

Characteristics of Repeated Moving and Neglect

- Exploring Possibilities of Community-based

Clinical Care for 'Drifting Families' -

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Abstract

At the child and family services center where the author works, a feeling of helplessness is associated with families with neglected children, who drift from one region to another without establishing any significant relationships with the community. Although little research exists on neglected children and their families, the focus of this study was to identify the characteristics of such families and the background associated with their repeated moving by analyzing a number of specific cases. The object of this study was to explore possibilities for supporting such families through community based clinical care.

It is clear that repeated moving is one factor in deaths caused by child abuse and cruelty, and repeated moving can cause families to fall into critical situations. A fundamental difference has been found between neglected children and other children that have been exposed to physical or verbal abuse. Compared with the latter, essentially 'nothing is done' for neglected children. It is suggested that a different approach is required for dealing with such neglected children.

Observed characteristics of abusers included unstable and shallow relationships with people, and an inability to plan constructively for the future. Many neglecting families suffer economic problems, including poverty, unemployment, lack of support, and early childhood problems. These issues make it difficult to achieve success through regular effort and self-determination. As a result, such individuals have low self-esteem and are prone to feelings of helplessness and distrust of society. Due to such uneven social class distribution and the complex background of economic disadvantages and difficulties, it is appropriate to say that these problems are not individual matters. They are caused by social and environmental factors, and it is, therefore, necessary to intervene via community-based clinical care.

Case analysis reveals that the community plays a supplementary role in dealing with family problems and difficulties. It is also clear that meeting with other people and establishing relationships with the community have provided opportunities for change. Consequently, the first approach in community-based clinical care is to establish a relationship between the family and the community and to modify environmental factors. This involves direct and indirect intervention in the family, and also in the organizations and staff who deal with the family. Six patterns have been identified

from case analysis, and it has been found that an effective support method involves “approaching the family and child(ren) by providing information regarding social welfare services and child-raising support options that are appropriate for the family’s needs”.

The second step is to assist in developing the family’s independence. This requires a shift from ‘drifting’ from one place to another as a result of environmental problems to establishing objectives and making their own life choices, a shift from ‘drifting’ to ‘steering’ their own boat. The aim must be to reach a port called ‘community’, where they can drop their anchor and start relating to people and the community. It is essential that the support person develop a close relationship with them through community-based clinical care.

Instead of raising risk for the family and prompting ‘drifting’, moving house should be regarded as an opportunity for meeting new people and a new community, and if so, moving house may be viewed as a positive possibility through community-based clinical care.