

Recognising and strengthening the stories of children in care

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Aboriginal and Torres Strait Islander peoples should be aware that this resource may contain images or names of people who have passed away.

What is this paper about?

The stories we have about ourselves create a strong sense of positive identity that is critical for social and emotional wellbeing. Children who are removed from their birth family and placed in out-of-home care can often lose this sense of identity or history. Professionals working with children who are in care have an opportunity to bring children's histories to life in ways that support their sense of identity and confidence. This paper identifies practical ways professionals can provide this support, even when children's experiences with their birth families included trauma or neglect.

Who is this paper for?

This paper is for practitioners who are working with children in out-of-home care. It examines the importance of identity and history on the mental health of children in care. The paper provides examples of practices that have supported identity and story development for children who are living in out-of-home care.

Introduction

The Australian Childhood Maltreatment Study paints a concerning picture of the multiple forms of physical, emotional and sexual abuse that are experienced by many children, with 62.2% of all Australians having experienced some form of child maltreatment (Haslam et al., 2023). Most children in care have histories (known or unknown) of multiple adversities and this can prompt practitioner responses that seek to protect them from retraumatising or triggering



memories. These protective practice instincts are ethically and professionally important, but they can also risk disqualifying children's histories or deprive them of important information about their past. This is particularly true given what we know about the negative effects of secrecy and silence on children's mental health (Moss & Klapdor, 2022).

In the following audio (53 seconds), Sally Groom, Team Leader at OzChild, explains some of the complexity surrounding conversations with children about their journey into care ([download a transcript of this audio](#)).

Being placed in out-of-home care is a major life event for children that can cause distress and confusion. Ensuring children are provided with clear, consistent and timely explanations regarding their removal can support a more positive transition into care.

When children don't have the language to make sense of their experiences, their confusion can be amplified. Even the term 'foster care' itself may be misunderstood by many children. Mitchell and Kuczynski's 2010 study revealed that half of the children they interviewed were unaware of the meaning of foster care and how it 'worked' until they found themselves in a placement.

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When I first went into foster care, I thought I wouldn't be able to see my parents ever again. Even though my parents didn't do right, they weren't being right with me ... it doesn't mean I don't like them. But, like, it kinda feels like prison if you didn't get to see them.

FEMALE, 10–11 YEARS OLD (MITCHELL & KUCZYNSKI, 2010)

The same study showed that half of the participants found descriptions of their care situation either non-existent, confusing (often due to receiving multiple different explanations) or ambiguous, leading many to experience self-blame (Mitchell & Kuczynski, 2010).

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Even kids have come up to me, and I'll be like, 'Guys, help me make some sense out of this!' and they'd be like, 'Sure, I have no friggin' idea!' 'Cause I've even asked teachers 'Why do you think I'm in care?' I'm given a million different reasons, and, like, don't ask me cause I've got no clue.

FEMALE, 12–13 YEARS OLD (MITCHELL & KUCZYNSKI, 2010)

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I just left for some reason. I don't really know why.

MALE, 12 YEARS OLD (MITCHELL, 2016a)

A lot of innovative and diligent work has been done in recent years by practitioners and organisations who strive to support children's mental health during the transition into care. Many practitioners have found creative ways to provide children with clear and age-appropriate explanations for their journey into and throughout care. For example, the storybook *One of a Kind* was created to support carers and practitioners to have conversations with children about why they're in care when their parent or parents are experiencing mental health challenges (Alfred Health, 2023; Monash Health, 2023). Interventions like this provide space for children to talk about the reasons for their placement. Assumptions or interpretations that result in self-blame can be shifted when children are supported in making meaning of their journey (Mitchell, 2016a).

The effects on children's wellbeing and development

Children who are removed from their family, education, friends and community are continually deprived of participation in the decisions that affect their lives (McTavish, McKee & MacMillan, 2022). Over time, this can erode a child's sense of agency or the expectation that they should have an opinion about what happens to them. Children might believe that they lack the skills or know-how to contribute to these decisions and this can reinforce dominant stories of blame, low self-worth or shame (National Child Traumatic Stress Network, n.d.; Teicher & Sampson, 2016).

Children who are placed in care arrangements usually have questions about their situation. If the adults around them hesitate to provide answers, these children may come to believe that it's not OK to discuss their lives before their time in care and lead to the reinforcement of negative internal narratives. Children will invariably make their own meaning of their removal from home (Mitchell, 2016a). These negative attributions can allow 'failure' stories to take hold, which have long term consequences for children's mental health. Research tells us that children are most likely to describe their previous experiences when asked direct questions with curiosity by adults who they trust, underlining the importance of non-specialist service sector practitioners who can confidently discuss children's histories in safe and positive ways (McAlveney, 2016).

In the following video (1 minute, 25 seconds), Natalie Papps, who is an occupational and family therapist as well as a past foster carer, shares an example of how children can come to blame themselves after they have been removed from their birth family and the impact of 'not knowing'.

Practitioners who work in out-of-home care emphasise the need for children to be included in conversations about their past. Having knowledge of family history has been linked to higher levels of self-esteem, greater internal locus of control, lower levels of anxiety and lower incidences of behavioural issues (Merrill & Fivush, 2016; Duke, Lazarus & Fivush, 2008).

Not knowing their family history coupled with frequent relocation and changes in family dynamics can lead to identity confusion for children living in out-of-home care. As familiar relational contexts shift with their placement (or multiple placements) into different families, children in care may struggle to comprehend their identity in relation to others (Wilson, Hean, Abebe & Heaslip, 2020; Mitchell & Kuczynski, 2010).

This effect is further compounded when they have limited information about their previous life, as our early years are where our sense of self begins to develop. Children in care may struggle to answer questions about themselves like where they come from and who they are.

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Feels confused; moving to places that I've never been before, new rules, some rules are good some are not.

MALE, 12 YEARS OLD (McDOWALL, 2013)

What practitioners can do to support the stories of children in care

For those children who remember aspects of past trauma, they may begin to wonder why nobody has asked them about these events or come to believe they will upset adults if they disclose parts of their story. Practitioners who regularly include children in conversations about their lives, or invite them to tell their stories, describe an increased sense of confidence in having these conversations. This confidence is built through the assumption that children have the right to be heard and involved in decision-making (Guy, 2020). These practitioners overcome anxiety about having difficult conversations with children by creating a context of safety that enables a child to feel comfortable sharing their story. When children become comfortable having conversations about difficult aspects of their lives, they can also become more confident in having a say over what gets talked about, when it's talked about and for how long. (Headley, 2022; Tully, 2022; Headley, 2021; Guy, 2020; Brown, 2018).

In the following video (1 minute, 30 seconds), Jackie Amos, a child and adolescent psychiatrist, explains the importance of practitioners having the courage to communicate with children about their placement in care, despite the challenges associated with these conversations.

Some practitioners may be reluctant to ask children about their experiences due to their own feelings of discomfort; or believing enquiring about a child's history of abuse will only make things worse (Tucci & Mitchell, 2021). The risks and benefits of children discussing details of traumatic events they have experienced is often debated. Practitioners who have experience working with children in care stress the importance of being transparent throughout their entire engagement. For example, if a practitioner

meets with a child following a referral, it's often important for them to share the details of the referral with them, where safe and appropriate to do so, and seek the child's understanding of their experience and why they have come to see you (Emerging Minds, 2020). This provides a strong message to the child that they are trusted to contribute to the stories and decisions that affect their lives. Allowing children the space to ask questions can open up genuine partnerships, even if the practitioner doesn't have all the answers. Being honest about not knowing and promising to try and find out can build trust with the child. Following up on promises made is an important part of this process, as children may be deciding throughout whether the practitioner is safe to trust.

'Re-remembering' conversations

When children are not included in conversations about their history, they may feel increasingly passive and disassociated from their own lives. Practitioners have commonly addressed this by shifting the narrative to focus on stories or actions that have been previously silenced.

When children are invited to be active participants in conversations about their lives, they can begin to make meaning of their experiences, or make new connections, which help support their positive identity. White (2005) describes the process of 're-remembering', where children can be encouraged to recollect purposeful and positive engagements with significant people, or symbols which have made a positive contribution to their lives, even in small ways. For White, re-remembering was more than just recollection of the past and involved the creation of new or renewed connections to people, ideas, figures or hopes.



For some children, re-membering might involve the connection to one or both of their birth parents even if they see them inconsistently or not at all while in care. Despite this absence, by sharing a favourite memory children can begin to 're-member' the routines, family stories or special times that they shared with that person. Re-membering conversations don't intend to minimise the disappointment or lack of safety that a parent might have created. Rather, they help children to honour the positive parts of their history that might otherwise get lost if practitioners don't ask (White, 2005).

Even where children lack memories of family, practitioners can still find ways to pursue conversations of connection and identity. White's re-membering practices have been adapted by practitioners in work with children in care who have experienced trauma. Vermeire (2023) invites children to join her in re-membering exercises by creating connection between the child and a meaningful object. For example, a favourite toy can be a reference point for the child where they describe alternative and preferred stories about their lives. Perhaps the toy helped the child to feel brave in tough times. This can support conversations about bravery and how this has been demonstrated by the child throughout their lives. The idea of bravery might stand against many other failure stories that can be so accessible for children in care. By inviting the child to tell stories about their relationship with the toy, it's not beyond the realms of children's imaginations to consider how they may have helped their favourite toy in some way. This can also bring forward other descriptions of children's skills, capabilities and values.

Rather than asking children to describe only the negative aspects of their histories, practitioners in out-of-home care settings have become curious about context of the events of their lives, the skill and know-how the child has demonstrated, its effects on others, and the intentionality of the child's actions. In this way, children can become engaged in their histories of resilience, connection and resistance. Our evolving understanding of neuroplasticity tells us that these conversations help children to make different interpretations of past events, noticing the times when they have been active agents in the events of their lives, rather than passive recipients (Carey, 2015).

Alternatively, a child may wish to create a memory book that includes their likes, dislikes, favourite hobbies and other facts about themselves. This can be effective for children who may not have photos, toys or other keepsakes from their time before care. Such a tool provides a profile that can support a sense of who the child is and who they are becoming, whether they have knowledge of their past or not. Incorporating any form of meaning making into interventions with children in care can greatly support their wellbeing (Mitchell, 2016b).

As children become more practiced in recalling their stories of resilience, hope and persistence, sessions are likely to become more hopeful, energising and have a motivating effect on both the child and practitioner (Carey, 2017). Practitioners can purposefully listen for these alternative stories of children in out-of-home care. These stories often hold examples of acts of resistance, and in addition to highlighting the child's active participation in their lives, practitioners can draw upon these examples in their work together. To learn more about these practices, see Emerging Minds' online course *Supporting children who have experienced trauma*.

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I'm very interested in children's values and what's important to them. And so, part of my intent is to invite them to begin to speak about some of those. But not in a way that makes them just concepts. I'm also interested in how those values might have shaped the living of life for them. Or how it is they've held onto those things that are really important to them, despite some tough times that they've been through.

CHRIS DOLMAN, SOCIAL WORKER

Working in partnership with carers

Both practitioners who work in out-of-home care settings and children with experience living in these environments suggest that collaborative relationships between carers and practitioners are essential in optimising the wellbeing of children in out-of-home care.

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Feels confused; moving to places that I've never been before, new rules, some rules are good some are not.

MALE, 12 YEARS OLD (McDOWALL, 2013)

Carers have a pivotal role as the providers of care and stability for the child during their time in care, and practitioners play a vital part through supporting this placement (Lotty, 2021). When practitioners and carers work together, they can build a strong and supportive partnership that prioritises the child's needs.

In the following video (42 seconds), Sally Groom discusses the importance of working in partnership with carers as a practitioner.

A crucial aspect of this partnership involves supporting carers in facilitating the children's comprehension of foster care. With open communication and guidance, carers are well-placed to help children adapt to their new circumstances, providing a safe and nurturing environment. Practitioners can work together with carers to help each other understand that the sudden loss of family, friends, home and belongings that children experience when entering care would completely upturn anyone's life – adult or child (Mitchell, 2018).

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Explain it better. I don't know what they're talking about half the time.

FEMALE, 13 YEARS OLD (McDOWALL, 2013)

Developing consistent, collaborative relationships with carers impacts out-of-home care stability; can support the development of a shared language and approach; and, as a result, can improve outcomes for children in care (Lotty, 2021). In a collaborative environment, practitioners and carers engage in ongoing communication and shared decision-making, seeking to provide the best possible support for the child's needs.

Carers report feeling most supported when practitioners are responsive and provide ongoing practical and emotional support; however, they believe that more could be achieved in the areas of communication and working as a team (Geiger, Piel & Julien-Chinn, 2017).

Developing consistent and strengths-based messages to provide to the child is a key element in the carer-practitioner relationship. By aligning the messages they provide to the child, practitioners and carers develop a team-based approach to care that centres on the child's mental health and wellbeing. Wherever possible and safe, children are recruited as members of this team and as primary decision-makers about the events of their lives. Through this child-focused collaboration, carers – along with the child – become active contributors to the child's care plan, and their voices are valued and respected. Such an inclusive approach strengthens the child's support network, generating a sense of security and trust within their care environment.

Summary

This paper highlights nurturing a strong sense of identity and history in children placed in out-of-home care as essential for their mental health and wellbeing. It provides practical guidance for professionals working with these children, emphasising the need to uncover their personal and positive narratives, even amid traumatic pasts.

The significance of providing clear explanations to children about their placement in care to facilitate a smoother transition has been explored. The importance of engaging children in conversations about their past, aiding their understanding of their journey, and the benefits of transparency and honest communication have also been discussed.

Emphasis is placed on the importance of collaboration between practitioners and caregivers in supporting children in out-of-home care, focusing on open communication and guidance, with the involvement of children in decisions related to their lives.

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