had plenty girls in the home.*

*Monday to Friday you get up at six and if you have any chores you do your chores, you make up your bed, you get ready for school, eat breakfast and wait for the bus. Monday to Friday, go to bed about 9. Weekends you can get up anytime but not after 9. Saturday it had real chores. You had to wash [clothes] and do everything. If you were small, that is between the ages of 9-11, the laundress will do your laundry.*

### ***“They sent me to trade school”***

*One of the staff, whose name was Miss Veda, was the only person who used to help us with homework when she was there or the same Miss Kate or the counsellor Mr. George. He used to teach maths and Language Arts...later on the Manager of the home took me out of secondary school and sent me to trade school...I did not get to finish trade school...It was a long distance from one part of the island to travel by bus...I have to get up early in the morning, walk down the road and get a bus going all the way through*

*Lassami, through Castara, come through the rain forest and arrive at Roxborough. If I miss it I will have to come to the bus terminal and wait for a bus going to Charlottesville... I got fed up and stopped going...now that I am back living with my grandmother, I recently returned to high school in September.”*

### **7.3 Faith-based Homes**

#### **7.3.1 Kelly**

On their website, the Everlasting Life Community (ELC) is described as a body of Catholic men and women who came together as part of one Catholic church to be of service to all. The ELC was born as a result of a Renewal Prayer Group in 1972, when prayer meetings were held outside of the regular weekly mass. The ELC operates three homes. The Esther Half-way House is a home for battered women and their children, for pregnant teenagers and for young women who would otherwise be incarcerated. It was opened approximately 28 years ago. Friendship House is a home for socially displaced girls from newborn to age 18. It was opened in 2001. Norman Home is a home for young men and boys who were abandoned by their parents, abused or orphaned. It was opened in 2002.

Before the addition of the boys’ and girls’ homes, Esther Halfway House accommodated children who needed a place to stay. Kelly lived at the home with her brother and sister for eleven years before the sibling group were separated. The girls moved to the girls’ home and their brother to the boys’ home. Kelly has completed her undergraduate degree and is now pursuing graduate studies while she works full time. She has a young son.

We met at her workplace during the lunch break. She wanted to meet “*under the tree.*” Due to her limited time and lack of a private office space we met below one of the many large trees that are located on the grounds of the university. It was the rainy season in Trinidad, which meant that, with little or no warning, one can be soaked with a sudden downpour of heavy rain. We completed the interview with no rain but did not avoid the tropical insects that kept falling from the trees.

***“I felt sort of abandoned”***

*“I grew up at Esther home from age 4 to 15. Initially it was just to be three days and then after, three days turned into whatever. For me seeing other children coming in and leaving that’s what made me feel I am abandoned... At different points in time the care giver will say things like ‘nobody wants all you, that is why you are here’ and ‘you all are government children’ and even in school as children they could be a little hurtful. So they could be very mean sometime. For me, I was always crying and always sad looking. Even some of the caregivers there...you had one or two males that will come in to visit and it was as if physically we got a lot of licks. What they call discipline for me it was abuse. We had all kind of licks to get but it turn out for me, it turned out good in the sense that it taught me a lot, and because of certain things like, somebody tell me I can’t do it that encourages me to go ahead and do it.”*

Although Kelly identified that the discipline was excessive, and in retrospect was abusive, she still maintained that it was useful. Later in the interview she was very clear in professing that she would never use physical discipline on her child. The shaming by the staff was a consistent complaint from the majority of participants in the state and faith-based homes but not in the community-based homes. During that period, the

statutory law on beating children was contained in the Children Act 1925. Section 3 specifies that where any person over the age 16, who has the custody or care of any child or young person, willfully assaults or ill-treats the child or young person, “in a manner likely to cause the child or young person unnecessary suffering or injury to his health” that person commits an offence. One may assume that the Act may purport to prevent cruelty to children but may allow permissible corporal punishment. However, the new Children Act (2012) maintains “the right of any parent, teacher, or other persons having the lawful control of a child to administer reasonable punishment to such child... reasonable punishment referred to in subsection (1), in relation to any person other than a parent, does not include corporal punishment” (Section 102 (1, 2)).

Veronica who lived in a state home shared similar experiences of being shammed by staff. Trying to prevent herself from crying, Veronica recalled:

*“And some of them [staff] does be dropping things in your face. Things like what you went through growing up. Dropping things in your face and say, ‘that’s why you this, that’s why you that, that’s why you would never make it in life, that’s why when you go outside there you belly go be high up to your chin’. They don’t tell you positive things. It is up to you to prove them wrong because people tongue very powerful! So they do tell the females that A LOT! A LOT! They does pound that in your head. You does feel like [a long pause while she stops herself from crying] ‘that’s why when you go outside there you belly go be up to your chin and you go be nothing and all man will just go between your leg’. All them thing they does be telling you...so ah does be like, God forbid! Because I know that will not happen to me!”*

Kelly's story continues with her description of the use of corporal punishment at the home in achieving academic goals:

***“Nobody can take your education from you”***

*“The caregiver at the time always emphasized education so she was drilling us even during vacation time. The first week of vacation we get a little break, just the weeks before school over it's back to books, no toys. But again it served well because one thing I always, even today one thing I kept with me, she would always tell us that anybody can take anything from you but your education they can't take from you. So that always stuck with me... The caregiver, when we have homework, she would sit with us. But even that and all, it was strenuous because she would beat us if we were not sure about something. Sometime you had to learn it before you go otherwise you fear that you will get licks. Even in school you had to make sure by force to stay within the top 10 or the top 5. That was her expectation. Academically she had high expectation for us. So we didn't have a choice.”*

This authoritarian approach to education worked for Kelly. She is one of two participants who are in the process of completing graduate studies, but it turned her brother from seeking further education. Kelly continues:

***“Not being able to see my own family”***

*“At 15 we moved to Friendship House. Well, the numbers changed the responsibility...from 9 of us to now 21 and me being the oldest and I had to take care of everybody... The fact was because we moved there my brother and I separated and then at the time my sister was going boarding school. That is Holy Name Training Centre. So she had to stay in Port-of-Spain. So we were basically split up for about two years. The*

*only time I will see him is probably some weekends. Well, initially it started weekends, then eventually it was once a month. And then it was only on holidays. Then my sister was once a month, she could have left to come home for one weekend. So that was the only time I could have seen them. She had a concert in school where she was staying and we would get to go. That would have definitely been a big change for me, not being able to see my own family, but I made the adjustment. Because at the end of the day I knew where they were and they were being taken care of. Well, we did not have cell phone and these kinds of things so if it is only then when we get to see each other we would hear from each other... We didn't have access to the internet and those type of privileges.”*

This sibling group was one of the few groups that stayed together after discharge from the home. The majority of the homes do not take on the responsibility of supporting the sibling relationship in the home and their relationships with families outside of the home.

#### ***“Christmas parties”***

*“It was nice in that you get opportunities being able to go to a lot of Christmas parties and functions. We would visit the President's house and other places, what the average family will not be exposed to, we were able to be exposed to. It was really nice. And as we got older what was even nicer even for me was that we would get a lot of toys to the point that we wouldn't be able to open some, so we would just take it and share it in the area because that area had a lot of underprivileged families as well. So during the Christmas holidays, after getting an idea of children in each household, we would dress up like Santa and distribute our excess toys. So it was exciting for me, it was like us giving back.”*

All 24 participants shared positive memories about Christmas holidays living in a residential home. One participant even observed that as an adult living on his own the month of December and the days approaching Christmas were very difficult times for him: *“It is quite different from what I have grown accustomed to...It could get lonely at times...I have fond memories of Christmas.”* Except for the state-run homes, the residents were all expected to give to those who were seen as less advantaged in the wider community. These acts of giving were a positive sign in impressing some form of morality in children at an early age. They were seen as abandoned children but still privileged in some ways and expected to share. Although this was a good thing, it sometimes seemed to support the contradictions where, even though there were unhappy experiences, the mantra from many alumni was that life in the home was better than if they had stayed with family. It is unclear if dressing up like Santa and going to the poorest homes in the community reinforced in them some form of gratitude despite the sometimes unhappy experiences they had with staff or if it helped in reducing the stigma that they sometime experienced being from a home.

### ***7.3.2 Christine***

My interview with Christine was conducted in an office space on the university campus. Christine was a very engaging young woman. She was in her early twenties and stayed in the home from a few days old. When we spoke, she was in her last year of completing her undergraduate degree. She was the youngest in her family and joined her sister and brother who had been placed in the home a number of years before her birth. When her sister left the home she did two jobs for six years and furnished her apartment, as she said in a later interview, “so my sister can come and live with me and live comfortably.”

Christine stayed in the home until age 12. She has been living with her sister and receiving the support of her sister while she attends full-time university.

***“There was a lot of praying”***

*“My childhood, well besides playing in the yard, every Easter it had camps, Easter camps within the home. [Easter camps include games, arts and crafts, and fun activities.] More based for the children within the home and sometimes the staff were allowed to bring their children if they had nowhere to leave them. It’s a Roman Catholic home so there was a lot of praying, the 13<sup>th</sup> of every month we had to pray. I don’t really think I understand why about the Immaculate but it was to my benefit because I use to get prayers on my birthday. We had to pray a lot! It had this thing, I think it is for Corpus Christi when you have to walk around in the chapel and it was a type of station of the cross as well. There was a lot of praying there.”*

***“A lady I called Auntie Celia”***

Similar to the role that a teacher may play in changing the course of one’s life through what he or she may have meant or by some specific act, so too have volunteers and sponsors been seen in the lives of the alumni. Christine shares her experience of having a sponsor in her life. It is common in the Caribbean as a sign of respect that older individuals are addressed as ‘Miss’ or ‘Sir’ and those who become more familiar are called ‘Auntie’ and ‘Uncle’.

*“Christmas we were allowed to go home, so I think the home was closed. We would have sponsors either from within the country or out the country and they would like buy stuff for us or we would be asked what we would like for Christmas and send a list. Some of the things you get, some you don’t get, some you get more than you asked*



*for. So we have our several sponsors and they would fill up the bags, buy gifts, school clothes, toys and then we meet them.*

*One of my sponsors was a lady I called Auntie Celia. I don't know her other than that and she would carry me for swimming and I got engaged through her with sports. She would carry me and other kids for swimming at her house on Tuesdays, Wednesdays and sometimes on a weekend if she could. And it had these three things in Movie Town where they would put the child's name giving you an opportunity to fulfill their Christmas wish. And then parents would carry you home. And if you had no one then one of your sponsors would have, because they always want to carry us home, but you have to make sure the child's family agrees with it. And if they agree we get to go with them this Christmas, and next Christmas we may stay at the home."*

Besides individuals sponsoring extracurricular activities with children, some volunteers also became advocates for the children. One participant explained how a music teacher assisted him in making the deadline for his application to university. The forms remained in the manager's office to be signed. After failed attempts to get any assistance from the staff or a commitment to get the forms to the university, the teacher came to the home, got the forms completed and signed by the Manager and took them to the university. These relationships continued when he was discharged from the home: "They looked out for me, take me to dinner and invite me to their home." Christine continues with her story on holidays at the home:

***"Always have a party bag"***

*"We always used to like these functions, these real nice Christmas functions. We were always getting invited to parties, those were the best times! Like from all now [end of*

November] *I used to love myself because you know when you come home from school you have to hurry up and do your homework. If you don't do your homework you are not going to get to go to the Hilton Hotel luncheon. You getting to meet other people. We always used to have this thing by Harvard's Club where you actually winning jewelry, not any fake jewelry! My home was the best. It had things like every weekend is a party! We always have a party bag with snacks. So in the night that was the worse when it is time to go and sleep, because we were just hiding. It was crazy!*

*For the Christmas school break, you spend the whole 2 weeks at your sponsor's or at home so it comes like if my sister decided in December she is coming for me or on the 12<sup>th</sup>, I am going on the 12<sup>th</sup> and coming back just before school starts. And seeing that my sister lived at the home, it was really not a problem. Most people would have to come before like a week and I came back like the day before. It was never a problem. Probably how she lived at the home and the person who were in charge took care of us, so they knew where we were staying. She would have gotten whatever procedures needed to go through to make sure."*

### ***"Help with homework and stuff"***

Education was important in all the homes but it was often left up to the children to acquire assistance needed beyond the classroom. Again, committed volunteers or staff might fill that need. For the staff, this would be in addition to their main job requirement, which was the day-to-day care of all children in the dormitory.

*"There was a lady name Miss Paula. She was downstairs, not too far from the kitchen. She had a station there. She used to help us with homework and stuff. I was not really into my studies at primary school as when I started secondary school. When I*

*started secondary school as compared to primary school it was like wow! I think the most I ever got was a C when I used to be in the home and now like I don't like seeing C's, it is like A's and B's. I am not sure what made the difference. I knew what I was doing, but for studying and exams, I don't know.*

*Probably after a while the pressure got to me from taking care of the younger ones in the home. I was young when I started taking care of Tyler and Lorraine. I was like about 11 or 12. They both attended my school so seeing I was the eldest there, it just happen you have to make sure that they were ready for school when the driver came to pick us up. I don't think I will blame it on them, I just don't know because there were other persons in the home who did well during that point but I don't know about me. It just didn't even, when I was home with my family, that is, when my sister came for me, I had to do homework and study but I guess probably when she left the home I just slacked off. I am not sure. I think so. I am really not sure why my grades were not as good in primary school.”*

***“It was stressful”***

Many of the alumni shared experiences of a brotherly or sisterly protective relationship among the residents: *“All I remember about the home was the brotherhood.”* This may be seen as typical of group living, a protective and caring relationship of one child for others. A similar conclusion reached by Emond (2004) in her study on adolescent residential group care and the role that fellow residents play in the individual experience (p. 193). In one of the community homes I observed a six year old complain to a teenager about something done to her by her peer. When I asked the teenager if she was assigned to the preschooler, she said the connections occur naturally. But in some homes

it may occur because of high children-to-staff ratio. The older residents may end up taking on too much responsibility. This seemed to be the view held by Christine:

*“But besides taking care of the children [Tyler and Lorraine], that was stressful at a point in time because I am a child myself and really don’t know. When I buy like these nice ribbons I have to give it to them, so I going to school looking scrubby. And I clean my lacing and it’s like, ‘you have to learn to take care of others, you can’t have yourself looking neat.’ So I have to give them. I think after a while I just didn’t really care so just making sure be normal. So besides that, it was a nice experience. Besides the bad, it was good.”*

***“It was like a family...strangers become your family”***

For Christine there was a need to return to more pleasant memories and view the home as not an exploitive place that robbed her of her childhood but as a lesson in preparation for the outside world. *“I think in a weird way it [the home] helps prepare you for life outside, even the bad stuff, because you learn not to be selfish, you learn to take care of others and sometimes you have to put others’ needs before yours. Also self-care, at the same time you have to learn how to take care of yourself while at the same time helping others and able to socialize. It’s not like we were locked up. I have heard about other homes where they don’t even see outside. I am like ‘okay then’ but we were able to go outside...go to other schools when they were having an event. You got the opportunity of meeting new sponsors, going home by them or going out with them. If you had a friend and they were having a party and they invited you the driver came and picked you up. It wasn’t isolated, in a sense it was like family setting. It’s just, strangers become your*

*family so it really wasn't bad. It just had one or two bad things about it but every institution has something bad."*

Feeling and being treated as different is a part of growing up in a home. These feelings are sometimes reinforced by the attitudes of the staff or at times from comments in the media and from peers. The former Prime Minister had an annual Christmas party at her residence for children from all the homes in the country. This event received heavy media coverage with photographs of children in every newspaper. Although all residents enjoy this party, it can make the children feel more different and add to a stigma associated to living in a residential home. Christine addressed this in her interview. At twenty years old she no longer carries the stigma that is sometimes attached to growing up in a home. She added, *"It doesn't really matter, it is nothing to be ashamed of if you grow up in a home"*. She said it took her some time to realize that there is nothing wrong in growing up in a home. She now uses this realization as something to be proud of:

*"It's kind of weird but I think after when I got myself to realize it have nothing wrong with living in a home, it is what it is, I think I was able to deal with the rest. So everybody like, 'Oh you from a home', and I look at it like ah boast to do, 'hello! I grow up in a home and I still come and meet you at the university. So what's your problem? You cannot be speaking to me'. Like, I does use it as a boast, so like if somebody trying to play like dem trying to down me, it's like.... 'you know where I from? From a home! Where you from? You have your parents, whatever, if I had that I would have been further ahead...you need to come again sweetie!' You know! I does use it as a boast, it doh really bother me."*

Other younger participants mentioned people expressing surprise when told they were living in a home. Roger said that when some of his high school friends found out that he was from a home their reactions were, “ ‘You are lying! You are from a home?’ *They wouldn’t believe it.*” Veronica did a community program with youth from an area outside of the home. She said they had never met someone from a home and they had a lot of questions but they had a different expectation of how a person from a home would appear: “*They weren’t expecting a home child to look like a home child because they asked me, ‘How all yuh from a home and all yuh looking so?’ I was like, ‘How we looking?’ and it was all ‘Yuh looking so neat and stuff.’ And I was like ‘How you expect somebody from a home to look?’ So they thought somebody from a home used to look poor and all them thing. Like what they does be hearing. They thought wrong.*”

### **7.3.3 Raf**

I met these participants at their workplace, a busy lumber and building materials business that makes and sells furniture to local and regional buyers. Following is Raf’s account of life in the home:

#### ***“Being made fun of”***

*“My biggest memories were having to start school at a very late age—six and I am now attending kindergarten—and study at a pace so I can catch up with my age group. It was a difficult time in school, being made fun of, the other kids will make fun of you and all of that. School was not an option for us while growing up with my family. But I catch on really quick. I was able to study and move on and skipped ahead and got to the classes that were in my age group. I did good for myself.”*

Raf is an Indo-Trinidadian. He was placed in the home due to neglect as result of excessive alcohol use in the family. He also grew up in a rural part of the country, which may have made it easier for school non-attendance to be missed by the authorities. School attendance is free and compulsory between the ages of six and twelve years old. A school attendance officer is responsible for the enforcement of compulsory school attendance for anyone of compulsory school age in any district (Education Act, Chapter 39.01, Section 76. (1)).

***“School was walking distance”***

*“On a school day we were up at 6:00 am. We got ourselves together. We were responsible for tidying our quarters. We had to keep it tidy. We have a little family time just to discuss the day or some of the things we have to do at school. Then there was breakfast and prayer time. We leave for school at about 8. School was walking distance. Major chores were done on Saturdays. We would help clean up the dining area, the kitchen, whatever. We would help in whatever need to be done to keep the place clean. We also use that time to do outside yard work.”*

***“We do sports together”***

*“But there were times set out for interaction with the people in the community. There is no public access to the home; people can’t come in and leave. There is restriction, right, so they would have to meet the security at the front or they would have to apply or make appointment to visit. For the kids that live in the community we do sports together with them because we have a playing field at the back and they would want to come in the playing field. There was a time set for that to happen and the community would come in at that time and there is where the interaction would happen.”*

***“We had a lot of donors”***

*“During the vacation time we had a lot of donors that would want to sponsor some of the kids, take them out to different activities, maybe a movie or go to the park. They would organize it, arrange the transportation, etc. and make final arrangements with the caregivers. Then they will come and take all the kids out either to the beach or to the zoo. Sometime we have a lot of that during the holidays.”*

***“It is a Christian children’s home”***

*“Christmas day is a big deal for us as it is a Christian children’s home and we grew up under that leadership. We wake up Christmas morning. We meet together, have a little devotion or we go to church because there is a church on the compound. Donors would have brought gifts for the kids and we would have kept them and open them Christmas day. Then Christmas breakfast and everyone will have fun with their new toys. It was good times!”*

## **7.4 Community Homes**

### **7.4.1 Victor**

Miss Cathy, or Auntie, is one who can fall into the rich Caribbean tradition of kinship and communal caregiving where children’s homes were established because a benevolent neighbour takes in two children, “then three more move in and before long a house for a family of six has been adapted to care for thirty or more” (Jones & Sogren, 2005, p. 14). Victor’s story is significant in highlighting the difference in experiences growing up in a community style home as compared to a large institution-run home.

I met and interviewed Victor at Miss Cathy’s home in the partially covered front of the house which served as a sitting area, playroom, and part garage. There were long



tables and benches. The room served as an area for birthday celebrations or when there is a need for most of the kids to gather in a group. There were dogs lying lazily under the tables. The home is located on a busy street so the interview was held in the noise of the private taxis seeking customers by honking their horns to potential hires. This made the taping a bit more challenging.

Victor is now 33. He lived abroad for a number of years after leaving Auntie's home. He recently returned to live in Trinidad and became Auntie's de facto Director of the home and a positive male role model to the children at the home. During one of my visits to the home I observed Victor consoling a baby in the most tender, paternal manner, not often seen among young males in the country. What follows is Victor's story of life at Auntie's home.

***“I couldn't read, I couldn't write”***

*“I started school at the age of 9. Miss Cathy was trying to let us in but she did not have custody of us and couldn't find our parents and the government was strict with the birth paper and all of that. And a Good Samaritan, her name is Ms. B, her husband was the Commissioner of Police at the time ...her driver used to pick her up to do charity work. They were looking for the Malabar Roman Catholic Church and she happen to pass it. The driver didn't know. She stopped here and asked Miss Cathy for directions. She did not know this was a home and she started coming and stuff and she really liked us, especially my family, so she went to the Ministry with Miss Cathy and plead and plead and plead for us to get into school and through her intervention we got into school.*

*Going to school at age 9 was the worse. They put me in standard one. The class was packed. I remember going into the principal's office and she was saying that I had*

*to do an assessment, a test and she said it was not good because I couldn't read, I couldn't write and stuff like that. I knew a few words but I use to use a lot of obscene language! My teacher's name was Miss Nina, one grumpy old woman. I didn't like her at all but she became one of my best teachers. She was forcing me to read and do maths and telling me 'Don't give up.' ”*

### ***“Quarrelling with God”***

Many participants could identify teachers who had made a difference in their lives. For Victor, Miss Nina became that person. Victor also strongly believed that God intervened in his ability to read. Even though this was not a home managed under a religious group, Auntie was a very devoted member of the Catholic Church. The residents were all baptized in the Catholic religion and attending church was part of the weekly routine. Victor believed that a miracle occurred in the church which allowed him to read. Victor's religiosity and belief fits within the culture of Trinidad and Tobago.

*“I did progress but still at age eleven I could not read well and she said to me, 'Don't give up, keep trying' and I did and you know a miracle just happened. I went to church one evening. They had a Life in the Spirits seminar and we started praying and singing and stuff and I remember quarrelling with God because it's like, you know, why I am different? Why am I not like everyone? And I just want to learn to read and write and whatever.*

*And then I remember the priest asking, you know, someone have a testimony to give? So come and give it. And I went and I just started turning pages in the Bible and I just started reading! I couldn't understand what I was reading but the words were vivid. It was like in meh brain, from the Bible into meh brain, and you know and then it just*

*happened. I couldn't explain it. I never question God about it. I was just happy that I could have read.*

*So when I went to class and I picked up, I was still reading the standard one book even though I was in Standard three, and there was this story where they had thin foot...I couldn't remember something about it and thin foot went to pick yam and whatever and read the whole story for her and she was amazed, you know. She started to cry and, you know, she just and from there that was it. I just started to excel. I just I felt like I wasn't different, I felt like I could achieve you know and things like that. It just happened!"*

***"They use to throw them by the ravine"***

There were opportunities to engage in some activities at the community homes that would not be allowed at the larger homes. Children were unable to keep pets in the homes that had a more bureaucratic structure. In fact, no homes had pets. However, as Victor's story would reveal, life at Auntie's meant having the opportunity to experience rescuing needy/stray dogs and making them valued pets of the home.

*"What we used to do, dogs and plants, we used to like [laughter] yeah boy! We did some crazy stuff. For plants, we use to walk around the neighbourhood and if your house doesn't have plants and the next neighbour house has plenty we used to dig up from that and plant it in your house. So we wanted all the houses to have flowers. And then it used to have a lot of stray dogs. We used to pick them up. Plenty people used to throw them by the ravine and we used to go and pick them up and bring them home and bathe them. We had dogs, like a lot of dogs...Auntie use to be mad and upset and will always tell us to carry them back and we would say 'Auntie, well, they have nowhere to go.' We would build big dog kennels for them and every morning we would clean the*

*kennels and feed the dogs left over stuff from the kitchen. Those days we used to get a lot of soya. It was now coming in. We used to cook it and put salt and black pepper in it for them to taste it and eat it. We had a lot and then when our dogs died we would dig a hole in the back and bury it. We would have a funeral for the dog. We would take curtain and put over our head like if we are at a funeral in church and we would play as if we were crying.*

### ***“Things I remember clearly”***

*Food! What I remember, we didn't use to have food home where I was living with my parents. When we came into the home, after a while we started getting a hot meal every day. School used to finish 5 minutes to 3. I am home by 10 past 3! Because I know we were going to get hot cook meal.*

*My other memories were like going to church. Every Saturday we had to be in church on time. Church used to start 6 o'clock and Auntie never used to like us to be late. And the funny thing I remembered recently is that sometime between 3 and 4 she used to dress us in our vest, underwear, socks and shoes, plenty powder and sitting down there and waiting until five o'clock to put on our actual clothes! That was a memory that I could not understand and to this day I still dress like that, to this day if I have to go anywhere I would dress, put on my underpants, my vest, my shoes and everything and then wait. As a young adult, having roommates or if I am spending time with friends, they will ask me 'Why are you always putting on the shoes first?' and is only then I realized it is a kind of traditional thing....so those things I remember clearly.”*

#### **7.4.2 Clarke**

I met with Clarke at a group home located in Couva, in central Trinidad. The area once was one of the oldest sugar producing villages, with cane fields covering the majority of the landscape. One knows they have arrived in Couva from the sweet scent of the sugar cane. Now industrial companies have replaced the sugar cane production as places of employment. People also travel to the nearby oil refinery for jobs. The home is located on land that was once a sugar cane plantation. It is home both for long-term residential living and a short-term respite crisis nursery program.

Clarke is now 18 years old and has lived in the home since he was a newborn. He is now in his last year of high school and is part of the home's pilot project to develop a transition program within the home. This is the only home that is not connected to or supported by a religious organization. As Clarke says, *"We go to different churches. I go to the Open Bible. Some go to the Roman Catholic Church. But we acknowledge all the religious festivals, Divalli, Eid and stuff."* This home also made a major managerial change when in 2007 the owner left. With the support of a local company, a new manager took over the operation of the home. The home now receives the bulk of its support from the company. Clarke speaks about life in the home before and after 2007.

#### ***"Children's rights"***

Trinidad and Tobago is a signatory to the Convention on the Rights of Children (CRC). Under the CRC children are supposed to know their rights through information sharing sessions at the homes, including posting of the declaration of the children's rights.

Clarke was the first participant who spoke about children's rights:

*“Freedom of expression. Before you didn’t have the knowledge to know children’s rights. We now understand some rights that we are supposed to have. Like before, they will take it away. Like, I didn’t even know. I was introduced to school but not how I am doing now. I end up in form 6. Like before I wasn’t even passing. I was stuck on getting 20% and I didn’t know anything about children rights and did not know anything about how it felt like to be loved and stuff. Since this new administration we have to get three meals a day. Normally we used to get one...yeah we used to call it break [the term used was inaudible] like one meal around lunch time and that covers breakfast, lunch and dinner. And I now know about dinner. I wouldn’t lie [laughter].*

*The fridge used to be locked with a padlock [laughing]. Yeah the fridge used to be locked and like when visitors and others came we never used to be able to interact with them because the knowledge we get, we didn’t have the knowledge to interact with them because they used to keep us inside. Now we are open and interact with anyone. I didn’t even know we were suppose to get three meals a day, since I became accustomed to the previous managers...yes...when it was introduced I was like ‘Them over feeding we or something...this is too much!’*

*“Christmas with the old management we normally get the same amount of gifts but we never used to be getting all as we do now. Like Christmas day we would come outside but they would open our gifts already. So it wouldn’t be a surprise for us. But now we all open our gifts and we see which one we want and we must give to needy children...children who are less fortunate than us. The board games we put away to play with families and stuff. On Christmas morning the administrator brings her family and*

*they come with their family and we eat breakfast together. We open our gifts, we have like 25 gifts per person, and the rest of the day is ours. We play with our gifts.”*

#### ***“Two hours extra work”***

*“Get up on morning, do your chores, if is your day to wash, wash your clothes, have breakfast. But first we exercise, then say prayers together. Then we will do our chores, have breakfast and off to school. When we return from school, some of us may have to go for lessons. After we return from lessons, we will have dinner and then sit down and watch the news. After dinner we do our homework and before bed we have two hours to review our homework, etc. And on weekends, like from Friday evenings, the same thing in the morning but in the evenings we come home and we clean the multipurpose area and after we go outside and play. After playing and having supper we go inside and get ready for bed, that is having a shower, watching a movie and bed time.”*

#### ***“Sports camp”***

*“With the old administration [for the July/August school vacation] I can’t remember because we never use to do anything like this administration. Like it’s compulsory for us to go on a vacation in Toco. Normally we go for a week to have fun and then we are back. It is normally late August but in July we go to summer camp and sports camp and such.”*

#### ***“Playing board games”***

*“Things I like about living in the home are vacations, Christmas time, and we normally have an annual function for the home, like to thank all the shareholders and stake holders and stuff...that is also good. And the times like we have fun, like staying up and playing*

*board games and playing water fight and stuff. I also like to play ball games, watch TV, school, games sometimes, and assist the other children with their homework.”*

### **7.4.3 Jenna**

The experiences of Jenna from Tobago move from kinship care to group home care. I met with Jenna in early December on a rainy day at her mother’s home in Tobago.

December is the end of the rainy season in Trinidad and Tobago. It is also the beginning of the preparation for the Christmas celebrations. Workers were at the home painting and completing small renovations to the interior of the house. Due to confidentiality of the interview, options of where to have the interview were explored. The social worker who drove me suggested we use the car while she visited with the mother and the workers in the house. We were parked under a mango tree. We later decided that we could meet in the living room while the workers took a break on the verandah. The living room was small but surrounded by family photographs and a large television and other electronic gadgets. Jenna had only recently returned to live with her mother. Although she spent approximately five years at the home, her experiences seemed to be an extension of a family home life.

#### **“Good experience”**

*“She taught us how to cook, making cake and thing. We learn as young children how to make cake. It was a good experience to meet different children and why they in a home. Get to learn about them. I did not feel happy, I was real sad just to know about the whole court stuff and I have to come out there at a certain age. But I really learn...it was a fun experience.*



*The routine involved getting up early in the mornings. Get up, we eat, have a bath, we go to school. We have a transportation to pick us up. They go and pick up every child from different homes and drop them to their destinations. They pick us up as soon as school is over and carry us back to the home.”*

The limited amount of activities at the home could be accounted for by the experience of the manager of this home and the manner in which it was operated. My interview with the manager during my visit to the home left me with the impression of someone who was guided by her own upbringing and understanding of children’s needs, which was limited to attending school and developing domestic skills. The inside and the outside surroundings had no evidence of a child-focused, stimulating environment. The manager had limited mobility due to her right leg being amputated as a result of a health problem. After the manager of the home became ill, Jenna was placed with the manager’s friend, where she lived as a foster child until an incident resulted in her return to the care of her mother.

## **7.5 Summary**

In this chapter I attempted to give voices to the men and women who spent most of their childhood and adolescent lives growing up in an institution. Some of these institutions were large, housing as many as 400 children, and others were small, with as little as nine residents. There were commonalities within the institutional groupings, such as the daily routine that rarely changed, based on memories of the oldest participant to the youngest. Despite the hardships that some may have experienced living in a home, there was unanimity that Christmas holidays were the most positive and memorable experiences for all.

There were also some things that distinguished some institutions, such as that the small family group home setting allowed for residents to experience aspects of a normal family life. There was less of a hierarchy in decision-making, which allowed for children to acquire such things as stray pets. It is interesting to note that one of the state-funded homes developed a smaller home of approximately 10 residents, initially for sibling groups, but Angela who was not part of a sibling group recalled, *“It was a nice place, it was like a normal house with dogs and thing. We had three dogs and puppies. I remember playing with them like my children, feeding the pups with baby bottle and thing. It was nice, I remember Miss Mable. She used to be the manager or something. She was a nice lady, very nice lady. We used to massage her feet or something for candy and thing. Sometime we used to go home by her and all. Spend night and thing.”* This positive experience supports the use of small community group home care.

Shaming and stigma were more present among staff of the larger homes than the smaller facilities. Physical punishment, or as one participant described it, abuse was more apparent in the larger state and faith-run homes than the smaller community homes, although it may still not be at the level that occurs in the general society. But the effect of physical discipline in a family setting may be different than in an institutional setting meted out by staff.

Individual sponsorship and volunteers were present in the large homes and filled a need for residents by providing an opportunity to develop an intimate family-like relationship not easily acquired in congregate care. Sponsorship and volunteers seemed to involve themselves with the group as a whole in the smaller homes as opposed to individuals.

The stories of the men and women in this chapter gave a rich picture of what it was like growing up or spending their formative years in an institution with a rotation of paid staff and volunteers who come into your life but whose longevity is out of their control. As well they face humiliation, sometimes from both staff and the public in the form of the stigma attached to being from a home.

The official discharge age from the state homes is 16. The next chapter will tell about leaving the home. For most, it was the place they spent from birth without siblings or contact with birth family—a place that offered some protection from the world outside. Their stories follow.

## CHAPTER 8

### TRANSITION

#### 8.1 Introduction

The previous chapters gave an account of the lives of the alumni from their admission to their lived experience as they went through their developmental stages/tasks outside of a family environment. These tasks include acquiring social skills, undergoing moral development, shaping self-concept and forming an identity. In this chapter I will continue with the stories of leaving the home. This chapter will give light to the preparation involved in transitioning from a place where some alumni would have spent a few years or their entire childhood with little meaningful contact with family. Discharge sometimes means leaving below the legal age of an adult.

Officially children can be discharged from the state homes at the age of 16. If they are attending high school and are deemed to be of good behaviour the homes will keep residents until they are 18. When children are placed in the homes there are no expectations to help the child stay in contact with the parents or family members or to work with the family to resolve the situation that may have contributed to the child being placed in the institution. The transition stories that follow will include homelessness, sex for a place to stay and for basic survival, and staff making private arrangements with individual residents to provide temporary room and board.

Over the years a hostel has been established for boys leaving the mandated homes: “Marian House has evolved to a live-in program to help boys who are at the age to leave orphanages to better transition into independent living...we go out to the homes and when the time came for the boys’ termination from orphanages, we would offer them help, they could now get an automatic transition into Marian House” (Ali, 2013).

## **8.2 State Homes**

### **8.2.1 Roger**

Roger was one of the boys who got an opportunity to attend a prestigious all-boys' high school. He graduated and was accepted into the university. He also was recruited into the Trinidad and Tobago Police Service (TTPS) Band. He was on the waiting list to report to the Service. Employment in the TTPS Band includes accommodations. Roger lived in the home from the age of six to age eighteen. His three older siblings left the home much earlier with limited contact since their departure. His mother died while he lived in the home.

#### ***“Do you know where your father lives?”***

*“One day the welfare officer calls me to the office with no prior notification and she says to me, ‘Do you know where your father lives?’ And I replied, ‘yes.’ ‘Do you know how to get there?’ And I said, ‘yes.’ So she was like, ‘Okay, you can pack some clothes this evening and you can go down there and visit him tonight.’ This is something I am not accustomed doing. It was like really new to me. I go and visited, spend the night whatever and I returned back to the home. Another day she asked me ‘if my father was willing to take me’ and I said, ‘yes!’ ‘I am my father’s son and he is willing to take me.’ And the people living there at the time were my father, his madam, her three children—two boys and a girl—and the girl who was just 16 had a daughter one year old.... basically two bedrooms, one for the boys and one for the mother and the girls. Like the next day, the same evening, she said ‘Pack up and go live with your dad!’ Yes! That was it!”*

#### ***“I am not abandoned”***

### 8.2.2 Veronica

Veronica was allowed to stay in the home until eighteen. She and her older brother came to the home as toddlers. They lost contact with their parents; however, a few months prior to the interview she had seen her mother in the city. *“She was with another man and she ended up passing me straight. We walked face to face and she ended up passing me straight!”* This participant’s brother arranged room and board with a staff member for himself. Her transition out of the home was traumatic as she was sent to a facility which she felt was completely inappropriate:

*“I went to Esther House. That home is for abandoned women. I didn’t even know that. They didn’t even tell me that and I was so upset because that home is really for abandoned women. I am not abandoned. And it is for pregnant women who had been getting licks [physical assault] and thing from their boyfriend and stuff and I was like... like they told me the day before it was like, you going to a place but...you know when somebody telling you something they would make it sound alright, all okay. So I end up going with it until I see what it is. I saw one person who was pregnant and I saw one who was very mad. She would be like watching your things and like she is always trying to take your stuff. She lies, because the last time she stole my wallet, my ID everything.*

*One time, I returned to the home around 11 o’clock and she [the manager] locked me out the house. So I had to jump the gate. I didn’t eat, bathe or anything. She did that to me about twice and around Friday she told me I no longer could stay here. She was like, ‘By Saturday you have to leave.’ So I left. I went to work the morning. It had a woman at work who was talking to me and she was like, ‘Where you going to go?’ and I was like, ‘I don’t know’.”*

The woman took Veronica to Auntie's home, which is one of the community homes described in this study. As Auntie is the owner and manager of the home she could make a decision on a humanitarian basis without the approval of a board. I believe for Auntie it was easier to accommodate a young woman who was homeless than a young man. Veronica should have been encouraged to contact the welfare officer or the manager of the state home but probably based on Veronica's experience that might not have made a difference. The assumption was that they discharged her to a safe place and it was her choice not to follow the rules of the place. Veronica plays for a professional football club. Her late return to the home was a result of after-work football practice.

### **8.2.3 Beverly**

There are no equivalent hostels for girls leaving the homes. As noted earlier, the options available for girls are: an adult woman's shelter, attempt at reconnecting with family, staff selecting from the children/youth ready to be discharged and offering them paid room and board, or developing a sexual relationship with a man not for money but for a place to stay.

#### ***"I will put you out"***

*"I was transferred to a training centre which was like a boarding school. It was connected to the nuns who ran the children's home. At the centre there was this man was working as a supervisor in the boys department...and, well, in the home he had liked me as his, well as he told everybody, his daughter. He used to buy stuff for me like chocolate, etc. Well you know when you not...you taking anything because you want to get out...so when I was there at the age of 18 I ran away. Because he bought a phone for me and they took it and that was a big thing and I couldn't take it any more...the*

*frustration just got to me and I just run away and never looked back...yeah he [the supervisor] took me in as his daughter. Well when I moved in with him he told everybody that I would be his daughter, in the outside I am his daughter, in the inside I am his wife...because he used to turn and say, 'If you ain't do what I say I will put you out and you will have nowhere to go.' So as you know you have nowhere to go, you have to do what you have to do."*

#### **8.2.4 David**

##### **"No goodbyes"**

This participant went with a staff member that was also a friend of his deceased mother as well as his godmother. For him the transition was not difficult: *"a little adjustments in terms of the travelling...I was going to school in Port-of-Spain and living in the East but not much of a difference."* What was difficult for him was *"the manner and timing in which I left. I wasn't prepared for it in that I was told like this morning, 'You are leaving this evening' ...children being told today for tomorrow that you are leaving and no kind of preparation...you just spring it on them... 'Pack your bags' ...that in itself is kind of...that...if it had trauma that would have been trauma...no goodbyes...you are just informed like when you return from school this afternoon 'Pack your stuff and come up [to the office], you are going'."* Ian's experience was similar. He was given some plastic bags in the morning before leaving for school and *"the welfare officers told me to pack up my stuff and I was driven down to my stepmother's place in central, so the preparation per se wasn't there."*

Discharge and transition from the state homes showed no change over the years. Albert, the oldest participant, recalled his experience: *"Well, the worst time would be what I call the 7-year-itch when I left the home from 1952 to 1959. Trinidad was hard. I*



*remember working in the tailor shop. I used to sleep there. There was a big table. It was this guy and I, who were like my mentor. They paid very small. But at least you can get a place to sleep and you had the use of a bathroom. Those were the worst times.”*

Simon, another participant, who was two months away from his twentieth birthday, shared a similar experience occurring in 2014: *“I left the home when I was 18 and I went to the hostel. I left the hostel when I was 19. When I left the hostel, honestly, I did not have any place to go. There were times I had—I never used to look homeless. I have meh little change [money] on me but I would be in the park with my bag. I had a big kind of military bag, sit down in the park and you know people watch me and think I was a normal person.”* Simon did get assistance from family of a friend he met at high school. By the time of the interview he had got a job and moved out on his own.

### **8.3 Faith-based Homes**

#### **8.3.1 Kelly**

##### ***“I end up homeless after that”***

*“Initially I left when I was 19 because we met our dad then. Well, he supposedly wasn’t well and my sister wanted to go and my brother and I decided that all of us will go so we were back together. It did not work out with our father...I end up homeless after that. It didn’t work out with daddy and he had put me out so I had nowhere to go. I end up sleeping not on the street but I found a little makeshift something to stay in. And it was probably one of the most down periods in my life.”*

Kelly found it humiliating to return to the home and ask for shelter. She added, *“I eventually went back. I had to beg. They had a board meeting to decide because they were concerned the period I was out I was exposed and they were very protective of the children in the home. They considered me being exposed and they did not want me to*

*influence the other children. Returning was much harder and a greater challenge than before. It was like I had to work to stay to earn my keep. In addition, I had to give them my tithe [to give one-tenth of one's salary].” Kelly eventually moved into an apartment with her siblings who moved out of their father's home when conflict developed.*

### **8.3.2 Jane**

#### ***“I had my little cupboard, they breaking into it”***

This participant went to live with a staff member.

*“I was close to one of the nuns. She normally stays at the home in the convent and by talking to her she said, ‘Well you know what, the home keeps you until you reach 13, but when you are well behaved, staff can take you or, you know, they could send you to [another church run home] and you will be one to continue going to school outside once you are well behaved.’ So the supervisor decided that she would keep me until I reach 18 and she would help me. Actually I was working two jobs, because living with the supervisor, I know I had to contribute, so one job, as I say I was doing the 9 months course and they place us into jobs. My first job was at a restaurant that was located in the west. My salary a week was like \$250TT. And then I say, I want things you know and I started looking for another job.*

*My colleague said her father owned a food outlet if you want to try it. So I ended up working at a new place. It was from 5 in the morning, well I had to reach there like 6 to prepare and leave there about 2 to pick up my other job for 4-11 or 12 depends on how busy the restaurant was. So it's like Lord please open a way for me...I got fed up probably in the first year you know, not with the job, but where I was staying. Because every time I saved my money and buy something it gone missing. You know I had my little cupboard, they breaking into it...so it's like...nah! Ah can't take this anymore.”*

Having the support of the staff in providing a safe place from which to launch into independence allowed Jane to take her time to find her first apartment to accommodate her small income and a place for her siblings who were still at the home. *“I talked to my colleague at work. I said, ‘I really need a place.’ So we started looking. She said, ‘you know what? Let’s look for somewhere you can afford’ and central came up. The bartender helped us by taking us to places because he had a vehicle. It was \$400.00 for a two-bedroom. I started moving out little piece, little piece and I went and collect my little sister at the home for the weekend. I told the supervisor that I got somewhere and I want to say thanks and I appreciate everything that you did for me and still doing for my sister. And I will still keep in touch because without you I wouldn’t have reached this far. Because you didn’t have to take me in and you did and I appreciate that. So that is how I end up branching out on my own.”*

### **8.3.3 Liz**

Liz could not recall how the decision was made for her discharge from the home. She went to live with a staff member when she was 10 years old. She remembered the transition being quite challenging for both her and the staff person. *“I think the staff took me because she felt sorry for me that nobody wanted me and you know she kind ah really force herself to be there for me and was wosh! Giving real trouble! I stayed there until I was 18. She kept reinforcing that when I was 18 I had to leave because she kept saying that she is only my foster parent until I was 18. That affected me. When I was in form 4 or form 5, I turned 18 and I did not have anywhere to go...so I went with a man. He showed me love and cared for me and I moved in with him.”* The man Liz moved in with

was 12 years older than she was. The relationship became abusive. She left after the birth of her second child.

#### **8.3.4 Raf**

Participants from the smaller homes had a different experience in the discharge and transition to independent living. Raf moved out at age 20. He had been allowed to stay while he completed advanced high school studies. He speaks about the additional support he received from the home:

##### ***“The house parent played a key role”***

*“I moved out with my brothers and two other boys that were there. We all rented one apartment. We shared the rent whatever so everybody had a job and we all work separately. So we did that for about 2 or 3 years just to help us build up and get accustomed to what the world was like on the outside. They tried to prepare you for that at the home but facing it is different, you have to really get a grasp on it. And life in itself is not always easy. We stuck together for a while, rented, made sure we got our foot on the ground...the home made the arrangements to get the apartment. They helped us...but that was in my case. There were others that were reunited with their families...they kind of involved us at some point. Like, where we were going to get a job and finding a convenient place to stay. Also to try and not get a place that have long travels...so we did have a say in that. The house parents there were responsible for that as well as the board of directors; they all played a key role in that.”*

## 8.4 Community Homes

### 8.4.1 Victor

Miss Cathy treats the children at her home as members of her family. She assists them in getting a place but they always have a place to return to if things become difficult.

Victor's transition story included getting his first job and eventually getting a job on a cruise line. He later migrated but still maintained contact with Miss Cathy.

#### ***“I was a packer at a grocery store”***

*“I can't remember what I did exactly after high school...I remember I finished high school...I remember getting my first job which was at a grocery store. I was a packer there and from there telling Auntie I want to go to learn to cook and stuff like that. Those days I had a temper...I wanted to go to hotel school and I was too young for that so she sent me to John Donaldson Technical Institute and I did a year there training. And I still had a temper...I understand the reason now because I have passed that. And then she got me into SERVOL [Service Volunteered for All]. I did the adolescent development program which was the best program! They taught us everything about sexuality, about developmental stages as we move into adulthood and ways to act and deal with the public, customer service, behaviour, etiquette, etc. After SERVOL I went on to do a hospitality industry course. I didn't complete it because I really didn't like it. I realized I wanted to cook instead of in the hotel industry. I started to cook at a hotel where I met someone who assisted me in getting a job on the cruise ship industry.”*

Although over the age of 18, this participant was able to stay in the home while he explored options of employment and independent living. This he did with the support of

Miss Cathy and a volunteer who provided some guidance in moving into full-time employment on a cruise ship.

#### **8.4.2 Clarke**

##### ***“Stay here for about three years”***

After seeing the problems with children leaving the home, the manager of this community home decided to develop an in-house transition program. There are some limitations in the preparation to independence but Clarke has the security of knowing that he has a place to stay beyond the age of 18.

*“We suppose to leave at 18 but they developed a transition program that should get you ready for life. Once you are doing something constructive and passing a message to the younger children and stuff they keep you in this building. I am in the transition home right now and you stay here for about three years. Right now I am doing high school Advance levels so I cannot live on my own. As I am still in school they will help me until I am accepted into university or whatever I decide to do with my life and stuff. And then after I get enough understanding to go ahead with life we will get an apartment...here I am learning how to cook, budget and stuff.”*

As one participant said, *“I know some friends had a much more difficult time in adjusting, more so those without relatives or friends to return to. They had some really difficult period adjusting.”* Another said, *“If you are not strong enough to stand on your own two feet—because when you leave you are literally on the streets—you have to be mentally strong when you come out of there to make it in life.”* Veronica added, *“Outside is more tough than in the home. In the home is ah bed ah roses. You get everything. Now that I left the home I see that I have to work for what I want and what I need. The days that I don’t have money I have to stay home because I am not going on Murray*

*Street* [an area known for sex workers] *to sell my body for no money.*” Over fifty percent of the participants were women. Although their experiences were not significantly different from the men, only the women spoke of exchanging sex for a place to stay during the transitioning process. Beverly speaks about the challenge facing girls being discharged at the official age of 16:

*“In Trinidad when you leave the home at the age of 16, you leaving with what you came with, which is nothing. I was explaining to somebody about that. I was saying when you are leaving the home as a child at 16, I find they should give you an income, some money, or put you in a house, a stable place, and give you a little money when the month come, even though you have to go out there and fend for yourself at the age of 16. That is why 50% of these young girls right now if it is not pregnant they getting licks [physically abused]. They are doing things that they are not supposed to be doing because they know they not getting the right help to go out there and stand up on they own two feet. It is easier for a boy to go out there but for a young girl it is very hard. When men see a young girl vulnerable and she knows nothing, they will take advantage of her.”*

One of the male participants supports Beverly’s position and sums up the differences that females experience in transitioning from institutional care to life outside: *“For us boys, especially with your sexuality growing up, whether in an institution, from my personal experience when I went outside into the world, I could have held my ground. I know I had to battle it as a male. I know I have to fend for myself. I know I have to discover things for myself. For females growing up in a home—and this is from experiences I am talking about for even my sisters—people tend to use your sexuality for*

*you to gain things or for you to get things or for you to reach somewhere in life. I thank God my sisters and the ones that we grew up with were strong enough, you understand, that they were strong enough to fight that battle. And to me it is where the cycle starts again, because, sometimes you do make the right decision, sometimes you make the wrong decision.*

*And when you go into a relationship you know you...your personal experience growing up in a home may be different from growing up with your actual family. If you are growing up with your actual family you may be sensitized to certain things whereas growing up in a home, especially where religion is concerned, you have to go and experience all of these things for the first time and that is where advantage takes place. I strongly believe there are total other areas, but that is my strong point. I believe females have a different experience to guys when they are discharged from the homes.”*

Fortunately the majority of the women in the study did not have to use their body for a place to stay. However, there were a few like Beverly and Liz who had no supports and limited choices when they were discharged from the homes.

## **8.5 Summary**

The official age of discharge from the large state institutions was 16. The faith-based homes were flexible on the discharge age. But for most of the alumni leaving the homes was more traumatic than their admissions. The lack of a transitional hostel for females made transitioning much more challenging for them. Although there were policies in the state institutions to give financial support for the first six months after discharge, few of the alumni were aware of those supports and the welfare officers did not actively follow up once alumni were discharged. There was no ongoing emotional caring,



supportive relationship once the young people were discharged. There is no opportunity to return to the large state homes when an individual has a crisis or difficulty. Children move into adulthood in an unplanned and unsupported manner.

The siblings that were admitted together did not fare much better upon discharge. The separation of boys and girls as well as the separation by age meant that most siblings in the large homes did not grow up together. This contributed to a limited or no sense of responsibility and support outside of the home. However, for the men, the bond that developed through group living continued into adulthood where ‘home boys’ came through for each other. Ken was offered a place to stay by “one of the guys who used to live in the home” after spending months living on the street. Albert, the oldest participant, who found himself illegally in the US with no place to stay, was recognized by “a boy who I grew up with in the orphanage” who gave him accommodations until he found a job. The development of an in-house transition home is a positive move by one of the community group homes. However, it is important that the transition program is broad enough to facilitate many of the experiences and opportunities for independence as the individuals move out of institutional care into adulthood. Transition as described by one participant only involved having his own space attached to the home. Activities such as budgeting and making decisions independently were not yet included.

## **CHAPTER 9**

### **DISCUSSION**

#### **9.1 Introduction**

The previous chapters presented snapshots of the lives of men and women who spent from a few years to an entire childhood in institutional care. The stories span from those who have recently left the homes to those who have been living on the outside for many years. Although many reported a childhood void of love and caring, there were also reports of good times, camaraderie and a feeling that life was better in the home than if they had remained with family.

In this chapter I will discuss the main findings and themes that emerged in repeated readings and listening to the participants tell their stories. The findings will be presented in the three categories: admission, life in the home and discharge. The main themes were:

- being admitted with at least one other sibling/peer group relationship
- shaming
- routines—some grounded in religion/spiritual or religious beliefs and practice
- volunteer/community/sponsor support/adult role models
- favouritism
- education
- unplanned discharge/transition.

#### **9.2 Summary of Main Findings**

##### ***9.2.1 Admissions***

The majority of participants had one or both parents alive. They were placed in the homes by family members, police officers, social workers, and local priests. Some participants sought help on their own as Roger and his siblings did. They walked to the local police centre and complained of being hungry and abandoned by parents. The police transported them to the home. For most participants, the main reasons for admission were economic, such as parents not having the financial means to support their children. Neglect, abuse, and alcohol or drug use by parents were also common. The new CATT heard the same reasons in their comprehensive review of the children's homes in T&T. In their published document on the way forward they claimed, "With little effort improved prevention of abuse, abandonment and neglect could be achieved by assisting families to support their children" (CATT, 2012, p. 31). However, no mention was made about how to respond to the economic reasons of unemployment or under-employment and inadequate housing. Assisting families through parental skill development and support programs may not address the structural problems of housing and unemployment that will not change overnight to accommodate the child's return to the family.

The 24 alumni came from all regions of Trinidad and Tobago and different racial groups. It is sometimes perceived, by some in society, that one racial group takes care of their children better than another but children were admitted into homes from various cultural and racial groups.

About sixty percent of the alumni were **admitted with siblings**. In spite of being admitted with siblings, stronger bonds were created with peer groups than through biological relationships. Admission with siblings was more advantageous in the smaller

homes than in the larger homes. In the larger homes, siblings were separated by age and gender and often placed in separate buildings on the compound while in smaller homes they would be separated by rooms within the same building.

A significant number of admissions came through families, which in Canada we would term voluntary placement. In Manitoba, Canada an agency may enter into an agreement with a parent or guardian for the placing of a child when the parent or guardian is “unable to make adequate provisions for the care of the child” (Child and Family Services Act, 2015, 14[1]). This agreement is for a period of up to 12 months and may be renewed. As I noted earlier, in the context of the Caribbean where the definition of families is expansive and includes a broad network of blood relatives and non-blood relatives, some may view the homes as an extension of a family or community that will meet the needs of their child. Paramount among those needs are shelter, food, school attendance and safety.

The manager of the group home in central Trinidad has also experienced parents bringing toddlers with intentions of returning when their situations improve. But rarely do these parents actually return for the children. The story I reported earlier of the mother admitting to leaving her 2-day-old baby outside the gates of the state-funded homes due to an inability to financially support a third child (Achong, 2013) also support the view that homes may be seen as an extension of community care.

### ***9.2.2 Life in the home***

For those who moved into a home from a family setting, there was unanimous agreement that growing up in a residential home was much better than the homes they had left behind. The participants did not deny the hardships and hurt they experienced living in

residential care. But they recalled practical examples of opportunities they had in the homes that those left behind in their home communities did not have, such as going on a ferry to the island of Tobago or a trip to London, England and tickets for popular concerts. As most of the participants came from poor and working-class families, it was still only a dream for these children and families to experience a trip on a plane or ferry or to visit the local arts and theatre facility much less to purchase tickets to attend a show or event. Rarely had any significant changes been made in their family economic situation by the time of discharge to the community. This propelled one participant to say that as part of the preparation to leave the home children should be prepared that they may be going back to homes that may not have amenities to which they had become accustomed in the homes. Particular examples were washing machines and indoor plumbing.

It is not uncommon to read reports of physical and sexual abuse in children's homes. No alumni reported sexual abuse but physical abuse through the use of corporal punishment was reported by a number of alumni. Corporal punishment was the preferred form of discipline in schools in Trinidad and Tobago and is still also practiced by many family members. I recall my mother sending what can be described as a care package to my high school teacher as a thank you for his use of a belt on the students for incorrect work.

It is notable that the alumna who is now a professional and described being hit a lot by the staff for poor academic work now calls it abuse but still saw it as beneficial in her academic and personal development. Even though she agreed that it did not work for her brother, who has avoided further education since his discharge from the home, she

still maintains that there were advantages in physical discipline. The power of the culture's acceptance of this intervention makes it seem to this participant and many others in the society like something that is a positive tool in the development of responsible young adults.

Another theme that was common in the state homes was **shaming** of the residents by staff. Interestingly, girls were more commonly targeted for this shaming by the staff. And as the majority of the staff were female, it was the female staff who were inflicting this pain. As one female participant said, "They used to be hurting you emotionally." These shaming comments most commonly told the girls they would be devalued by men and only used for sexual purposes. The staff predicted the end result for some of the girls would be their having a number of children for a series of different men. Even if the staff person who was shaming the girls was speaking from experience of similar situations they observed in society, there was no analysis that the men were the ones taking advantage of the vulnerability of the girls and what the girls may have been deprived of as residents of large institutions. From the staff perspective they may view these comments as teaching tools and warnings of the harsh realities that face young women in life outside the home. Additional training of staff may possibly be all that is needed to encourage them to use different ways to prepare the young women for the world outside the gates of the homes.

Maxwell (2002), in his paper on the historical evolution of social welfare services and social work in English-speaking Caribbean countries, notes that the role of the church in the early years following abolition of slavery went beyond charity to the poor in establishing institutions of children's services. As noted earlier, in 1857, the

Church of England established the St. Mary's Home and a decade later the Roman Catholic Church established its own institutions, one of which is the St. Dominic's Children's Home. As smaller homes developed they also continued to be affiliated to religious bodies or church organizations.

The common theme of **routines** described by the majority of participants centred on prayers. This was more evident in the Catholic-run homes and also the Pentecostal-run home. Although some participants reported little or no impact of daily prayers and weekly attendance at church, some continued to hold the belief system, even though they may no longer attend any form of organized religious gathering. The beliefs in **divinity and the power of divinity in one's life** were still very strong. Victor felt that a miracle occurred while sitting in church at the age of 11. Still unable to read at that age, he recalled being silently annoyed with God but still he prayed that one day he would be able to read and write. He remembered the priest calling him up to give a testimony. To his amazement, he picked up the Bible and just started reading. He did the same thing in his classroom the following day to the surprise of his teacher. He picked up a textbook and began reading. This brought tears to his teacher's eyes.

Beliefs such as this are not uncommon in the society. One distinction should be noted, daily routine did not include prayers or weekly church attendance for the participants from Tobago. This may be due to the difference in the histories of the two islands. This difference, which I explained in an earlier chapter, is that Tobago did not have the vast migration of Indian indentured workers after Emancipation. In Trinidad the orphanage was originally established for the orphans of the Indian indentured workers. The population of Tobago was much smaller after Emancipation, approximately 12,000

people in comparison to Trinidad's 500,000. There are no reports of 'poor, wandering and homeless children' in Tobago as were reported in Port-of-Spain following the end of slavery. Tobago changed colonial hands many times, which limited the two main religions (Catholic and Anglican) from establishing important post-emancipation roles in the society. One may argue that the lack of an orphanage in Tobago contributed to maintaining kinship childcare from the slavery period through to the present day.

A positive experience of the majority of participants was the **role of volunteers** in their lives. These volunteers came in the form of tutors, visitors, church members, cultural groups, and politicians, patrons such as foreign ambassadors, the President and Prime Minister, and staff members of various corporate sponsors. Some participants identified long-lasting relationships with volunteers who assisted in their transitioning from the homes to the community. The private homes depend on corporate and community supports for donations to cover the cost of running the homes.

One of the main benefits of this goodwill and benevolence was Christmas holidays which involved the children attending a number of Christmas parties beginning from early December and culminating in dozens of gifts on Christmas morning. Although 18-year-old Clarke said the number of corporate invites was too much, most of the participants identified Christmas as one of their favourite times at the homes.

Whereas some may view this public show by the well-off in society for the 'poor home-kids' as a stigma, none of the participants seemed to view these actions in a negative manner. They all viewed this as a form of privilege which they had over children in poor families. All the homes except the state homes instituted a policy where



the children would choose some of the gifts and deliver them to children outside of the homes who were considered more in need.

From the positives identified in the contributions of corporate and individual volunteers, one is tempted to consider a permanent role for volunteers and corporate sponsors. However, I think this benevolence and goodwill occurs under a charity model of 'helping the poor orphan' and not from a humanistic or child's rights philosophy.

During my three years at one of the state homes I introduced a volunteer program involving university/college students and interested working people. The commitment by the students was strong at the beginning of the school year and petered out at the end. The same pattern was seen with the working people. They were committed for the first few months and then visiting the children became less of a priority. Everything else took priority for that one evening leaving many children peering through the windows and disappointed looks when the reality of a no-show sank in. In addition, beyond Christmas parties, the corporate sponsors did not provide employment opportunities for alumni from the homes. There were no guaranteed interviews or apprenticeships from all the goodwill shown over the years of contact with the children during the Christmas holiday period.

The old Children Act 1925 gave direction for parents of children placed in state homes to contribute to the maintenance of the child. But it was silent on encouraging contact with parents, relatives or friends while in the home, even when there were no safety concerns. The majority of participants had no visits from surviving parents, family or friends. Some thought they were full orphans as over the years there was no contact from anyone. Only at age 19 did one alumnus meet his mother. Others remember one visit from a parent never to be seen or heard from again, or a few visits then no further

contact. Although the study did not interview parents or families of participants on their pattern or experience of visitation, I did observe a less than welcoming attitude of residential staff towards parents and family visits during my period at the state home. Families met with the children on the grounds under a large tree that provided shade from the sun. They were invited into an open sitting area when it was raining. But they were viewed as a distraction and as outsiders.

There are different views in the research literature on the impact of family or parental contact. Evidence from England suggests that contact with relatives in the context of the full range of out-of-home services reduces the length of separation and improves the endurance of reunification, although not necessarily the child's well-being (Bullock, Little, & Taylor, 2004; Little, Kohm, & Thompson, 2005). In other studies children have reported that contact with families is beneficial (Smith, McKay, & Chakrabarti, 2004). As the official age for leaving the state homes in Trinidad and Tobago was 16, it would have been paramount to actively reach out and engage family contact. Family and friends can be a source of ongoing support for young people in later life. At age 16 the young person cannot live on their own, and is unable to seek paid employment. Discharge from the home will be to the care of an adult. It should be the responsibility of the homes to facilitate and support family and encourage home contact when it is safe to do so to prepare the children to return to their family. In the general public, and in Caribbean society as a whole, children move into adulthood in their family homes. Marriage may be the factor that transitions someone from the family home to independent living. But it is common for an adult to move in with their marital partner in the partner's family home.

A common theme from participants from the larger homes is **favouritism**. Staff was seen as having favourites. One person identified one group of sisters of Indian descent as staff favourites. This allowed them extra privileges or to be “treated good” by staff. For those who felt they were not favourites, this meant they were not picked for certain outings, or registered in extra-curricular activities. One participant mentioned that children who were “douglass, soft hair and straight hair and high colour” were treated better.

**Education** is seen as very important in Trinidad and Tobago. T&T is one of the few English-speaking Caribbean countries where every child is guaranteed free primary and secondary education and recently tertiary education has also become free (Yousef, 2002). Access and enrollment in schools in T&T have been high, with levels above 97% reported for the primary level and levels above 75% for the secondary level (PAHO, 2012, p. 613). The Anglican-managed state home has always had a primary school on the compound specifically for children of the home. In 1970 a government primary school was built adjacent to the home separated by a fence but available for all children to attend. However, at any one time less than 10% of children attending did not live in the home.

The Catholic mandated state home used public schools adjacent to the home. The children from the home were always the minority in these schools. The private group homes all use schools in the neighbouring communities. The residents of state homes and larger group homes were all driven to school in donated mini-buses with the name of the home written on the bus. The small group homes use public transport. School attendance was not a problem. The stability which living in the homes allowed meant

that students attended one school during their entire time in care, unlike the experiences of children in foster care in Canada where multiple moves means multiple schools.

Remnants from the historical development of orphanage care included trade shops. Both of the state-funded homes in Trinidad had trade shops on the compound. These included a carpentry shop, tailoring, plumbing, shoemaking, woodworking, and baking. More of the male participants talked about the trades training. Trades were built into the daily routine in the Catholic-managed state home. Those who attended half-day school would have trades in the afternoon. The earlier residents found these trades useful and they served as an opportunity to acquire skills for possible employment. Some bemoaned the end of the trades training. However, there were more opportunities for exploitation than employment. The trades programs were not certified and the trainees all had to go back to being apprentices in order to get work. In addition, the new government high schools introduced certified trade programs in their curriculum and other government-funded community programs were also introduced that made the trades program in the homes irrelevant. Only two of the participants did not go beyond primary school education. Five participants completed a trade school program. Seven completed high school and eight were in, or had graduated from, university or college programs.

### ***9.2.3 Discharge***

While participants may not have experienced much trauma coming into the home, they found it upon their departure from the homes. One can agree with participant David in describing the discharge as traumatic, even though David was moving to a familiar home with a staff person who was a friend of his deceased mother and where his sister was placed some two years earlier. Others did not have that familiar environment in their

transition. As mentioned, the age of discharge from state-run homes under the old Children Act 1925 was 16. The age of completion of high school is 18, and the age of majority is also 18. Residents of the homes need to be discharged to an adult because they are under age. Even if they are 18, it is not common in Caribbean culture for young people to move out on their own at such a young age.

The state homes have an ad hoc discharge policy, which includes a number of options. The Anglican-managed state home has several options, including: return to family of origin, a transitional facility for boys, a long-term relationship with a volunteer/sponsor, financial subsidy by the home of 50% of rent for six months to one year, and return to court to request a transfer to a locked industrial school to continue care and education until 18. The final option, if a court refuses to place a child in lock-up, is returning a child to a parent even if both parent and child disagree with the plan. So the options run the gamut from a return to family to requesting the court to treat the child as an offender, leading to placement in a locked facility. The state homes are the only ones that can use the court to place someone in the industrial schools.

The voices of the participants shared a mix of unhappy experiences, including examples of emotional and physical abuse. But in spite of all of these experiences they were positive about their lives and the overall experience of growing up in a residential institution.

As many participants noted, many of the experiences they received from living in a residential institution were not available to those remained in the home community. As such, one can argue that considerable social capital is created through their time at the homes but all that they have achieved is depleted due to the lack of appropriate transition

and a follow-up aftercare program. The growth that occurred within the homes, the positive sense of self-esteem some may have acquired through such activities as annual visits to the Prime Minister's residence or participation in national music competitions were whittled away by the lack of support when faced with the challenges in living outside of the institution. Whatever aftercare was available appeared to be time limited. There seemed to be limited understanding by staff and managers that these institutions were a stable home for a number of years and they provided structure and consistency for the young people. What occurred was premature and sometimes arbitrary cut off from lifelong relationships.

Alumni of the state homes had more difficult discharge and transition experiences. The community homes, less so the faith-based homes, maintained a sense of community among the past residents and an open-door policy to return for help when problems came up. The majority of participants were unprepared for community living even if placed with their family. For some a breakdown of family relationships meant homelessness. The situation was more difficult for girls. There are no transition homes for girls. Only three females did not have children. Of those who had children, the majority said their pregnancy was due to lack of choice and the relationship with the father was based on a need for care. This suggests that there is a certain degree of systemic disadvantage for young women, a form of gender discrimination, in the discharge policies of the larger homes in particular.

### **9.3 Summary**

The summary of the main findings was presented in this chapter. Entering was less traumatic than leaving the homes. Overall experiences were positive despite the harsh

discipline from some staff. For poor and working-class children, life in the home was better than their life would have been if they had remained with their families. An aftercare program, with planning beginning at admission, might ease the transition process. This idea will be developed further in the conclusion and recommendations chapter. There are some similarities in my findings with a study on the experiences of alumni who had lived in residential childcare institutions in Bangladesh. That study interviewed 33 people between the ages of 12 and 26 (Islam, 2013). The findings from the Bangladesh study showed that the participants had mixed feelings about their lives in care. Most said that they had benefitted from being in care and the institution had had a largely positive impact on their lives. Those who were evicted suffered a range of hardships after leaving care (Islam, 2013, pp. 235-236). The next chapter will cover implications that my findings may have for social work practice.

## CHAPTER 10

### IMPLICATIONS

#### 10.1 Introduction

This chapter covers the implications of the findings of the study for further research in residential care for children. It also looks at the theoretical concepts used and what further knowledge emerged through the findings. The chapter ends with implications for social work practice and childcare policies.

#### 10.2 Implications for Critical Research

My original plan was to study alumni from the two state-funded institutions that cared for children in Trinidad and Tobago from the turn of the nineteenth century to the present day. The purpose mentioned previously was to present the subjective views of the residents of these homes on their experiences as the country moved into the planned closure of institutional care and transition to a foster-care and small group home system. As the closure of the large homes seemed imminent, I added alumni from other residential facilities, those who grew up in residential group homes. Although the group home history is much shorter than that of institutions, they have been around in some cases for over 60 years. By North American standards, due to their sizes, these group homes would be viewed as medium-sized institutions. In most cases they held over 30 residents at any time.

The findings challenge the results of past studies indicating that institutional/residential care is systematically associated with poor outcomes for children. From the perspectives of the persons who have experienced residential care, there are features of residential care that provided them with the support needed to become well-



adjusted, productive members of their community. There are also features which were not helpful and contributed to weakening the future potential of some alumni.

The research revealed features that worked for the alumni. They include educational opportunities, the supportive volunteers, and continuity of placement during the adolescent years. Also appreciated were special privileges given to children growing up in a home in the form of charitable acts, such as free tickets to popular concerts, free trips and annual Christmas parties at the homes of the President and the Prime Minister of Trinidad and Tobago. The research also reveals that growing up in a large institution in itself does not precipitate a bad outcome. However, the discharge procedures and a lack of transition plan prior to discharge were shown to be the least helpful experiences and the major contributors to the difficulty that alumni faced as a result of growing up in an institution. It should be noted that these are similar to results of transitioning out of foster care in many parts of Canada (Hughes, 2013; Sherlock & Culbert, 2014).

These results contrast with earlier findings that show poor outcomes for children who grow up in institutions. However, the findings may fit with literature that shows mixed outcomes. A meta-analysis of 42 studies conducted in 19 countries using IQ as an outcome found that studies including children who stayed longer than four years in children's homes showed no delay in IQ when compared with children raised in family settings (Van Ijzendoorn et al., 2008). The average stay of the alumni in my study was ten years.

Another reason for the contrast with other findings may be the age of admission to the institutions. In their study on the intellectual, social and nutritional well-being in a group of orphanage children in Ethiopia compared to a group of 'family-reared children'

Aboud et al. (1991), the authors concluded that the orphans were no worse than the family-reared children in intelligence scores. They speculated that two factors could account for the results: the age at which the assessments were conducted and the age at which the children were admitted to the home. The children entered the home after age two. They argued that after the age of 2, the basic motor, language, and social skills which develop in infancy were not affected by the institutional environment. The majority of the participants in my study were admitted after two years of age. School attendance was mandatory. In the state homes the schools were located on the compound or in close proximity to the homes. The state homes also had trade-shops which were built into the alumni's daily curriculum. These factors accounted for over 70% of the alumni having completed high school.

Wolff et al.'s (1995) study showed that changes to institutional organization of orphanages can result in positive effects on orphans. They recommended staff training as childcare workers, mixed-age dormitories to a maximum of 15 residents and one surrogate parent sleeping with the children. All but two of the residential homes which I studied had mixed-age dormitories as well as sleeping quarters for staff in close proximity to the children's sleeping area.

### **10.3 Implications for Theoretical and Social Work Practice**

#### ***10.3.1 Attachment theory***

Chapter 3 provided an overview of the theoretical framework that informs the study of institutional care. Studies examining outcomes for children cared for in institutions often view those outcomes in the context of attachment theory. Attachment is viewed as a key component of emotional development, that is, the ability to form bonds with other people

(Woody, 2008). The theory emphasizes that the child's primary drive is to develop an attachment relationship to a primary caregiver for protection (Bowlby, 1988). Ainsworth (1982) later added to attachment theory through the development of a method of assessing attachment through observing the infant's response to various events occurring in a strange situation (as cited in Ashford et al., 1997, p. 194).

A number of studies investigating relationships and attachment in children who were raised in institutions concluded, "In terms of attachment even apparently 'good' institutional care can have a detrimental effect on children's ability to form relationships later in life" (Johnson et al., 2006, p. 42). Other studies argue that there are cross-cultural differences in patterns of attachment classifications of infant attachment (Fracasso et al., 1994; Jackson, 1993; Takahashi, 1990).

The cultural patterns of African-Americans include the exposure of a child to multitude of extended family caregivers (Jackson, 1993). A similar cultural pattern exists in the Caribbean where the practice is still common in rural areas in Trinidad and on the island of Tobago. Attachment theory does contribute to an understanding of adults who grew up in institutional care but a cross-cultural perspective may be more relevant in applying the differences in attachment classifications to children in the Caribbean.

Attachment theorists see the relationship between a primary caregiver and a child during the infancy phase as crucial rather than in the middle or later childhood phases (Ainsworth, 1982; Bowlby, 1988; Howe, 1995, 2011). However, there are studies which show that siblings can be attached to one another (Dunn, 1993; Stewart & Marvin, 1984; Teti & Ablard, 1989). Dunn (1993) argues that for some children the relationship with an older sibling may include a dimension of attachment security (p. 46). She also notes

from her research with mothers that very early in the sibling relationships there is evidence of siblings missing each other and being transformed with happiness and delight when the sibling reappears and that the children use the sibling as a base from which they happily explore novel places (p. 46).

From the evidence in the interviews with the participants in this study, institutional care did not adversely impact their ability to develop relationships. There are many factors that may provide an explanation for this. The average age of admission was five years old. This meant that they would have passed the important phase of attachment development before entering the institution. The majority came with siblings. Those who were younger stayed together in the nursery dormitory of the state homes or in neighbouring rooms in the smaller community homes. This may have allowed for the maintenance of secure attachment to a sibling.

Many participants reported a positive peer relationship within institutional living. Some viewed all in the home as siblings. In addition, from my observations at one of the state homes and two of the community homes, toddlers received a lot of attention from staff and from the older children in the home. It appeared that the older children took on a care-taking role for the infants and toddlers. Each had their favourites and they had what appeared to be strong attachments to each other.

### ***10.3.2 Marxist theory***

Marxist theory draws our attention to the exploitation of the working-class and impoverished elements of the society by the capitalist class, the social ills which result from that exploitation, and the struggle for economic and social control between these classes. As explained in Chapter 3 above, contemporary Trinidadian society has grown

out of a history of slavery and indentured labour with the modern inheritors of those histories being of African and Indian descent respectively. Despite its relative wealth compared to other Caribbean nations, T&T today is characterized by conditions of deep unemployment and low-wage poverty in both urban and rural settings (PAHO, 2012).

The state homes had their roots in this class structure from the beginning. They were established to care for the orphaned children of indentured agricultural labourers and later expanded, together with smaller homes, to care for neglected and abandoned urban children. The homes were seen in the past, and still are today, as a means of keeping down crime rates and preventing social unrest. Today, crime is a high-profile political issue because rates of theft, assault and murder are escalating as youth gangs and others who feel disenfranchised are rebelling, including going so far in the poorest areas as to attack police and military (Ryan, Rampersad, Bernard, Mohammed, & Thorpe, 2013).

The findings of this study show that the children placed in orphan-care institutions overwhelmingly come from poor backgrounds, both urban and rural. They were not true orphans, rather they were neglected and abandoned by parents and families who could not care for them due to conditions of poverty and the social ills which flow from poverty and class alienation, such as incarceration, alcoholism and domestic violence. The participants were virtually unanimous in recognizing that they had a better life in the homes than they would have had if they had remained in their families and communities of origin. In some of the homes they were encouraged to see themselves as being better off even than other children who lived in nearby neighbourhoods and were for instance

encouraged to give away some of the wealth of donated toys at Christmas to other less fortunate children.

The participants also recognized the educational benefits of their upbringing in the homes. The majority finished high school, a few even went on to university, and many had trades training that potentially offered some opportunities for employment. The large state-run homes had their own schools where attendance was mandatory and the smaller homes worked hard to ensure that the children attended local schools and succeeded in their studies. Had the children remained with families and communities disrupted by poverty and constrained by established structures of economic and racial/ethnic oppression, their educational outcomes would not have been so positive.

One might argue then that the homes offered opportunities for social mobility for poor and working-class children. The outcomes, however, were not all positive. The lack of well-planned and organized supportive transitions for the young participants who were leaving the homes because of their age often resulted in them being dumped back into dysfunctional family situations or even onto the street. A number have not been able to find employment. While this was not true of any participants in this study, anecdotal evidence from interviews with prison staff reveal that a significant number of youth from the children's institutions become involved with the criminal justice system (Williams-Peters, 2012). This would be especially true of young men. Some young women participants ended up in exploitative sexual relationships as they sought shelter and economic support. This adds to the intersectional analysis with gender indicating that women are deleteriously affected in that they experience more poverty and are more marginalized. However, the women in this study were still finding ways to earn an

income even though they held undesirable retail jobs where they were further exploited and had few prospects of economic security in the long run.

Many participants recognized that despite their stable upbringings and educational achievements in the homes, they often faced a stigma in the wider society which left them at a social disadvantage. The young people in the homes were often seen as “the wrong sort” of child, an attitude which smacks decidedly of class discrimination. People who had lived in care left with a stigma attached to them as ‘home kids’. Some were able to resist this image. Others continued to feel it. Former foster care kids in North America often feel shame when they tell others that they grew up in a foster home. One can postulate that this may happen in T&T as well as their foster care system develops and stereotypes about ‘foster kids’ replace those of ‘home kids’. Even with the ideal group or foster-home structure and experience, the society needs to change to make room for alumni of residential childcare.

The homes are at their foundation a response to conditions of poverty and social exclusion which are the results of a history of colonialism, racism and economic exploitation in T&T, just as are the foster-care, group home and adoption systems of North America. The homes are a kind of safety valve meant to prevent social explosion while legitimizing the class structures as “caring”. One can anticipate that as the social structures of extended family care for children among the poor in T&T continue to deteriorate, the demand for out-of-home care for children will increase. As has happened in North America, more and more children may become wards of the state in T&T, as the firmly neo-liberal social policy (regardless of which party is in power) resists, or at best avoids, addressing the root causes of the poverty and social violence in the society. The

goal of designing new forms of out-of-home care for children in T&T thus becomes more urgent while at the same time offering an opportunity of engaging with progressive forces in the society who seek to address poverty and its causes.

#### **10.4 Implications for Social Work Practice**

The majority of children in out-of-home care in Trinidad and Tobago are in large institutional settings. Data from a 2005 study indicate that a total of 1,230 children were in children's homes. Forty percent were living in homes with more than 50 children, 23% in homes with 30-50 children, 30% in homes with 11-29 children and only 4% with fewer than 10 children. Approximately 40 children were in a pilot foster-care system (CATT, 2012; Jones & Sogren, 2005). Within the last few years the T&T government created a new ministry, the Ministry of Gender, Youth and Child Development (MGYCD) now renamed the Ministry of Social Development and Family Services, introduced a package of children's legislation, and developed the Children's Authority, all to meet the commitment and principles of the UN Convention of the Rights of the Child. The new Ministry, the National Strategic Plan for Child Development (2012-2016), and the establishment of the Children's Authority all support the position that the family is the ideal setting for child development, and foster care or more family-like care settings are preferable to institutional care (CATT, 2012; MGYCD, 2012).

Stewart (2013) has cautioned: "It is important that convention principles should be adapted to the local context and wholesale importation of structures and policies from developed countries are likely to provide inadequate solutions" (p. 32). What can be learned from the experience of Canada and the US regarding the results of their systems of care?



I quoted earlier from the Report of the Auditor General of Canada (2008) that “little is known about the outcomes of children placed in care, whether they are Aboriginal or non-aboriginal” and the limited information available shows “a child who has been in care is less likely to complete high school than a child who has never been in care” (p. 10). In 2011 there were an estimated 400,540 children in foster care in the US with over 75% in relative and non-relative foster homes and approximately 15% in institutions and group homes (Child Welfare Information Gateway, 2013). Trinidad and Tobago often uses the US and Canada as a resource for model programs, ignoring the many problems encountered in these high resource countries with their highly bureaucratic social service framework.

The 2010 UNICEF report on children and women in Trinidad and Tobago highlights the challenges in obtaining recent data on children or fully disaggregated data for children by age. The data that is available is insufficient and does not contain up-to-date basic information, such as the number of institutions that provide care for children in T&T as well as the number of children requiring care (UNICEF, 2010). This impacts the ability to develop policies around the type of care that may be effective and useful for T&T society.

Further, the current system for providing child social services in T&T is fragmented and uncoordinated. Social workers are employed by hospitals, schools, the courts, and the victim support unit of the police department, but there are no designated social work positions at the children’s institutions. There are Welfare Officers, who may have basic high school qualifications or in-service training and who cover some of the administrative duties commonly done by social workers in residential care. Under the

recently passed Children's Authority Act 2008 all children's homes, foster homes and nurseries need to be registered and licensed with the Children's Authority (please see a copy of the children's legislation in Appendix F). Homes are now required to have a treatment plan for each child. In a telephone conversation, the manager of one of the state homes indicated that her board made a decision to hire a qualified social worker in a case manager role with one responsibility being the development of treatment plans (November 11, 2015). This can be a positive addition and may bode well in avoiding some of the problems experienced by alumni particularly in the transition process.

The main social service agency responsible for child protection is the National Family Services Division (NFSD), a unit transferred recently to the new Ministry of Gender, Youth and Child Development. The unit provides social work case management, counselling and other services for families at risk. The foster care program is managed within this division. However, with the establishment of the Children's Authority of Trinidad and Tobago (CATT), its mandate as defined by the Children's Authority Act 2008, stipulates that the CATT acts as the guardian of the children of Trinidad and Tobago. The functions of the NFSD will be included in the mandate of the CATT. The CATT mandate is to: provide immediate protection for all children; maintain reception centres for the intake of children in need of care and protection; implement and maintain the Foster Care Systems; manage the adoption system; and regulate and monitor community residences, such as orphanages, group homes and nurseries (CATT, 2012, p. 9).

As noted earlier, the recent general election (2015) in T&T brought a change of government and a change in the name of the ministry under whose responsibilities the

Children's Act falls. The National Family Services Division, the Gender Affairs Division, and the Child Development and Youth Affairs division are now under the Ministry of Social Development and Family Services (Government of the Republic of Trinidad and Tobago, 2015). With the proclamation of the package of children's legislation and the formation of the new government, executives at CATT were quoted as saying they now have full responsibility for the foster-care and adoption systems in Trinidad and Tobago and they have seen a rush of people who want to adopt children. One executive further added, "The authority would not separate children from their families unless absolutely necessary, we cannot build enough homes and we cannot recruit enough foster parents. We need to really have children remain with families as far as possible. As far as it is in the best interest of the child, we are going to work with families to ensure that children grow up and are nurtured in a family environment" (Hunte, 2015).

The position CATT is taking is similar to a dated and failed position from the early 20<sup>th</sup> century. CATT's (2012) Strategic Plan notes that the children's institutions are no longer orphanages because 95% of the children came from families and concludes, "this and 'best practice' documents, indicate that it is paramount that these children reintegrate into their families" (p. 62). A similar policy was adopted in the US in 1929. As recorded in the Social Work Year Book 1929:

Institutions for the care of children...on February 1, 1923 reported as numbering 1,558. Although many of them are called orphanages, orphans homes or orphan asylums, they rarely have as many as 10 percent of full orphans, and the remaining number is divided by those having one parent living and those having

both parents living, with the larger number usually in the latter class...that the institutions are full of children with at least one parent living lays upon them the responsibility for making reasonable efforts to return the children to their families whenever this seems feasible (Hall & Ellis, 1930, p. 134).

Although Lee and Pithers (1980) argue, “residential work is social work” (p. 115), there is mounting evidence of social work’s role in the decline of orphanage and institutional childcare in the US. Morton (2002) notes that the principle articulated at the 1909 White House Conference on Dependent Children became and still is social work dogma: “Home life is the highest and finest product of civilization. Children should not be deprived of it except for urgent and compelling reasons...children from unfit homes, and children who have no homes, who must be cared for by charitable agencies, should as far as practicable, be cared for in families” (p. 72).

Jones (1993) adds that the consensus reached that children should be placed in foster families rather than institutions “proved to be durable and has formed the basis of child welfare theory and practice ever since. Its position on institutional versus foster-family care has been incorporated into every subsequent set of standards or guidelines for substitute care, that is, the care of children outside the home” (p. 460-461). McKenzie (2013) quoted Lee (1999): “Political opposition to orphanage care also was fueled by a growing number of social workers who had an economic interest in ensuring that the growth in public funding for non-institutional care would continue, which would swell their ranks” (p. 75).

Ongoing media reports across the US and Canada continue to challenge the benefits of foster care as a placement of first choice for children who cannot live at home.

A report from Minnesota notes that the foster-care system sends children from bad to worse: “Too many abused foster children are returned to their parents too quickly, suffer more maltreatment and end up back in foster care. Thousands of children have been further traumatized by being shuffled among numerous foster homes...one 19 year old estimates that she has lived in at least 8 foster homes in four years” (Stahl, 2015).

The recent death of a youth in British Columbia revealed that he was moved 16 times within the BC foster-care system and was still in care when he died after falling or jumping from a fourth-floor hotel room (CBC News, 2015). An article in a Winnipeg newspaper described the Manitoba child welfare system as broken and in a state of crisis for many years with too many Aboriginal children in the system (Giesbrecht, 2015). A senior Manitoba judge called for an investigation after the conviction of a former foster parent: “Child and Family Services involvement in sanctioning and approving the private placement of a teenage boy with a single adult male raises questions and serious concerns that they did not follow proper protocol” (McIntyre, 2015).

In the late 1990s orphanages were making news in the US after Congressional Leader Newt Gingrich proposed that welfare payments should be denied to unwed mothers under the age of twenty-one and that the children they were unable to support should be placed in orphanages (Carp, 1996; Wiener, 1998). Although the proposal was heavily criticized and died before moving forward, it still created a resurgence of interest in orphanages. Beyond mothers on welfare, attention was drawn to the dissatisfaction with the quality of child welfare services in the US and the negative outcomes for youth being served through the foster-care system (Freundlich, 2005; O’Sullivan & McMahon,

2006; Smith, 1995). However, the level of interest in creating new orphanages was short lived.

Berridge and Brodie (1998) argue that numerous reports on children's homes in the UK have concluded that residential care has a positive contribution to make and should be seen as one of a range of options. In the UK children's homes continue to close and when used are only as a last option (White, 2008). However, in other parts of Europe residential care is the option of choice when children need to be placed away from home. Statham and Mooney (2006) note:

Whilst the number of children cared for in children's homes has been steadily falling in the UK, the opposite trend is occurring in countries like Germany, where 60 percent of looked after children are in residential care compared to 35 percent in England and the number in residential care rose by 18,000 (22 percent) between 1990 and 1999. In Sweden too, there has been an increase in the number of children placed in residential homes mostly in the private sector and a decrease in foster placements (p. 82).

In countries such as Sweden, Denmark, Germany and the Netherlands residential care is viewed as a positive alternative to care in the family with a focus on holistic child development rather than simply child protection. Over the years the positive outcomes among the majority of children who grow up in care in countries like Germany encouraged the UK government to fund a pilot program to evaluate the effectiveness of their approaches (Benjamin, 2006; Department of Education and Skills, 2007; Smith, 2009).

## **10.5 Summary**

In this chapter I have explored the knowledge contributions that my study has made to theory and practice when a child needs out-of-home care. A common critique of studies on out-of-home care has been that the perspectives of those who lived in residential care were missing (Carp, 1996; White, 2008). My study has provided evidence from those who have lived in the homes that a form of residential care system has the potential to offer a positive outcome for children and youth. It offers continuity of care without the multiple moves that many children in North America experience through foster-home breakdowns.

Living in a group setting contributed to positive and lifelong relationships among children who are not biologically related to one another. There was also availability of resources and access to opportunities that were unavailable to peers from the same economic and social class who lived with their families. Education was also a positive contribution from living in a home. Most of the participants completed high school and a few completed post-secondary education with one participant graduating with a Masters degree in social work. Transitioning remained the major negative for the majority of participants with girls having a more difficult experience through sexual exploitation when there was limited or no family support.

My final chapter will add recommendations to the knowledge contributions identified in this chapter. The chapter will also highlight the limitations and implications of the study. I will conclude with the advantages of the insider position in doing research in one's home country.

## CHAPTER 11

### CONCLUSION AND RECOMMENDATIONS

#### 11.1 Introduction

Beuchner (1993) describes a calling as a place where one's deepest gladness meets the world's deepest need and in living our calling we experience joy and a sense of wholeness. This epitomizes the experience I had spending three years at one of the homes in T&T which became the impetus for me to research ways to improve the lives of children who cannot live with their families.

Many aspects of that home supported the views that institutional care should be a last resort. The dormitory style with the single beds arranged in rows, the high ratio of children to staff, children wandering aimlessly around the grounds of the home, the manner in which the children would interact with adult visitors by grabbing their hands and fighting among each other to cling to these strangers, all made me feel that the sterility of the environment could have a negative impact on the development of the children. My study expanded beyond alumni of this one home to include others from community and faith-based homes. This chapter will summarize the findings of the study and provide recommendations towards a model of care useful for developing countries.

Institutional care has a long history in the Caribbean. As part of the recommendations of the UN Convention on the Rights of the Child, the government of Trinidad and Tobago is establishing foster homes and improving the adoption system for children who cannot live with their parents and families. Institutions and large group homes will be eventually closed. It is common for developing countries like T&T to institute policies that would affect people who have no say in their content. This study aimed to give voice to people who have experienced institutional care. From their stories



the goal was to identify features which provided them with the support to become well-adjusted, productive members of their community as well as features of institutional care that were the least helpful and should not be incorporated into a new model of care. The chapter will end with some critical reflexivity about the advantages and challenges as an insider doing research in one's home society.

## **11.2 Summary**

The data indicate that institutional care is not automatically associated with poor outcomes. There are features of residential care that provided many alumni with the support and skills for positive outcomes. There are also features which were not helpful and contributed to weakening the potential of some alumni to become as successful in their adult lives as might have been possible.

The first two chapters provide the foundation and background of this study. It places the study within the historical, social, cultural and political context of Trinidad and Tobago, a middle income, English-speaking former colony of Britain. Although T&T gained independence from Britain over 50 years ago, it still maintains some of the British traditions as they apply to institutional care. Only in May 2015 was a new Children Act 2012 proclaimed. Prior to this date the Children Act 1925 informed child welfare. In these first two chapters I also provided an analysis of the family formations in T&T and argued that aspects of extended kinship care may be useful in a new model of out-of-home care for children.

The next two chapters included an overview of some theoretical frameworks which underpin the predominant understandings of institutional care and the literature on institutional care in developed and developing countries. Outcomes for children cared for

in institutions are most often viewed in the context of attachment theory. Marxist class theory was used to look at the creation of the institutions within a class context and how the current class structure in the society continues to maintain the homes with insufficient funding to ensure the success of those who are placed there. The additional hardship experienced by young women residents was also noted.

Chapter Five focused on oral history as the qualitative methodology used in the study. Oral history was well suited for the study, particularly as institutional care sits within the colonial past of T&T. The oldest participant, at 79 years of age, remembered when the managers of the state home were all white men seconded from Britain. He remembered the cane fields surrounding the home reflecting the origins of the home as an orphanage for the children of the indentured sugar cane labourers who lost their lives on the plantation. A single woman who wanted to help the single parents in her neighbourhood find a safe place for their babies while they sought employment developed one of the community homes. Auntie is now in her seventies and maintains a tradition of kinship care in her community to which four alumni attested in their accounts. Oral history allowed for a permanent record of the stories of these 24 alumni.

The findings of the study were presented in the next three chapters. The homes were grouped into three categories: government mandated or 'state homes', homes under the direction and management of a religious group or 'faith-based homes' and small community-based homes or 'community homes'. Chapter Six covered participants' experiences in arriving at the homes, including their age of admission, if they came alone or with siblings and their memory of living within a group setting away from family. Chapter Seven covered life in the home and Chapter Eight detailed experiences of the

transition and discharge procedures for leaving the place they had all called home for a number of years.

The summary of the main findings was presented in Chapter Nine. Many participants reported negative experiences but the majority saw life in the homes as giving them opportunities that they would not have experienced with relatives in their home communities. Many found the transition from the homes to be more traumatic than their admission or life in the home. The homes provided them with a level of safety and consistency. They returned sometimes to family members with whom they had little relationship. Girls sometimes fared worse, having to trade sex for a place to stay. The smaller community homes had a better transfer process and an open-door policy allowing the former residents to return for support when challenges arose during the transition. Chapter 10 looked at the relationship between the study findings and the research questions. It also considered the contributions the study makes to the literature and the theories presented. It also highlighted changes in out-of-home care for children in T&T since the study began and implications of the findings for social work practice.

### **11.3 Recommendations**

Wolff, Tesfai, Egasso, and Aradom (1995) argue that “some kind of group care probably offers the best hope of survival for virtually millions of unaccompanied children in Third World countries...when technical and financial resources are strained” (p. 634). In the UK, White (2008) pleads for a reframing of residential care from an option of last resort to part of a continuum or range of settings (p. 12). Based on my findings, I would agree with these authors that residential group care should be a part of a range of care for children in need of out-of-home care in Trinidad and Tobago. The traditional values

embedded within the culture of kinship and communal care allows for the support of group care. It was people in the community, mostly women, who developed community group homes. They saw a need and with limited resources began sharing their homes, eventually accommodating large groups of children. These locally developed types of homes need to be maintained and supported.

Government policies should recognize this homegrown option of out-of-home care. The homes should be monitored and provided with funding for operational costs but not be burdened with bureaucratic rules and expectations which may limit their development and long-term maintenance. There should be enough rules to ensure safety but not so many that they serve as a barrier to establishing homes and lead to homes operating without the knowledge of supervising government bodies. Most of the homes already have a mixture of ages and gender. This sometimes facilitates a natural formation of patterns of the older children taking responsibilities in caring for younger children.

The size of the community group homes should be a maximum of 20 children. Each home should have at least one staff member who is a trained childcare worker. The Children's Authority should provide in-service training to support staff learning about early childhood development, including strategies for meeting the needs of children. A social worker should be part of the staff component in all homes. Since residential care is a required course in the universities and colleges social work program in T&T, social workers could be expected to have knowledge of group care. It is common knowledge that at some point most children who leave care find their way back to their families.

One of the functions of the social worker would be to ensure family contact is maintained throughout the child's placement.

Transition from the home was identified as a negative among the participants. Goldstein (1996) proposes "the process of transition from care to community begins at the moment the youngster is admitted to the institution" (p. 213). This is another area where the social worker can take leadership by developing individual care plans in collaboration with other professionals, such as those working in the school and health systems, as well as the family and the child themselves. These plans should be reviewed annually to reflect any changes as the child grows older. The plans should include programs that would contribute to the child's acquiring the strengths and skills needed in transitioning into life outside of the home and back to their community.

The structures of many institutions, particularly the large ones, are such that the decisions originate from a board and are expected to be implemented by the director and staff. Wolff and Fesseha (1998; 2005) show that when an orphanage changed its management style from a top-down authoritarian style to one where staff participated in decisions affecting the children, and where the children were encouraged to become self-reliant through personal interactions with staff members, there were fewer psycho-social problems and greater adaptive skills (p. 1319). This perspective is supported by Goldstein (1996) and described as a 'bottom-up' perspective on group care. The author explains, "It requires staff and management of the institution do not just plan for, provide for, and oversee their wards rather, and this is the critical point, planning with, and doing with are what make the difference" (p. 210). This style can be easily transferred to the smaller homes.

The advent of social media has allowed children in residential care and those who are alumni to maintain a connection. Many alumni talked about the support they received from residents and past residents. With the aid of social media, alumni can develop a formal support group, which can become a voice and advocate for those who grew up in residential care and have an input in policy and practice development for children in care.

## **11.4 Limitations of the Study**

### ***11.4.1 Selection***

The 24 participants represented a cross section of the alumni population of residential homes in T&T. They varied in age, gender and type of homes—state, faith-based and community homes. One limitation was the small number from Tobago. Although the two Tobago participants were good narrators, they were younger and were only recently discharged from the homes. One older participant (in her seventies) did accept to be interviewed but the following day she informed the contact person that she was no longer comfortable discussing her time in the home. This person was born in Tobago and placed at the state home in Trinidad and had returned to Tobago as an adult. I did follow up with a call to her but she said the memories were too painful and she did not want to revisit the past. The number of participants could have been larger for purposes of generalizability. But this was one of the first published studies focusing on the voices of past residents of institutionalized care. The participants provided rich descriptions of their experiences which can be used to help understand as well as to inform similar situations of out-of-home care.

Another limitation within the participant selection process is the voices not heard. Participants were selected by using a form of purposive sampling called snowballing.

This is where participants identify and introduce the researcher to potential participants. I also sent emails and posters to managers of various homes as well as professional social workers and probation officers. A majority of participants came through the snowball sampling procedure but a number of participants were recommendations from group home managers. These latter participants were either attending university/college or employed. There was potential selection bias in the individuals the managers chose as potential participants, as they could have selected the ones who they deemed were successful. There are reports of a number of alumni ending up incarcerated; however, only one participant reported a brief involvement with the law, suggesting a possible skewing of the participants towards the more successful ones. Even though the managers recommended certain individuals I gave those people the option to decline if they were only doing the interviews out of respect for the manager.

#### ***11.4.2 Memory and the use of oral history as the research methodology***

Yow (2005) identifies three limitations in oral history. First, oral histories may result in a picture that is narrow, idiosyncratic, or ethnocentric. The author recalls the testimonies from people who survived the depression years of 1929 and the 1930s where the informants talked about the skills they used to survive rather than the failure of capitalism to provide the necessities of life for most of the people. Aspects of this first limitation were found in the study. The majority of the participants' stories were about their lives and not the failures of consecutive governments to pass legislation or policies that might have improved their lives. Only the older participants were able to take a broader view on institutional care that included 79-year-old Albert's view of the changes that occurred when the managers were no longer white English priests and lay people transferred from

Britain to be managers of the state home. The local managers began moving away from orphanage care whose major role was to contain future generations of the poor. Albert reported that the first local manager changed the name from an orphanage to children's home, introduced sports and a music program and allowed children to complete their high school education in the community.

Yow's (2005) second limitation lies in the inability to generalize because it is the articulate narrators who come forward to be participants. This is true for this study and this point was noted when discussing selectivity in the previous section. The third limitation is that the in-depth life review presents retrospective evidence and there may be questions about the reliability of the evidence depending on the amount of time that has passed between the event and its narrated description. This point involves the issue of memory. Memory and the process of remembering are central to oral history. Some have argued that memories are malleable. Following the dismissal of a popular US news reporter for fabricating a story, a psychologist commented on false memory:

Each time you tell a story or each time you retrieve a memory you are not sort of pushing play on a CD player or a DVD. You are actually reconstructing the original event from information stored in your brain and that info might not be packed together in one file the way you imagine playing back a video will be.

That information is assembled from different sources and sometimes the source of the info. does not come along for the ride, you may have heard other information from other sources that gets into what you are recalling...people remember things that could have plausibly happened and that happen to other people and they will insert that into their own memory (CBC Radio, 2015).



As Abrams (2010) observes:

Researchers using oral history research design are not psychoanalysts or psychotherapists who aim to discover the obstacles to a person's memory...the best we can do is to create an environment in which a person can call up memories in a state of comfort, to provide the cues to the recall of memories which aid us in our research. Most respondents will do their best to remember, they may struggle to recall detail and may have difficulties with chronology, but they come to the interview prepared to remember in a helpful way. The interviewer's task is to facilitate their remembering and then, in our analysis, to consider the various influences that have shaped their recall. The important point here is that memory is not just a source; it is a narrator's interpretation of their experience and as such it is complex, creative and fluid (p. 105).

Yow (2005) acknowledges this particular limitation but notes that ability to recall depends on the individual's health, on the topic under consideration, on the way the question is asked, on the degree of pain such as trauma (or pleasure) required to dredge the topic up, and on the willingness of the narrator to participate in the interview in a helpful way. This was seen in the interview with 79-year-old Albert. He was a willing participant. The interview took place at the home. This could have aided in his ability to recall life at the home as the oldest alumnus. His memories were both positive and negative but he still maintained a connection to the home. This could have allowed for an easy flow in telling his life story.

As Sankar (2012) emphasizes, "the peculiar strength of oral histories lies not in their capacity to provide new facts but in their ability to provide valuable insights into the

meanings subjects attach to particular events or processes” (p. 583). Joseph, the young participant from Tobago, had some insights when sharing his story. He expressed regret about losing his adopted family because he did not apologize for comments he made about his adopted mother. He said, *“They were telling me to say sorry to her. But I found it hard to say sorry. To be honest with you, now I am regretting it. If I did know, I would have apologized.”*

One of the advantages of oral history is giving a voice to people and groups whose stories do not generally make it into the historical records. Oral history can also play a significant role in movement building. As noted above the two state orphanages are part of Trinidad and Tobago’s colonial past and there are no records of the voices of the children who called it home during their early years. This research will be part of a permanent record of the history of Trinidad and Tobago.

### **11.5 Directions for Future Research**

These were the voices of the people who lived at the homes. Future research should hear from the staff who worked at the homes. Wolff et al. (1995) examined how the organization of an institution could impact the socio-emotional status and behavioural symptoms of the residents. Different childcare management styles correlated with different outcomes. The staff members of the state homes are public servants with job security. They work under a bureaucratic structure of both government and church-controlled board management. Some staff might have spent their entire working career at a home and would have seen children admitted as babies growing up to the time of discharge. The community homes would have had contract or volunteer staff with less job security working within a less bureaucratic structure. The staff working in faith-

based homes may have experienced conditions similar to the community homes but would have been also motivated by a religious conviction. The experiences of the staff within these different institutional structures would be a valuable contribution to developing a better model of care.

UNICEF and global partners define an orphan as a child who has lost one or both parents. By this definition there were over 132 million orphans in sub-Saharan Africa, Asia, Latin America and the Caribbean in 2005 (UNICEF, 2015). Thousands of children were orphaned by the recent Ebola outbreak in Liberia and Sierra Leone. In Nigeria, with the spread of HIV-AIDS, the number of orphans was expected to increase rapidly to 8.2 million by 2010 (UNAIDS, UNICEF, & USAID, 2004). In India over 300,000 unaccompanied and separated refugee children live on the streets in the sprawling capital of New Delhi (Flintoff, 2011). In Latin America and the Caribbean it is estimated that more than 240,000 children live in institutions (UNICEF, 2014). Finding new and culturally appropriate models to care for these children within the available economic resources of their countries or communities is vital.

At the end of the interview all participants were asked how satisfied they were with their lives. The majority indicated that they were satisfied with four saying they were unsatisfied. The majority of the participants also found their experience at the home positive or somewhat favourable. Taylor (1983) speaks of illusions one must create when the event in question might threaten one's self esteem and well-being, which for the participants is growing up in a home. The author argues that individuals form and maintain a set of illusions, "I do not mean that the beliefs are necessarily opposite to known facts. Rather, their maintenance requires looking at the known facts in a

particular light, because a different slant would yield a less positive picture, or the beliefs have yet to yield any factual basis of support” (p. 1161). There was an element of illusions by some of the participants. From my observations, life at some of the homes was difficult. There was bullying by older children and excessive punishment by staff with very little emotional support. I witnessed one incident where I overheard a staff person shouting at a child in the dormitory, “fingers and toes...fingers and toes!” When I looked into the room the child was upside down against the wall with his toes on the wall and his hands on the floor. The child was in tears. Some staff also displayed low expectations of the children, which contributed to low self-esteem among some children. Although I support the findings of this study and agree that group care should be an important component in options for out-of-home care, it is important that the policies in the homes should ensure that children are provided with affection, attention and appropriate discipline. This would be in addition to what the homes already do well, which is providing food, shelter, education, safety and continuity of care. Ongoing staff training is paramount in achieving these goals.

### **11.6 Concluding Reflections: The Space Between**

Kanuha (2000) argues that “the native researcher chooses not only a project in which she is deeply situated, whether by geography, tradition or simply ‘inside experience,’ but also one in which she is invested in those factors as they inform the act of research” (p. 441).

I grew up from baptism as a member of the Anglican Church, which gives me a connection to the St. Mary’s Children’s Home, which is governed by the Bishop of the Anglican Church. I also attended a Catholic girl’s high school that carried the same name as the St. Dominic’s Children’s Home and was owned by the order of nuns who manage

the home. Thus I have a certain measure of familiarity with Catholic as well as Anglican institutions in T&T. During my employment as an Instructor at the UWI Social Work department, I supervised many students placed at various children's homes.

Within days of my arrival in the field my only sibling was admitted to hospital with very serious health problems. The following is an example of the field notes I took after visiting my sister in hospital:

*I visited Louise at the hospital today. Did I overreact? Am I the problem? Is she trying? Is her humour part of the culture I am missing? Who am I? Where do I fit in? Who is the new self? I could not accept or appreciate the humour my sister was using about her illness. Humour which is so common in the Caribbean. Am I too uptight? Where am I situated in these two countries I call home? (Field notes, October 19, 2014)*

This was the beginning of my awareness of the complexities of my insider/outsider position. I was in Trinidad as a researcher, but staying at my sister's home with her current health problems meant my focus drifted into day-to-day health care needs—the sister-self took precedence. After advocating with hospital personal to get a treatment plan in place, I made a decision to rent a space away from my family in order to allow physical and mental space for my researcher self. Still, moving out felt like I was doing something which was culturally unacceptable, deserting a family member during a health crisis.

These complexities continued in the field. As noted earlier, one-third of the participants came from one of the state homes in which I was familiar with management

and residents. I felt like an insider. Below is my field note after interviewing one of the alumni:

*“I feel sad. I feel mad. I feel this is happening under the current manager’s watch. I feel the kids are just being dumped outside like worthless things. No regards for their rights or safety. Open to being exploited? Who can I talk to? What do I do?”* (Field notes, November 30, 2014).

As a researcher I was on the outside but with insider knowledge. This reinforced that ‘space between’ in doing this research. My work as a researcher was to hear the voices of the participants and not to confront those that might have contributed to their negative experiences.

Holloway and Biley (2011) warn that writing the self into the research is only the beginning, not its end nor its purpose (p. 971). Skeggs (2002) cautions against making the self a significant focus in qualitative research. The author adds: “when the self is made a significant focus we need to ask how is it that the earlier calls to examine power and responsibility have become calls to centre on the self. How did this happen?” (p. 369). I did avoid making the self a focus of the study. I felt compelled to meet with the manager of one of the homes after hearing about the difficulty the alumni experienced in leaving the home. I encouraged her to review the transition policy and introduce support to alumni who might be vulnerable without community family supports. I suggested that the least the manager could do is meet children on their last day at the home.

Dwyer and Buckle (2009) emphasize that the process of qualitative research is different from quantitative research. Qualitative researchers are not separate from their study with limited contact with their participants. The stories of the participants are

immediate and real and not individual voices lost in a pool of numbers. The stories remained with me as I transcribed the interviews and worked with the transcripts. I remained in contact with a few of the participants on social media. They all had my phone number and two of them contacted me in Canada during times when they were experiencing some difficulties. This made it more difficult to leave the stories in the field and I wondered about boundary issues between the researchers and the researched or whether an attempt should have been made to terminate the relationship when the interviews were completed. In a later text from one of the participants she stated, “I really just wanted to talk to someone who might understand...anyway, thanks again.” I believe this did not violate any boundary issues. She just wanted to talk.

Despite feeling like I fall in a space between—neither an insider nor an outsider—being on the inside as someone born in Trinidad did give me a lot of advantages as a researcher. The three years I spent in Trinidad at one of the homes as a volunteer and part-time contract worker allowed me to take on a role as a total participant. Gans (1982) describes a total participant as “the field worker who is involved emotionally in a social situation” (p. 81). I got access to the day-to-day occurrences of life in an institution. During that same period I also lectured at the university’s social work program and supervised student placements. A number of students were placed in various children’s residential homes. This allowed me more access to information on various homes.

I brought all this knowledge to my role in the field as a total researcher. In addition I knew the culture, the customs, the history, how institutions operate, and I can literally speak the local language! These assets helped me plan and organize the research, build relationships, carry out the interviews and interpret the results with that

added insider knowledge. I knew much more than an outsider. There would have been a learning curve for an outsider. I did not have to spend a significant amount of time in Trinidad and in the residential institutions developing trusting relationships with staff for access to alumni they might know. Actually, knowing that I was very familiar with institutional care was viewed as a positive in the interviews with many participants. As such, it did not take a long time to develop trust during the interview process.

In conclusion, many of the participants came from families who were poor. Poverty is also an issue for the children in foster homes in Manitoba. Many alumni of out-of-home care do end up in poverty. Residential homes, group homes or foster homes, even those with the highest standards, cannot tackle the roots of poverty, racism and inequality. Poverty arises at the level of economic structures. As emphasized by Petrie (2003), "If there is to be an answer to poverty, it must be a political answer, based on human equality, democratic values and a determination to challenge oppression. In the end, poverty and inequality can be eradicated only by changing social structures and by the sharing of power and advantage" (p. 77).



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## APPENDICES

### Appendix A

#### Interview Guide

##### *Childhood and Youth*

1. What were the reasons you were placed at the home?
2. What is your first memory?
3. What do you remember about your childhood and youth?
4. Tell me about the Home?
5. Tell me about the neighbourhood?
6. Did you play with kids in the neighbourhood?
7. Describe a typical day when you were a child in the home?
8. Did you have a daily routine?
9. What did you like to do most when you were a child and adolescent?
10. What are your memories of your family?
11. Tell me about your parents/grandparents: what were they like?
12. Tell me about other members of your family, brothers, sisters, uncles, aunts: what were they like? Did you get to see them while you were at the home?
13. Did you have siblings in the home?
14. What are your favourite memories of holidays?
15. What were your favourite books?
16. What were your favourite things you like to do, example, sports, watch TV/music etc.?
17. Were you organized into youth groups, clubs etc.?
18. What role did the church or religion play in your life at the Home?
19. Did you go to church/mosque, etc.?

##### *Education*

1. Did you attend school?
2. Describe your school experiences.
3. Did you have a favourite teacher or subjects?
4. What did you do when you came home from school? (play inside the dorm, outside, do homework).
5. Who helped you with homework? Staff, volunteers, older kids?
6. Did you go to a high school after elementary school?
7. Did you go to a trade school?
8. What were those experiences like?
9. Did the staff take you to school?
10. Did the kids at school know you were living at the home?

11. What was it like when kids in the school knew you were from the home?

### ***Life outside the Home***

1. What age did you leave the home?
2. Tell me about life outside the home?
3. How did you decide where to live?
4. Who were your friends?
5. Did you have a romantic relationship?
6. Were you prepared to live outside the home?
7. What level of education did you attain?
8. Have you ever been incarcerated/spent time in jail?
9. Do you have any children?
10. Have you ever lived with an intimate partner?
11. While at the home did you ever wish to be adopted?
12. Did you ever wish to go and live with parents or family members?
13. Are you currently working?
14. If not, how do you support yourself?
15. Do you have any conflicts with friends?
16. Are your friends former residents of the home?

### ***Reflections***

1. How would you evaluate your experience at the Home?
2. Can you provide three positive and three negative attributes to orphanage care/or growing up in a home?
3. What aspect of your experience living at the home was the least helpful?
4. What was the most helpful experience you got from living at the home?
5. Do you believe that the home helped you in preparation to living in the community?
6. Should the home be abandoned and children who needs a home be placed in family settings where the government pays the families or small group homes?
7. Do you have any recommendation for children who cannot live with their family?
8. Did you have a favourite staff at the Home?
9. Was it a male or a female?
10. When you look back at your life what were the best and the worst times?
11. How satisfied are you with your life nowadays?

### ***Wrapping Up***

At the end of the interview the participants will be asked:

- Have you told your story about life in the home before? In what situations?
- What was it like for you to talk about your life in the home?
- What motivated you to volunteer to tell your story?

- Do you have any questions or concerns about the interview?



## Appendix B

### Oral History Demographic Sheet

**Title/Project:**

Name:

Race/Ethnic group:

Present Address

Telephone/Cell:

Birthdate:

Birthplace:

Age placed at the Home:

Age discharged from the Home:

Father's Name:

Birthplace:

Race/Ethnic group:

Occupation:

Mother's Name:

Birthplace:

Race/Ethnic group:

Occupation:

Places lived/dates of residence:

Education:

Spouse's name:

Occupation:

Race/Ethnic group:

Marriage/Common-law/visiting relationships/:

Children:

Ages of children:

Present Occupation/Employer:

Previous Occupation/Employers/Dates of employment:

Additional Information:

## **Appendix C**

### **Interview Context**

*Where the interview took place:*

*Date of recording:*

*Time of day:*

*Session number:*

*Total interview length:*

*Sound condition (background noise):*

*Other people present:*

*Notes about the interview (key themes, points of discussion):*

*Other documentation (tapes, newspaper articles, etc.):*

*File name:*

*Transcriber:*

*Date transcription completed:*



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Faculty of Social Work

**521 Tier Building  
Winnipeg, Manitoba  
Canada R3T 2N2  
Telephone (204) 474-  
7050  
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## Appendix D

### Consent Form

**Research Project Title:** Institutional care for children in Trinidad and Tobago:  
Toward a new model of care for developing countries.

**Principal Investigator:** Petra Roberts, Faculty of Social Work, University of  
Manitoba, Winnipeg Manitoba, R3T 5V5 Tel (204) 474-  
7050. E-mail: robertsp@myumanitoba.ca.

**Research Supervisor:** Dr. Don Fuchs, Faculty of Social Work, University of  
Manitoba, Winnipeg Manitoba, R3T 5V5 Tel (204) 474-  
7879. E-mail: Don.Fuchs@umanitoba.ca.

**This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.**

#### **Purpose of the study:**

This study seeks to learn about the experiences of individuals who have lived in out-of-home orphanage/institutional care. The study investigates the experience of alumni of orphanage care in Trinidad and Tobago. We want to find out from the perspectives of the alumni what aspects of the home were useful and what were not useful and do they believe that the homes should be abandoned.

#### **Procedure:**

The study is based on oral history interviews. The interviews can last from 30 minutes to 3 hours. Some people take less time, some take much longer. The interviews will be held in the day in any location that provides reasonable privacy and is agreeable to both of us. The interviews will be recorded on audio equipment. If you do not consent to being recorded, I will take notes. The interviews will be used to complete my Ph.D. thesis dissertation.

I will ask some questions to guide the interview but you may begin anywhere, telling me about your parents, staff at the Home or anything that is important to you. I am interested in details, stories and memories that remained with you about life in the Home. If you are stuck take your time to think about what you want to say next. Long silence can be awkward, embarrassing or irritating. Don't worry about that, please. Take your time. In interviews, silences are important. They give you the space to reflect, recall, or collect your thoughts. Nevertheless, if you can't think of anything else to say and you would like me to ask the next question, just tell me.

This is not a test. You may skip any question or end the interview without any penalty. If you feel the questions I am asking are too intimate or personal or otherwise inappropriate, please let me know. If there are questions you do not want to answer, you can always say so, or if you don't want to tell me directly, you can say that you don't remember. Also, we can turn off the tape recorder at any moment in the interview. Please don't feel embarrassed to ask to have the recorder turned off.

I will keep quiet to give you the space to tell your story. My responses to you will be non-verbal (nods, smile, eye contact) to ensure good audio quality. I will check the recorder once in a while to make sure everything is working properly—it is not a sign that I am not listening. I will also take notes.

Before I begin recording, I will invite you to fill out an information sheet that provides me with dates, names, and some biographical data. This allows me to correctly spell names of people and places and then I don't have to interrupt your story for these details. The dates also give me a sense of the chronology of your life so that we do not feel the need to interrupt your story to ask for dates. Filling out the sheet is voluntary and you may decline to fill it out in parts or in whole without consequence.

**Eligibility:**

To participate in this study you must be over 18 years of age (which is the age of majority in Trinidad and Tobago) and have lived in one of the two orphanages in Trinidad and Tobago (St. Mary's Children's Home or St Dominic's Children's Home) or one of the two foster homes/group homes (Margaret Kristow Home or Hope Centre).

**Compensation:**

Compensation in the form of pre-paid phone cards and bus tickets will be given to each participant to cover the cost of returned calls to confirm interviews and transportation cost to get to the interview site. The total compensation will be TT\$200.00.

**Risks:**

I do not anticipate any risks associated with participation. I know, however, that questions about difficult experiences in the past may be upsetting to some people. I have directions to immediate counselling services in case a participant becomes very disturbed by the experience.

**Benefits:**

I believe there are significant benefits to participation. The stories about the Homes from alumni of the Homes have never been told. Sometimes telling one's own history and one's own past can be seen as enriching to one's life.

**Feedback:**

Feedback will be provided to the participants within one week of the interview through a one-page summary including key themes and points of discussion. Participants will also be able to provide feedback to the researcher once they received the one page summary. Participants will be given a choice if they wish to receive the summary in person, by telephone or by mail.

**Confidentiality:**

The data will be collected through recorded interviews and information sheets. The information you provide on the sheet will be coded and stored in a way that neither you nor your name will be identified. For the recorded interviews, participants will be given an option of anonymity, or to having their names being used. The interviews will be stored on a computer hard drive. The information sheet and the audiotaped data will be kept in a confidential locked cabinet and only be identified by a code number. The data will be shredded after the thesis has been completed (approximately August 2015). Please note there is a limit to confidentiality when information about child abuse is disclosed. I am obligated to report any case of child abuse to the Children's Authority of Trinidad and Tobago.

**Dissemination:**

The study results will be reported through my thesis committee and subsequent articles in academic journals relating to international social work and child welfare.

**Voluntary participation:** Please note that your participation is voluntary and you may refuse to answer any question(s) and are free to stop participating in the study at any time without consequence. If you have any questions about the research and wish to receive a summary of the study's results please contact me at [robertsp@myumanitoba.ca](mailto:robertsp@myumanitoba.ca).

**Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their**

**legal and professional responsibilities. You are free to withdraw from the study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.**

**The University of Manitoba may look at your research records to see that the research is being done in a safe and proper way.**

**This research has been approved by the University of Manitoba Psychology/Sociology Research Ethics Board. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator, Margaret Bowman at 1-204-474-7122 or margaret.bowman@umanitoba.ca. A copy of this consent form has been given to you to keep for your records and reference.**

**Please check one:**

\_\_\_\_\_ I do agree to be interviewed as described above.

\_\_\_\_\_ I do agree to have the interview recorded.

\_\_\_\_\_ I do not agree to have the interview recorded.

How do you wish to receive a summary of the findings?

\_\_\_\_\_ Telephone call      \_\_\_\_\_ Email      \_\_\_\_\_ Surface mail

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's email address: \_\_\_\_\_

Interviewer's name: \_\_\_\_\_

Interviewer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

A copy of this consent form will be provided to you. Thank you for your support.

## Appendix E

### Recruitment Poster

#### CALLING ALL PAST RESIDENTS

OF

**ST. MARY'S CHILDREN'S HOME/ST. DOMINIC'S CHILDREN'S HOME**

&

**THE MARGARET KISTOW FOSTER HOME AND THE HOPE CENTRE  
GROUP HOME**

Are you over the age of 18? Are you interested in adding your voice in building a new model of out-of-home care? Would you like to share your experiences growing up in the homes? Are you interested in adding to the history of the oldest child-caring institutions in the Caribbean?

As a participant in this study you will be asked to tell your story/history on growing up in the home.

Your participation will involve one 3-hour session. In appreciation for your time you will be given phone cards in the amount of \$100.00 and an additional \$100.00 to cover transportation costs.

The interviews will be held in Trinidad and in Tobago.

For more information about this study or to volunteer for this study please contact:

Petra Roberts  
Trinidad and Tobago

Faculty of Social Work, University of Manitoba  
Winnipeg, MB Canada

Email: [robertsp@myumanitoba.ca](mailto:robertsp@myumanitoba.ca)

**The study has been reviewed by and given ethics clearance through the University of Manitoba Psychology/Sociology Research Ethics Board, which adheres to the Tri-Council Policy Statement (2): Ethical Conduct for Research involving Humans.**

## Appendix F

### Children's Legislation



Government of the Republic of Trinidad and Tobago  
**MINISTRY OF GENDER, YOUTH AND CHILD DEVELOPMENT**

*Proclamation of the*  
**CHILDREN'S LEGISLATION**

The Ministry of Gender, Youth and Child Development, on behalf of the Government of the Republic of Trinidad and Tobago, advises members of the public that the following provisions have been proclaimed by His Excellency the President of the Republic of Trinidad and Tobago:

- 1. The Children's Authority Act, Chap. 46:10**  
Sections 5(1)(a) to 5(1)(g), 5(1)(i), 5(2), 5A(a) to 5A(c), 5A(e), 6(1)(a) to 6(1)(d), 6(1)(f) to 6(1)(i), 6(2), 7A, 18, 22, 23, 25, 25A to 25J, 26, 27, 28(b), 28(c), 30 to 33, 36 to 40, 41(1), 41(3), 42, 43(1), 44, 45, 47, and the Schedule of the Act.
- 2. The Adoption of Children Act, No. 67 of 2000.**
- 3. The Children's Community Residences, Foster Care and Nurseries Act, No.65 of 2000**  
Sections 1, 2, 3(3), 4, 5, 7 to 11, 11A, 12 to 16, 18 to 41, 52A, 53 and 54.
- 4. The Children Act, No. 12 of 2012**  
Sections 1 to 59, 60(1), 60(2), 60(5), 61 to 63, 65 to 69, 71, 74 to 123 and Schedules 1, 2 and 3 of the Act.

The above provisions came into operation on the **18<sup>th</sup> May, 2015**.

The full Acts can be viewed at <http://www.ttparliament.org/publications.php?mid=29>.



For more information, contact 627-1163 ext. 2142.  
**PROMOTING, PROTECTING, GUIDING AND EMPOWERING OUR PEOPLE**



## Appendix G

### List of Code Groups and Their Members



#### Groups: List of Code Groups and their Members

Code Group	Codes
Age Adm/Sibs/Fam Vts	<ul style="list-style-type: none"> <li>• siblings</li> <li>• siblings separated</li> <li>• Admission Age</li> <li>• parents/family visits</li> </ul>
Discharge/Trans/Comm	<ul style="list-style-type: none"> <li>• discharge/transition from home</li> <li>• transition from home</li> <li>• prepared for living in the community</li> <li>• home did not prepare me transition</li> <li>• hostel</li> <li>• life outside the home</li> <li>• poverty</li> <li>• age discharge from home</li> </ul>
Education/In-house Trades	<ul style="list-style-type: none"> <li>• Education</li> <li>• secondary education</li> <li>• staff input secondary education</li> <li>• in-house trade program</li> <li>• in-house music program</li> <li>• lack of certification</li> <li>• driven to school</li> </ul>
God/Religion	<ul style="list-style-type: none"> <li>• Religion</li> <li>• God</li> </ul>
Life Satisfaction	<ul style="list-style-type: none"> <li>• very satisfied</li> <li>• satisfied</li> <li>• somewhat satisfied</li> <li>• life satisfaction</li> <li>• unsatisfied</li> </ul>
Negatives	<ul style="list-style-type: none"> <li>• stigma</li> <li>• negatives</li> <li>• least helpful</li> <li>• worse times</li> </ul>
Positives/Best times	<ul style="list-style-type: none"> <li>• opportunities gained being in the home</li> <li>• President of TT</li> <li>• holiday memories</li> <li>• positives</li> </ul>

	<ul style="list-style-type: none"> <li>• community members/sponsors</li> <li>• most helpful</li> <li>• Christmas</li> <li>• best times</li> <li>• July/August holidays</li> <li>• too much</li> <li>• Christmas parties</li> </ul>
Reason For Adm	<ul style="list-style-type: none"> <li>• poverty family of origin</li> <li>• Reason for Admission</li> <li>• poverty</li> </ul>
Recdts/Don't Close	<ul style="list-style-type: none"> <li>• homes should not be replaced</li> <li>• should the homes be closed?</li> <li>• recommendations</li> </ul>
Tobago	<ul style="list-style-type: none"> <li>• Tobago experience</li> <li>• positives in informal foster home in Tobago</li> </ul>

## Appendix H

### Participants' Age and Gender

Age and Gender									
Institution	16-25		26-35		36-45		46+		Total
	M	F	M	F	M	F	M	F	
State (3)	3	4	0	1	4	0	1	0	<b>13</b>
Faith-based (4)	0	2	1	3	0	0	0	0	<b>6</b>
Community (3)	2	2	1	0	0	0	0	0	<b>5</b>
<b>TOTAL</b>	<b>5</b>	<b>8</b>	<b>2</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>24</b>