

IRISH JOURNAL OF APPLIED SOCIAL STUDIES

Editor Dr. C. Niall McElwee

Notes for Contributors

Articles for consideration:

1. Shall be based on primary research, or exceptional critical literature reviews, or practice innovations. From time to time a theme will be published.
2. Should be between 2,500-6,000 words in length.
3. The article should be preceded by an abstract, on a separate page. The abstract should consist of title, and summary of the paper, between 300 and 500 words in length. The abstract should end with three or four key words relating to the content. To permit anonymity, a cover page should be attached, listing authorship and affiliation.
4. Manuscripts should be typed on one side of the page, double-spaced with wide margins, on A4 paper. Manuscripts to be submitted on 3.5 inch disc in Macintosh, Microsoft Word or Windows format, along with 3 hard copies.
5. References should be placed in alphabetical order at the end of the text. The Harvard Referencing System should be used i.e. Author's surname followed by initial for first name, date in brackets, and title in italics, followed by location of publishers, and finally publisher's name; or in the case of articles, the journal's name in italics.

e.g. McElwee, C.N., (2000), *To Travel Hopefully: Views from the Managers of Residential Child Care Units in Ireland*. Waterford: RMA/SocSci Consultancy.

Wells, J.S.G., (1998) Severe Mental Illness. Statutory Supervision and Mental Health Nursing in the UK, *Journal of Advanced Nursing* 27: 698-706.
6. All text should be unjustified. Please do not insert page breaks or bold the text.
7. Contributors are responsible for ensuring the accuracy of their contributions, and for ensuring that they have permission for any extensive quotations used.
8. Articles for consideration will be sent to two external assessors/for review for suitability for publication.

9. Authors are expected to correct proofs. The typescript finally accepted for publication must be regarded as definitive and subsequent corrections should be restricted to printer's errors. Any alterations at this stage may be made only with the agreement of the editorial team. Changes in the text will not be considered at proof stage.
10. All tables should be clearly titled, numbered consecutively and be self-explanatory without reference to the text. They must be typed on separate pages with the location indicated in the text. The same applies to charts and figures.
11. Submission of an article is taken to imply that it has not previously been published and is not being considered for publication elsewhere. This fact should be stated by the author on submission. The editor reserves the right to republish articles from time to time when considered appropriate for a particular volume.

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Editorial

Dr. C. Niall McElwee

It is with pleasure that I extended Fergus Hogan the opportunity of guest editing this dedicated volume of the Irish Journal of Applied Social Studies. Fergus was one of the first supporters of the journal back in the late 1990's advertising it with his colleagues in both social work and family therapy practice and in academia. I was particularly interested in Fergus guest editing as I know he has an interest in both social work and social care/child and youth care. I strongly feel that both disciplines need to come closer together for the benefit of all the people with whom we work. The opportunity to become directly involved in the IJASS is but one route for this to take place.

Early on in our deliberations, Fergus and I discussed possible areas where one might concentrate on for a dedicated issue and we both agreed that readers of the journal would like to see foster care addressed – but from number of angles. Foster care is certainly an area that is receiving increasing attention and I am delighted to see that Fergus was able to convince friends and colleagues to submit varied papers ranging from service users to foster parents themselves. All in social care deserve the right to be heard and this journal is uniquely placed to give voice to those ‘from the coalface’ so to speak.

Many of my social care students over the years have lamented the lack of a substantial body of literature around fostering as it is understood and practiced in Ireland. They mentioned the fact that there are few accounts from ‘service users’ and from ‘ordinary’ foster parents to be found. Happily, this volume makes a significant contribution to filling the gap.

Since our last volume, much has happened with contributors to our journal. I moved from the Centre for Social Care Research at the Waterford Institute of Technology during the summer and took up a position as Head of Department of Humanities at the Athlone Institute of Technology. The IJASS will now be published by SocSci Consultancy, with both colleges remaining partners of the journal. Dr. Kevin Lalor, one of our Associate Editors, was promoted during the summer to Head of

Department of Social Sciences at the Dublin Institute of Technology and his edited book *The End of Innocence: Child Sexual Abuse of Ireland* was published in October. All at the journal would like to wish Kevin well. Professor Harry Ferguson has moved from University College Dublin to the University of Bristol where he has taken up a research Chair in social work and we wish him the very best in his move. Harry's co-authored book *Keeping Children Safe* was published earlier this year. Although now based in the UK, I have no doubt that Harry will maintain a keen interest in Irish child protection and welfare. Susan McKenna has joined the IJASS team as practice book review editor. Susan is a graduate of the social care Diploma and Degree programmes at Waterford Institute of Technology and has worked in day care and community child care. She is presently lecturing part-time at the Athlone Institute of Technology and works with SocSci Consultancy. Professor Henry Maier of the University of Washington has joined our team as review editor from the United States of America and Dr Grant Charles has joined us from Calgary, Alberta. Finally, we had the pleasure of the company of Dr Thom Garfat of Montreal, Canada in October when he came to Drogheda to speak at the International conference of the Oberstown Boys Centre followed by a joint presentation with myself to student and faculty of both the Athlone and Waterford Institute of Technology's social care programmes. Thom and I are currently negotiating with various Irish partners in relation to a model of social care theory and practice we are developing (the EirCan model©) and we will explore this in detail in forthcoming issues of IJASS.

The next volume of IJASS is due for publication in early 2002 and will be divided into two sections. Section one will include a range of keynote papers from the Oberstown conference held in October 2001 with section two having a selection of papers on areas as diverse as title designations in social care, living with HIV in Ireland, residential child care, a commentary from community child care and aspects of education in care - to name but some. Continue to tell us what you want and please do send us in papers for inclusion in future volumes.

Finally, I would like to express heartfelt sympathy to our colleagues in New York and Washington who have been so badly affected by the terrorist events in September.

Forward

Families and family life are very important for all children and the opportunity to experience the qualities of family life is one of the main objectives of the National Children's Strategy. For those children who cannot be looked after in their own families, and therefore, need to be provided with alternative care, foster care provides the best hope of experiencing family life. Foster Carers play a critically important role in the lives of these vulnerable and at times troubled children. Their dedication to helping the children in their care is an example of social and civic commitment at its best.

The government is committed to further strengthening the child welfare and protection and family support services, including foster care. As part of this commitment the government agreed in principle to implement, on a phased basis, the recommendations of the Report of the Working Group of Foster Care, 'Foster Care – A Child Centred Partnership,' which was published earlier this year.

The National Children's Strategy places emphasis on the views of young people and I was particularly pleased to be able to appoint three young people to the National Children's Advisory Council, ensuring that the voice of all children, including those in foster care, is heard directly. That voice was also heard at Dail na nÓg and I aim to ensure it is heard at all levels in matters which affect young people.

The publication of this special edition of the Irish Journal of Applied Social Studies, "A Celebration of Foster Care," is to be welcomed. The collection of essays touches on many of the issues in the Foster Care Report, but also different perspectives on foster care from a range of people involved in foster care. I am particularly pleased to see that not only are academics and social workers contributing but that foster carers and young people in care are also sharing their own views and experiences of foster care. This is a valuable contribution to our endeavours to improve the services for children and young people in care, their families and their foster Carers.

Go neirí le chuile dhuine atá páirteach



Mary Hanafin T.D.

Minister for Children

A Eulogy for Ted

**This collection of work is dedicated to the life of Ted Kennedy,
who sadly died on 27th March 2001.**

I have known Ted and Jill for almost ten years. We met through our shared interest, and love of fostering. In that time I have grown to know, respect and love them and their children. In writing some words to honour the life of Ted I did wonder that perhaps it should be a family member who remembered Ted. However when I reflected some more on this I began to think about Ted and his family and he, just as he has so often done, solved my dilemma and provided the answer. Put simply Ted's family cannot be defined or restrained within traditional family boundaries and I, like so many others, am part of that family. Brothers in foster care.

In remembering Ted's life we can take time to celebrate his rich legacy, the love he has shared with so many. As a carer in the broader sense Ted's influence was, is and will continue to be enormous. His work with the Cork Branch of the Irish Foster Care Association was often unseen and carried out quietly, efficiently and without fuss. On cold, wet winter evenings and early mornings when most of us would have been comfortably tucked up at home Ted was out 'shaking a box' to raise funds. On many of the more visible and enjoyable occasions he was absent from the 'limelight' despite the fact that he would have contributed enormously to the process. For example a group of our extended fostering family planned to present a workshop in the Netherlands; the planning for occasions such as this invariably took place around the large kitchen table where Ted supplied endless cups of tea, gems of wisdom and insights that would not be found in the textbook. He was very much 'the wind beneath our wings.'

Dedication: 'A Eulogy for Ted'

As a father Ted was a homemaker and a carer. Ted and Jill reversed what most of us think of as the 'traditional' roles. Each day he looked after ten children, prepared their meals, their school lunches, their uniforms. He organised the daily household routine and in the process made it look just that 'routine.' The mere thought of it strikes a lesser mortal like me as a logistical nightmare. Ted, however, took to the task like the proverbial 'duck to water.' But what was most striking was his ease with, respect and love for each of his children as individuals. He nurtured not just their physical daily needs but their emotional and psychological needs as well. Together with Jill, he provided an environment that encouraged each of the children to grow, to blossom and to reach their full potential. His pride in their achievements was obvious. This commitment was given unstintingly to all of the children. Ted's door was never closed to a child or young person in need.

As a Christian Ted demonstrated on a daily basis, his commitment to Christ through his love of his children and wife, as a husband, partner and lover Ted's love for Jill was evident to all who know them. His support for Jill in her decision to return to College was always evident in his pride in her achievements in the academic world and indeed her contribution to foster care and child care knowledge.

Ted's legacy of Love will live forever in the lives of his children and their children. "Do not stand at my grave and cry. I am not there. I did not die."

Frank Keating

A Celebration of Foster Care

by

Siobhain Cregan (Aged 12 Years)

Siobhain Cregan, represented Irish Youth Carers during the 12th World Conference of Foster Care which was held in the Netherlands 15th –20th July 2001. This is the charismatic speech that she wrote and gave at the closing ceremony.

“Hi, my name is Siobhain Cregan from West Cork in Ireland. I am a natural child of a fostering family. I live in a large house overlooking the sea, where the door is always open. I live with my Mam, my Dad, my aunt, my two brothers, my six sisters, one dog, two cats, two kittens, seven hens and two ducks!

My family has been fostering long before I was born. We have fostered about forty children in our home.

Out of my six sisters, I keep forgetting that three of them are fostered because the only difference I can see, is their surname, and that they have two families.

My three foster sisters are older than me, and one of them has been my sister since before I was born, and the other two have helped me grow up since I was four years old. I love my home and my big family because you are never alone - there is always someone to talk to. My sister Christine and I took up guitar lessons together and she has always been there to finish my poems and tune my guitar.

Another sister of mine has been able to put a smile on my face any second of any day. My eldest sister has helped open my eyes and my mind because she is disabled and has never limited herself.

I love having loads of sisters but I hate knowing that someday they may have to leave. I love partaking in raising a child but what can be heartbreaking is if you get very close to a foster child and they have to leave and no one will help you keep in contact or tell you where they are.

I love the way I have to think about the number in my family before answering friendly questions. I love thinking that someday when I come home from school I may have another brother or sister, but I hate thinking that someday when I come home from school one of them may have left.

I like helping children who are hurt - but hate knowing they have been hurt in the first place. I love the way fostering broadens my horizons. I hate knowing many children are heartbroken before they enter our home.

I enjoyed this conference because it gave me the opportunity to learn more about fostering. Listening to youth is a step in the right direction and I am really glad that adults and youth are walking the long path together. Today's youth are tomorrow's adults, and tomorrow's children will benefit from the guidance you give today.

Thank you for opening your ears and your eyes. Thank you for opening your mind and your soul. And especially thank you for opening your homes. Thank you."

‘A Celebration of Foster Care.’

Notes for contributors

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Forward by the Minister for Children: Mary Hanafin T.D

Dedication: ‘A Eulogy for Ted’

‘A Celebration of Foster Care’: Siobháin Cregan

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Editorial: Developing Foster Care: Towards A Collaborative Practice

Fergus Hogan*
Special Edition Guest Editor

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“The healing process for me is being given the opportunity to tell my story.”
(Marge Campbell, this issue).

Introduction

It gives me great honour to be associated with this very timely, special edition of the Irish Journal of Applied Social Studies. This edition brings a welcome focus on the development of Foster Caring Systems in Ireland. In doing so, this edition continues the development of this relatively newly established journal as a strong voice of academic and practice debate within Ireland and also within the international field.

This issue; ‘A Celebration of Foster Care,’ brings together a cacophony of voices from Ireland and also further afield including Scotland, Australia, Uganda and Canada. Together with this geographical and comparative spread of papers, this issue brings forward the voices of the various stakeholders within the care system. Academics, Policy Writers, Psychologists, members of the Legal Profession and Social Workers write alongside Foster Carers, Youth who care and Children and youth who have grown up within the Irish Care System. In bringing these various voices together in one edition, this publication achieves a central intention, which has been to invite contributions from all parts of the caring system. This includes the perspective of the

‘real experts’ in the functioning of the care provided, the service users, the children and families who’s lives we are actually talking about.

The effort throughout all of the pieces in this issue has been guided by the mantra of the Irish Foster Care Group, the ‘Circle of Friends,’ which is to, “Pay tribute and celebrate the voices of the Foster Care system that too often remain unheard.” (Blaak, M. 2001, p. 21). The ‘Circle of Friends,’ group consists of Foster Parents, Birth Parents, Social Workers, Educationalists, Policy Writers, Youth Who Care and Children who live in Foster Care. The Group have constituted themselves as a mutual support group and work together to further the development of positive and strengths based foster care systems. (Cregan and Kennedy, 2000. Hogan et al 2001., Keating et al, 2001).

The papers included in this edition are intended to focus our thinking in relation to our overall shared concern of improving the care we all provide to the children in our world, country and families. However in bringing together such a diverse collection of voices this publication is also centrally concerned with stimulating a debate in relation to the question how we should care? With this, readers might be warned that they will not find themselves in easy agreement with all that is said within the covers of this collection and while this difference of opinion is healthy and creative, readers might also be well warned that reading some of these papers will be painful. I know for myself which papers and parts of people’s stories I have found painful and challenging to my own sensibilities and ideas of ‘good enough practice.’ Each of us however will be touched in different ways, finding comfort in some of the writings while also finding ourselves challenged to answer back or disagree with other pieces within this collection. The beauty of this journal is that those of you who are stirred to comment on and develop these ideas can do so and we would invite you to make your own contribution to future issues of this Journal of Applied Social Studies.

However, the critical challenge of facing any discomfort in the words we read and the

stories we receive, is to place ourselves in a position of reflection, which asks of ourselves why does this effect me in this way? This is the invitation I offer on behalf of all of the contributors in this edition to you our readers.

Context of Child Care in Ireland

This collection of papers in relation to Foster Care in Ireland comes in the midst of a significantly fertile time of critical thinking, professional development and writing in relation to children and child care in Ireland. Less than ten years ago in 1993, the Irish Foster Care Association (which had been formally established in 1981) hosted the World Conference on Foster care in Dublin (McTeigue, D. 1995) Only seven years later in September 2000, the European Foster Care Conference was held in Cork. (Kelleher, D. 2001) The significance and the success of these conferences recognises Ireland as a major contributor in relation to the development of practice in relation to foster caring systems throughout the world.

At home in Ireland the context of childcare has also undergone significant change and development. The adoption of the 1991 childcare act came about following an unprecedented era of interest, critique and concern in relation to the adequacy of professional child protection systems to respond to and adequately assess the risk and safety of Irish children.

Most specifically, however, the past two years has seen the successful publication of a number of key official government publications, which have been centrally focused on highlighting the position of children within our society. 1999 saw the publication by the Department of Health and Children of the “Children First,” National Guidelines for the Protection and Welfare of Children. These guidelines, which were initially delayed in their full implementation due to lack of training of related personnel are now being enacted through the appointment of key staff who have designated responsibility for the training and dissemination of the information contained in the report.

November 2000 saw the publication of the “National Children’s Strategy.” This report most significantly included a concerted effort to consult with the service users themselves the children and as such has been thoroughly welcomed. The active role that the current Minister of State with Responsibility for Children, Mary Hanafin, T.D. has taken on, not just in the work and consultation process involved in the creation of the national children’s strategy but throughout her portfolio has not gone unnoticed. Some would say her greatest political achievement to date has been the way she skillfully dealt with the barrage of questions that Dustin the turkey threw at her on her famous appearance on the Den, others however recognise the huge contribution she has made in bringing about the creation of Dail Na nOg, the first real children’s led Dail which has been created out of the National Children’s strategy to add further weight to the fact that in future children will have a voice in matters which affect them. Further details of Dail Na nOg can be found in the current issue of the Newsletter of the Irish Foster Care Association. (Autumn 2001, Issue No. 15) These various contributions highlight Mary Hanafin’s, personal and professional commitment to furthering the voice of children within Irish society but more importantly these developments reinforce the real need for the creation of a full Ministerial portfolio with responsibility for children and families across all departments rather than the current allocation of a Minister of State with responsibility for children.

Most significantly however, in terms of Foster Care Systems in Ireland, has been the publication this year of the “Report of the Working Group on Foster Care: Foster Care A Child Centred Practice.” (Department of Health and Children, May 2001). This report on foster care represents the first major effort to standardise foster care practice throughout the various health boards in this country. And while the report is in the early stages of being critiqued and implemented it has been generally received with positive approval.

Foster Care in Ireland

Rosmary Horgan's opening paper "Foster Care in Ireland," makes a huge contribution to a clear and concise overview of the history and development of the foster caring system in this country. This essay brings together an analysis of the current policy, legal framework and practice guidelines, which work together to shape the current framework for foster care practice. As such students of social work and social care will find this essay a 'gift' in that week before the all important essay or exam in childcare! Teachers too will now have a concise reference in relation to both the historical development and current framework for foster care practice.

Some of the statistics that Rosmary references in her paper highlight the current demand and need for appropriate foster care placements. Provisional figures for 1999 show that at 31 December 1999 there were 4216 children in care. 60.13% of these were in foster care, 16.91% in relative foster care, and 14.11% were in residential care. (Department of Health and Children Provisional Figures for 1999). These most recent figures show an increase in the number of children coming into care (there were 3090 children in care in 1992) and the continued use of foster care as the main form of care provision.

For the first time these statistics now include an analysis of the numbers of children being placed in "Relative Foster Care." Prior to the publication of the child care regulations in 1995 (DOH, 1995a; 1995b) it was not possible to distinguish between children placed in foster care as distinct from relative care, as both groups were recorded as being in the foster care system.

Valerie O'Brien's paper, "Relative Care, Issues for Social Care Workers?" Sets the scene of the use of relative care in Ireland, tracing our deep roots of caring for children and extended family through to the current need to actively make use of the extended family once again as a resource in protecting the welfare of children. Valerie's paper recognises that currently, "approximately one-quarter of all children entering care are

placed in relative care, though variation exists across the regions.” (O’Brien, this issue). The central contribution that I believe this paper makes is the way it challenges all of us to reflect on the similarities and differences involved in placing children within the extended family network as opposed to using ‘straight forward’ foster care. Valerie brings the reader through a self reflective process where we are invited to begin to consider our own personal and professional prejudices in relation to the type of ‘care’ that we believe is the best for children.

Valerie does not shy away from the often, difficult political considerations at the heart of caring for children. This paper offers pause for thought on the changing roles of social workers and social care and child care workers in the environment of foster care. Also the paper warns how a split between relative carers and foster carers has developed in other jurisdictions, raising a forewarning as to how we in Ireland might develop our care of children in partnership or in competition?

Critical Issues in Current Practice

Two of the contributors to this edition focus their attention to two specific issues of critical concern in the field of foster care currently. Frank Keating’s paper “Fetal Alcohol Syndrome, the implications for fostering,” offers a consideration and explanation of the cause and effect of this very serious condition. Deborah Browne’s work, “An evaluation of Foster Parents Attitudes towards Birth Parents,” offers an inside view through her recent PhD. research which explored the world of foster care from a psychological perspective. Both of these authors bring to their writing their considerable experience and knowledge of the foster care system.

Frank is one of those rare species being both a foster carer of long standing and also a social worker. Living proof that one of the greatest mysteries of the caring world, the relationship between social workers and foster parents can be bridged!

Frank's paper highlights the connection that is not too often remembered in foster care literature; that being the needs of children with special needs. More specifically this paper draws serious attention to the impact and frequency of 'Fetal Alcohol Syndrome or Fetal Alcohol Effects.' Most usefully this paper points out some of the key identifying features of a child having Fetal Alcohol Effects. It also makes solid suggestions as to how appropriate care plans can and should be put in place to support not only the child, but also the primary carers. Crucially this paper raises a note of warning, which highlights the connection between 'Alcoholic Mothers,' drinking in such a dangerous way as to cause the child to suffer the effects or the Syndrome and the number of children who come into care due to the high levels of parental drinking. Frank is one of the first to warn that the future of fostering will unfortunately involve, more children who are suffering with and experiencing various special needs.

Deborah's work, boldly, yet sensitively lays bare the often, untold stories of the 'feelings' of foster parents toward birth parents. This research paper outlines usefully the process of the research project together with a rich inclusion of quotations from the participants. This paper begins to fill the huge gap in the literature that might actually begin to uncover the nature and dynamics in the relationships between foster carers and birth parents.

Reading both of these papers challenged and excited my own ideas of practice in relation to foster care and both of these papers left me wanting more from the two authors. Frank's paper left me with an uncomfortable-ness in relation to the way, a 'Mother's Alcoholism,' could have such a huge effect on her unborn child. I wanted to hide from the truth of this and the consequent responsibilities involved. With this though I wanted to hear more about the role and responsibilities and the resource that Fathers play in the lives of children? In reading Deborah's work I felt that while we, as 'professionals' seem happy to analyse and examine the relationships between 'others,' (in this instance, foster parents and birth parents) we still seem to avoid

research which turns the spotlight onto ourselves in the relationship. I really look forward to reading research, as lucid as Deborah's that uncovers and speaks about the relationship between foster parents and social workers. Such research must be central to the development of any real efforts to develop a partnership approach between all of us who are concerned with offering the best care possible to the children we know and love.

The Risk of Love and Intimacy in Foster Families

Centrally positioned within this 'Celebration of Foster care,' are the reflections from two women who have given their lives, and families to the care of others. Marie Cregan and Jill Kennedy are both well known to all involved in foster care in Ireland, as well as to many others involved in caring for children throughout the world. Their inclusion in this journal might be understood in terms of their participation in training and development of the fostering system in Ireland, or as a recognition of their presentations of new and critical ideas in relation to care on the international stage. They might also have been asked to contribute to this collection by writing about their involvement in setting up and running a new childcare and foster care system in Romania.

However, in asking both of these authors to contribute to this collection I 'simply' asked them to write on that most difficult of questions; 'Why do you foster?' Those who know either of these women will also know that neither of them would turn down a either a challenge or a request, especially if they believed that it might in some small way help somebody. I now realise that the placing of these two voices, as the centrepieces of this edition, honours, symbolically, the central role that carers, foster carers, women and men really are to the very existence of the child care system throughout the entire world. While this Journal is a celebration of Foster Care in its fullest sense, I am also concerned that the collection be seen as representing recognition of the giving of those who are living at the very Heart of caring for and loving children.

Marie Cregan's paper "Learning to Cry Out Loud," speaks about some of the unspeakable stories which are, our collective history of 'care.' Recently the spotlight has been turned on the shortcomings of the 'child care system,' (of notable example; Raftery and O'Sullivan 1999, Studies 2000, Ferguson 2000) However in this paper Marie offers an insider view on the joy and pain of sharing her own childhood with the children of Irish residential care during the 1960's and 1970's. Growing up never fully understanding why these children had to go back to the 'home' when they did not want to? Having grown up in a family that fostered, Marie realised that these children were different, because they had never 'learned to cry out loud.' Marie shares in her paper the intimacy involved in choosing to offer her own adult life as a foster carer, which is based on the dual approach of wanting to improve the lives of others while also learning from, the often painful, lessons of the past.

Jill Kennedy, (in true foster carer style) has managed to do what most of the rest of us simply would never consider possible; She has found the time and strength to write for this Journal on the core theme, 'Believing in Fostering.' Sadly, Jill's husband Ted, died suddenly, earlier this year. This Journal has been dedicated to the Life and Commitments of Ted Kennedy. Ted's Spirit, Soul, Wisdom and Love is present through the words of many of the authors in this edition. The Honest Simplicity and Emotional Courage represented within the writing of Jill's paper are the clearest reflection of both Ted's belief in fostering and the reality of the day-to-day details of living in a family, which is ever so slightly more unusual than the everyday!

'Ni thuigfidh tu an bas go dtíochfaidh se ag dhoras fein,' (Irish Saying: 'You will never understand death until it comes to your door.') It surely is in the intimacies of family life that we experience and learn the terrible beauty of missing a loved one, a life partner, lover, friend, mentor, father and foster carer, with such a pain that we cannot but realise the depth of love we are actually living with. Yet, the gentle words of the Irish philosopher, John O'Donohue reminds us that, "The dead are not far away, they are very near us. The dead are our nearest neighbours," (O'Donohue 1997).

Jill sees clearly the intimacies inherent in caring and sharing and loving, and for all of this she still, 'believes.'

The Challenge to Develop a Collaborative Practice

The contributions from Mary Payne, Elizabeth Murphy, Thom Garfat and Pol Nacha O'Marhini offer some creative and definite suggestions and examples of foster care systems, which have developed, centrally through collaboration, in order to improve the care provided.

Mary Payne and Elizabeth Murphy offer a questions and answers approach in order to introduce the "Lisdeel Family Placement Initiative." A most recent development of the Daughters of Charity, Child and Family Service, this project radically re-positions the type of practice and availability of 'professionals' to carers and birth families involved in the child's lives. Based on collaboration, inclusion and concrete supports this project is making a real difference in relation to recruitment, training, placement and support for children and families. Reading their approach, I am reminded of one of my grandfather's favourite sayings, 'the best ideas often seem the most simple ones, once they have been put into practice!' The project is still in the early stages of working and is under external review through the 'Children's Research Centre' in Trinity College Dublin, but already this project has something we could all learn from.

Thom Garfat, continues to offer his voice of support to this journal writing from Canada. His paper offers a helpful theoretical outline of some of the core issues involved in the 'meaning making' process or the social construction of the multi-perspectives of all parties involved in the foster care system. Thom also offers some clear case examples, which highlight the usefulness of his approach to helping each of us place ourselves in the position of the 'other.' The case examples seem to echo experiences of different occasions that I am sure many of us can remember!

Likewise the Paper “Foster Caring: Through Care and After Care,” by Pol Nacha O’Mairtini offers some really stimulating reading and ideas for the future development of our foster caring system. Nacha writes specifically on the key issue of caring for youth and developing after care systems which can help bridge the transition for children who are leaving care and moving into independent living. Nacha writes freely, offering stories of connection with his own personal life and childhood, and in reading these personal reflections one can begin to sense just how well Nacha can connect with the youth he cares for. Like Frank, Nacha is another of ‘those people’ who bridge the worlds of being both a foster carer and a social worker; they may not be as rare a species of people as I had once thought. Yet I truly believe that the wisdom of experience that these people can bring to the development of the caring system is immense.

Nacha’s paper makes a number of real contributions to this journal. In his sharing of his own personal reflections on being a ‘single male foster carer,’ we the audience can begin to reflect again on our own sense of the role men can, and do bring to the lives of children, their own and other people’s, through the care we have to give. Nacha recognises the importance of political and media work involved in highlighting the need for safe foster care. And most importantly he speaks clearly of the need to develop foster care systems by consulting the ‘real experts,’ the children.

Caring for Children Throughout the World

This issue of the Irish Journal of Applied Social Studies is honoured to be able to include three International papers in relation to childcare and fostering systems throughout the world. This inclusion of international contributions continues this Journal’s development as a major voice in the field of Applied Social Studies. These papers in themselves offer a critical sociological and community development perspective to the debate in relation to our global responsibilities to care for the next generation, while also being open to recognising how we have treated our past generations of children. The inclusion of these ‘comparative’ papers offers us, a real

opportunity to pay attention to the needs of culture and identity when we try to care for children. Issues which, until relatively recently in Irish child care were really only mentioned in relation to the needs of Traveller Children who came into care. However globalisation and multiculturalism will have a definite impact on the way we practice our own Irish childcare services.

David Ssedyabule, a Ugandan social worker has taken time to write for the journal. His paper “The impact of HIV and AIDS on informal Foster care systems,” highlights the devastating consequences of the pandemic of HIV and Aids, which has wiped out a full generation of adult carers in Uganda. In Ireland, drug use and HIV and Aids have already had a significant impact on the need to provide care for a large number of children; Often the care of grandchildren falling to elderly grandparents. However David’s paper talks about the movement of care for children in Uganda from family, to community and onto occasions that he terms as ‘no care,’ which has come about quite simply due to the fact that families have been left without adults to care for the next generation of children. His research has focused on what he terms ‘Child Headed Households,’ and the work of his organisation is in part concerned with offering a range of practical supports to these Child Headed Households; a type of foster care from a distance. The other part of his work is involved in the training, education and community counselling in relation to the effects of HIV and Aids. The most recent research from Uganda shows that it is the only central African country with a statistical downturn in the numbers of people reporting HIV Infection. Reading some parts of his paper feels like reading a story from another time and world, while at other times the similarities in the needs of children for care and safety ring true throughout the world we know.

Nicole Breeze and her colleagues Marge Campbell and Zeena Elton present their paper “Stolen Generations: Lessons from Australia.” This is a powerfully critical contribution, which weaves the personal with the political drawing the central attention to the fact that (good) intentions in relation to child care must also be

reviewed in relation to their impact and consequences. Drawing from the analysis of the Australian experience of “Stolen Generations,” the term now used to describe the wide scale, forced removal of indigenous children and placing them with white families, the paper raises timely debates about the role of history, reconciliation, apologies and measures of restitution and compensation. Again while Australia may seem like the other side of the world we too, here in Ireland we are beginning to face up to our own failings and abuse of children.

The underlying warning throughout this paper in relation to the difference between the intentions of offering alternative forms of child care and the consequent impact of some of these decisions must not be glossed over but critically reflected upon by all of us who are engaged in this common work. Through the witnessing of the powerfully personal narratives of the authors Marge Campbell and Zeena Elton, we are invited to see ‘up close and personal’ the terrifying effects of children being separated from their culture, roots and connections. But more than this, one feels in reading these memories that the real trauma has been caused by the years of secrecy, deceit and denial.

However these women in their paper hold out their optimism for the ‘Healing of the Future.’ For me one of the most powerful lines in this whole journal are found in the words of Marge Campbell, when she re-claims the possibility of her future, reinforcing the power of finding one’s voice she claims, “ The healing process for me is being given the opportunity to tell my story.” (Marge Campbell, this issue).

Personal Narratives on Growing up in Care

This Journal proudly opened with the words of a beautifully poetic speech written by Siobhan Cregan, who at twelve years of age represented most wonderfully herself, and also the Irish Foster Families at the closing ceremony of the 12th International Foster Care Organisation, in the Netherlands during July this year. It could not be an exaggeration to say that children and youth have a way of looking upon the world where they see the faults and pains but can also see and point to suggestions for

improving the world we share. (Edgar Allan Poe was wrong; youth is not wasted on the young!) Siobhan's ability to balance the two sides of caring and sharing, the difficulties and the joys are truly an inspiration to all of us. And if we ever needed an advertisement for the value of foster caring we have it in the beautiful words of this twelve year old.

Tommy Turner, a 'care leaver' himself now works with 'Barnardos' and 'National Voice' in England. Tommy is a advisor on child care to the English Government. Tommy has worked as a friend and a Mentor for some considerable time with many of the Irish youth groups and children living and leaving care in Ireland. Here Tommy uses poetry and metaphor to give 'voice' to the concerns of care.

While I want to thank all of the contributors who gave of their time and creative ideas to this volume, those I am most proud to include in this edition are the young people who have shared their lives with us. Nacha, in his work of supporting and developing foster care systems, strongly recognises that the 'real experts' are the children and youth. These experts, Jean Kennedy a 'youth carer,' Linda Doherty a young woman who spent her teenage years living 'between homes' in a girls' group home and Christine Deady who grew up in a foster home are the real celebration of this collection. Not only do these experts offer crucial learning to all of us but more than this, I believe that they have shared an intimacy with us in opening a part of their lives to us, the readers.

I met with Linda first when she had recently left home to live in a children's home and the conversation that she has chosen to include in this issue was one that we recorded on the occasion of her eighteenth birthday to celebrate and honour her independence and permission to speak with her own voice on the shortcomings and the successes of the care service she was provided with. Linda who lives in Dublin continues to act as an advisor and teacher to student social workers and social care workers on placement and in college settings. Her honest and open reflections in the conversation reveal

some very subtle and important pointers for the improvement of the emergency, out-of-hours social work service.

Jean Kennedy and Christine Deady are two of the founding members of the group 'Youth Etc,' a peer support group for children who foster and children who live in foster care. As the elder lemons in this group! Jean and Christine work as mentors to the newer and younger members of this group. They have represented themselves as youth carers in national and international conferences on foster care. They have also both been involved in teaching social workers and foster carers in various settings throughout Ireland.

Their words are included here unedited, the courageous beauty of their wisdom and their choice to share in such a personal way is truly inspiring. I believe that their words appropriately bring together the cacophony of concerned voices, which have spoken throughout this collection. I feel honoured to have been part of bringing together this collection. I am truly appreciative to each of the authors for their wonderful contribution. And most especially I wish to pay my respects to those writers who shared their lives in a personal way. I have been deeply touched by their strength and courage.

References

Blaak, Mirjam. (ed). (2001) "Youth Participation In Foster Care: Let's Get Together" Defence for Children International. Amsterdam.

Cregan, Marie and Jill Kennedy. (2000) "Playing both sides against the Middle." Conference Paper Presented at the IFCO European Foster Care Conference, Cork Ireland. September 2000.

Department of Health (1995a) Child Care Regulations. (Placement of Children with Relatives). S.I. No. 130 of 1995, Dublin, Stationary Office.

Department of Health (1995b) Child Care Regulations. (Placement of Children in Foster Care Regulations). S.I. No. 130 of 1995, Dublin, Stationary Office.

Department of Health and Children, (1999) "Children First; National Guidelines for the Protection and Welfare of Children." The Stationary Office. Government Publications, Dublin.

Department of Health and Children, (2000) "The National Children's Strategy – Our Children Their Lives." The Stationary Office. Government Publications, Dublin.

Department of Health and Children (2001) "Report of the Working Group on Foster Care: Foster Care – A Child Centred Partnership." The Stationary Office. Government Publications, Dublin.

Ferguson, Harry. (2000) "Learning from the past: Child abuse and institutional care in historical perspective," in L. Mac Aodha (ed), Child abuse in institutional care: learning from the past and hoping for the future. National Conference of Priests, Ireland. Dublin.

Hogan, Fergus & The Circle of Friends (2001) "From Webs of Distraction to Systems of Concern; Strengthening Silenced Voices within the Circle of Care." One-day workshop presented at the 12th Biennial International Conference. "Towards a foster caring society," Veldhoven, The Netherlands 15th–20th July 2001.

Hogan, Fergus. (In Press) "Letter writing and collaborative note taking in social work; towards an ethics of participatory practice." The Irish Social Worker.

Irish Foster Care Association. (2001) Autumn Newsletter Issue no. 15

Keating, Frank & The Circle of Friends (2001) "Maintaining the Balance." Conference Workshop presented at the Irish Foster Care Association, AGM, 'Dare to Care' Tullamore, 2nd- 4th November 2001.

Kelleher, Deborah (ed). 2001. "Hand in Hand, book of proceedings, IFCO European Foster Care Conference, Ireland." Irish Foster Care Association, Dublin

McTeigue, Deirdre (ed). 1995. " A Journey Through Fostering." Irish Foster Care Association, Dublin.

O'Donohue, John. 1997. "Anam Cara: Spiritual Wisdom from the Celtic World." Bantam Books. London. New York. Toronto. Sydney. Auckland.

Raftery, Mary and Eoin O'Sullivan. 1999. "Suffer the Little Children, The Inside Story of Ireland Industrial Schools." New Ireland Books. Dublin.

Studies. An Irish Quarterly Review. Winter 2000. "Scandals in the Church, The Irish Response." Vol. 89 No. 356.

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The History of Foster Care

Supplemented Kinship

Ireland has a long tradition in the area of foster care. The “fosterage” of early Irish society appears to have been a custom practised by all classes. It was not confined to orphans or non- marital children, and it did not sever the links between the child and the birth family. Ginnell in describing the effect of fosterage pointed out that:

“Quite apart from law, the relations arising from fosterage were in popular estimation the most sacred of the whole social system, and a stronger affection oftentimes sprang up between persons standing in those relations than that between immediate relatives by birth.”¹

This custom continued in Ireland until the eighteenth century. It is likely that the popularity of the custom was in part due to Gaelic tradition but also because it relieved the pressure upon space in households where children were born with almost annual regularity. Daniel O’ Connell, the Catholic emancipation advocate of the 1820’s, was fostered out in infancy and did not return to the care of his birth parents until he was four years old. MacDonagh in his biography of Daniel O’Connell pointed out that:

“Yet there is no suggestion that such an early childhood had the traumatic consequences which the present century would predict. O’Connell became deeply attached to his true mother and father. The bond with his foster-parents-to be rewarded, according to the conventions of the day, by subsequent favours and support- remained strong; but this implied no division of loyalty or psychological confusion. So far from resenting his own early exile, O’Connell subjected his two eldest sons, Maurice and Morgan, and some at least of his younger children, to the same experience. It was after all the social norm, from which no one anticipated- and perhaps therefore everyone escaped- injurious results.”²

By the close of the eighteenth century, the process of de-Gaelicization of Ireland was complete. The Brehon Law concept of ‘family’ and tolerance of plurality of ‘family ties’ was gone. In the face of the transformation from a loose Gaelic society to a tight monarchical one, the characteristics of ‘the family’ also changed and the Gaelic tradition of fosterage was lost. It was ultimately replaced by the repressive and controlling Poor Law system.

Out of the Poor Law

The workhouse became the most feared and dreaded manifestation of the Poor Law system. The Irish Poor Relief Act of 1838 introduced into Ireland this system which was established in England by the English Poor Relief Act of 1834. The latter Act changed the English system by uniting a number of parishes to provide a larger area of administration to be known as “Unions”. In each union a workhouse was established to accommodate the destitute poor of the District. A Board of Guardians governed each union and was in turn supervised and controlled by Poor Law Commissioners. The concept behind the Poor Law system was simple enough- to make reliance on the system as unpalatable and rigid as possible so as to ensure that the service would be one of last resort. The barbarity and institutional cruelty of the workhouse regime has been documented in numerous official reports in England and Ireland, as well as in popular literature of the time³. Dickens’ depiction of the workhouse innocent Oliver Twist and Mr Bumble the exemplar of workhouse injustice is still portrayed on stage and televisions.

The steadfast refusal to allow “outdoor relief” forcing people to enter the workhouse if they needed assistance was designed to ensure that parish charity would only be sought as a very last resort. The sad consequences of this policy were set to rhyme in the recitation “In The Workhouse: Christmas Day” which was written by a journalist and appeared under the pseudonym of ‘Dagonet’.

“ I came to the parish craving
Bread for a starving wife,
Bread for the woman who loved me
Through fifty years of life;
And what do you think they told me,
Mocking my awful grief,
That ‘The House’ was open to us,
But they wouldn’t give ‘out relief’.”⁴

The introduction of a system of ‘boarding out’ in 1862 was the slow beginning of a more benign regime for children aimed at keeping every ‘pauper child’ outside the workhouse. In 1872 the Local Government Board for Ireland replaced the Poor Law Commissioners and this body took over the general supervision of, *inter alia*, the Board of Guardians. In 1878 the addition to their duties to supervise the workhouse in their Union or District they now became responsible for additional duties, for example dispensing medical relief, public health, water supply, sewage, housing and public lighting. The Local government Act of 1898 placed the administration of Local Government in Ireland in the hands of County Councils, and Urban and Rural District Councils. Boards of Guardians were given the exclusive task of administering the Poor Law once again. The County Council was the rating authority and financed the Board of Guardians to run the workhouses and dispensary system and outdoor relief.

Reforms Introduced by the Irish State - Health Boards

The Local Government Act of 1923 which was the first local government legislative undertaking by the Irish Government abolished the Board of Guardians and organised the administration of the poor law under Boards of Public Assistance with the County as the unit of administration. The Local Government Act of 1925 abolished Rural District Councils and transferred their functions concerning public health and housing to Boards of Health elected by the County Councils. The Health Act of 1953 empowered the Health Boards to have a child cared for either by boarding him out (foster care), by sending him to an approved school, or if the child was over fourteen years old, by placing him in employment ⁵.

Foster Care

The Act itself provided for a contractual relationship between the Board and the foster parents defining the obligations of each party to the contract. In consideration of a monthly sum in respect of the maintenance, clothing and education of the child the foster parent undertook to bring up the child being fostered in the same way they would a

natural child. The contract obliged them to promote the proper development of the child, and to observe and keep specific basic defined conditions. These included the obligation to provide the child being fostered with proper and sufficient nourishment, and suitable accommodation, to ensure religious observance, to provide proper health care, to ensure regular school attendance, to notify the Health Board of any serious occurrence affecting the child, or of any proposed change of address, and to make the child, themselves and their home available for a Health Board inspection as required. The contract obliged the foster parents to return the child to the care of the Health Board at any time where the Health Board, with the consent of the Minister for Health so decided, or where the Minister for Health required the Health Board to remove the child. It was specifically provided that the foster parent should not insure, or attempt to insure, directly or indirectly, the life of the child or to obtain any interest in any insurance policy on the life of the child.

The Boarding out of Children Regulations of 1954 set out the obligations of the Health Board in terms of the 'boarding out' of children

- Foster care should be the first option, and a Health Board should not choose an approved school over foster care, unless a suitable foster placement was unavailable⁶;
- Health Boards should properly assess potential foster parents in terms of their suitability and the suitability of their homes⁷;
- The Health Board should ensure that "available history" of the child matched the chosen foster placement thereby indicating the suitability of the placement to the welfare of the child;
- The Health Board should ensure that the religion of the chosen foster placement matched the religious persuasion of the child, unless the consent of the parent (s) or guardian was available to a cross religious placement, or where there is no parent or guardian to give consent, on the basis that the foster carers undertake in writing to raise the child within his or her own religion⁸;
- The Health Board should inspect the child and the home within one month of the placement and thereafter at least every six months, the Health Board should also maintain adequate case records and a register of all children which it has boarded out

- The Health Board should provide reasonable funds necessary for the maintenance, clothing and education of a child and for other needs¹⁰

Under the Health Act, 1953 this assistance was only available until the child boarded out reached sixteen years of age or until the completion of the child's education, with the consent of the Minister for Health. Should the child be adopted by the foster family, discretion remained with the Health Board to continue the contribution to the maintenance of the child as if he continued to be boarded out¹¹.

The Health Boards that we know today, were established by the Health Act of 1970 and they have inherited many of the functions carried on by the Boards of Guardians. The Children Act 1908 continued to be the legislative cornerstone for the compulsory reception of children into the care of a 'Fit Person' until the Child Care Act, 1991. Section 39 of the latter Act obliged the Minister to make regulations governing both the placement of children in foster care and for securing, generally, the welfare of children in foster care¹². Such regulations are now contained in the Child Care (Placement of Children in Foster Care) Regulations, 1995¹³

Foster care today and ghosts of foster care past

The Foster care is the most likely option when a child comes into the "care system" either voluntarily or as a result of a Court Order¹⁴. A crisis or breakdown in the child's family of origin therefore precedes it. The official reasons for the reception of children into care are many and varied ranging from sad to bad and including 'parent or parents unable to cope, neglect, parental illness, sexual abuse, emotional abuse, physical abuse, domestic violence, homelessness, child out of control, child awaiting adoption, or other family crisis'¹⁵. It is clear therefore that reception into foster care can be precipitous or to some extent planned for. It is also clear from the Department of Health and Children statistics that the most numerous category of primary reason for admission into care is 'parents unable to cope' followed by 'neglect'. The other matter of note is that roughly half of the children received into care each year do so on a 'voluntary basis'¹⁶.

The processes of legal compulsion, which generally precedes many admissions, have undoubtedly reinforced the negative image of the care system. Even voluntary admissions can sometimes have a coercive quality about them. Residential care has received very bad press in recent years and has to some extent at least become linked in the public mind with child abuse and 'failure'. Foster care aims to provide an alternative 'family environment' for children coming into the care system and is therefore preferred over residential care¹⁷. Foster care also suffers from the prevailing stereotype of transience. Frequent changes of foster placement, and multiple family placements have

become the stuff of urban legend¹⁸.

The Task Force on Child Care Services Reports in 1975 and 1980¹⁹ lamented the absence of research into foster care breakdown in Ireland. It noted that fostering at that time was almost exclusively used for younger children because of the evidence from England that fostering breakdown was more likely in the case of older children. The task force recommended project fostering for older or troubled children and felt that fostering should be one of the options for every child regardless of age, health or behaviour. The Report identified four factors, which it felt had impeded the development of foster-care:

- The absence of integration in child care services;
- Social attitudes to foster-care;
- The complexity of foster care and the diversity of responsibilities which different types entail;
- Insufficient resources for foster-care services within child care agencies and insufficient commitment to the principal of family placement.

It would seem that what is lacking at present in Ireland is a network of services which differ in their purpose, and are linked to the needs of the children coming into the care system. A review of research on residential care in the United Kingdom in 1988 noted that:

*“Residential homes can provide short-term care to relieve relatives or to shelter children at risk, or give a holiday to a disabled person who needs one. They can provide long-term shelter for a variety of groups, but in doing so they may be aiming to allow for ordinary development in the case of the young or to give older groups the opportunity to live as normal a life as possible. They may set out to assess, treat, train or educate the young, teach skills to the mentally handicapped, provide care, attention and even nursing care for the frail elderly, prepare children for foster care or adolescents for independence and make sure that those in care do not lose touch with their families and roots. Less benignly perhaps, they may ‘control the disruptive and punish the recalcitrant’.”*²⁰

The term ‘residential care’ does not appear to have such a wide currency in this country. Since the Task Force Reports the pervasive assumption is that really good care for children is only to be found in foster care. However it is now acknowledged that many

children require therapeutic treatment, sometimes in a secure residential setting. Unfortunately, residential units offering secure accommodation have had to be forced into existence through legal compulsion²¹. The quality of 'caring' available in some of the secure facilities hastily provided to meet Court requirements have in turn become the cause for concern. The Social Services Inspectorate Report on the Newtown House High Support Unit, reported that the building was unsuitable for use as a specialised group home for children. There was an unacceptably high level of staff turnover and an absence of professional supervision for all staff coupled with stressful conditions for staff. The report described practices employed there as putting young people at risk in the centre²². Residential care like foster care has to be seen as part of a network of services. The precise relationship between residential care and foster care in Ireland needs to be researched. Different residential regimes and/ or specialised foster care may be necessary to achieve the continuum of care required by some children. Children coming into the care system often have a variety of complex needs, which require in turn a multifaceted response. The continuum of care necessary to meet these needs is only now being constructed in response to the legal proceedings being taken by and on behalf of the children in the Courts.

Lessons Learned?

It must be acknowledged that the modern legislative framework for child protection has been radically improved over the last decade. The Child Care Act, 1991 which was fully implemented in 1996, the Child Care Regulations 1995, the Children Act 1997, the Protection of Persons Reporting Child Abuse Act, 1998 and the Children Act, 2001 represent a quantum leap forward on the previous legislative position. Irish child law remains fragmented nonetheless. Moreover there are still lamentable gaps in the integration and indeed availability of child care services on a practical level. The position of the child with 'special needs' being an obvious area of deficit. It is quite extraordinary that the provision of services must be forced by legal action taken by the parents/ foster parents of such children.

In 1992 Ireland ratified the United Nations Convention on the Rights of the Child, 1989 without any reservations or declarations²³. Our legislation and service provision must therefore comply with the minimum threshold standards for children's rights embodied in the Convention. Each ratifying country's compliance with the Convention is monitored by the specially designated UN Committee on the Rights of the Child²⁴. Each country must report on the measures adopted to give effect to the rights recognised in the Convention within two years of the entry into force of the Convention in that country. Thereafter they must report every five years²⁵. The Department of Foreign Affairs prepared the first National Compliance Report in 1996 in somewhat optimistic

mood, having regard to the achievements in having the 1991 Act fully implemented. Non Governmental Organisations under the umbrella group Children's Rights Alliance (formed in 1993 to promote awareness of the Convention) gave a more sanguine view to the UN Committee. The UN Committee on the Rights of the Child, evaluating Ireland's compliance was critical of the absence or inadequacy of Irish governmental policies and programmes designed to give effect to the rights recognised in the Convention, as being 'devoid of a national strategy'²⁶.

There have been Policy developments²⁷, strategy statements by the Department of Health and Children²⁸, pilot projects²⁹ and national guidelines³⁰ since this critical Report. The Social Services Inspectorate (SSI) was established on an administrative basis in 1999 to monitor the organisation, operation and management of child care services from a consumer perspective as well as from a service provider perspective. A ten-year plan entitled "The National Children's Strategy" was launched in November 2000 and maps out policy goals to improve the quality of all children's lives, as well as strategies designed to realise those goals in a strategic manner. The aim is to have a specific Cabinet committee for children chaired by the Taoiseach and to have a Minister for State with Special Responsibility for Children to oversee the co-ordination of all government policies for children. The National Children's Office has been established on an administrative basis to operate on a cross-departmental basis and support the new role of the Minister for Children. In the specific area of foster care, The Report of the Working Group on Foster Care '*Foster Care- A Child Centred Partnership*' was published in May of this year. This Report provides a blue print for the support and development of foster care in context as part of the continuum of care designed to promote the wellbeing of children who are not receiving adequate care and protection in their own families. It proposes a strategic management initiative to the delivery of the service with the objective of delivering a comprehensive and integrated service at community care level³¹.

The next compliance report is due this year and one wonders whether through all of these developments Ireland can avoid censure in the follow up evaluation report of the UN Committee. The extensive consultative processes involving Non-Governmental Organisations in shaping the National Strategy is likely to deflect some criticism this time around, however there is still a palpable gap between aspirational and actual compliance with the tenets and principles of the Convention.

Coming into Care

Voluntary Care is necessary for roughly half of the children coming into the care of Health Boards each year. The numbers of children coming into care are increasing. Irish

society itself is changing. Families are getting smaller and fewer children are being born. The rate of marriage has declined and there has been a growth in lone parenthood. There has been an increase in the number of children born to unmarried parents and an increase in marital separation and divorce. Long term unemployment in families with children make them more vulnerable to problems associated with poverty, ill health, drug abuse, homelessness and social exclusion.³² But are children coming into care unnecessarily? Section 3 of the Child Care Act 1991 obliges Health Boards to provide child care and family support services. Why then are there not more in-home care workers, housekeepers, day care facilities, emergency housing and respite and shelter care centres? Precisely why are parents 'unable to cope'?

The position of parents who place their children in voluntary care is also uncharted. How much access do they really retain to their children? Access is generally inflexible and based on agency rather than parental exigencies. The needs of the child for access to parents and siblings also tend to be tempered by agency exigencies rather than what is the optimum level of access from the perspective of the child. How are parents involved in the decision making process regarding their children's lives when in care? They are generally left to liaise with the social worker assigned to the child but are not assigned a social worker themselves to work with them towards achieving rehabilitation of their family unit. Even where there are Care Plans they are usually light on the specifics in that regard. In practical terms one must ask how children themselves are given a voice in the voluntary admission process. It is quite clear that all of the international research points towards more positive fostering outcomes where foster parents are inclusive of the family of origin and generally where the Goddess OTA (openness, transparency and accountability) reigns³³. This proposition was also supported by a study by the South Eastern Health Board in 1995 aimed to analyse the response by that Board to child care concerns which were reported to it. The research showed that the majority of families referred were experiencing a number of adversities, which required a range of interventions but the child protection system was geared towards a one-dimensional response³⁴.

When children come into care through the Courts, Health Boards put resources into achieving the Care Order and concentrating on collating the evidence necessary to obtain the order ahead of all else. This is, of course, necessary in a child protection situation and a statutory responsibility, however it is not the only statutory responsibility. Care Plans are an essential part of the successful foster placement of a child taken into care and this is well recognised as a matter of best practice. It is also required by the Regulations. However the Social Services Inspectorate in their 'Report of Findings Relating to the Inspection of Children's Residential Centres' in October 2000,

expressed concerns that care plans were only completed before admission in a minority of cases. The Report of the Working Group on Foster Care in May 2001 noted the same deficit in relation to children in foster care. In the case of **The Eastern Health Board-v- District Judge James Paul McDonnell and CK and NW and Anor.**³⁵ the right of the District Court to impose conditions on making a Care Order (one of which obliged the completion of a comprehensive Care Plan within three months) was upheld by the High Court. Therefore, whilst child care professionals bemoan the fact that they operate within a very adversarial and legalistic framework, children, parents and foster parents must rely on that framework to ensure their legal rights are upheld and that 'best practice' is in fact applied.

The Practical Realities

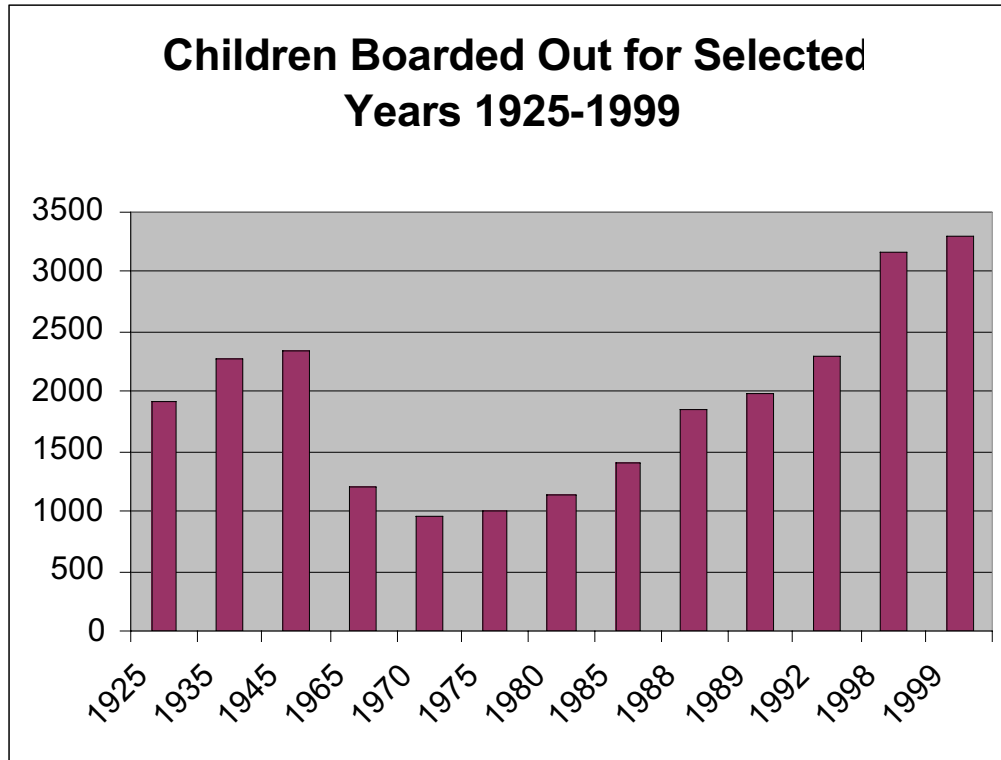
As of 31 December 1999 there were 4, 216 children in the care of Health Boards in Ireland. 3.35% of these were being supervised at home and the remainder either in foster care, relative foster care or residential/ other care.

Robbie Gilligan, writing in 1990, examined the figures for children in foster care since 1925 and noted that there was a considerable drop in the numbers of children fostered in the mid and late 1940's. Gilligan ascribes this reduction as being attributable to more rigorous screening of foster parents. The 1970's heralded the revival in the use of foster care leading to its dominance as a form of placement for children in care in the 1980's. Gilligan attributes the revival to the 1983 Foster Care Regulations, which were in turn informed by the Task Force Reports, which in effect promoted foster care as the best form of care. There was also an increased public awareness of fostering, and Gilligan also cites the establishment of the Irish Foster Care Association as a reason for the revival of foster care as the main form of care³⁶. The number of children in foster care has continued to increase reaching 1,986 children in 1989 and 3,289 ten years later in 1999. This increase is due to a combination of the social and demographic changes in Irish society in recent years, and to the impact of the child protection provisions of the Child Care Act, 1991.

The position of 'adoption' as an option for the child in long term foster care is not assisted by the current adoption legislation. The 1988 Act, only permits the 'freeing' of a child for adoption in the most extreme situations and where it can be established that there has been a total abandonment of all parental rights. As Abramson pointed out in 1984 however, adoption provides supplanted kinship and removes all links with the family of origin, whereas fosterage under the old Brehon Law system provided supplemented kinship³⁷. The same might be said today of inclusive fostering where strong links are maintained with the family of origin. The Report of the Working Group

on Foster Care argue that Health Boards should consider adoption as an option for children in long term foster care. One wonders however whether this form of adoption is appropriate, or whether a 'simple' form of adoption which did not sever the links with the birth family would be a more acceptable solution for all concerned.

Table 1: CHILDREN BOARDED OUT FOR SELECTED YEARS



When we look for information on children in foster care the information must be gleaned from a number of sources. The Social Services Inspectorate Report 2000 for example tells us that in their examination of twelve residential care units in accordance with Section 69(2) of the Child Care Act, 1991 the centres had places for sixty-one children. There were 56 children in residence when the inspections took place. The ages of the children in these centres ranged from 4 to 18 years, with most of the children falling in the 11 to 17 year age range. Only three of the children were less than 10 years of age (4, 8 and 9 years). The Report acknowledged that normally, younger children in the care of the Health Boards are placed with foster carers in the community wherever possible unless there is a plan to avoid breaking up a sibling group who have been received into care together. The Report acknowledged that some of the young children in the residential units were there because of a lack of foster homes and were placed in centres catering for teenagers. Well over half the children (57%) had previously been placed in a foster care situation, which had not worked out. A significant number (49%) had previously been placed in another residential child care centre or in supported lodgings (some had been fostered and subsequently placed in another residential centre

before coming to the centre in which they were residing at the time of the inspection). Only about 17% of the children had not previously been placed in some form of residential or foster care arrangement. These children generally came straight into care from a troubled family situation, often as emergency admissions.

Anecdotal evidence therefore suggests that there are not enough foster placements available to meet the needs of the children coming into the care system and some of these children end up in residential care. Failure to adequately match the needs of the child or children to the abilities and resources of the foster family also result in children ending up in residential care on the breakdown of their foster placement. Complex family circumstances may mean that the child requires a mix of services to support the child, the foster family and the natural family. This flexibility of service provision does not currently exist.

Where do we go now?

The Report of the Working Group on Foster Care acknowledged the critically important position of foster care in the child protection and welfare system. The Report examined the developments in foster care since the Task Force Reports and examined the issues facing foster care from three main perspectives :- firstly, the need to provide a quality foster care service meeting national and international standards, secondly, to meet the needs of all children in foster care, and thirdly, to acknowledge and meet the needs of the foster carers.

The working group noted that there is very little published work on the operation of foster care services in Ireland to assist them in their deliberations. International studies, though obviously helpful, do not relate to the Irish context³⁸. It might also be noted however, that the nature of the statistical information gathered by the Department of Health and Children is incomplete. The statistics published by the Department of Health and Children for example do not provide the information to analyse the length of time children spend in care, the number of changes of foster placement and the reasons for the change, what level of contact remains with the birth family, etc.

The Report certainly provides a road map for a much improved foster care service over a three year period if, as is recommended, The Social Services Inspectorate, in consultation with all the stakeholders in the fostering process, draw up National Standards on Practice and Procedure. The Report acknowledges that the provision of a more strategic service based on assessing the child's needs through care planning and review must be linked and co-ordinated with the availability and ability of foster carers to meet the

defined needs. The Health Board must manage the complex relationships involved by having a social worker for the child and family, and the foster family and promote the development of a relationship of trust in the best interests of the child. Gaps in service provision need to be identified and filled and the service itself needs to be monitored and evaluated. Progress is linked in the Report to a 'partnership approach' in the establishment and delivery of a quality service.

Issues under the current Act and Regulations

Section 39 of the 1991 Act obliged the Minister for Health and Children to make regulations pertaining to foster care. The Child Care (Placement of Children in Foster Care) Regulations 1995³⁹ obliged Health Boards to establish and maintain one or more panels of persons who will act as 'foster parents'. However the Act defines 'foster parent' in a restrictive way, and only referring to non- relative placements⁴⁰.

The screening process stipulated by the Regulations represent the current minimal national standard. The process of assessment is very time consuming and rigorous. There is no provision for rapid response to meet the needs of the emergency placement.

When a child is in the care of a Health Board, the Board also has the option of making other suitable arrangements including placing the child with a relative. The placement of children with relatives also requires assessment in accordance with the Child Care (Placement of Children with Relatives) Regulations, 1996⁴¹.

Clearly, one of the main tenets of the Child Care Act, 1991 is that the child should be supported within the family where this is possible. The Regulations governing the placement of children with relatives do provide for emergency placement with relatives prior to assessments or the completion of assessments where this is in the interests of the child. Placement before assessment with a relative does not obviate the need for assessment. The regulations provide for the assessment of relatives as carers but legislatively, they are not defined as 'foster parents' and 'foster care' is confined to children fostered by 'foster parents' as statutorily defined. One wonders whether relative foster care will supplant ordinary foster care, as it did in the case of adoption, where family adoptions are now far more numerous than stranger adoptions.

The Finance Act, 2001⁴² has widened the category of 'child' for the purposes of computing capital acquisition tax to include a foster child if certain conditions are met. Firstly, the child must have been placed in the foster care of the deceased foster parent under the Child Care (Placement of Children in foster Care) Regulations 1995. Alternatively, the foster child must have resided with the deceased foster parent for a

period of five years before he or she reached eighteen years and must have been under the care or maintained by the foster parent at the foster parent's own expense. Identical rules apply in respect of the placement of children with relatives under the Child Care (Placement of Children with Relatives) Regulations 1995.

In order to qualify under the first category, an independent witness must corroborate the foster child's claim for group one status. The Regulations themselves provide for a formal Contract in the form laid out in the First Schedule to the Regulations which should be accompanied by a copy of the Regulations themselves. One wonders whether current practice in this regard mirrors that on Care Plans. If it does, then a child seeking to claim the tax concession under the Finance Act 2001 may encounter some difficulties.

The question of screening and safe placement is of pivotal importance to the child regardless of whether the alternative family placement is with a relative or with another non- relative family. The real issue appears to be the obligation to provide a rapid, but thorough, assessment of all foster carers to meet the needs of the child coming into care in a crisis or emergency situation. There is little doubt that a child injured or damaged through placement in care in an inappropriate foster placement that was not screened in accordance with the Regulations would have a right of action against the Health Board concerned. The European Court has made it abundantly clear that National Authorities must display special diligence in expediting family law proceedings, which have a particular quality of irreversibility. In **Glaser v United Kingdom**⁴³ although the Court did not find a violation of the father's human rights under the ECHR the Court emphasised the need for court cases to be dealt with speedily. There is little doubt that they would apply the same analogy to foster carer suitability assessments.

It is a matter for the Health Board to ensure that children are 'safe from abuse' whilst in foster care. However, a duty of care is also owed to foster parents. The recent English case of **W v Essex County Council**⁴⁴ related to proceedings taken by foster parents whose children were abused by a child abuser placed in their care by the Local Authority. The foster parents sought and were given oral assurances by representatives of the council that no child who was a known or suspected sexual abuser would be placed with them, as they had their own four children for whom they had concerns. The Court determined that a social worker placing a child with foster parents had a duty of care to provide the foster parents with such information as a reasonable social worker would provide, and that the local authority was vicariously liable for the conduct of its social workers in that respect. A claim by the foster parents for misfeasance of public office was struck out. The claim for breach of contract was also struck out when it was established that the fostering contract did not contain an implied term that the authority

would inform the foster parents of any relevant knowledge or suspicion of the child. Before a child is placed in foster care, the Health Board must carry out an assessment of the child's circumstances⁴⁵. In emergency situations this assessment may be postponed until after the placement occurs however it must thereafter be completed as soon as is practically possible. Article 9 of the Regulations provide that before the child is placed with foster parents, they must be furnished with basic information regarding the child and his or her family background and previous care admissions (if any) including the reason why the child was admitted to the care of the Health Board. A Care Plan outlining the aims and objectives for the placement must also be prepared in advance of placement, or in emergency situations as soon as practically possible thereafter. The Plan should contain details of the support to be provided by the Health Board to the child, the foster parents and the natural parents. In practice however, the Care Plan is sometimes a standard Word Processor document which is vague in its content and provision. In many cases it is not furnished until very well into the placement.

What then of the position of foster parents themselves? Once the foster placement is made, of course, they have lawful custody of the child until the placement is ended. They may have the child for a very short time, or indeed for its entire childhood and adolescence. They may see themselves as care takers, or in an exclusive fostering situation, they may see themselves as substitute parents. Clearly the purpose of the placement and the likely length of stay are important matters to be stated at the outset and reviewed from time to time in order to avoid role ambiguity and confusion. It is very difficult to maintain a detached professional role when the placement has continued for a long time and there is little or no contact with the natural parents. Frequently, parents or foster parents are the only ones who can in fact seek to vindicate the constitutional rights of the children in their care as evidenced in the case of **F.N v Minister for Education**⁴⁶. This child who suffered from a hyperkinetic conduct disorder needed containment with treatment and the Health Board and Department of Health and Children had no such services available to meet his needs. Even if they did there was no statutory power given to the Court under the 1991 Act to direct his detention there. The High Court (Geoghegan J.), determined that

'where there is a child with very special needs which cannot be provided by his parents or guardian there is a constitutional obligation in the state under Article 41.2.5 of the Constitution to cater for those needs in order to vindicate the constitutional rights of the child'.

The Court made an order declaring that FN had a constitutional right to secure accommodation with treatment designed to meet his needs and vindicate his

Constitutional rights. The Department advised the Court that it would provide a secure unit to meet the needs of F.N and others like him. In fact those services were not in fact provided in time for F.N, or within the time scale mooted. When other similar applications for relief came before the High Court later, it transpired that the plans for the construction of the secure unit outlined in the F.N case did not progress due to what the Court (Kelly J.) described as ‘unseemly and wasteful wrangles going on for months between various departments as to who would have responsibility for the care of the children in question’⁴⁷. Ultimately in the case of T.D v Minister for Education⁴⁸ the High Court, by injunction, ordered the completion of the secure facilities within a specified time frame noting that it would be fully seven years before the decision in F.N before the facilities were in operation.

It is perhaps of note that many of the children applying to the High Court to uphold their Constitutional rights to special services have in fact been in the care system for a considerable number of years. It is also interesting that most of the applications are made on behalf of teenagers.

The duties of foster parents are specified in Article 16 of the Regulations and are both general and specific in nature. In a disputed situation foster parents can have recourse to Section 47 of the Child Care Act, 1991 and seek directions from the Court which are central to the welfare of the child. The Health Board can apply to remove the child from the placement under Section 34(2) but again the Court retains a discretion and will only make the order where it considers that it is in the best interests of the child to do so. It is, ultimately, for the Courts and not the Health Boards to ensure that the Constitutional rights of children are upheld.

Conclusion:

Foster carers have a ‘Cinderella status’ in many ways. For example, where parents apply under Section 47 seeking directions with regard to their child in care, foster parents are neither present nor represented at the proceedings. The child is rarely represented either. The Health Board and the parents are the only ‘voices’ heard by the Court even though the Court will hear vicariously about both the foster care arrangements and the child. However social parenting through fostering is given legal recognition if of a certain quality and duration. In the case of **IO’T v B. and M.H . v. Rev. G.D**⁴⁹ The Supreme Court noted that in considering whether to make identifying information available to an adult natural child, the Court had to balance the competing Constitutional rights of privacy of the natural mother with the right of the child to know the identity of its natural mother. To do this the Court was entitled to consider a variety of factors including the view of the foster parents, if alive. A Circuit Court decision

recently resulted in two brothers who were fostered by a childless Donegal couple being awarded the family home and farm where they grew up under the doctrine of 'legitimate expectation' on the partial intestacy of their late foster father. The judge described the relationship between the boys and the deceased father as being a complete family unit. The judge said " It is fair to say that there should be some distinction in relation to people in long-term fostering arrangements that transcends just a year or two. This went far beyond such an arrangement"⁵⁰. However, this decision does not have fundamental implications for the status of foster children generally. Being based on the doctrine of "legitimate expectation" it relates only to circumstances in which a person acts against their own immediate interest in the reasonable expectation of a positive outcome. The facts of that particular case were quite unique⁵¹.

Having lived for many years in a foster family, possibly from a very early age, there is little doubt that children become part of that family. Having lived for a short period in a foster family they may still have some positive links with that family although they retain their own family identity. Fostering therefore has a very wide currency both for the children being fostered and for foster parents. The Report of the Working Group on Foster care proposes a child centred partnership. It is the first in depth look at Fostering since the Task Force Report in 1980. By embracing the views of all of the stakeholders in the fostering process, it is likely that if fully implemented the Report will pave the way for considerable improvements.

The world will not change. Parents will continue to fail to cope, to neglect and to desert their children for a myriad of reasons. The challenge is for the State to provide an appropriate and timely response to the children of this vulnerable group of children which respects their rights to a childhood in a secure family environment so that they may reach their potential in adulthood.

References

¹ Ginnel L, 1894 *The Brehon Laws : A Legal Handbook*, (London, T.F Unwin.), p. 216.

² Mac Donagh, O., 1991 *O'Connell, The life of Daniel O'Connell 1775-1847* (Weidenfeld and Nicolson) London, pp.7-8.

³ See Generally Robins J. 1980 "The Lost Children A Study of Charity Children in Ireland 1700-1900 (Institute of Public Administration), and Residential Care-The Research Reviewed edited by Ian Sinclair (London HSO)1988 pp.275-283.

⁴ Sims G.R (1847-1922)

⁵ Sections 54 and 55 of the Health Act, 1953. In relation to the issue of age, note that The School Attendance Act, 1926 (extension of Application) Order, 1972 (S.I No 105 of 1972) raised the school leaving age from fourteen to fifteen years. See Generally Shatter A. *Family Law in the Republic of Ireland* (Wolfhound Press) Second edition p. 259.

⁶ See Regulation 5.

⁷ See Regulation 7

⁸ See Regulation 8

⁹ See Regulations 11 –14.

¹⁰ Regulation, 15.

¹¹ Section 55(9)(c) Health Act, 1953

¹² See generally Ward P., 1997, *The Child Care Act, 1991* (Round Hall Sweet & Maxwell).

¹³ S.I No. 260 of 1995).

¹⁴ Department of Health and Children, Provisional Child Care Statistics.

¹⁵ Different Health Boards have different categories, the Department of Health and Children hopes to introduce a harmonised list agreed with all of the Health Boards by 2002.

¹⁶ See Department of Health Survey of Children in the/Care of Health Boards 1992, and Department of Health and Children Provisional Figures for 1999, showing that in 1992 there were 3090 children in care as at 31 December 1992. 73.9% of those children were in foster care, 24.8% were in residential care. 50.5% of the children were in care on a voluntary basis and 49.5% were in Care under Court Orders. 'Parents unable to cope' was the most frequent reason for admission at 30.6% and the next largest category was neglect at 19.6%. Provisional figures for 1999 show that at 31 December 1999 there were 4216 children in care, 60.13 of these were in foster care, 16.91% in relative foster care, and 14.11% were in residential care. 50.71% of the children were in care on a voluntary basis and 49.29% were in Care under Court Orders. 'Parents unable to cope' at 29.7% continued to be the most frequent admission even though this category is now combined with the category parental illness which was a separate category in 1992 and 'neglect' remained the next most frequent admission at 25.43%..

¹⁷ The Boarding out of Children Regulations, 1983 (SI No.67 of 1983) provided that a Health Board should not send a child to residential school “ unless such a child cannot be suitably and adequately assisted by being boarded out”. Under Section 36 of the Child Care Act, 1991 a Health Board may place a child in foster care or in a residential centre, or for adoption where he or she is eligible for adoption, or it may make other suitable arrangements, which may include placing the child with a relative,

¹⁸ See Ferguson & O'Reilly, (2001), *Keeping Children Safe* (A.&A. Farmar) where at page 124 the point is made that in 13 out of 36 cases (36.11%) surveyed, children experienced a change in foster placement during the surveyed period. This included some who returned home, while others went into other forms of care. See also Ferguson & Kenny (eds.) 1995, *On behalf of the Child* (A.&A.Farmar) Chapter 6, Gogarty H. *The Implications of the Child Care Act 1991 For Working with Children in Care* citing the origins of the Donegal treatment team set up in 1989 in response to a crisis in the fostering service, where it was found that approximately 30% of the children in care there needed a more in-dept service than could be offered in a general fostering context. National figures for foster placement breakdown are unavailable.

¹⁹ Task Force on Child Care Services Interim Report, Dublin, Stationary Office, 1975, and Task Force on Child Care Services Final Report, Dublin, Stationary Office 1980.

²⁰ Sinclair I. (Ed.)(1988) *The Research Reviewed* National Institute for Social Work (HMSO Publications) p.43.

²¹ Martin F (2000) *The Politics of Children's Rights* (Cork University Press) p.29

²² Irish Social Services Inspectorate (2001) *Newtown House High Support Unit, Inspection Report* http://www.issi.ie/inspection_reports.htm.

²³ Convention on the Rights of the Child, GA Res.44/25, 44 GAOR Supp. (No.49)p.165, UN DOC A/44 736. Ratified by Ireland without any reservations or declarations on 21 September 1992 and coming into force on 21 October 1992.

²⁴ Article 43.

²⁵ Article 44.

²⁶ Concluding Observations of the Committee on the Rights of the Child : Ireland, UN committee on the Rights of the Child, 17th Session, UN DOC CRC/C/15 Add.85 23 January 1998). See in particular Frank Martin “ The Politics of Children's Rights” (Cork University Press) 2000 p.44.

23 Department of Social, Community and Family Affairs ‘ *Strengthening families for life*’ The Report of the Commission on the Family The Stationary Office (1998) , Department of Education and Science, (1999) *The New Deal, A Plan for Educational Opportunity*, the Stationary Office (1999), Department of Health and Children, *Standardised Framework for Intercountry Adoption Assessment, Report of the Implementation Group*, Stationary Office (2000).

²⁸ Department of Health, ‘*Shaping a healthier future, Strategy for effective healthcare in the 1990's*’ (Stationary Office), and Department of Health and Children ‘*Working for health and wellbeing , Strategy Statement 1998-2001* (Stationary Office).

²⁹ *The Integrated Services Process* in the area of preventative family support services, *Young People at Risk* programme providing a formal collaborative structure for public agencies, the voluntary sector and local community.

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- ³⁰ Department of Health and Children *Children First- National Guidelines for the Protection and Welfare of Children* (Stationary Office 1999).
- ³¹ Department of Health and Children, Report of the Working Group on Foster Care “*Foster Care- A Child Centred Partnership*” (Stationary Office) May, 2001.
- ³² , Report prepared by the Combat Poverty Agency 1990, *Focus on Children Blueprint for Action* O’Sullivan et al (Focus on Children 1994).Report of the Constitution Review Group (Stationary Office) 1996, See Report on the Commission on the Family 1998, Report to Department of Health and Children ‘*Women and Crisis Pregnancy*’, McMahon et al (Stationary Office) 1998 , National Children’s Strategy Report 2000 and Report of the Working Group on Foster Care 2001.
- ³³ Triseliotis J , (1989).*Foster care outcomes : a review of key research findings*
- ³⁴ See Buckley H., Skehill C. and O’Sullivan E, *Protecting Children Under The Child Care Act 1991- Getting the Balance Right* [1999] 1 I.J.F.L pp.10-14.
- ³⁵ Unreported High Court, McCracken J., March, 1999; [1999] 2 I.J.F.L 26.
- ³⁶ Gilligan R. (1990), *Foster Care for Children in Ireland; Issues and Challenges for the 1990’s* Department of Social Studies Occasional Paper No. 2 University of Dublin Trinity College p. 7-8.
- ³⁷ Abramson H.J., (1984), *Issues in Adoption in Ireland* The Economic and Social Research Institute, Broadsheet No. 23 July, p. 18.
- ³⁸ For example a succession of international studies on foster care; Weinstein, E.A., (1960), *The Self image of the Foster Child* (New York, Russel Sage Foundation), Jenkins, R. (1969) *Long Term Fostering* 15 Case Conference, no.9, p.349, Jenkins S. and Norman E., (1973) *Filial Deprivation in Foster Care* Columbia University Press, Holman R. (1973), *Trading in Children : A Study of Private Fostering* London Routledge and Kegan Paul and *The Place of Fostering in Social Work* (1975) 5 British Journal of Social Work 3, pp. 8-14, Thorpe R, (1974) ‘ *Mum and Mrs So and So* 4, Social Work Today, no.22 p.691, and Triseliotis (ed), (1980) ‘ *The Experience of Children and Parents Living Apart* in New Developments in Foster Care and Adoption London, Routledge and Kegan Paul, pp.90-95., Rowe J (1977), *Fostering in the 1970’s*, ‘Adoption and Fostering, no.4 15 pp. 15-17, J. Triseliotis (1980) ‘ *Growing up in Foster Care and After* ‘ in J Triseliotis (ed), New Developments in Foster Care and Adoption London, Routledge and Kegan Paul, pp. 138 and 148. And (1989) *Foster care outcomes ; a review of key research findings* 13(3) Adoption and Fostering 5, pp. 12-15., Packman J. (1981), *The Child’s Generation : Child Care Policy in Britain* (2nd edn.) Oxford, Basil Blackwell, Rowe J. et al (1984), *Long- Term Foster Care* London Batsford and BAAF, pp. 223-226, and (1984), *Long-term fostering and the Children Act- a study of foster parents who went on to adopt* London, British Agency for Adoption and Fostering, and (1989) *Child Care Placements- Patterns and Outcomes* London British Agency for Adoption and Fostering; Millham S. et al (1986), *Lost in Care –The problems of maintaining links between children in care and their families* Aldershot; Gower. Berridge D. & Cleaver H.;(1987) *Foster Home Breakdown*, Oxford, Blackwell.; Wilkinson C. (1988) *Prospect, Process and Outcome in Foster Care*, University of Edinburgh, M. Phil. Thesis and the Strathclyde Study (1988) have helped to establish principles of good practice and to provide systematic and empirical research on practice and related work.
- ³⁹ SI No. 260 of 1995.
- ⁴⁰ See Section 36 (2).

⁴¹ SI 261 of 1996.

⁴² Sections 221 and 222 Finance Act, 2001 [No.7 of 2001]

⁴³ [2001] 1 FLR 157

⁴⁴ [1997] 2 FLR 535

⁴⁵ Article 6 of the Regulations.

⁴⁶ [1995] 1 IR 409; [1995] ILRM 297.

⁴⁷ D.B v. Minister for Justice [1999] 1 IR 29 at p.35; [1999] 1 ILRM 93 at p.97.

⁴⁸ T.D v. Minister for Education [2000] 2 ILRM 321

⁴⁹ [1998] 2 I.R 321

⁵⁰ See; Breaking News, Irish Times, Friday, February 18,2000 “ Brothers awarded their foster parents’ farm”.

⁵¹ See Culter C. “ Brothers ruling does not change status of fostered”, Irish Times, Friday, February 18, 2000.

Relative Care - Issues for Social Care Workers?

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Introduction

This article is drawn from a PhD research study¹ conducted between 1993-1997 (O'Brien 1997) and further developments arising in the field in Ireland since that date (O'Brien & O'Farrell 2000). It is divided into two sections. In section one, the emergence of relative care is traced, together with the regulatory framework that has developed (Dept. of Health 1995a). A snap shot of a cohort of ninety-two children and their families is presented to give an outline of the persons currently using or involved in relative care in Ireland. This data-set is compared with known international trends.

In section two, the key stages in the evolution of the relative care placements are considered. These stages and associated processes are initial decision-making, assessment of relatives, access arrangements and future planning. Key points that need to be considered by the social care worker at each of these stages are identified. The article concludes by identifying a number of principles that need to be considered for the development of relative care in an Irish context.

¹ Reference in this article to the research study will cite it as 'the study'.

Section One

Relative Care in Ireland: Setting the Scene

The development of formal relative care in Ireland is traced in part to the Child Care Act 1991. Relative care was introduced as a viable care option, alongside foster care, residential care and adoption. The increase in the use of relative care as a formal care option is a more recent development in the Irish child welfare system, though the use of extended family and clan care can be traced back to life under the Brehon laws (O'hInnse 1940). These earlier formal practices lost significance in response to historical changes, but the practice of extended family members informally caring for children continued as a tradition in face of adversity, and evidence of its use is still with us today in Irish society.

The increased use of formal relative care is perhaps one of the most interesting and challenging developments to take place in recent years in Ireland. A number of factors have converged to influence this development, including the preference for foster care over residential care, a shortage of traditional foster parents, greater emphasis on family connection as a means to enhance children's identity, the emergence of partnership as a key principle in child care, and positive research outcomes. However, it may be argued that initial development reflected a value system or an ideological preference for family unity among individual workers, combined with a placement crisis which left little choice except to use this care option. Development was not a result of coherently formulated policy and regulation that provided specific guidance for developing relative care practice.

Prior to the publication of the child care regulations in 1995, (Dept of Health 1995a; 1995b) it was not possible to distinguish between children placed in foster care as distinct from relative care, as both groups of children were recorded as being in the foster care system. This lack of separation of information on the use of relative care was a feature of many international child welfare systems, (Gleeson 1996) and made it difficult to track the rate at which change was taking place precisely. Currently, approximately one-quarter of all children entering care are placed in relative care, though variation exists across the regions (Dept of Health 1999).

Legislative Difference between Foster and Relative Care Regulations.

The distinction between relative carer and foster carer in the Child Care Act 1991, and the subsequent publication of the two separate sets of similar regulations, provides an interesting frame within which to understand the place of relative care in current child welfare practices. Section 36 (2) of the Child Care Act, 1991 states:

In this Act, “foster parent” means a person other than a relative of a child who is taking care of the child on behalf of a health board in accordance with regulations made under section 39 and “foster care” shall be construed accordingly.

The reports of the Dail debates in 1990 pertaining to the Child Care Bill, 1988 give an understanding of this inclusion of the distinction between foster parent and relative carer. There was recognition throughout the debate of the contributions that relatives offered as an option for children unable to live with their own parents. The debate occurred at a time when limited research regarding relative care was available.² Strongly-held views welcoming it as a care option were expressed, but reservations were raised as to the potential impact on the provision of informal care-giving, and the resultant potential cost for the state. These views were due in part to a long tradition in Irish society of informal care within families, which was shaped by our particular economic, social and cultural history.

The financial implications of introducing placements with relatives as a care option remained central to the debate. This aspect of the debate reflected an underlying ambivalence surrounding the financial consequences for the state of legitimising relative care as a placement option within the care system. The ambivalence centred on the reluctance of the state to encourage unnecessary dependency, or to finance informal family arrangements made in respect of child rearing, while recognising that some children needed to be cared for by the state (Dail Report, 1990: 662). Further evidence of the ambivalence towards relative care was demonstrated in the attempts made to devise structures outside the foster care system to finance relative placement. The community welfare service³, administered by the Health Board on behalf of the Dept. of Social Welfare, was examined as an alternative to including relative care as part of child care

² Research was limited, and the studies of Thornton (1987); Dubowitz (1991); and Rowe (1984) are generally referenced as the early influential studies in the field. Research is still rather limited, with the majority of studies conducted in USA where this care option has been used for increasing numbers of children since the late 1980's. Two recently published books now add to the knowledge base on relative care (Greeff 1999 and Broad 2001)

³ Up until the early 1990s in Eastern Health Board, the Community Welfare Service was used to finance a number of relatives caring for children. Financial help was generally provided until such time as a formal fostering assessment was completed. The relatives would then be incorporated into the foster care system. The community welfare service was also used to provide financial help to some relatives if the Board considered that the relatives might not satisfy the necessary conditions to be approved as a foster parent. Two major difficulties were seen for relatives, if financed by this service. Firstly, they had to satisfy a standard means test to be eligible for supplementary benefit, and secondly, if eligible, the maximum allowance available under the community welfare scheme was substantially less than the fostering allowance. The community welfare service withdrew from

system within the health boards. This proposal was, however, not incorporated in the final draft of the Child Care Act, 1991 and the decision was made to administer foster care and relative placements within the Dept. of Health / Health Boards. The strong emphasis in the debate on financial considerations was identified by the politicians, though it was stressed by speakers that the reason for the distinction between relative and foster parent was not for “financial reasonsbut for sound practical reasons”, and to avoid unworkable and cumbersome regulations, particularly in relation to assessment. (p. 662). While the inclusion of relatives was eventually seen “as an enlightened approach” (p. 655), attempts made to prioritise placement with relatives over other care options failed to get adequate support to be accepted, though this was not pushed forcibly at the time (p. 663). Therefore the separation of “relative” and “foster parent” in the Child Care Act, 1991, and the subsequent making of two sets of regulations can be seen to reflect an ambivalence surrounding the placement of children with relatives. Furthermore, in this research study, it was found that financial considerations and the underlying ambivalence surrounding the financing of family members to look after their own remain a central feature of the current relative care system.

Relative Care Regulations 1995

The 1995 Regulations set out a framework for relative care practice, which includes the promotion of the welfare of the child, pre-placement procedures, monitoring of placements and removal of children from placements. The regulations went some way towards providing a clearer and more concise structure for those involved in the placement of children in alternative care than was available in earlier time. The main significant changes in the placement of children from the 1983 to the 1995 foster and relative care regulations are:

- The **best interest of the child** is identified as priority. (Article 4)
- A **care plan is required** for each child.(Article 11)
- The **duties** of foster parents and relatives are clearly specified. (Article 16)
- The introduction of mandatory **support services**, pre-placement and in-service **training** recognises foster parents and relatives need for services. (Article 15)

- The re-emphasis on **review** meetings as a forum for making and evaluating care plans with provision for the **active invitation** of all involved in the child’s life to attend. (Article 18)
- The extension of **ministerial inspection powers** to monitor the system. (Article 25)
- The overall **partnership ethos** underlying the regulations designed to support “the best interest of the child” and “the inclusion of the child’s view”.

Comparison of the Two Sets of Regulations

In reviewing the development of relative care in Ireland and its place in the care system, it is instructive to look briefly but specifically at the differences and similarities between relative and foster care regulations. The extent of similarity in the layout; content and language of both relative and foster care regulations is most striking on comparing the two sets of regulations. Only minor differences exist between the two, as set out in **Table 1.**

Differences in Foster Care and Relative Care Regulations.

Article	Regulations	Subject	Difference
3	Relative	Definition of relative	Omitted in foster care regulations
6	Relative	Emergency placement and assessment	Omitted in foster care regulations
5.5	Foster care	People with training and expertise to be included on committee, generally accepted to mean foster parent.	Omitted in relative regulations
7	Foster care	meet needs of child/ matching	Omitted in relative regulations
27	Foster care	Placement of child with person on panel of other Health Boards.	Omitted in relative regulations
14	Foster care Relative	Foster and financial allowance	Same allowance, different name

The main difference refers to the definition of both sets of carers. A relative carer cannot be referred to as a foster carer. Relatives are defined widely and ‘relative’ includes the spouses of a relative of the child and a person who has acted in loco parentis. This is intended to enable a health board to place a child with a person who has an existing

relationship with the child; for example through marriage, co-habitation, adoption or friendship (Dept of Health 1995a). A second difference is the inclusion of a provision through which a health board can make an emergency placement with a relative prior to the full assessment of the carer. This provision does not extend to a prospective foster carer. The specified composition of the approval panel for relative and foster carers raises another difference. In the foster care regulations health boards are to consider including people (generally accepted to mean foster parent) with training and expertise in foster care (other than professionals) on the approval committee. No reference to the inclusion of a relative is made in the relative care regulations. This may have longer-term implications, as relatives' voice may be absent from committees that are involved in making key policy decisions and devising quality practice guidelines in health boards. A fourth difference is found in the terms used to describe the financial supports. Although the definitions are the same, the foster carer receives a 'fostering allowance' while the relative carer receives a 'financial allowance'. This difference raised some reservations initially, as it was feared that this would facilitate differential payment systems to be introduced later. However, this has not happened, and there are no indications that this is a policy direction that the government is likely to take. The fifth difference relates to the foster carer's scope to extend services to children who are living in other health board areas. This facility is omitted from the relative regulations. It is interesting to postulate on why this distinction was made. Did the legislators think that it was unlikely that children from a family may be in different geographical areas or health board jurisdictions at the same time? The last difference refers to the process by which the foster carer and the child are matched. This process is stipulated for the foster carer, but no reference is made to it in the relative care regulations.

To conclude this comparison it can be seen that there are only minor differences between the two sets of regulations, although these extend to twenty-five sections each. As they deal with what many consider to be the same subject matter, the question may be posed as to what the objective or purpose was in having separate regulations for relatives and foster parents? Furthermore, in what way, if any, does this separation assist in determining the type of system which relative care needs to develop? The type of services and case management structures required for relative care remains a central issue, and this is particularly relevant when the profile of children and the relatives are considered.

Profile of Children and their Families

The biographical information on the birth families in the study reflects a population that is characterised by poverty, as indicated by high dependency rates on social welfare, housing status and lives blighted by addiction and inability to cope. These findings

show many characteristics similar to children in the general care population in Ireland (Richardson, 1988; O'Higgins 1996). The children's age, reason for care, and high number of siblings placed together, reflect international trends (Rowe et al 1984; Dubowitz et al 1991, Thornton 1987, Berrick Barth & Needell 1994; Iglehart 1994).

Care Careers of the Children

The childrens' care careers show that, for over half the children in relative care, the current placement was their first experience with the care system (57.6%). Of the remaining children who had previous care experience, the majority were moved from within the care system to the relatives. The high number of children (63%) in relative care on the basis of court orders reflects national trends (Dept of Health 1992) and known international trends (Rowe et al 1984; Dubowitz et al 1990, Thornton 1987, Berrick Barth & Needell 1994; Iglehart 1994). The longer period of time which children stay in relative care is identified in the literature as a key issue with policy and practice implications. The study showed that four out of every ten children (39%) were in relative care for longer than three years. This information would be more meaningful if it had been possible to compare the length of time in the placement with the initial care plan, and placement decision-making.

One of the cited advantages of relative care is the greater opportunity it provides to keep siblings together (Johnson 1995). The study showed that two-thirds of the children had siblings placed with them, or within the extended family network. Only four children were placed with relatives who also fostered non-related children, and this gives a picture of relative carers as principally fostering children from their own families. While relatives are an important resource to the agency in facilitating sibling unity, the study also points to the resource implications required to support multiple placements.

Over half the children (58.7%) were living in relatives' homes where the assessment process had been completed. The length of time to approval was generally between seven and twelve months. The failure to achieve the approval in the twelve-week period specified in the Regulations has implications for the agencies, and also seriously impacts on the relative's access to support structures.

Characteristics of Relatives

The profile of the relatives in the study was similar to international studies in terms of having low-income levels. While slight variation existed in the age structure of relatives compared to international trends (Rowe et al 1984; Berrick et al 1994; Iglehart 1994), the relatives were on average older than the traditional foster carers approved by the agency. The children were predominantly cared for by relatives on maternal side of the

family, with maternal aunts providing care in the greatest number of instances. While maternal aunts featured also in international studies (Task Force 1990; Dubowitz 1993; Thornton 1987), grandparents provided a greater proportion of the relative carers in the US studies. This difference may be partly explained by the different family structures in the two countries, with larger family size being a feature of Irish society. The study showed that the relatives are predominantly married, which again is at variance with the international trends outlined in the above studies. However, when compared to a profile of the foster parents approved in the agency (Conway 1991), the number of children placed in families headed by single parents was higher in relative care. This reflects a departure in policy in the agency in which the study took place.

Section Two

Phases in relative care placements, and key questions for the social care worker

Key research findings based on the identified phases of (a) initial decision-making to place the child in the relative home, (b) assessment of the relative home, (c) contact and (d) future planning are now considered (O'Brien 2001). Under each of these four headings a number of particular practice issues which may concern or which may have relevance for the social care worker are identified.

In this exploration, the differences and similarities between relative and foster care practice are highlighted. The difference in the way in which both sets of carers connect to agency is of particular importance, as is the existence of previous family connections, the motivations to care and the profile of the groups. The similarities between the foster and relative carers are that both care for a group of children who have special needs. Also, compared to the agency, both occupy a less powerful place in the system, and both lose autonomy over their own lives by virtue of becoming involved in a structured and regulated care relationship.

Decision-Making

The means by which relative carer parents become involved generally arises out of a crisis for a member of their extended family. The relatives respond to a set of pressing circumstances involving a dependent child. The situation is brought to the attention of the child welfare agency. As part of the initial situation assessment the availability of informal help is examined, and preventing the reception of children into care is the first priority. If care is required, the feasibility of relatives providing a placement for the child is discussed between the child welfare agency and the family. In the main, it is the agency that approaches the family, asking them to consider formally fostering the child. If the decision is made by the child welfare agency to place the child with relatives and the relatives are in

agreement, the placement is made following an initial risk assessment involving checking references, police check etc. The detailed formal assessment process generally then takes place while the child is in situ.

On the other hand, prospective foster parents approach the agency for information regarding the task of fostering. If interested, they are provided with training on what is involved. Their suitability and readiness for the task is discussed and following completion of a formal assessment process, a child is placed with the foster family when the need arises. The preparation/ assessment process culminates with the placement after the agency and prospective foster carers enter a contractual arrangement.

In the study, it was found that the families who become relative carers are motivated to care for the children by a wish to either rescue the child in the event of the child being in the care system already, or to keep the child from entering an anonymous care system. This finding is similar to Thornton (1987, 1991) & Berrick et al (1994). The level of caution among relatives, already informally caring for children, to agreeing to become foster parents for the agency, was seen. Many had no alternative in seeking to secure adequate financial help, or were trying to protect the child in the event of a deteriorating relationship between the relatives and the birth parents.

Tensions were evident at the decision-making stage which need to be considered. These include the difficulties for the relatives in approaching the agency, the hesitancy among social workers about the risk assessment model used, and the birth parents annoyance at the relatives for contacting the agency. Birth parents annoyance was heightened if the relatives had previously been involved in caring for the children as part of a private arrangement. Certain factors were seen also as contributing to difficulties not being identified or articulated. These included the speed of placement, the lack of opportunity or commitment to network with other relatives or to address the concerns and make plans with the family as a group. Also noted were the lack of specific skills among front-line workers to conduct network and family meetings and to manage conflictual relationships. These factors in the early stage are all identified as contributing to the difficulties that may unfold later in the management of the relative placement.

Issues for the Social Care Worker:

A number of key questions arise at the initial decision-making stage (when either moving a child into the care system or moving the child within the care system) for the social care worker to address. These are set out below, and should be seen in addition to the processes identified above:

- What are your views on relative care placements, and how might these impact on how you consider relative care?
- Do you see relative care as essentially a positive idea, or have you seen cases that have not worked, and therefore you are a hesitant to pursue it?
- Does the research evidence substantiate your position?
- In your line management and among your multi-disciplinary colleagues who would you have to work on to persuade to consider relative care as an option?
- Who are your allies for this care option?
- In your work experience, are placement options chosen/ selected primarily out of expediency. As a result, are the child's social and family network fully/ adequately explored or utilised?
- If so, what can you do at an agency or individual level to create change in this practice?

When faced with responsibility for having an input into care-planning for an individual child:

- Do you know the child's family and social network?
- What are their connections in the community including school, friends & interests?
- What is the history of the child's connections with their network?
- Who has a special interest in the child now/ past?
- Are there other people not related, but who could be of assistance?
- If you do not know, whom do you need to consult to assist in this information gathering process?
- Do you have ways in which you can include the child helping you recognise their family and social network?

- What is the child's willingness to commit to living with a relative family in general, and does the child have a particular choice?

Assessment:

The vast majority of children entering relative care do so in an emergency. In so far as the child's care needs are examined, an initial assessment is made, the child is placed and the full assessment of the relative carers is completed after the placement is made. The regulations provide for this emergency placement, but stipulate that this assessment process should be completed in a 12-week period after the placement. The study showed that few of the assessments were made within this stipulated time frame. This was a finding which had major implications for all the parties involved.

The study showed that the protracted nature of the assessment process, and the co-existence of multiple roles and tasks for the social worker during the assessment stage is a particular characteristic of relative placements. This was found to compound the difficulties for both the social workers and relatives. It was evident that the model used to assess relatives is a replica of the assessment approach and model used with traditional foster parents. Super-imposing this model of assessment in relative care was seen to be inappropriate. The process by which the relatives become connected with the agency, the different demographic profile of the relatives, the fact that the child is already in place, and the family connection between relatives, birth parents and children are not provided for in the traditional foster care model. The traditional framework was developed to prepare stranger foster parents for a hypothetical child at an imagined future date, which is very different from the characteristics of the relative placement.

Issues for the Social Care Worker:

The social care worker is unlikely to be involved in completing the assessment of the relative home, but they may be involved in working with the child and/ or their birth family. One of the main issues to be considered at this stage is the possibility that the child may feel insecure, especially if the assessment process is protracted. Likewise, the relatives may feel restricted in requesting assistance either for themselves or for the child, as they may be afraid that requests for help could be interpreted as them not coping. Ways have to be found to normalise the process of seeking assistance.

Other central issues which needs to be addressed are

- What frameworks are needed to assess the relative home, and what decision-making tools are required?
- What support structures need to be in place?

- Should the assessment take more account of approach of the needs of all involved i.e. child, birth parents and the relatives, rather than focusing primarily on the relative home in isolation?
- How do current case management systems, which operate primarily in the foster care system, need to change to incorporate co-working, family meetings and a general move from a role-based definition of work towards tasks that need to be completed?

Contact:

The third juncture which is explored is contact between the child and the birth parents. It is likely that the social care worker will be centrally involved in this process, through their role in devising contact plans, and/ or facilitating and supervising the arrangements. In the study, it was shown that contact is seen as the barometer by which the level of tensions in the network of relationships is evident⁴. The themes of competence and incompetence, loyalty and disloyalty, affection and anger, control and loss of control are played out in the arena of contact in the network. If cordial/ harmonious relationships exist between the family members, and the agency is satisfied that the child protection needs are safeguarded, the family members are usually given a clear mandate and encouraged to organise contact themselves, with the agency providing an overseeing role.

In the networks where contact was problematic, the difficulties were seen to evolve over time, but were not in existence when the placements commenced. The difficulties reflected disagreements over the care plan and conditions imposed on contact, and were connected with the fundamental questions of “who owns the child” and “who is in control”. The stories surrounding contact in the networks highlighted many difficulties that hindered trouble-free contact. The principal difficulties for the birth parents were associated with not fully understanding or agreeing with the plan/ system in place. The birth parents showed limited appreciation/ insight about the way their addictions and mental health problems impacted on the negotiations. They felt increasingly marginalised, shut out and distanced from their children as problems arose. Where contact was difficult, the relatives found that their patience was seriously tested, and many felt their tolerance of the birth parents had reached breaking point. The relatives expected the agency to invoke controls to safeguard the placement and to exert control when this point was reached. The children generally felt that the relatives were supportive of their wishes. Frequently the agency intervened with more rigorous contact

⁴ In the study the views of the birth parents, relative carers, children and social workers were obtained and the analysis of the data led to the development of a typology of different relative care placements (Grief 2000). Reference to the network of relationship draws on this data.

conditions in an attempt to ameliorate growing conflict. These restrictions sometimes further compounded the difficulties, leading to a system fraught with distance, conflict, exclusion and unhappiness.

Practice Issues for the Social care Worker

While case management practices in relative care should aim at avoiding the emergence of the types of conflict which may surround contact arrangements, it also needs to consider the potential for the exclusion of any member of the network. The challenge is the development of services and practices which facilitate the meeting of different perspectives, and within which the different accounts, aspirations and fears can be shared.

- If difficulties arise, for whom is this a problem?
- What are the different participants' views of what is needed to resolve the difficulties?
- Are agendas that belong to different domains impacting on the contact arrangement? If so, can they be separated out?
- Are the criteria on which contact plans are based relevant? (It is not uncommon to find contact arrangements continuing to build on old plans long after the plans changed – eg, the need for the drug-addicted parent to give evidence of clean urine prior to allowing contact to go ahead. In this instance, this criteria was relevant when it was fundamental to the reunification plans in place. However, long after the reunification plans were abandoned, this remained as a condition for contact). What do you think the impact of this criterion would be on the frequency of contact?
- How appropriate are the contact premises, and do facilities minimise or escalate the tensions during the contact?
- Are there sufficient materials to assist the children and the parents to communicate in a way that is helpful to both i.e. what are their favourite activities together?
- If there are tensions in the contact arrangements, are there tensions in the multi-disciplinary team that need to be first sorted out?

Future Plans

The final juncture of the relative care placement now considered is the place of the future planning. In comparing the literature of relative care with traditional foster care, the major issues which emerge are that placements last longer, and reunification rates are lower (Dubowitz et al 1993; Link 1996; Ingram 1996). The majority of relatives also show an unwillingness to adopt (Thornton 1991; CWLA 1994). The study did not specifically examine reunification rates, but focused on future plans with the participants to obtain an understanding of the evolving networks. In summary, relatives were resigned to rearing the children in their care to adulthood, as they were committed to the children. In the relatives' discussion of the future, they knew that the children had a preference for growing up with their own parents, but they were realistic that this was not a possibility in many of the networks. Sometimes this was at a huge cost to the relatives themselves, but they were prepared nonetheless to keep going. This motivation, which is undoubtedly connected with a sense of obligation and loyalty associated with being "family", is one of the great strengths of relative care, and perhaps accounts for the greater stability of relative care compared to other care options.

Planning and Practice

- Is the long-term plan in place in the child's interest? On what basis are you making this decision?
- Is there a need to divert very stable relative care placements that are in existence for a long time into a separate system where financial and other supports are available, and yet the child can live as normal a life as possible? (Many children in relative care do not see themselves as in public care).
- Have the birth parents received adequate services to assist them towards the goal of reunification?
- Are services still available to them, even if the future plan is for the child to remain in the care of the relative?
- Are sufficient services directed towards working with the different participants in dyad and triad groups, as well as individually? (Frequently within the care system, individual professionals work alongside individual players, and the only forum for larger group interaction is in the very structured context of reviews, which have a very particular focus).

- Are you aware that the network of relationships is an evolving, dynamic system in which you are a player, and as a player you are centrally involved and not merely a discreet observer of unfolding processes?

Conclusion

In this article the emergence and evolution of relative care was explored in section one. In section two, key findings from the study related to decision-making, assessment, contact and future planning were highlighted. Questions that may be relevant for the social care worker were raised.

In considering the place of relative care in the child welfare system and the place of the social care worker within it, it is important to re-iterate that, as relative care has expanded, it has been developing within the existing foster care system. This system is itself characterised by multiple challenges in terms of meeting children's needs, recruitment and retention of foster carers, role confusion, and placement breakdown (IFCA 2000). This is a situation portrayed similarly in Berridge's review of international foster care literature (1997).

There are a number of frequently expressed concerns surrounding relative care, such as protection needs, service provision, reunification rates, financial equity and applicability of the traditional foster care system (O'Brien 1997b; 2000c) which will need to be addressed into the future. In addressing these particular issues, a central question remains. This is should relative care continue to develop within the current foster care system? Another possibility is to develop a separate system to take account of the many differences that exist between these two care arrangements. This debate has taken place principally in the USA, where formal relative care first developed, but there is now a need for it to occur here in Ireland. It was regrettable that in the recent review of foster care (Dept of Health and Children, 2001), greater prominence was not given to this question.

The system chosen for managing relative care into the future will need to take account of many of the issues raised in this chapter. It will also need good coordination and communication structures, as well as skills development in place to address the challenges. In the meantime, it is important to emphasise the principles upon which relative care programmes should be built upon. Many of the principles identified are already incorporated in programmes in child welfare agencies. If applied specifically to the relative care services, the ability to meet the needs of the different participants involved in relative care should be enhanced. The important principles are:

- Families have the **capacity to protect** children who cannot live with their birth

parents, and they have the capacity to make workable plans. The emergence of family group conferencing as a practice approach reflects this development (O'Brien 2000b)

- Children who are unable to live with their own parents should be given an opportunity to live a life style similar to their peers, (**Normalisation**) which means minimum disruption to their lives, and being placed with people with whom they have connections.
- Children should be consulted, when making care plans, and ultimate decisions should be made '**in the best interests of the child**'
- Professional/ agency workers have a wealth of **knowledge and practice experience** to be tapped to benefit families and children in need of alternative care. However, they also have an ethical responsibility to examine the ways in which their knowledge is professionally enclosed, and how this influences them when presenting 'expert' opinions, particularly as it relates to assessment.
- The stigma of statutory intervention, particularly where state care is seen as negative and dis-empowering for families and children, must be removed by developing systems based on **respect, collaboration, and accountability**.
- **Partnership** should underpin relative care. Unless strenuous effort is put into examining the contradictory discourses surrounding relative care, the inherent difficulties of partnership in terms of power differentials may be masked.
- Systems for managing relative care networks must have as a primary aim the **amelioration and diffusion of the strains** in the relationship between family members. This will mean less marginalisation and humiliation for the birth parents.

In the meantime, a wider debate is needed as to which case management system best serves the needs of the different participants. Social care workers undoubtedly will have a major input into the outcome.

References

Berrick, J.D., Barth, R.P. & Needell, B. (1994) A Comparison of Kinship Foster Homes and Foster Family Homes - Implications for Kinship Foster-Care as Family Preservation Children And Youth Services Review, 16, 33-63

- Berridge, D. (1997) *Foster Care: A Research Review*, London, HMSO.
- Broad, B. (2001) *Kinship Care: The placement Choice for children and Young People*, London, Russell House Publishing.
- Child Care Bill (1988) Dublin, The Stationery Office.
- Child Care Act (1991) Dublin, The Stationery Office.
- Child Welfare League of America. (1994) *Kinship Care: A Natural Bridge*. Washington D.C. Child Welfare League of America.
- Conway, E. (1993) *Evaluation of Fostering Campaign : October 1991*, Unpublished Internal Document, Eastern Health Board, Dublin.
- Dail Reports, (1990) *Special Committee Child Care Bill 1988, Parliamentary Debates, Official Report, (Unrevised) Special Committee on Child Care Bill 1988, D 30, No. 12, 4th of April, pp 651-670.*
- Department of Health (1992) *Survey of Children in the Care of the Health Boards*, Dublin, Stationary Office.
- Department of Health (1995a) *Child Care Regulations. (Placement of Children with Relatives.) S.I. No. 130 of 1995*, Dublin, Stationary Office.
- Department of Health (1995b) *Child Care Regulations. (Placement of Children in Foster Care Regulations.) S.I. No. 130 of 1995*, Dublin, Stationary Office.
- Department of Health (1999) *Health Statistics 1999*, Dublin, Information Management Unit, Dept of Health and Children
- Department of Health and Children (2001) *Report of the Working Group on Foster Care*, Dublin, Stationary Office.
- Dubowitz, H., Feigelman, S. & Zuvarim, S. (1993) *A Profile of Kinship Care*, *Child Welfare*, 72, 153-169.
- Dubowitz, H., Tepper, V., Feigelman, S., Sawyer, R. (1990) *The Physical and Mental Health and Education Status of Children Placed with Relatives- Final Report*. University of Maryland Medical School, Paediatrics Department, prepared for the Maryland Department of Human Resources and the Baltimore City Department of Social Services. Baltimore, MD.
- Gleeson, J.P. (1996) *Kinship Care as a Child Welfare Service: The Policy Debate in an Era of Welfare Reform*, *Child Welfare*, 75, 419 - 449.
- Greeff, R. (ed) (1999) *Kinship Care* Ashgate, Arena
- Iglehart, A. (1994) *Kinship Foster Care: Placement, Service and Outcome Issues*. *Social Service Review*, 16, 107-122.
- IFCA (2000) *European Foster Care Conference*, August Cork
- Ingram, C. (1996) *Kinship Care: From Last Resort to First Choice*, *Child Welfare* 75, 550- 566.
- Johnson, H. J. (1995) *Traditions in a New Time: Stories of Grandmothers*, PhD Thesis, New York, Columbia.

- Link, M.K. (1996) Permanency Outcomes in Kinship Care : A Study Of Children Placed in Kinship Care In Erie County, New York, *Child Welfare* 75, 509-529
- O'Brien, V. (1996) Relative Foster Care: An Untapped Placement Alternative for Children in the Care System? A Discussion of the Central Issues. *Journal of Child Centred Practice*. 3, 7- 21.
- O'Brien, V. (1997) *Fostering the Family : A New Systemic Approach to Evolving Networks of Relative Care*, PhD submitted to National University of Ireland.
- O'Brien, V. (1997b) Relative Foster Care- A Family / State Discourse, *Feedback, the Magazine of the Family Therapy Association* , Spring, 7, 16-23
- O'Brien, V. (1999) *Evolving Networks of Relative Care : Some Findings from an Irish Study in Kinship Care* (ed) Greeff, R. Ashgate, Arena
- O'Brien, V & O'Farrell, K. (2000a) A New Model for Assessing Relative Carers, Unpublished presentation at IFCA (2000) European Foster Care Conference, August Cork
- O'Brien, V. (2000b) An Evaluation of the Family Group Conference Pilot Project in the Eastern Health Board, ERHA, Dublin.
- O'Brien, V. (2000c) Relative Care : A Different Type of Foster Care –Implications for Practice, in Kelly, G. & Gilligan, R. *Issues in Foster Care, Policy, Practice and Research*, London, Jessica Kingsley.
- O'Brien, V. (2001) Contributions from an Irish Study: Understanding and Managing Relative Care, in Broad, B. (2001) *Kinship Care : The placement Choice for children and Young People*, London, Russell House Publishing.
- O'Higgins, K. (1996) *Disruption, Displacement, Discontinuity : Children in Care and their Families in Ireland*. Aldershot, Avebury.
- O'hInnse, S. (1940) *Fosterage in Early and Medieval Ireland*. Dublin, National University of Ireland.
- Richardson, V. (1985) *Whose Children? An Analysis of Some Aspects of Child Care Policy in Ireland*, Dublin, Family Studies Unit, U.C.D.
- Rowe, J., Cain, H., Hundelby, M. & Keane, A. (1984) *Long Term Foster Care*. London, Batsford.
- Task Force on Permanency Planning for Children, (1990) *Kinship Care : The Double Edged Dilemma*. Rochester, New York, Inc.
- Thomton, J. (1987) *An Investigation Into The Nature of Kinship Foster Care*. Unpublished Doctoral Dissertation, Yeshiva University. New York.
- Thornton, J.L. (1991) Permanency Planning for Children in Kinship Foster Homes, *Child Welfare*, 70, 593-601.

Fetal Alcohol Syndrome: Implications for the Irish Care System

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Authors Note. Much of the research material was sourced in the U.S.A. Therefore, for reasons of simplicity and in line with academic protocol the original, 'Americanized,' spelling has been retained.

Introduction

Birth defects can result from (a) an abnormal or mutant gene, (b) an infection, or (c) a drug. Today the field of speciality known as teratology investigates birth defects and the substances or teratogens that cause them. Since the thalidomide tragedy we have become acutely aware that the unborn child in the uterus is extremely sensitive to substances ingested by the mother. One such substance is alcohol. There is now a large body of evidence to indicate that maternal consumption of alcohol leads to a broad spectrum of birth defects. This resulting set of defects is known collectively as the Fetal Alcohol Syndrome. The purpose of this paper is to review the literature on Fetal Alcohol Syndrome and to discuss the implications for victims, care givers, social workers, policy makers and educationalists.

Fetal Alcohol Syndrome

Medical Definition

A syndrome of impaired fetal growth and development associated with a high maternal intake of ethanol during pregnancy. The fetus appears to be most vulnerable to the deleterious effects of alcohol immediately following the time of conception before the mother knows she is pregnant. Features of the syndrome include growth retardation, microcephaly, mental abnormality and a characteristic combination of craniofacial deformities. Other malformations, such as neuraltube defects, may also occur (Walton, J. et al 1986).

Mosby's Dictionary (1994) States:

Fetal Alcohol Syndrome (FAS), a set of congenital psychological, behavioural, cognitive and physical abnormalities that tend to appear in infants whose mothers consumed alcoholic beverages during pregnancy. It is characterised by typical craniofacial and limb defects, cardiovascular defects, intrauterine growth retardation and retarded development. The most serious cases have involved infants born to mothers who were chronic alcoholics and drank heavily during pregnancy. Women who drank less, reportedly gave birth to infants with less serious malformations or Fetal Alcohol Effects (FAE) but it is not known if there is a lower limit to alcohol consumption during pregnancy or if there is a particular period in embryonic life when the offspring is most vulnerable to effects of alcohol.

Historical Review

The current interest in the relationship between maternal alcohol consumption and birth defects is not a new phenomenon. On a point of information: "In classic times the consumption of alcohol by newly-weds in Carthage and Sparta was prohibited by law to prevent conception while "under the influence" (Rosett and Sander cited in Osofsky 1979).

In 1726 the College of Physicians attempted to halt the "gin epidemic" by petitioning the English Parliament to pass a law controlling the manufacture and sale of cheap gin. The belief was that this step would prevent the birth of "weak, feeble and distempered children" (Morris cited in Osofsky).

In more recent times reports from Lemoine et al 1968; Ulleland 1970; Jones and Smith 1973; in America, led to renewed interest. The reports from Seattle in the early '70s led to many further case reports from around the world including one from Barry and O'Nuallian 1975 in Cork.

Diagnostic Criteria of Fetal Alcohol Syndrome and Fetal Alcohol Effects

The criteria for diagnosis was developed in 1980 by the Fetal Alcohol Study Group of the Research Society on Alcoholism, and was outlined by Cooper (1986).

1. Prenatal and/or postnatal growth retardation: weight, length and/or head circumference below the tenth percentile when corrected for gestational age;

2. Central nervous system involvement; signs of neurological abnormality, developmental delay or intellectual impairment;
3. Characteristic facial dysmorphology with at least two of these signs:
 - (a) Microcephaly (head circumference below the third percentile);
 - (b) Micro-opthalmia and/or short palpebral fissures; poorly developed philtrum (the medium groove between the upper lip and nose), thin upper lip or flattening of the maxillary area.

If all three of these characteristics are present a diagnosis of Fetal Alcohol Syndrome can be made. If some but not all characteristics are present then a diagnosis of Fetal Alcohol Effects can be made. This diagnosis acknowledges that the effects of alcohol on the fetus can occur along a continuum depending on the amount of alcohol consumed and the timing of exposure.

Non-Detection or Mis-Diagnosis

A study conducted by (Nanson 1992) found that out of a data base of 326 individuals diagnosed as victims of Fetal Alcohol Syndrome six were discovered to be autistic. This represents an incidence of 1:54. Prior to this study no “Link” between Fetal Alcohol Syndrome and autism had been made. This raises the issues of a diagnosis of Fetal Alcohol Syndrome precluding one of autism particularly as some of this secondary diagnosis was not made for some years. Nanson also suggests that some children diagnosed as autistic may not be investigated for Fetal Alcohol Syndrome.

Major Identifying Characteristics of FAS

Central Nervous System	Mild to moderate mental retardation
Growth	Extremely small size for age
Facial	Small head Jutting forehead Short eye slits Skin folds on inner corner of eye (epicanthal folds) Underdeveloped mid-facial region Short, flat nose Low-set ears Absence of vertical ridges between nose and mouth Thin upper lip

Behavioural	Hyperactivity Distractibility
Miscellaneous	Poor fine-motor ability Speech and language defects

Genetic Predisposition

One of the difficulties around the area of drinking during pregnancy is that there is no clear indicator of how much, if any, alcohol is safe e.g. Even allowing for the many variables such as diet, maternal weight gain, smoking etc., it is still unclear as to why some children born to chronic alcoholic mothers display only partial symptoms or effects while others display all the characteristics associated with full Fetal Alcohol Syndrome. One possibility is that of genetic predisposition or susceptibility.

Chasnoff (1984) reported on a case involving dizygotic twins. The twin girls aged 18 months were taken into care as a result of having been hospitalised due to multiple injuries inflicted through abuse. Subsequent to their admission a diagnosis of fetal alcohol exposure was made. Prior to their birth at 36 weeks gestation their mother, a 20-year-old primagravida, had been drinking three times per week. She denied any other drug use, but smoked 10 cigarettes per day.

The results of examination at the time of hospitalisation revealed the following facts.

	Weight	Height	Head Circumference
TWIN A:	7,900g	74cm	45cm

All of these parameters fall well below the third percentile for age. Twin A also displayed the facial abnormalities typical of Fetal Alcohol Syndrome with “small short eyes, prominent epicanthal folds, short upturned nose with a long flat philtrum, thin upper lip, small mouth and underdeveloped mandible”. This twin also scored well below the norm when tested on the Bayley Scales of Infant Development.

	Weight	Height	Head Circumference
TWIN B:	9,500g	81cm	46.5cm

All of the above growth parameters were within the normal range for age. Twin B

displayed some of the facial characteristics of the syndrome e.g. “small short eyes, prominent epicanthal folds, short upturned nose with a long flat philtrum, thin upper lip, and small mouth”. The mandible was well developed. However, developmental testing indicated that this twin also fell well short of the normal range for age in terms of cognitive functioning.

The results of these tests led to a diagnosis of Fetal Alcohol Syndrome in Twin A and Fetal Alcohol Effects in Twin B. Over the next three years the growth development of both twins was monitored. It became clear from the chart that Twin A had consistently fallen below the third percentile, while Twin B had maintained a growth rate within the normal range (Chasnoff 1984).

Nature Vs Nurture

At age 18 months the twins were placed in permanent substitute care i.e. adoption. By 24 months they had both recorded a marked improvement on the Bayley Scale and at age 4 years Twin A had an I.Q. rating of 110 while Twin B had a rating of 118, well within the normal range (Ibid.)

Toxicity of Alcohol - Can a casual relationship be established between maternal consumption of alcohol and specific birth defects?

Reports from various case studies over the past 20 years (Crain, Fitzmaurice & Mondry, 1983; Jones & Smith 1973) and animal studies (Brown, Goulding & Fabio, 1979) have all provided evidence to support the conclusion that alcohol is a teratogen. This evidence also supports the conclusion that alcohol is most likely the major causative agent in producing those characteristics that collectively lead to a diagnosis of Fetal Alcohol Syndrome.

However, not everybody supports the view that alcohol is the sole contributory agent responsible for producing these characteristics. In a letter published in the Lancet (Dec 6th, 1986, pg 1337) Livingston and Hermoine express the following reservations.

Since Fetal Alcohol Syndrome was described by Jones et al in 1973 it has become clear that the clinical features are not specific to exposure to alcohol during pregnancy. Animal studies suggest that any teratogen exposure during [gestation] may result in the craniofacial, brain, and eye defects corresponding to those in severe Fetal Alcohol Syndrome. Hingson and colleagues found that several other factors, such as maternal marijuana smoking, exposure to x-rays, and poor maternal weight gain

during pregnancy, were strongly associated with features compatible with Fetal Alcohol Syndrome. It has thus been suggested that the dysmorphology of Fetal Alcohol Syndrome may represent a common pathway of numerous agents, or a combination of agents rather than a specific teratogenic effect of alcohol (Livingston, J & Hermoine, L, 1986).

In 1982 the results of a study carried out by (Astley et al 1982) into the association between fetal exposure or marijuana and alcohol and the distinguishing features of Fetal Alcohol Syndrome were published.

In this study a series of standardised side and front facial photography's were taken of forty children aged between 5 and 7 years of age whose mothers had frequently used marijuana during the first trimester of pregnancy and forty mothers who had not used marijuana during pregnancy. All eighty children were group matched for alcohol exposure during pregnancy.

The photograph's were then examined by a dymorphologist and by computerised landmark analysis. The findings indicated that among the group exposed to marijuana prenatally no consistent pattern of facial features was evident. However in the group where maternal consumption of alcohol was two or more ozs per day during early pregnancy a clear pattern of facial anomalies associated with Fetal Alcohol Syndrome was found. (Astley et al 1992).

Summary of Effects of Prenatal Substance Use

Outcome								
Animal Studies					Human Studies			
Drug used	Key	Pregnancy Outcome	Fetal growth	Offspring effects	Congenital Anomalies	Pregnancy Outcome	Fetal growth	Postnatal problems
Cigarettes	=	-	+	+	=	-	-	-
Alcohol	+	+	+	+	+	+	+	+
Marijuana	=	-	+	+	-	=	=	=
Opiates	=	=	+	+	-	=	+	+
Cocaine	=	=	=	+	=	=	+	=

- + = outcome occurs
- = outcome does not occur
- = = no consensus on outcome can be drawn.

The above table clearly indicates that alcohol abuse results in a deleterious outcome across all categories.

How much Alcohol if any is Safe and When

Hawkins (1987) states that a quantity of alcoholic drinks equivalent to 30ml of ethanol consumed on a daily basis “*has been considered to place the fetus at risk*” (pg 188).

Quantities of Beverage Containing 30ml of Ethanol

White Wine	300ml	2.5 wine glasses
Red Wine	250ml	2 wine glasses
Fortified Wine	150ml	2 sherry glasses
Spirits	75ml	4 measures
Beer	1000ml	2 pints

He also suggests that while “... *No safe lower limit of alcohol intake in pregnancy has been established it seems likely that there is little risk of the baby being significantly affected if the average daily intake is less than 30ml of ethanol and there are no episodes of intoxication from “binge drinking”*” (Hawkins 1987 pp 192-3).

The critical period in relation to defects depends upon the particular fetal structures that are developing during the time of exposure e.g. the brain which is constantly developing throughout the period of gestation and is therefore virtually “at risk” during the entire pregnancy.

Fetal Reaction to Alcohol

Smotherman et al (1986) conducted a study to observe fetal behaviour after exposure to alcohol. In the study pregnant rats were intubated with varying levels of ethanol in saline solution. After a period of four hours fetal behaviour was observed and recorded. As a result of this study he concludes:

Circulating levels of alcohol in maternal blood, fetal homogenate and amniotic fluid at the time fetuses were observed which confirmed that fetuses were exposed to alcohol in utero but the measured concentrations of alcohol were not predictive of fetal activity. We suggest that some of the developmental consequences of Fetal Alcohol Syndrome may be the consequence of fetal inactivity induced by alcohol in the utero (Smotherman et al 1986 pg 165).

Animal Studies

Many animal studies have indicated that binge drinking during critical periods of prenatal development can cause severe abnormalities in the fetus. One such study conducted by Sulik et al (1981) at the University of North Carolina in which a pregnant mouse was exposed to alcohol had startling results. The exposed fetus had suffered eye damage, stunted brain and facial abnormalities, which were easily identifiable. These defects are similar to the facial abnormalities associated with Fetal Alcohol Syndrome in human babies.

The blood alcohol level reached during the experiment would be similar to that in a woman of average size if she had consumed a quart of Vodka in a 24 hour period.

Extent of the Problem

Estimates as to the extent of Fetal Alcohol Syndrome have varied over the past twenty years e.g. Hawkins (1987) states what while there is a risk, it is small and should not be a cause for undue alarm. The Centre for Disease Control (1984), (cited in Salkinn 1990) puts the figure at one in every 750 live births. More recently however in a letter published in the Journal of the American Academy of Child and Adolescent Psychiatry (1992 p563), Dr. Leslie Atkinson acknowledges that Fetal Alcohol Syndrome is now "...the leading known cause of mental retardation in the United States". In the same Journal, Streissguth et al stated that, "We have been concerned about the discrepancy between the small number of reports in the scientific literature on groups of children with Fetal Alcohol Syndrome, especially in comparison with the magnitude of the problem" (Streissguth et al 1992 pp 563-4).

Implications for the Victims

The range of problems and concerns associated with Fetal Alcohol Syndrome and Fetal Alcohol Effects include poor habituation, sleep disturbances, poor sucking response, failure to thrive, delays in walking and talking, delayed toilet training, difficulty following instructions, temper tantrums and disobedience, distractibility and/or hyperactivity.

Habituation:

According to Dworetzky,

One of the simplest forms of learning is habituation, which takes place when a person becomes accustomed to a stimulus because it has been presented repeatedly. (Dworetzky 1991).

For example if you went on holidays to the coast and just as you were drifting off to sleep a “fog horn” sounded outside your hotel, you would probably be startled. This would be a natural response because being startled is an inborn, not a learned response. However, if the noise continued over and over you would become habituated to it and would learn not to react.

In the case of a child with F.A.S. / F.A.E. this process of habituation is impaired and the child never fully adjusts to normal background noise. This failure to habituate is significant according to Trotter.

“Habituation is now considered a primary indication of brain and nervous system functioning and ... Is seen as a good predictor of later intelligence. Habituation, which becomes increasingly acute over the first ten weeks of life, is commonly assessed as a measure of an infants maturity and well being. Infants who have brain damage or have suffered birth traumas such as lack of oxygen, do not habituate well, and may go on to have developmental and learning problems.”
(Trotter; In Dworetzky 1991 pg 348).

Sleep Disturbance

During the first month of life an infant sleeps for up to eighteen hours per day, decreasing to about twelve hours per day at the age of two. During this period the brain grows and develops rapidly. While asleep the body slows down, temperature drops and pulse and breathing rates decrease. One interesting exception to this state of reduced activity, particularly in children, is the production of growth hormone, which peaks during sleep (Dworetzky 1991). Poor sleeping patterns have also been associated with a diagnosis of Fetal Alcohol Syndrome / Fetal Alcohol Effects.

Failure to Thrive

An infant with Fetal Alcohol Syndrome / Fetal Alcohol Effects will generally be lighter and shorter at birth. However, unlike other children that experience similar disadvantages, they often fail to make up the loss, irrespective of the quality of their postnatal care. In short children consistently fail to achieve normal physical development milestones.

Delays in Walking and Talking

The study of development is the study of the changes that the human organism goes through over time. It is now recognised that some of these changes are universal across cultures. However, it is also acknowledged that there are individual differences i.e. the

developmental milestones or stages do not occur at exactly the same age for every child. What is apparent from the research is that children with Fetal Alcohol Syndrome / Fetal Alcohol Effects consistently fall behind their peers in terms of development. It is also a fact that a change of environment never fully compensates for the poor start.

Difficulty following Instructions: Temper Tantrums, Disobedience, Distractibility and Hyperactivity.

McCright (1991) outlined a number of additional behavioural characteristics that have been associated with Fetal Alcohol Syndrome / Fetal Alcohol Effects.

- Poor impulse control.
- Cannot relate behaviour with consequence.
- Poor short term memory.
- Poor personal boundaries.

Irish Foster Carers who shared some of their experiences with me identified many of these characteristics. However, I feel it is important to stress that while many carers with whom I spoke “suspected” that children in their care were victims of Fetal Alcohol Syndrome / Fetal Alcohol Effects not all the children had been diagnosed.

In relation to poor impulse control one carer said “He never stopped to think he would literally jump into a pool with his clothes on” she also spoke about her frustration at having to repeat the same instructions over and over again e.g. “Do not leave the garden” only to find the child two streets away presumably having made his escape over a six foot garden wall. A total lack of awareness in relation to physical danger and the possible results of reckless actions e.g. “... He did not seem to understand that climbing out of his bedroom window (on the first floor) was dangerous”. Another carer spoke about the problem of short term memory or distractibility “.... two hours after sending him to the local shop, I found him playing with friends in the local park...One of my greatest fears is that he would go off with anyone”.

Many of my own observations and those of my partner are of similar occurrences. The usual “Why” questions that all children ask have taken on a different significance. The same “What”, “Why”, or “When” is asked over and over again as apparently the child has forgotten the answer. Simple instructions can be repeated word for word but the child appears incapable of translating the words into actions. Or indeed the shock of seeing a normally affectionate, loving little boy lose all sense of control for the most trivial reason and kick, scream and throw whatever object is near at hand can be frightening. What is even more frustrating is the confusion of the child at this inability

to understand these actions himself. During the period of calm that follows he is always apologetic and invariably asks “why was I bold? I’m a good boy”.

In relation to poor personal boundaries he “invades” people’s space and tends to be overly intrusive. In a young child this may not be problematic but later on as a teenager it could lead to problems. He also has difficulty understanding that not everyone is “good” and expects everyone to be his friend.

Early Identification

Giunta and Streissguth (1988) states that “.... Patients with Fetal Alcohol Syndrome are at a higher than average risk for physical abuse, sexual abuse and neglect. They are frequently raised in a high risk environment by mothers who struggle for sobriety have few resources and little support” (pg 456).

Given that many victims of Fetal Alcohol Syndrome / Fetal Alcohol Effects live in ‘dysfunctional’ homes the need for early identification is essential. Without this identification the child has little chance of his / her special needs being catered for. In fact those very needs may lead to a situation where the child suffers abuse or neglect at the hands of a mother whose parenting skills are impaired due to alcohol dependency.

Intervention with Birth and / or Foster Parents

Support systems should be established for birth parents to enable them to provide the stable loving home environment needed by the child in order to reach his / her full potential. Where this is not possible a substitute family should be provided. When discussing alternative care for victim’s Giunta and Stressguth (1988) state that

... Foster parents who are calm and low key individuals, secure and comfortable with themselves, and who live stable and predictable lives, have the highest likelihood of success. Busy professionals who live complex and hyperstimulating lives are often discouraged by the slow or erratic progress of some patients with Fetal Alcohol Syndrome and by the children’s failure to perform normally when provided with stimulating and nurturing environments. Families who treat the Fetal Alcohol Syndrome child as normally as possible, combining loving acceptance with firm limit setting, seem more satisfied than do those who have high performance expectations (pg 457).

Education of Parents

An essential part of any intervention with birth and / or substitute parents is education in relation to the needs of each individual child, and realistic expectations relating to capabilities.

Development and Health

The medical needs of the individual with Fetal Alcohol Syndrome will vary depending on severity of effects. Therefore provision should be allocated accordingly. In some of the more severe cases victims may have multiple medical needs, given the high occurrence of congenital anomalies. Malformations of the eye, ear, heart defects, cleft lip and palate are common in many cases (Giunta and Streissguth 1988).

Recommendations for Managing Children with F.A.S. / F.A.E

- Early Identification.
- Intervention with birth and/or foster parent
- Education of parents/carers regarding physical and psychosocial needs of an infant or child with F.A.S./F.A.E
- Careful monitoring of physical development and health
- Safe, stable and structured home
- Assignment of a case manager for co-ordination of services and support to parents
- Placement of the child in pre-school.
- Respite care for care-takers

Case Manager / Social Worker

Once a child has been diagnosed as having Fetal Alcohol Syndrome/Fetal Alcohol Effects a “Case Manager” should be responsible for drawing up a long term “care plan” for each individual child relative to their particular needs. The plan would cover areas such as (1) support, e.g. home help, counselling, financial aid and an alternative home where necessary (2) Medical need, the manager would ensure that appropriate medical attention is provided when needed (3) Educational needs, the case manager in

consultation with an educational psychologist would ensure that the child had access to an educational programme that would enable him/her to achieve their maximum potential (4) During the period of transition into adulthood those individuals lacking the capability to support themselves through work should have the opportunity to live in safety and with dignity in sheltered accommodation. They should also have work in a sheltered workshop suitable to their capabilities.

The Role of Educationalists

The educational system has a number of tasks to deal with in relation to Fetal Alcohol Syndrome/Fetal Alcohol effects. Ugent et. al. (1986) discuss the role that the educational psychologist has to play in helping to prevent Fetal Alcohol Syndrome / Fetal Alcohol Effects. They state that:

An important thrust in prevention should be education by the school psychologist at the school and community levels. The school psychologist can obtain and distribute pertinent literature, conduct presentations to school and civic groups and participate in seminars to educate professionals who may come into contact with both prospective mothers and affected children.

They also go on to suggest that the school psychologist should spear head information campaigns. Some of the activities suggested include posting warnings in Liquor stores, doctors' surgeries etc as well as warnings in the media. In relation to warnings, the ABA Journal of March 1988 carried a report on three law-suits taken against seven Liquor Companies in which plaintiffs allege that a warning should have been on the bottles. The law-suit was taken on behalf of a number of families who claim that as a result of consuming alcohol while pregnant the mothers gave birth to children that:

*"... Suffer from impaired growth and mental retardation, facial deformities, hyperactivity, heart defects and defects in the fingers".
(Moss 1988 pg 17).*

The primary aim was compensation for the children but using a warning label on alcohol containers would be a welcome side effect. The other major task facing the educational system according to Burgess and Streissguth (1992) is to facilitate the children affected by Fetal Alcohol Syndrome.

They state that:

Like children with other disabilities, those with Fetal Alcohol Syndrome and Fetal Alcohol Effects benefit from early diagnosis and intervention. There is so much to learn and so little time during the school years. When diagnosis is not possible because of the unavailability of trained medical personnel or other reasons, school personnel can still identify (not to be confused with diagnose) children they believe may have been prenatally exposed to alcohol.

.... To maximise the effectiveness of educational programmes therefore, it is crucial to begin early to ensure the learning of appropriate, functional skills and to decrease the occurrence of inappropriate behaviours.

(Burgess and Streissguth 1992).

Discussion

Fetal Alcohol Syndrome is arguably one of the major causes of mental retardation in the Western World today with a prevalence of 1 in 750 in the general population. In the case of alcoholic mothers it can be as high as 690 per 1,000. The full syndrome is characterised by (1) Facial anomalies; (2) growth retardation; (3) damage to the central nervous system and (4) various other physical abnormalities. Partial Fetal Alcohol Syndrome or Fetal Alcohol Effects can be harder to diagnose with some children suffering from mild retardation and others with a low I.Q. or one bordering on the normal. The fact that many of these children are born into 'dysfunctional' families results in a disproportionate percentage of them ending up in the care system. Early identification and a stable home environment coupled with appropriate educational programmes can greatly improve the chances of these children achieving their full potential.

References:

Astley, S.J.; Clarren, S.K.; Little, R.E.; Sampson, P.D.; Daling J.R. (1992). "Analysis of Facial Shape in Children Gestationally Exposed to Marijuana, Alcohol, and or Cocaine". In: *J. Pediatrics* V.89, NI, pp. 67-77.

Barry & O' Nuallain (1975). "*Foetal Alcoholism*". In: *Irish Journal of Medical Science*. 144, pp. 286-288.

Browne, N.A., Goulding, E.H., & Fabio, S. (1979). "*Ethanol Embryotoxicity: Direct Effects on Mammalian Embryos In Vitro*" *Science* 203 pp. 573-575.

Burgess, D.M. & Streissguth, A.P.; (1992) "*Fetal Alcohol Syndrome and Fetal Alcohol Effects Principles for Educators*" In: *Phi Delta Kappam* Sept. pp. 24-30.

Chasnoff, Ira J.; (1985). "*Fetal Alcohol Syndrome in Twin Pregnancy*". In *J. Acta-Geneticae- Medical - et - Gemellogiae - Twin - Research*; V.34 (3-4) pp. 229-232.

Copper, S. (1987). "*The Fetal Alcohol Syndrome*". In: *J. of Child Psychol. & Psychiatry and Allied Discp.* V. 28. N.2, pp. 223-227.

Crain, L.S. Fitzmaurice, M.E., & Mondry, C. (1985) "Nail Duplasia and Fetal Alcohol Syndrome: Case Report of a Heteropaternal Sibship. In: *American Journal of Diseases of Children* 137, pp. 1069-1072.

Dworetzky, J.P.; (1993). "*Psychology*" (5th Ed.), St. Paul Mn.; West Publishing House.

Giunta & Streissguth (1988). "*Patients with Fetal Alcohol Syndrome and Their Caretakers*". In *Social Casework: The Journal of Contemporary Social Work*.

Hatfield, Deensie (1985-86). "*Is Social Drinking During Pregnancy Harmless?*" In: *Advances in Alcohol & Substance Abuse*. 5 (1-2) pp. 221-226.

Hawkings D.F.; (1987). "*Drugs and Pregnancy Human Teratogenesis and Related Problems*". 2nd Ed. Edinburgh: Churchill Livingstone.

Jones & Smith (1973). "*Recognition of the Fetal Alcohol in early Infancy*". *Lancet* 2.

Livingston. J, & Hermoine. L.; (1986) . "*Contribution of Fetal Alcohol Syndrome to Mental Retardation*". In the *Lancet* Dec. 1986. pp. 1337-8.

McCreight, B.; (1991). "*Nueropsychological and Behavioural Consequences of Fetal Alcohol Syndrome and Fetal Alcohol Effects*". In: *Draft Paper* (1991).

Mosby's (1994). "*Medical, Nursing & Allied Health Dictionary*" 4th Ed. St. Louis, Missouri: Mosby – Year Book Inc.

Moss D.C.; (1988). "*Parents Sue Liquor Companies – Cite Lack of Warnings about Fetal Alcohol Syndrome*". In : *ABA J.*, V. 74, p. 17.

Manson J.,L. (1992) "*Autism in Fetal Alcohol Syndrome – A Report of 6 cases*". In: *Alcoholism – Clinical and Experimental Research*. V. 16, N.3, pp. 558-565.

Osofsky, J.D.; (1979). "*Handbook of Infant Development*", New York. John Wiley and Sons Inc.

Salkinn, Neill J; (1990). "*Child Development*". Florida: Holt, Rinehart and Winston Inc.

Smotherman, William P. et a. (1986). "*Spontaneous Fetal Behaviour after Maternal Exposure to Ethanol*". In: *Corvallis Pharmacology, Biochemistry & Behaviour*. 24 (2) pp. 165 – 170.

Steinmetz (1992). "*Fetal Alcohol Syndrome The Preventable Tragedy*". In : *National Geographic*, V. 181, N.2., pp. 36-39.

Streissguth A.P.; Randels S.P.; Smith D.F.; (1992). "*Fetal Alcohol Syndrome – Reply*". In : *J. Ap. Aced. Child and Adol. Psychiatry*. V.31, N.3, pp. 563-564.

Ugent, W.D.; Graf, M.H.; Ugent, A.S.; (1986). *Fetal Alcohol Syndrome: A Problem that School Psychologists can help recognise, treat and prevent*". In: *School Psychology International*. V.7. (1). pp. 56-60.

Walton, J. et al (1986). "*The Oxford Companion to Medicine*" New York; Oxford University Press.

An Evaluation of Foster Parents' Attitudes Towards Birth Parents

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Abstract:

Although foster care involves many different relationships that have been examined for many years, few researchers have paid attention to the relationship that must inevitably develop between the foster parents and the child's birth parents. Foster parents have, nonetheless, been noted to express negative feelings about the behaviour of the foster child's natural family. This may have negative effects on the development of the child's self esteem and on the outcome of the entire placement.

The current paper illustrates how the foster parents of 127 placements in Cork city described the birth parents of their foster children. Although 38% of placements were with parents who expressed some degree of sympathy for the birth parents, the attitude was generally more negative. This was true even of foster parents who never met the child. Parents also reported that they experienced various problems with the natural parents. These included concerns over the care that was taken of the child, that the natural parents were untrustworthy, and that the child would not be released for adoption. Examples of the statements that were made are offered, and some cases are described to help illustrate the frustration that some foster parents felt. It was found that one of the most emotive issues was that of adoption. Many foster parents felt upset when the birth parents refused to release the foster child for adoption. The implications of these poor relationships are discussed in relation to the need for more resources for health boards, and more support for foster parents and natural parents.

Keywords: Foster parent, birth parents, foster care, adoption.

Introduction

Foster care can often be a difficult process, as it involves so many dynamic interactions between various individuals. These interactions have been given a certain amount of interest over the years by child-care researchers, but one relationship has not been given the precedence it perhaps deserves. This relationship is the one that exists between the child's birth parents and his or her foster family. Despite the deficiency of attention this remains an important relationship, and the success of a placement may even depend on how both sets of parents conduct themselves. The purpose of this paper is to attempt to contribute further to the existing literature by looking at the problem in more detail.

On balance, it is not difficult to understand why the relationship between foster parents and natural parents is a fractious one. Foster parents may easily develop negative feelings about birth parents, who are seen as intrusive or even abusive (e.g. Corser and Furnell, 1992; Kufeldt and Allison, 1990; Triseliotis, 1989). Very often hostile feelings develop after the foster parents become quite fond of their foster child, to whom they feel the natural parents have been cruel or unjust. Similarly, natural parents can feel hostile and jealous of the relationship forged between their child and the host family. These feelings of hostility can have serious consequences on a placement. Baxter (1989), for example, found that one breakdown (out of a total of 24) in his study was directly attributed to a disagreement between foster parents and natural parents, and in at least 3 more cases a bad parent/foster parent relationship was a contributing factor (Baxter, 1989, p.11).

Poor relationships between foster parents and natural parents may affect the nature of contact between the child and his or her natural family (Oyserman and Benbeishty, 1992). On occasion children may be expected to meet their parents only at certain times or in certain places because of the uneasy affiliation that exists between their respective caretakers. Sometimes, however, contact visits themselves shape the attitudes of the foster family. Quinton, Ruston, Dance and Mayes (1998), for instance, found that foster parents reported that contact and/ or information from birth parents could be unsettling for the children. They also expressed concern about unrealistic promises that the parents made, and the distress experienced by children who did not receive anticipated visits. In many cases it may well be that incidences like these make foster parents more reluctant to encourage extra contact in the future.

The problem is quite complex, and there are many reasons why foster parents might develop negative attitudes towards their foster child's birth parents. This paper describes an Irish study that examined the attitudes of foster parents to the natural parents of their foster children. By asking parents to give accounts of their experiences, a rich

description of the emotions and concerns of the foster families emerged. These descriptions were analysed qualitatively to provide descriptive categories of the foster parents' attitudes and concerns.

Methodology

A number of foster parents from the Cork city region of Southern Health Board were approached to participate in a questionnaire study on various aspects of the time each child spent in their care. The only criterion for inclusion was that the families had fostered within a specified three-year period. To give due consideration to external validity it was important to try and ensure that the sample was representative of the population in general (Fernandez, 1996). The sample made up two community-care teams and one fostering project in Cork city. This ensured a wider spectrum of socio-economic backgrounds, as each area has a different economic emphasis. Every attempt was made to ensure that the eventual numbers from each community care area were as similar as possible. A small number of Irish health boards had attempted specialised fostering projects at the time of the study, and so including the project ensured representation of this aspect also.

Although the study was by postal questionnaire, foster parents were also given the opportunity to meet the researcher and to complete the questionnaire by interview if they wanted. A small number of families requested such a meeting. Replies were eventually received for well over 130 placements (response rate of nearly 60%), but a small number were omitted because of insufficient data. Data was eventually analysed for 127 foster placements, fostered by 78 families. The children in these placements ranged from birth to twenty years of age.

The questionnaire itself was designed to examine a variety of psychological issues that affect foster children. Questions, or derivations of them, that had been used in previous studies were included where possible (for example, Baxter, 1989; George, 1970; Johnson Mann, 1981). This procedure also served to enhance consensual validity (Fernandez, 1996, p.73). In answer to these questions, foster parents gave accounts of the issues that arose during the placement. These accounts were then analysed qualitatively.

Results

The information that foster parents offered was divided into meaningful segments of information, which were then grouped into conceptually similar categories. At this point every attempt was made to follow fairly closely the coding process described by Miles and Hubberman (1994). After the categories had been generated and named, each

questionnaire was assessed again in order to record on a data sheet whether the category was present or not. The reliability of the categories was tested using an independent assessor, who also coded each questionnaire. Unreliable categories (inter-rater score of less than 85%) were dropped from the study. The categories that related to the relationship with the natural parents of the child are discussed in this paper.

Attitudes towards the Natural Parents

Foster parents in this study had quite varying attitudes towards the natural parents. Although foster parents of children from 61 of the 127 placements had never met one or either of their foster child's birth parents, many of these also managed to develop feelings about them. The four main attitudes that were identified by the analysis are listed here (please note that these categories are *not* mutually exclusive. Any time a category appeared it was recorded, regardless of whether or not another attitudes had also been recorded).

1. Negative

Many foster parents seem to adopt a negative perception of the natural parents. Their reaction to them is disapproving and maybe even hostile. This was noticed even when they have never met any birth family members. Examples of statements that made up this category include:

"From what we have been told we don't think a whole pile of them."

"I feel angered by the fact that her mother has made no attempt to keep in contact with her."

"I don't know much about (child)'s parents, but from what little I do know I feel angry at the way they have abandoned their child."

"We also felt bitter towards them."

2. Indifferent

An apathetic and distant attitude was noted in some cases. For example:

"I don't have any real feelings for her."

"No feelings."

"I don't feel much for them."

3. Sympathetic

Some foster parents were very sympathetic to the situation that the natural parents found themselves in. Many expressed appreciation of the effort that the parents did make under difficult circumstances:

“We can understand how they were not able to cope with having a child with a disability as some people are not able to cope with this.”

“We feel that his parents had a lot to cope with because there is a big family there...I understand it must be very painful and hurtful to put your own children into care.”

4. Difficult to Relate to

Foster parents sometimes found the attitudes of the natural parents so different to their own that they found them difficult to understand and to talk to. This was sometimes expressed even when they were sympathetic to the natural parent’s situation. These foster parents felt that the natural parents had such different lifestyles or such a different outlook that they had little in common with their own expectations for the child and the child’s behaviour. For instance, one parent wrote:

“Father has different attitude towards goals for daughter.”

In general it appeared that the attitude to the natural parents was less than positive. Foster parents found behaviour of natural parents objectionable in many cases, and had developed negative attitudes to them. These negative attitudes ranged from resentment to bitterness, but the most common sentiment seemed to be anger at the way their foster child had been treated when s/he was living with the natural family. Some of the negative attitudes may have been based on prejudice, though, which was pointed out by a number of social workers (e.g. one social worker commented that a foster mother “*holds a lot of prejudice towards travellers*”).

Table 1. Content Analysis Summary Table of Foster Parents’ Attitude towards the Natural Parents.

Attitude	No. Cases Reported	% Cases Reported
Negative	53	42%
Indifferent	10	8%
Sympathetic	48	38%
Difficult to Relate to	17	13%

Table 1 highlights how frequently each category was noted. The highest frequency of response was for *Negative* attitudes. 53, or 42% of foster placements were with parents who had some negative feelings for their foster child’s natural parents. Some of these

parents never met the birth parents, but they had formed negative opinions based on what they had been told, usually by the social worker (e.g.. *"We never met them, but from what we have been told we don't think a whole pile of them"*). 13% of placements were with foster parents who found the natural parents *Difficult to Relate to*. Only 10 parents indicated that they felt indifferent towards the birth parents.

A large number of foster parents (N=48) indicated that they felt sympathetic of the natural parents. Many of these also recognised that the natural parents were making an effort to get their lives together, or that they were trying to cope under very difficult circumstances.

Problems with the Natural Family During the Placement

Although the attitudes of foster parents was often preconceived and based on information obtained from the social worker or the child, many parents had various problems with the natural family that may possibly have shaped their opinions. These problems varied from foster parents who became extremely frustrated by natural parents who could not make up their mind about having the child adopted and annoyance at lavish gifts bestowed on the child during access visits. The problems were categorised as follows.

1. Unreliable/ Untrustworthy

Some foster parents felt that the natural parents could not be trusted or relied upon. Parents complained:

"The father was lying to (child) of his intentions of providing a home."

"They don't turn up when they say they will."

"I resent every time she promises him she's going to court to get custody of him, knowing it will never happen."

2. Insufficient care of Child

A number of parents expressed fears that the natural parents were not taking sufficient care of the child during access visits. For example a comment that appeared in various guises was:

"When they return from a visit they are filthy."

3. *Won't release Child for Adoption*

Some parents were annoyed that the natural family refused to release the child for adoption. Although not a very frequently occurring situation, this particular issue raised a lot of emotion. For example some parents wrote:

“I will never forget that day. We thought we might be getting him for adoption instead he was been taken away from us.”

“*Just wish they would finalise the forms for the adoption.*”

4. *Religion*

This category reflects a grievance that the natural family refused to allow the child to change to the same religion as the foster family.

“We are Church of Ireland and the mother insists that (child) remains Catholic.”

Some of the problems were aired over relatively minor issues, such as, for instance, when a natural parent returned or collected the child later than the agreed time during access, and so affected the routine of the foster family. Other grievances were more severe. One family had to have their phone number changed because of constant harassment; another felt the natural mother of her foster child followed the family to various venues such as to church or the doctor.

Table 2. Content Analysis Summary Table of Problems with Natural Family.

Problem	No. Cases Reported	% Cases Reported
Unreliable/ Untrustworthy	26	21%
Insufficient Care of Child	23	18%
Won't release Child for Adoption	12	10%
Religion	1	0.8%

Table 2 shows how often these categories were reported.

The category *Unreliable/ Untrustworthy* was reported more often than each of the others, by 21% of foster placements. Many foster families (18%) were also quite frustrated with the inadequate levels of care that some natural parents took of their children. 12 families found the wait for the child's release for adoption problematic,

which is a large enough number when it is remembered that the children were supposed to be in temporary care with these families. Only one family found the refusal to let the child change religion frustrating enough to become a problematic issue. This family, however, found this issue more frustrating than anything else, including the child's rather reclusive behaviour. The child in question was released for adoption and the foster parents had been approved as adoptive parents. On more than one occasion the child's religion caused them to postpone the adoption procedure.

The category that seemed to cause the most anguish, however, was *Won't Release Child for Adoption*. In this particular sample of children, 7 had been placed in foster care because the natural parents refused to allow adoption, and in another 4 cases an underage mother was having difficulties deciding whether to give the child up for adoption or not. There were many cases, therefore, where the foster parents could potentially become long-term adoptive parents. While it can be argued that placing such a child with prospective adoptive parents is really not in the child's best interest, these issues are nonetheless consequential to the foster families

Despite all these problems it must also be noted that many parents did not complain about problems or concerns they had about the natural family. Some of these did not have any contact with the natural family, but others may have been perfectly happy with the arrangement. It should be noted, however, that the categories are based on information given in accounts where the foster parent was asked to describe problems as they occurred to him/her. It would be interesting to see how many parents felt they had problems with these issues if they were suggested to them.

Discussion

The research described in the previous section revealed many important issues. This section will discuss these in more detail.

Attitudes and Concerns

While 38% of placements made comments that were sympathetic, most foster parents were not as tolerant. It may be necessary to counsel foster parents on the difficulties that the natural parents have undergone, or at the very least on the possible negative consequences of speaking in a derogatory manner about the natural parents. It should be remembered that Bowlby (1965) noted that children could passionately defend parents that other adults condemn. Removal from an offending parent may actually lead to romantic idealisation of the parent and Bowlby (1965) reckoned the only way of adequately dealing with the problem was to talk to the child and let the child express unvented feelings in relation to how s/he had been treated. The child must realise that

s/he will not be condemned for loving his or her mother and that s/he does not need to defend the parent(s) from other people. It is unlikely that these foster parents received much guidance on these issues, which could be potentially damaging. It will be recalled that the category 'Negative Attitude' consisted of many different emotions including bitterness, anger and scorn. It must be difficult for any parent to disguise these emotions, especially without the benefit of regular support.

Additionally when older children come into foster care it is likely that they will have developed strong ties to their birth parents. It is generally considered to be important that these children continue to maintain contact with their parents, especially if it is planned that they should return to them. Contact can be inhibited by the foster parents, who are often concerned about some aspects of the experience (e.g. Quinton et al, 1998). In the current study it was revealed that these concerns may relate to how the child was treated, unrealistic promises that were made to the child, and when parents failed to turn up at visits. These are very similar to the problems reported in previous studies (e.g. Quinton et al, 1998). Ideally each of these problems would be carefully monitored by the family's social worker, who would be in a position to offer advice and support when it is needed. The reality is, however, that social workers have such heavy caseloads (especially here in Ireland) that this is an unrealistic expectation. Because social workers are difficult to get in contact with, foster parents are too often left in a position where they are coping by themselves or with minimal support. Policy makers need to realise that providing the resources to deal with small issues at this point may very well lead to bigger savings later on, with fewer breakdowns and failed placements.

Adoption

One of the most emotive issues that foster parents raised was their frustration with the natural parents who would not release their children for adoption. Unfortunately many parents seemed to feel that because they had been passed for adoption they had more rights to the child than the natural parents (e.g. "*I pray that she would get the courage to give him up for adoption and we would get him then because we were passed for adoption*"). These situations are notoriously difficult. It is probably impossible to expect foster parents *not* to become attached to their small charges, but allowing them to think that foster care can be used as a back door to adoption (as is actually advocated by Davenport, 1989, who is herself a foster parent who has adopted children) can probably lead to stressful and frustrating situations for all involved.

A very distressing example in the present study involved a family who could not have children of their own. Although they had been passed for adoption, they had a long wait because of the shortage of babies becoming available in recent years. In the interim they

decided to foster. One of their first foster children was baby "Roy" (name and minor details changed for anonymity), who was only a couple of months old when he was first placed in care. Roy's natural mother was very young, single and very confused about what she wanted for herself and her child. She continued to be involved in his life, despite the growing resentment of the foster parents, who had begun to hope he would be released for adoption. To the parents' delight Roy's mother eventually agreed to release Roy for adoption. At the last minute, however, she changed her mind and left the foster parents feeling devastated. The foster mother explained, "*I will never forget that day...we thought we might be getting him for adoption, instead he was being taken away from us... At this stage he knew us as Mammy and Daddy... we were at our wits end...*". This account is heartbreaking, but by no means unique. There were at least two other accounts in the study that compared very closely to this example. Davenport (1989, pp 178-181) also described a similar case involving "Sharon" and her foster mother "Mrs. B". Again, a baby who was originally fostered as a temporary arrangement was left with the family longer than anticipated, and a strong attachment was formed. Bureaucracy, however, prevented the family from adopting the child, and Mrs. B commented "*...We love Sharon. Can't they see that? We want to adopt her now so she won't have any changes, any upsets, and will carry on with us as her family. But they won't let us*" (Davenport, 1989, p.179).

There are, I believe, ethical issues that need to be considered in relation to placing a baby with a childless couple for an indefinite period. Bowlby (1965, p.152) noted "childless couples are not usually very well suited to be temporary foster-parents, as they are likely to become too possessive." He also noted that motives for fostering are not generally the same as adoption; one is a temporary arrangement where visiting from natural parents is encouraged, the other a permanent commitment. Unfortunately many fostering agencies are desperately short of foster parents, and are only too happy to agree to allow caring couples, who have been approved by adoption panels, to foster while they wait for a permanent arrangement. The change in the nature of the placement (foster care rather than the desired permanency of adoption), may not change the nature of the couple's caregiving needs, and upsetting situations like those described can result. This is an area in need of urgent psychological research and input.

Working with Natural Parents

Despite all of these issues, Rosenfeld et al (1997) pointed out that biological parents rarely get a fair deal when it comes to the fostering situation. They are not included in the fostering plans; rather they are "told what they must do to get their children back" (Rosenfeld et al, 1997, p.452). Treatment for their problems is not regularly offered. As well as this, visitation arrangements are often made by the agency in impersonal and

public environments (e.g. agency offices or restaurants) that are not conducive to improvement of the relationship between them and their children (Rosenfeld et al, 1997, p.452). This need not be the case, but lack of resources (adequate meeting environments, personnel, money) often results in these issues being overlooked. This is, unfortunately, particularly pertinent to the Irish situation, where health boards continue to be poorly resourced.

As the foster parents often bear the brunt of problems with the natural family, a system that prepared and rewarded them for their work here would be especially beneficial. It is possible to develop a practice whereby it is part of the foster parents' duty to spend some time working to help the foster child's family. The FCRP (Steinhauer et al, 1988; Steinhauer, Johnston, Hornick, Barker, Snowden, Santa-Barbara, and Kane, 1989) encouraged close work between natural and foster parents. Results showed that foster parents in the group support model "developed empathy for and worked surprisingly well with natural parents" (Steinhauer et al, 1988). Other projects have also used a 'helping' model – the more developed of these are probably the 'fostering families' (e.g. Kufeldt and Allison, 1990) or the 'partnership parenting' (e.g. Burton and Showell, 1997) models, where the foster family takes some responsibility for advising and supporting the child's parents for a period of time.

Conclusions

Most social workers who have spent any amount of time working with foster families will already be aware of the difficulties inherent in developing host family – birth family relationships. Nonetheless there is a surprisingly sparse body of literature built up on the subject. It would appear that, while it is generally accepted that these relationships are difficult, few people have bothered to look closely at the reasons *why* they are difficult.

The present study approached the question by asking foster parents about their attitudes towards foster parents, and about the problems that developed because of the birth family. It emerged that sometimes the types of problems that arose influenced their attitudes. For instance one issue that caused a lot of heightened emotions was when there was a delay in releasing the child for adoption. It has been suggested that prospective adoptive parents might not be suitable as foster parents for this reason. Perhaps this is something that needs to be considered more carefully by fostering agencies and the health boards. It would appear that there is a need for further research into the area of foster parent/ birth family relationships.

References:

Baxter, S., (1989), *Fostering Breakdown: An internal study*, Belfast: Dept. Health and Social Services.

Bowlby, J., (1965), *Child Care and the Growth of Love*, London: Penguin Books Ltd.

Burton, D. & Showell, W. P., (1997), Partnership parenting in foster care, *Families in Society* 78 (5): 520-521.

Corser, A.S. & Furnell, J.R.G., (1992), What do foster parents think of the natural parents? A comparative study, *Child: care, health and development* 18: 67-80.

Davenport, D., (1989), *Fostering: The inside view*, London: Columbus Books.

Fernandez, E., (1996), *Significant Harm. Unravelling Child Protection Decisions and Substitute Care Careers of Children*, Aldershot: Avebury.

George, V., (1970), *Foster Care - Theory and Practice*, London: Routledge and Kegan Paul

Johnson Mann, S., (1981, M.A. thesis), *Foster parents' role in the Southern Health Board*, Presented as part fulfilment of requirements for M.A. thesis to Dept. Of Social Theory and Institutions, UCC.

Miles, M.B. & Hubberman, A.M., (1994), *Qualitative Data Analysis: An expanded sourcebook*, Thousand Oaks, California: Sage.

Kufeldt, K. & Allison, J. (1990), Fostering children - fostering families, *Community Alternatives: International Journal of Family Care*, 2 (1): 1-17.

Quinton, D., Rushton, A., Dance, C. & Mayes, D., (1998), *Joining new families: A study of adoption and fostering in middle childhood*, Chichester: Wiley.

Rosenfeld, A.A., Pilowsky, D.J., Fine, P., Thorpe, M., Fein, E., Simms, M., Halfon, N., Irwin, M., Alfaro, J., Saletsky, R. & Nickman, S., (1997), Foster Care: An update, *Journal of the American Academy of Child and Adolescent Psychiatry*, 36: 448-457.

Steinhauer, P. D., Johnston, M., Snowden, M., Santa-Barbara, J., Kane, B., Barker, P., Hornick, J.P., (1988), The Foster Care Research Project: summary and analysis, *Canadian Journal of Psychiatry*, 33 (6): 509-516.

Steinhauer, P. D., Johnston, M., Hornick, J.P., Barker, P., Snowden, M., Santa-Barbara, J., Kane, B., (1989), The Foster Care Research Project: clinical impressions, *American Journal of Orthopsychiatry*, 59 (3): 430-441.

Triseliotis, J., (1989), Foster care outcomes: a review of the research findings, *Adoption and Fostering*, 13: 5-17.

Learning to Cry Out Loud

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Introduction

When I was asked to write this piece on my experiences of fostering I had to resist the urge to reach for the research books, for it is far easier to present the opinions and arguments of others rather than to lay bare the bones of your own life. The task I was charged with was to relate my experiences as a birth child of a fostering family in the 1960's and 70's, and to look at how these lessons from the past shaped my own practice as a carer in later life.

According to Morton (1995;1), *...foster family care has been practised since antiquity... though usually on an informal level, and while in ...almost every country, in every culture people are willing to raise children from other families...'* (Robbroeckx:1995;2), institutional care for various reasons, became the primary provider of substitute care for those children who needed it. This was especially true of Ireland where children were cared for in large institutions which were mainly run by the Religious Orders (Raftery & O'Sullivan:1999;25-70). Fostering, or Boarding Out as it was then called, prior to the Kennedy Report and the formation of the Health Boards in 1970, was on an ad hoc basis with little or no assessment of prospective carers. Many families such as my own fell into fostering more or less by chance, as they had been used to looking after children informally and it was an easy transition to fostering children from the institutions for holidays or weekends.

For instance, like many other rural families, my mother was raised with a myriad of relations in the house - as indeed was her father. In her home in West Cork where I now live, seven people left for America one morning in the early days of the last century. Four of them were children who were reared by my great grandmother while their own mother worked in the US, until such time as she could afford to have them with her. They were accompanied by three of my grand-uncles who were also emigrating. I can

only guess at the pain experienced by this woman who was losing not only her three sons but her four foster children as well. She lived well into her nineties but never saw any of them again.

Another factor that greatly influenced my own mother to care for other people's children was her experience of growing up in rural Ireland during the 1930's and 40's. This was an Ireland where children in the care of the State were often used as a cheap supply of manual labourers. Baltimore Industrial School, which used to stand just across the bay, supplied a steady stream of young boys to work the land hereabouts. The misery of these children's lives was no secret to the local population although very little was done to improve their lot. My mother told me of how as a teenager she was working at a meitheal and saw these 'schoolboys' as they were called, stuffing cold potatoes into their pockets. She felt that the local people were afraid to take on the administrators of these institutions and to challenge them about the treatment of the children. Some of them tried instead to make life easier for those boys who worked for them. Others of course had no compunction of further exploiting the kids for their own ends and worked them harder than they did their farm animals. The State is reeling from the disclosures of how these children in care were treated in the past, (see for report Sunday Tribune, 10/1/99;4), and I am sad to note the current controversy regarding retribution and compensation to survivors (Magill; Sep.2001). Denying how the State failed these children will not help us to heal or to learn any lessons from this time.

Unfortunately this abuse of children in institutions was not confined to pre 1950's Ireland. This I know from my own experiences as a foster sister to children we cared for from the children's Homes in the 1960's and 70's. The children who stayed with us hated going back to the Children's Home and the only time I ever remember them crying was when they were being taken back there. I don't know why they couldn't have stayed with us permanently but this never seemed to be an option. One of the children called Teresa was aged about ten, when she fell down a full flight of stairs in our house. The fall, which would have left myself, or my brothers, screaming in pain, just caused her to whimper.. When my mother picked her up and tried to comfort her, the child resisted. It seemed as if she didn't know how to accept this kind of attention. To children like us who would have stayed on the couch for the day and demanded all sorts of treats after such an ordeal, her behaviour was baffling. The thing was that these children didn't cry - not to mind screech and roar like the rest of us. Sometimes they would sob silently at night but they never cried out loud like regular children.

They were absolutely terrified of wetting the bed and I remember one child trying to hide a wet night-dress one morning. My mother explained to her that all that was

expected when such a situation occurred was to let one of the adults know so that the bed could be changed.. This child told my sister and myself that they were beaten for bed-wetting in the Home. One of the things that most upset me as a child was to hear how these kids had brothers or sisters in the same Home but were allowed very little time together. As the eldest of six I found it very distressing to think of my younger siblings being kept in a place like this and not being able to look after them. Having seen the emotional devastation caused to these children by the loss of their families I have always endeavoured as a foster carer to make every opportunity available to my own foster kids to see their families. Caring for the children from those Homes was quite disruptive to our family, especially returning them to their orphanage after the holidays, which caused us great upset and eventually my mother discontinued short term fostering.

Long term fostering was far easier on us children than short term, although I can never remember the decision actually being made to concentrate on long term fostering. Come to think of it I can never remember any decisions being made about fostering. Children seemed to appear and disappear from our lives with little or no explanation. Even when we were fostering long term there was very little information given to us kids as to why children moved on or went home. This was very hard for us and very often we were worried about the child and felt lonely after they had left. I was always terrified that our long term children would be sent back to their orphanage as I knew how much they hated it there.

I was particularly close to one of my foster sisters who came from a Children's Home in a different county. She was a few years older than me and I loved having a big sister. She hated being labelled as fostered and was delighted once when my father had to sign a form for her for school and he crossed out 'guardian' instead of 'parent' by mistake. She was moved back to her family when she was seventeen in 1975, and after sporadic contact we lost touch with her. She rang us out of the blue for Christmas in 1988, but unfortunately my mother had died fairly suddenly five weeks earlier. Of course this upset her as she had rang to thank my mother for looking after her for the four years she had lived with us. She said that those four years were among the most stable of her life and that it was a time when she could rely on having her needs met. What she described to me was what I heard June Thoburn classify many years later as 'social parenting'.. This social parenting according to Thoburn, ensures that the child is looked after adequately with the provision of clean clothes, lunch money etc.. Whether the child chooses then to tap into the other support and care offered by the foster home is up to them. Some kids prefer not to engage on any deeper level with their carers as they already are well attached to their own families and their parents remain what Thoburn

calls the *psychological parent*, but I feel that this does not lessen the role of the carer who must still provide what the child needs at that particular time, both emotionally and socially (Thoburn, J. 1997).

I missed this girl terribly when she left and felt so lonely and betrayed that she had forgotten about us so easily, or so it seemed at the time. In hindsight I realise that it was probably just too difficult for her to maintain the contact in her particular circumstances. This didn't stop me getting close to other children however and the last child we fostered came as a fifteen year old and left when she was eighteen. This placement was a difficult one and for various reasons ended badly in 1976. This girl found it very hard to trust anyone, and caused a lot of tension between the other children and foster children in the house. My mother was very hurt by this and couldn't believe when I told her a few years later that I wanted to foster myself. She remarked that what we were about to embark on would just store up a great deal of pain for ourselves. I realise now that she did not understand that fostering had already caused us a great deal of pain as children. Indeed it was years later that researchers first began to look into the enormous impact that fostering has on the birth children of the fostering family.

Kelly (2000;14), makes the point that '*...no-one can pretend to look at issues of child care with anything approaching a scientific objectivity...*' and the way I that approached fostering was on a purely emotional level: I wanted to help! All my life I had been involved with children who were suffering and I felt practically powerless to do anything about it. As an adult I saw fostering as a way to do something positive for them. This was twenty years ago and with the foolish optimism of youth I felt that I would be a far more effective carer than my parents! Of course I soon learned that to be truly effective you need to be equipped with more than just the desire to help - but it is a good start. There is a great deal of intellectualising of practice in social work, but all the scientific knowledge in the world won't make you a good carer or social worker without a genuine wish to improve people's life-chances. I have worked with over forty social workers in my adult life, and the ones who have made a difference to the children in my care, were not necessarily equipped with years of a university education, but rather were blessed with the gift of understanding the enormous grief, loss and fear experienced by children in care. They were also able to understand how challenging fostering is and showed a genuine respect to me and to my family for our work. In return we offered honesty and a willingness to work alongside them for the good of the child; welcoming birth parents into our home - even when this left us open to all sorts of criticism from some of these parents, and facilitating access as best we could, including helping with transport etc..

Fostering has never been easy but many carers feel that it is becoming harder. McCarthy (1996;123), puts forward the claim that the children coming into residential care are now generally '*...more damaged and disruptive as well as older.*' The experience of foster carers is that this is also true of children coming into long term foster care. This has been attributed to the fact that so much effort is now put by professionals into preserving families, and children are removed from their home only when there is a situation of irretrievable breakdown. The Kennedy Report was a watershed in Irish child care provision. One of its key recommendations was that families be preserved wherever possible and that children should only be admitted to residential care when there is no satisfactory alternative (Kennedy Report:1970;6). This was a totally new and revolutionary view of child care and as Curry says the underlined philosophy of the Report, and to some extent the Task Force Report of 1980 have been reflected in policy (1998;152), so much so that the vast number of Irish children in care are placed in foster care:

One way of breaking the cycle of disadvantage is by removing children from deleterious environments and placing them in homes which are likely to promote normal intellectual and social development, a procedure not lightly undertaken where parents, however unsuitable, are anxious to rear their own offspring (

Triseliotis & Russell:1984;1).

When parents are deemed unsuitable for whatever reason and are anxious to maintain a relationship with their children then long term foster care can provide a loving substitute. For the child who experiences the disruption of his birth family it is up to both carers and social workers to work together '*...with the overarching goal of reversing some of the negative impacts on their lives that have come with them*' (Kunstal:1999;1).

Involving the child's birth family as far as possible in the caring system, either by kinship foster care or involvement with the child on a regular basis according to (Ryburn;33) will usually contribute to a positive outcome in fostering. This, according to Gilligan (1995;15) helps prevent the child's place in the family closing over, and avoids isolating the child from social networks in adulthood. But such involvement of the birth family requires great commitment from the foster family as access and contact can cause grave disruption in the foster home. To make this work for the foster child we need to ensure that there is adequate support for all involved including the invisible carers - the foster carer's children. This is a tall order and involves a genuine wish for all involved to work together, be it the birth family, the social workers, the fostering family and of course the foster child.

Rarely will you come across such commitment, but in my experience when such a commitment is in place everybody, especially the child who is being fostered, benefits enormously see (Deady in this volume). The trouble with fostering as Kelly points out, is that: "...for separated children and families ...the best option for them has either temporarily or permanently been lost and what is second best will vary, literally from individual to individual," (Kelly: 2000;36).

If foster care is substitute care, then it must be the best that it can be. It must provide an accepting, empowering and most of all loving home for the child. It must ensure that the child's needs are met as far as possible and it must do this without marginalising the birth children in the home. One way we have tried to avoid this in our home is by involving our children as best we can in the fostering process. Five of my teenagers, two of whom are fostered are all members of 'Youth Etc.,' which is a support group for young people in care and young people *who* care. They also belong to a group called the 'Circle of Friends,' which includes carers, their children, foster children and their parents as well as social workers. We have found that such an encounter group has served to increase our understanding of each other's fears and hopes. This group, however, is one of a kind and requires an openness and again that word *commitment* from its members that may be hard to generate in other situations. Each group of workers must find ways of supporting each other that works for them but, I feel that if adequate support and understanding are not in place in a long term fostering situation, then the service to the child is less than it could be.

Fostering challenges all who are involved, from the social worker to the foster carer, from the foster child to the birth child and perhaps most of all the birth parent. We have to put aside our hidden agendas and try to understand why we feel threatened in the situations that occur regularly in this kind of work. Kelly, citing Berlin gives sound advice when warning about how easily we can become entrenched in one view of a situation:

And yet it is impossible to pursue a single set of values or behavioural possibilities without running into contradictions. We simply have to struggle and debate, trading one value for another, weighing the strength of one set of facts against another - with compassion and humility (2000;35).

The lessons from our past are clear; children suffered and their pain largely went unnoticed. It is up to us to strive for a system that will hear the cries of every child and that we reach a situation where we won't have to teach our children to cry out loud. I'll

leave the last words to Maya Angelou herself no stranger to pain:

*History despite its wrenching pain,
Cannot be unlived, and if faced
With courage, need not be lived again.*

(Maya Angelou, *On the Pulse of the Morning*, 1993)

References:

- Angelou, M. 1993 *On The Pulse of Morning*, Poem for the Clinton Inauguration.
- Curry, J. 1998 *Irish Social Services*, Dublin, IPA.
- Deady, C. 2001 *This Issue*.
- Gilligan, R. 1995 '*Making a Success of Fostering*', In *Journey Through Foster Care*, Dublin, IFCA.
- Kelly, G. 2000 '*The Survival of Long Term foster Care*', In Kelly, G., & Gilligan, R. *Issues in Foster Care*, London, Jessica Kingsley Publishers.
- Kennedy, E. 1970 *Report of the Committee of Reformatory and Industrial Schools System*, Dublin, Stationery Office.
- Kunstal, F. 1999 *Reversing Unnatural Childhoods*, Presentation Paper to International foster Care Conference, Melbourne.
- McCarthy, M. 1996 *Focus on Residential Care in Ireland*, Dublin, Focus Ireland.
- Morton, T. 1994 *The Evolution of Foster Care in a Caring Society*, Presentation Paper to International Foster Care Conference, Bergen.
- Raftery, M. & O'Sullivan, E. 1999 *Suffer The Little Children*, Dublin, New Island.
- Robbroeckx, L. 1995 *Does Foster Care Still Have Any Future?* Presentation Paper to International Foster Care Conference, Bergen.
- Ryburn, M. 1995 '*Working in Partnership with Children and their Families*', In *Journey Through Foster Care*, Dublin, IFCA.
- Thoburn, J. 1997 *Presentation to a one-day seminar, hosted by IFCA*, Dublin.
- Triseliotis, J. & Russell, J. 1998 *Hard to Place: The Outcome of Adoption and Residential Care*, New Hampshire, Heinemann Books.
- Magill Magazine September issue.
Sunday Tribune 10/1/99.

‘Believing in Fostering’

Jill Kennedy

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Introduction

In Ireland, we have a long tradition of looking after children other than our own. When the need arose, these arrangements were often made through the family network and close-knit community. Fostering is something that came naturally to many families throughout Irish history; grandparents, aunts, other relatives and neighbours have brought up children as their own. This could be due to the death of their parents or parent or for many other reasons. Care in Ireland is now more formal. Families are fragmented and our society is no longer one where extended family lives close together.

I am sure, if we thought about it, we could all look back into our families and find children who were cared for, by relatives, other than their parents. In my own family my grandmother and grandaunt, were raised, from a young age, by their father and two aunts after the death of their mother. They often told me about their childhood and the wonderful aunts that loved them and cared for them and the special relationship she and her younger sister had with their father. These wonderful ladies never married, but dedicated their lives to looking after their nieces; maybe it was this positive attitude and experience in my own family that guided me, quite naturally, to fostering. I felt it was the right thing to do at the time; I still feel it is the right thing to do.

I believe in fostering. Fostering can and does work for many children who cannot live with their own family for whatever reason. I love fostering; it can be such a wonderfully rewarding life. Everyday I experience love, affection and acceptance from many children. I expect this from my own children; I almost take it for granted, but when it comes from another child... When it comes from one of my foster children, it feels as if I have really earned it, and that I deserve it, this is very special and very powerful, something that I have worked hard for, something that I have prayed for.

Recognising the Costs of Fostering

Fostering however, does not come without its cost; the hidden cost of fostering can be very high. I am talking about the cost to my own children. They share their mother -me, my affection and my attention. They share their home, their toys and their rooms. They have made emotional, as well as physical space for other children; children they had never even met before they walked in our door.

We need to be vigilant and allow time for the core family. We need to watch out for signs in our own children that indicate to us that all may not be well. For example, delaying coming home, clingy or sullen behaviour, or a change in personality. All these can be caused for many different reasons apart from fostering but it is our jobs as parents to be watchful and make sure that the fostering experience does not impact negatively on our own children, the 'foot soldiers of the foster care system.' (Cregan & Kennedy, 1999)

Honouring the Commitment of the 'Foot Soldiers.'

'The foot soldiers' - children who care in this way are very special people; they are vital to the fostering life. Without their help and cooperation, I believe, fostering cannot be successful. They are the unsung heroes in the fostering partnership. Young carers can grow up more aware than their peers of the difficulties and problems that other families experience; they live with the reality of family breakdown everyday. In my experience they grow up faster, and are more sensitive to the needs of others than their non-fostering friends. On balancing the positive and negative effects of fostering on my own children, I firmly believe that they have gained in a way that would never have happened without fostering. They are the winners.

Despite any negative effects on our own children, very often, a foster child can change your life in such a positive way, in a way you never expected... It's the hugs of enthusiasm that are automatic when you come in the door. It's the smiles made and shared. It's the unconditional love and complete trust we share. This may not happen with every foster child, but has happened in our home with more than one foster child, making it worthwhile for all the family. In the words of one of the 'foot soldiers,' who I am proud to say is also one of my own daughters,

"It's the little things. I love being a youth who fosters. I have shared my parents, my family, my bedroom, my life, my love, and my last rolo. Everything! I can't put into words the feelings shared with a hug, a kiss or just a smile. No words are needed to show love..."

(Kennedy, 2001., this issue)

Studies have shown that foster carers, in general, are stricter on their own children than they are on the foster children. (Poland and Groze, 1993. Lemieux, 1984. Wilkes, 1974.) We need to ask ourselves, ‘Why’ this might be? Do we expect more from our own children? Do we expect them to be better behaved or even more helpful? Yes, I think we do, we expect our own children to show a good example to our foster children, is this fair? Children in families have to learn to share and this is especially true of large families, and even more so of fostering families. It often results in our own children being given less attention than the foster children because there is an assumption that they are alright. (Cregan & Kennedy, 1999)

My interest in the effects of fostering on foster carer’s own children goes back many years. This interest was rekindled at a workshop I attended at the International Foster Care Conference in Canada in 1997 presented by a group of three foster carers from Cork. Following this, Mairie Cregan, one of the original presenters, and myself, continued to look into the subject in far more detail and present our findings at local, national, European and international fora. It is very heartening to see that further interest in this particular subject has escalated as can be seen by the number of studies and similar research that has been carried out in more recent years. One study that caught my attention in particular, was done by Sheila Ryan, a senior fostering social worker in the Kerry region. Her findings, which were similar to ours, are published in, ‘Hand in Hand’, the book of proceedings from the IFCO European Foster Care Conference, Ireland, 2001. Shela Ryan also highlights the central role of ‘children who foster,’

“Whilst many foster care departments review foster carers annually and elicit views of foster carers at regular child care review, rarely do the foster carers’ children participate at these reviews, nor are their views sought. This is something that requires consideration by agencies so that the importance of foster carers’ children is truly acknowledged and their contribution to fostering reviews actively pursued.”

(Ryan S., 2000, pg. 66)

I believe that foster carer’s children very often have a lot of positive experiences and views that could be shared with the foster child’s social worker, which could help the agency have a broader understanding of the success of the placement. We need to work together to develop a forum for the voices of the ‘foot soldiers’ to be heard within in the system where they are practically invisible:

“I think that the fostering system has yet to highlight the importance of youth carers and yet to include and honour the vital role of youth carers. I think that I should have an input into what happens in my home!”

(Kennedy, 2001)

Creating Systems of Support Within Foster Care

Fostering has to have a community of it's own. Foster carers need the support of other foster carers, because the role of sharing your life and family with others is a very personal thing to do. It is very hard to talk to someone who is not involved or has not experienced the ups and downs, hardships and love in foster care, and from foster care. Fostering is an extremely difficult task. (If it was easy, we would not have the shortage of carers that prevails everywhere at the moment.) However, I firmly believe in fostering, it is a job that has to be done because, all children deserve to live in a functioning family environment, and have the opportunity to be cared for, loved, valued, and accepted for themselves. In being foster carers the need for real support is a long established truth:

“Foster carers need to be supported and helped to understand and work through the impact that a foster child's behaviour can have on their own children, rather than expecting their children to accept it.”

(Ryan, S., 2000, pg. 67)

In the area where I live and work we have been able to create for ourselves a most wonderful network of support. We help each other by listening, comparing stories, sharing experiences. This informal network can be a lifeline if things get tough. Sometimes a problem doesn't seem quite so serious when it is shared with somebody who understands. Our group, 'The circle of friends,' is made up of Foster carers, social workers, birth parents, educators, children who foster and children who are fostered. One of the most striking realisations which has come about for me through this group, is the realisation that all of the children and youth involved in the caring system and foster family share real similarities in their worries and dreams for the future:

“The parallel issues found by foster children, and birth children through the 'Circle Of Friends,' has given them a clearer understanding of what they have in common, and what they can solve together, rather than what they have to endure alone.”

(Circle Of Friends, 2001)

Believing in the Future

I believe in fostering. Fostering has given me some of the greatest gifts in my life. I intend to continuing fostering for a very long time and to share in the lives of these wonderful children and young people, of whom, I have the privilege of rearing and sharing my family with. My family are not limited by bonds of blood, but by the closer bond of love.

References:

Circle of Friends, 2001, 'From Webs of distraction to systems of concern.' A one day course presented at the International Foster Care Organisation Bi-annual Conference in Holland.

Cregan.M, & Kennedy.J, 1999. 'Playing both ends against the middle.' A research paper presented at the International Foster Care Conference in Melbourne, Australia.

Kennedy, Jean, 2001, 'Youth Caring. 'It's the Little Things...'' in this issue.

Ryan, S. (2000) 'The impact of fostering on foster carers children.' in Hand and Hand, book of proceedings, IFCO European foster care conference, Ireland.

Lisdeel Family Placement Initiative

Mary Payne, Social Work Team Leader
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This project has been developed within the Daughters of Charity, Child and Family support Services. It is based at Lisdeel House, Swords Road, Santry, Dublin 9. 01- 8424525

Lisdeel Family Placement Initiative

Lisdeel Family Placement Initiative is an innovative fostering service recently established on the northside of Dublin. It is a partnership between the Daughters of Charity Child & Family Service and the Northern Area Health Board, and has a strong emphasis on teamwork, and a multi-disciplinary approach. A forward-looking system of building and supporting foster placements has been developed, with a particular focus on preparation, training, support, easy access to relevant services, and with good financial/practical backup.

It is based around a small residential unit for children, Lisdeel House, and aims to combine the skills of an experienced child care team and a fostering service, all on-site. A maximum of 6 children are in Lisdeel at any one time, usually aged between 5-12 years, including both individual children and sibling groups. All the children are referred with a view to fostering, and remain in Lisdeel for a number of months. The aim is for the children to be placed with a foster family in under one year. The foster placements are medium to long term.

While the children are in Lisdeel, the residential child care team works closely with them and the fostering service works in parallel, to recruit, assess and train prospective foster careers and to provide post-placement support.

Why was the service established?

Lisdeel House was originally set up in 1995, as a short-term assessment centre. However, due to a shortage of foster placements for those children who could not return home, it quickly became blocked, and so could not fulfill its original function. At that time, a review was held between representatives of the Daughters of Charity and the Health Board to consider what an appropriate role for Lisdeel House would be. As a

result, it was decided that the best way forward would be the establishment of an in-house fostering service, using a partnership approach, and combining the residential and fostering aspects to offer a continuum of care to children.

What is the Management Structure of the Initiative?

The service is a partnership at all levels, which is reflected in the management structure. Management is through a Steering Committee, which oversees the development of policy and procedures. Reflecting the partnership ethos, membership includes: Independent Chairperson; Lisdeel Management representatives; Northern Area Health Board representatives; a foster parent; an adult who grew up in the care system; until recently a member was a parent of children who had been in care in the past, and we are seeking a replacement in this role at present.

The Steering Committee reports to the Board of Management of the Daughters of Charity Child & Family Service, while the Placement Committee is a sub-group of the Steering Committee.

How are Children Referred?

The children are all in the care of the Northern Area Health Board, and reside within the area of the local Community Care Team. Initial referral is through the child's Health Board Social Worker. Very detailed information about the children is sought at time of referral, to assist in selecting the children who could most benefit from the service. The decision to offer a place to a child is made by the Admissions Committee, consisting of representatives of both Lisdeel Family Placement Initiative and the Northern Area Health Board. The children come from the general care population, with a variety of needs and issues, and the main criterion for selection is the capacity to benefit from the service.

What Work is Undertaken with the Child?

The residential child care team work closely with the child throughout their stay in Lisdeel House, involving a comprehensive assessment of the child's needs, and an individual plan of direct work, including life story work, behaviour modification, work towards increasing a child's level of self-esteem, and preparatory work towards the foster placement. Referrals can also be made to therapeutic services outside of Lisdeel for specific pieces of work, if this would be of benefit to the child. Encouragement and facilitation of birth family involvement is an important part of the process.

As a member of the residential child care team says: 'Working at Lisdeel is different from working in other children's centres. As fostering is such a big part of what Lisdeel House is about, it's mentioned on an everyday basis.' The children are aware from the outset that it is our aim to find them a foster placement, and a lot of our work is based around preparing them for this. For younger children, we aim to give them an understanding of what it means to be fostered to prepare them for when they move. For the older children, it's about being involved, having a say in what they want and need from a future placement.

Work on behavioural issues can play an important role, and our job as childcare workers here can include looking at certain behavioural difficulties the children may have, and to try to resolve these so a placement is more likely to succeed.

In preparation for making a foster placement, we liaise regularly with our fostering social worker. Our knowledge and experience of the children in our care and each child's particular needs are taken into consideration by the social worker in her work with foster families. As a key worker, you also meet with the fostering Placement Committee, to share with them your views about your key child. The most positive aspect about working for this initiative is knowing that we are working towards the same goal, that the children in our care will move to a stable and loving foster family until their own family is able to care for them again.

Throughout the child's stay in Lisdeel, they have ongoing contact with the fostering team, and are able to become involved in their own fostering process, by asking questions, expressing any anxieties and talking about what is important to them about a future foster family.

What is the Role of the Child's Family?

There is a strong emphasis on working in partnership with the child's family from the earliest stages. Before a child arrives in Lisdeel, the family is invited to visit Lisdeel, and meet the relevant people, so they have a clear idea as to what is involved. An information pack has been specially written for them, giving basic information, and also inviting them to remain involved with their child, and to work with us in the child's best interests.

While the child is in Lisdeel, family contact is facilitated and encouraged. In addition, the family is invited to meet the fostering social worker, to discuss their views about their child's placement and to share any anxieties or concerns they may have. This happens on an ongoing basis.

Families are fully informed as to what is happening for their child at all stages. They are invited to meet the prospective foster carers for their child, to establish as positive a working relationship between them as is possible, in the interests of the child, which can continue post-placement.

Once a child moves to a foster family, contact with birth family members is encouraged and facilitated for the duration of the placement.

How are Foster Carers Recruited?

All foster carers are recruited directly by the Initiative. There is a very active recruitment policy, involving several campaigns a year. There is an emphasis on openness and flexibility. Families and individuals are welcome to apply. Recruitment campaigns have involved newspaper advertising, newspaper article, local radio, targeted advertising and parish newsletters. We have found an encouraging level of interest among prospective foster carers, and have had a total of 41 applications to date.

What Preparation/Training is Available?

In addition to a comprehensive individual assessment, foster carers also take part in a group-training course. This gives them the opportunity to further explore what is involved in fostering. It also helps them make an informed decision as to whether fostering would work well in their circumstances. Training continues post-placement also, focusing on such issues as behavioural difficulties and parenting children with sexualized behaviour.

What Supports are Available to Foster Carers Post-Placement?

Very high levels of post-placement supports have been developed, which are integrated and multi-faceted. These can include:

- Individual support by Lisdeel Social Worker
- Support from child's Health Board Social Worker
- Support from Lisdeel Resource Worker
- 24hr support for emergencies
- Rapid access to therapeutic help when needed
- Support system for foster carers' own children
- System of financial supports which is realistic and 'user friendly'.
- Commitment to teamwork & partnership

- Commitment to communication and information sharing
- Overall emphasis on availability & responsiveness

Because of the planned and structured approach to the work, to date we are finding very little use is being made by our foster carers of our emergency support network.

Is Respite available for Foster Carers?

Respite is integrated into the system as a whole, from the beginning. Lisdeel recruits foster carers specifically for Respite, and they go through a comprehensive assessment procedure, and similar level of training as the long-term foster carers. We have found there is a significant level of interest in Respite among prospective foster carers, in that many people would like to foster, yet find that their family circumstances would not be compatible with offering a long-term foster placement to a child.

In addition to playing a very important post-placement role, Respite foster carers may be linked to a particular child/children while they are still in their residential placement in Lisdeel, in a preparation role for fostering. An example of this was a child, aged 7, who had been in another residential unit since he was 3, and so had little perception of ordinary family life. His involvement with his Respite family while he was still in Lisdeel played an important role in preparing him for his move to his long-term foster family. A key aspect to this is that the same Respite family remains involved with him post-placement, thereby offering him continuity and stability, so he does not experience another loss in his life.

The service is being evaluated by means of a comprehensive research programme over two and a half years, by the Children's Research Centre, Trinity College, Dublin. Completion of this review is expected in the Summer 2002.

‘But That’s Not What I Meant’ Meaning-making in Foster Care

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Introduction

In the last issue of this journal (Vol 2:3), while introducing myself, I talked a little about the concept of meaning-making and its place in helping troubled children and youth. Given that this issue is dedicated to foster care, I thought it might be appropriate to discuss the place of meaning-making in the process of caring for troubled children specifically in a fostering arrangement. To begin it would seem important to discuss what is meant by meaning-making, how it is influenced and the relevance or importance of it as a process in helping.

It seems to me that one of the most important issues we face in the world of helping troubled young people is the specific role of the ‘self’ in the helping relationship (see for example, Fewster, 1987, 1990; Garfat 1998). Meaning-making, the way that we as individuals make sense of that which we experience, seems to be the place where self and experience interact most directly in impacting on ‘other’ (See, for example, Bruner, 1990). For example, the way that we make meaning very much influences, and perhaps even determines, how we respond to them. Thus, it is the place where the ‘issues of self’ play themselves out most directly in the helping relationship.

I guess we have to begin with the question of ‘what is reality?’. Is there really such a thing? Is my reality the same as yours? Is there a real world *out there* that we can all agree on? Is there an objective reality that we can point at and say “There it is?! That’s what’s real!” Paul Watzlawick (1990), a noted therapist from the United States, once said in answer to this question that "as far as I know, the belief in ‘real’ reality has survived only in psychiatry" (1990, p.134).

As Watzlawick indicated, there seems to be a substantial belief that reality and meaning are created by the individual experiencing them: that there is no ‘real’ reality. In essence, we all make up whatever reality we experience. However, it also seems to be true that many helpers, be they in foster care, social care, social work, or some other helping profession, act as if meaning is absolute: as if the meaning of something, as they perceive it to be, is the ‘real meaning’. They think that how they see things, is the way

things really are. They frequently fail to recognize that the meaning that they have adopted was accepted or created by themselves in the course of their experiences. As Watzlawick (1990) has stated, if these people do believe that reality is constructed, they "assume that all other reality constructions are false" (p.137) and they behave in a manner that opposes or attacks those other constructions.

Inherent in the foregoing paragraph is the idea - the belief if you will - that there is no such thing as an objective reality: that the meaning of things is made up by the individual; that each of us creates that which we see; that we all make our own meaning. If this is so, and it does seem to be generally accepted that it is, then the question comes up of how one makes meaning. How does one create that which they perceive? How come your reality is different than mine?

As one would expect, in the absence of an absolute truth, there are a variety of approaches to understanding how one makes meaning of a particular person, thing or event which are reflected in the writings and practice of philosophy, psychology and the helping professions. Ultimately, however, one makes a decision and takes a position (Ricks, 1993) about what one believes about meaning and reality and through this lens-of-belief, one acts in a particular fashion, all too frequently closing one's mind to alternative ways of seeing things (Watzlawick, 1990). In other words, we decide what we want to see and then we see it - and nothing else. This helps to explain some of those arguments that we have with youth in foster care about what they did - they see it one way and we see it another. Each of us decides how to see it, and we stick to our way of seeing things.

My own belief is that meaning does not exist independent of it being 'given' by the individual. It is also my belief that the individual, through an experience or an act of will can reconstruct meaning. After all, if we decided that something means one thing, we can also decide that it means something else. There is great freedom in this idea. It means, for example, that we all have the freedom to change our minds, no matter what we thought initially. It also means that it is possible that you can influence how another person sees things; that there is a chance that she can come to see things the way that you do; that values and beliefs can be taught by, for example, a foster parent to a young person.

Goffman, (1974) said that we all interpret things through our own particular 'frame' which is, in essence, our own chosen way to see things. The way in which I have chosen to experience things predisposes me to interpret them in a certain manner (Schon, 1983). I believe that I create meaning through how I interpret the persons, things or events that I

encounter in the specific context within which I encounter them. I believe, as philosophers like Bruner, (1990) and Polanyi (1962) said, that "only a speaker or listener can mean something *by* a word, and a word, *in itself* can mean nothing" (p. 252; italics in original). As Yalom (1989) the great therapist, said "each of us is the author of his or her own life design and we create our own problems through how we structure our experience of the world around us" (p.8). In essence, then, what you see, is what you choose to see. You see things a certain way because that is how you have learned to see them. Just because a young person does not clean her room does not mean she is a slob. That's just how you have come to interpret it. Having accepted that meaning is 'made', the question, especially in relationship to helping others, becomes one of 'how' meaning is made by the individual.

Psychological Reality

However, we must be concerned with what is "psychologically real" in our work with young people. Even though it may appear that some things do not exist in the world independent of a young person's construction of them, they must be an area of concern for us if they are, for that young person, psychologically real. If you believe something is real, then it may as well be so. We must be concerned with not only how the young person frames (makes meaning of) their experience but also how the foster parent frames problems (Schon, 1983), for any intervention must be constructed of the interaction between these two realities - that of the young person and that of the helper. As Durrant (1993) has said, ". . . we have a choice about how we wish to view the people with whom we work" and ". . . the way we [choose to] view them will have an impact on the way they are" (p.186). Both the foster parent and the youth bring to any interaction their own way of making sense of that moment (Garfat, 1994). When we are deciding what to do with a young person (e.g., how to intervene) we need to consider both how we see the situation, and how it is seen by the young person. For the truth, the reality if you want, lays between these two perceptions.

The process of effective intervention involves the creation of a shared meaning through the interaction of different reality constructions, and we as helpers are at least partially responsible for the co-created reality within which that intervention occurs and is interpreted by the young person (Peterson, 1988). Perhaps the most useful tool for understanding this process of meaning-making is the notion of "interpretive systems" (Bruner, 1990).

Interpretive Systems

Bruner (1990) has argued for what he has called "folk psychology"; the "system by which people organize their experience in, knowledge about, and transactions with the social world" (p. 35). He argues that in every culture there exists such a folk psychology and that it is this system which forms the particular frame for people to understand and guide their behaviour and within which meaning is given to actions. Within a particular folk psychology system, for example, actions come to be symbols that represent certain meanings and in essence form an "interpretive system" (p.34). In order to understand the meaning of a particular action, one must understand the interpretive system, therefore, which frames it. In simple terms, while in one culture the gesture of offering help may be interpreted as a gesture of caring, in another it may be interpreted as a sign that the person needing help is seen as weak. There is then, a cultural meaning to actions and words, and we need to understand the cultural meaning that the young person brings to any interaction.

While the culture forms the framework for interpretation, the individual brings to the meaning-making process their own particular idiosyncratic orientation (Pharis, 1993). While two people raised in the same culture will have a tendency to give the same meaning to an action, the individual influence will determine the final meaning. Thus, again, while within a particular culture the gesture of offering help, in general, may be seen as a statement that the individual needing help is seen as weak, a person's individual experience may lead her to interpret this gesture differently. If, for example, a young person who received help was at the same time appreciated for her strengths and abilities, she may have learned to see helping as a form of support. We need, therefore, not only to know the individual's culture, but the individual.

Family Frameworks

One could argue equally for the existence of a family folk psychology - an interpretive system of values and beliefs which operate in a family and serve as the frame for meaning making in that particular family which may be different, in ways dramatic or subtle, from the frame which operates in other families. This 'family frame' may help us to understand why it appears that young people tend to recreate in the group care situation or the foster care situation the problems and dynamics which are present in their life outside of care (Yalom, 1990). If, for example, certain gestures or actions in the young person's family were associated with caring, the young person may try to evoke these actions from the foster parent, in order to be convinced that the foster parent actually does care.

A young woman came from a family where the parents, whenever they were angry with one of the children, raised their voices loud, yelling at the

youth. Afterwards, the parents and youth would come closer together and the youth were constantly told that 'daddy yells at you because he loves you and worries about you'. When she moved in to a foster home where the caregivers did not raise their voice or yell, she was convinced that this meant they did not care for her. As a result, and because she wanted to know that they cared about her, she kept doing things to make them more angry hoping that eventually they would yell at her.

This thinking could also help us to understand why it is that a behaviour which a foster parent finds unacceptable may not be seen as a problem by someone else, especially the family of the young person. Given that a family is, for most family members, a validating context and that behaviours within a family serve an individual function (Garfat, 1991, 1998), the actions of a family member which we, as professionals, find unacceptable, may be valued by the family within a different "meaning frame", and thus be acceptable to them. For example, while the foster parent may interpret the use of a swear word to be rude, the young person's family may simply see it as a symbol of normalcy or even of belonging. Thus we see the same action interpreted differently because of the family culture from within which it is being interpreted.

A young boy was admitted in to care because of difficulties he was having at school. He was, among other things, always swearing - using inappropriate language even when he was not angry. He would, for example, look directly at a teacher and say, "I have to go to the fucking bathroom." This behavior was seen as unacceptable and a sign that he was socially incompetent and provocative. Part of the initial treatment plan included the elimination of such expressions from his repertoire. As part of the helping process a worker went to the family home one evening. She arrived as the family was sitting at the table for dinner and so she joined them. After a few minutes of small talk, the father looked her straight in the eye and said "Pass the fucking salt, will you." A few minutes later, the other son said that he thought the meal was "fucking good". The worker quickly realized that, in this family, the use of such language was the norm. If anything, it seemed to signal belonging.

Program Interpretations

Any foster care program also has a culture of its own (Fulcher, 1991) - and this culture will include an interpretive frame within which actions are given meaning by the foster parents. This system, which has evolved as the result of a process of negotiating common meaning between foster parents and the organization within which the program

exists has the effect of shaping how actions and behaviors are understood (Brendtro & Ness, 1983). This helps to explain why, for example, an unacceptable action in one programme may be quite acceptable in another. Because the programme meaning frames are different, the behaviour is interpreted differently. Sometimes then, a youth will do poorly in one programme and well in another, simply because the young person's behaviour is interpreted differently by the different foster parents.

Billy was placed in a foster home which had strict rules about what time young people should come in. Billy was expected to be in by 9:00 every evening and he was constantly late. He would arrive at 9:10 or 9:20, always with some good reason for his lateness. The foster parents interpreted this to mean that he didn't care about their rules, and that he was using this as a way to say that they couldn't control him. In other words, it was interpreted as resistance and disrespect. Eventually, Billy moved to another program where he continued with the same behaviour. While visiting, the social worker asked the new foster parents how they were making out with Billy always being late. Their response was that he was trying to do well. As proof, they cited how, while he was usually late, he was close to being on time, usually being home within 15 or 20 minutes of his curfew. They had let him know that they appreciated his efforts. So, in one family he was disrespectful and in the other he was trying to succeed. His behavior hadn't changed. But the meaning of the behavior had.

Thus we see that in foster care programmes, for example, we have the interaction of a variety of interpretive systems: that of the predominate culture within which placement takes place, that of the child's culture and family, and that of the foster parent(s). I understand this is a current debate in Ireland with regard to Traveller populations of youth. Drawing on the previous discussion, the following sections of this paper highlights various areas in which the concept of meaning-making may be of relevance to foster care. The examples chosen come from my own personal experience and have been selected because they represent areas that are of contemporary interest as represented by their presence in current literature.

The Meaning of Placement

By the time that a young person encounters the care-system, she has already constructed a way of understanding this experience, and its meaning, in her life. In other words, before the young person even comes to the foster home, she has a way of understanding the experience and what to expect from it. As Durrant (1993) indicated, we each go

through a process of giving to an experience a definition that creates for us, our individual way of knowing it. Making or giving meaning to an experience helps each of us to establish order in our experiencing (Csikszentmihalyi, 1990), for *meaning is the idiosyncratic significance that each of us gives to the connections between the experiences of our lives* (Pharis, 1993). A person moving into foster care, therefore, encounters the foster parent from within the interpretative frame that they are using to organize and give meaning to the experience. Based on her previous experiences, the young person brings with her an interpretive frame about foster care - a preconceived way, if you wish, of understanding it. Meeting the foster parent, therefore, is an experience which the young person has already given a meaning to - there is nothing one can do to alter this. The meaning of the encounter is already determined for the young person, just as it is for the foster parent. So we see that while for the system the foster parents may be kind and caring people, for the child, during the first encounter, the foster parents may be seen as wardens or jailers.

We must concern ourselves not only with how people, in general, might experience the process but, also, with how each individual who encounters these processes might make meaning of them. We must also be concerned with the meaning we have given to the processes in which we are involved so that we can understand how our interpretation of events and actions within these processes are framed by the overall meaning we have assigned to the event. We need to attend to how we have limited our thinking because of how we have framed our perceptions (Castanada, 1994; Goffman, 1974).

When the foster parent first encounters a young person, therefore, it may be important for them to take time to explore the meaning the youth is giving to the placement in foster care so as to understand what this experience means to them. By understanding how a person has constructed their experience, we are more able to connect with them and, perhaps, to help them find different ways to frame their experience. In some sense, then, what it means to us to be accepting a new youth into our home, is less important than what it means to the youth to be coming to live there. We must pay attention to what it means for the young person; if for example, we think it is an opportunity for the youth and the youth thinks it means she will never see her mother again, we are operating with different meanings indeed. Let the following story illustrate the point.

A 14-year-old Jamaican girl was placed in an emergency foster home one night after being found on the streets of Montreal in a situation which lead the authorities to believe that she was at risk for prostitution or abuse. She had only been in Canada for a short time and she spoke English only poorly. The authorities, who knew from street workers that the girl had

been seen frequently on the streets late at night, wanted to place her in a program which would provide her with the necessary safety and learning to help her make the transition to this foreign culture. When asked to describe her experience of first encountering the program she said; "When I went into the foster home, I looked around and I thought that all my life, . . . I mean, I looked and saw and I thought that all my life up to then . . . all my dreams was over." From her family and cultural perspective being on the streets late at night was not an issue; in ours it meant a lack of parental responsibility. For the authorities, placement meant safety and learning; for her, it meant control over her life and the end of any opportunity to make a better life for herself in this new country. In our culture placement meant hope; in hers it meant the end of life with her family. For her, it was the end of her dreams.

The philosopher Polanyi (1962) identifies two kinds of meaning - those in which one thing, like a word, means another (representative) and those, like a tune, in which the thing means something only in itself (existential). When an experience is too large, overwhelming or interconnected for us to break it into its component parts we must react, and give meaning, to the whole of the experience as the young woman did in the above example. When a child first enters care, she must make meaning of the experiences she encounters. When this experience is totally new to her, she will begin by giving a meaning to the whole, or gestalt, of the experience because she will be unable, before knowing it, to break it into its various parts. How she gives such meaning may be determined by her previous cultural experiences, and the symbolic meanings attached to such an action within the interpretative frame available to her. Once a youngster has evoked her interpretive frame to give meaning to her initial experience this may give shape to everything that follows and we enter the territory of 'self-fulfilling prophecies' (Baizerman, 1994). If we can understand how a youth is making sense of an experience, then we can assist her in finding ways to "make sense of things differently" (Durrant, 1993, p. 11). If we do not pay attention to what the experience of placement means to a youth, we have no way of understanding their behaviour except within our own interpretive system. If we react to the youth thinking only of what her actions mean to us, then we miss completely the opportunity for a real connectedness.

The Meaning of Environment

In the same way that a child must make sense of her initial experience of placement so, too must she make sense of the environment of care which she encounters. It is now common practice in the field of social care to say that 'space speaks' (Maier, 1987): that how, for example, the receiving and treatment environment is organized for welcoming

young people gives them a message about how they are regarded by the caregivers, how they are expected to conduct themselves and what they might expect from a program. Any consideration of how 'space speaks' however, must consider how it speaks to the individual as well as the collective. A room that says 'relax' to foster parents, for example, may well say 'do not touch' to a child who comes from a different history.

Many young people who come into care do so from environments in which there are limited possessions or where possessions are treated with a casual disregard. A child coming from such an environment into a foster home where the home is neat and organized, where there are many possessions and where there is an expectation that those possessions be treated with care, may well have a disorienting experience. The young person may assume that this means that the foster parents care more about things than about people, or that they are rich, or only doing this for the money. A request to keep one's feet off of the coffee table may, for example, be interpreted by the young person as a stupid and controlling rule that means that she is just a visitor and doesn't really belong there. We can only know what something means to a young person, of course, by asking – and we can only help them to understand it differently through the sharing of our own interpretation.

Individual Actions

Just as the individual child will interpret the environment, so will she interpret the actions of those in that environment. Bringing to the interaction a readiness to interpret it in a certain way, the young person also interprets the individual gestures within this pre-conceived framework.

The child in the previous example had come in to the home late and the foster parents, wanting to be caring and nurturing, warmed-up some leftover dinner and served it to her. The meal included pork. The child and her mother were of a religious group that did not eat pork. For the foster parents, the gesture meant caring. For the child it meant that what she had with her mother, their shared religious beliefs, were unimportant. We see then in this example, which obviously comes from a particular cultural context, the potentially conflictual relationship between the values, beliefs and manners of a dominant culture with those of a non-dominant one. In one situation it may be the serving of pork, in another it may be inviting the child to address you by your first name, in still another it may be as simple and caring a gesture as inviting a child to sit with you while you talk. In order to avoid creating these types of cultural clashes we need to be constantly processing with young people what things mean to them and what they mean to us.

Ultimately, as Linge (1976) has stated, the meaning of actions or words "depends on the context into which they are spoken" (p. xxxii). Context, as we have seen, is construed by the individual who experiences it. Thus, the context of an intervention is different for the foster parent worker than it is for the child and "no two contexts are alike" (Ricks & Garfat, 1989, p. 68). As a child lives her experiences, certain actions come to be "representative symbols" (Polyani, 1962, p.58) which have a "denotative meaning" (p.92) in and of themselves which remain consistent across contexts until the child learns to differentiate between contexts.

When a child moves into care, or encounters a care-giver, there is a need for them to come to understand the symbols which they each use and how these work to give meaning to their immediate context for "it does make a difference whether I interpret your remarks as snide, or an affectionate tease . . ." (Polster, 1987, p. 113). Without this understanding, the foster parent is less able (or, even, unable) to understand the actions of the child in the immediate context (Austin & Halpin, 1987; Fewster, 1990). Understanding a child's reference symbols and how they operate can help us to understand what people do with their experience in order to give it meaning (White & Epsom, 1990). When we understand how people are giving meaning to their experiences through their use of interpretive frames, representative symbols and the connecting of events we are better positioned to be able to understand their actions.

Other Influences on the Making of Meaning

Other factors also affect the meaning a child gives to a worker's intervention. For example, the place of an intervention in the "overall sequence of things" (Bruner, 1990, p. 138) will effect the meaning a child gives to an intervention as she connects it to previous and subsequent events according to her own method of contextualizing that which she experiences. Timing, location, tone, gender, relative power, age, roles, personal history - all of these must also be considered as they will impact on the child's interpretation of the meaning of the foster parent's intervention. Ultimately we must ask the question "what does this intervention, by this care-giver, in this circumstance, mean to this child?" It is only through answering this question that we are able to understand why the child reacts as she does to our interventions.

Concluding Commentary

Foster parents need also to understand that their own actions are a result of the same process. A worker sees a child's action, for example, and gives it meaning. Based on the meaning that she has given to the child's action she then intervenes. Without understanding the meaning of the child's actions to the child, the worker is intervening into reality only as they have created it; not as it actually might be. Perhaps, in the end,

we must conclude that there is no 'real reality' - that there is only the reality that each of us creates. If we understand that young people create their own reality, then perhaps we are also willing to accept that we create ours. In the end, the child that you see on your doorstep, first coming for placement, is not the real child. She is only the child you have created through your own interpretive frame. Only time, attention, conversation and the age-old process of 'getting to know' the young person can help us avoid the potential conflict of our various ways of making meaning of that which we experience. We are all in this business because we care and want to be helpful. Attending to how we and the young person make meaning of each other and our experiences is, simply put, another aspect of caring. In many ways, attending to self, is a powerful way of attending to other.

References:

Austin, D. & Halpin, W. (1987). Seeing "I" to "I": A phenomenological analysis of the caring relationship. *Journal of Child Care*, 3(3), 37-42.

Baizerman, M. (1994). In good conscience? *Child and Youth Care Quarterly*. 23(2), 153-154.

Brendtro, L. K. & Ness, A. E. (1983). *Re-educating Troubled Youth: Environments for Teaching and Treatment*. New York: Aldine.

Bruner, J. (1990). *Acts of Meaning*. Cambridge, Mass: Harvard University Press.

Castenada, C. (1994). Quoted in K. Thompson, Portrait of a Sorcerer. *New Age Journal*. April, 66-71 & 152-156.

Csikszentmihalyi, M. (1990). *Flow: The Psychology of Optimal Experience*. New York: Harper & Row.

Durrant, M. (1993). *Residential Treatment: A Cooperative Competency-based Approach to Therapy and Program Design*. New York: W.W. Norton.

Fewster, G. (1987). The paradoxical journey: Some thoughts on relating to children. *Journal of Child Care*, 3(3), 1-8.

Fewster, G. (1990). *Being in Child Care: A Journey into Self*. New York: Haworth Press.

Fulcher, L. (1991). Teamwork in residential care. In J. Beker & Z. Eisikovits (Eds.), *Knowledge Utilization in Residential Child and Youth Care Practice* (pp. 215-235). Washington, D.C.: Child Welfare League of America.

Garfat, T. (1991). SET: a framework for supervision in child and youth care. *The Child and Youth Care Administrator*, 4(1), 12-18.

- Garfat, T. (1998). The effective child and youth care intervention. *Journal of Child and Youth Care*, 12(1-2), 1-168.
- Goffman, E. (1974). *Frame Analysis*. New York: Harper.
- Linge, D. E. (1976). Introduction. In H.G Gadamer. *Philosophical Hermeneutics*. Los Angeles: University of California Press.
- Maier, H. W. (1987). *Developmental Group Care for Children and Youth: Concepts and Practice*, New York: Haworth.
- Peterson, R. (1988). The collaborative metaphor technique. *Journal of Child Care*, 3(4), 11-28.
- White, David. & David Epston. (1990) *Narrative Means to Therapeutic Ends*. W.W. Norton & Company. New York and London
- Pharis, M. E. (1993). The creation of meaning. *Social Work*, 38(3), 354-355.
- Polanyi, M. (1962). *Personal knowledge: Towards a Post-critical Philosophy*. Chicago: University of Chicago Press.
- Polster, E. (1987). *Every Person's Life is Worth a Novel*. New York: W.W. Norton
- Ricks, F. (1993). Therapeutic Education: Personal growth experiences for child and youth care workers. *Journal of Child and Youth Care*, 8(3), 17-34.
- Ricks, F. & Garfat, T. (1989). Working with individuals and their families: Considerations for child and youth care workers. *Journal of Child and Youth Care Work*, 5(1), 63-70.
- Schon, D. A. (1983). *The Reflective Practitioner: How Professionals Think in Action*. New York: Basic Books.
- Watzlawick, P. (1990). *Munchhausen's Pigtales: Or Psychotherapy and Reality*. New York: W.W. Norton.
- Yalom, I.D. (1992). *When Nietzsche Wept*. New York: Harper.

Foster Caring: Through-care and Aftercare.

Pol Nacha O'Mairthini

Pol Nacha O'Mairthini became a lone foster carer in 1991 and continued to care for teenagers up to 2000 when he retired to further his own career in social work. Nacha currently resides in the Orkney Islands off the North coast of Scotland where he manages an integrated family centre encompassing a residential children's unit for five young people, a foster care and adoption service and outreach family support service. He has co-written two books P.A.L. (Preparing for Adult Living) and Stepping Out. Nacha remains unmarried and may be open to offers and is dad to Rosie and Jim (Cats) Squaky and Squeaky (Geese) and Hinge and Bracket (Jacobs Sheep).

Introduction

Connections and Shared Interests

Fergus Hogan invited me to contribute to this volume during the 12th International Foster Care Organisation, Conference, which was held in Holland from the 15th –20th July 2001. I had only properly met Fergus the previous week but discovered during that week (it was a long week!) that we had a lot in common. Fergus and I both hail from the wee county of Louth, he went to school with some cousins of mine, and most importantly, we share a common admiration and belief in the role of foster caring in a modern caring society.

I moved to Scotland in 1990 following the then familiar route of emigration for many young Irish men. My love of foster caring began when I became a *single male foster carer in 1991*, (yes its true single males can become foster carers. Well, they can and have done in the UK for quite a while.) I was approved, as a foster carer, by my local council after a more than vigorous if not comprehensive 18-month long assessment period. It was hard but appropriate and during the time period I learned so much about myself, not all of which was good either.

The History Bit!

I chose to become a carer because of two boys I got to know very well at the time through my job as an assistant manager at an outdoor activity centre. I was working with all ages of children and young people on a daily basis, and felt I knew it all, oh God how wrong I was. I was the eldest of five children who were well fed and loved. Both my

parents worked very hard to provide for us and instilled a strong work ethic in all five of us. We had the usual childhood arguments and fights and to top it all I was the unbelievably 'wild-child.' Or as my Mother would say, well I can't say in print so use the imagination, but it was not very nice and at the time, 12 -16 years, I was not a very nice person. In fact I would go so far to say that if I were my parents back then I would have placed me in care! But they didn't, they stuck in there and my gratitude to them is unending. Those early adolescent experiences allowed me to relate very well to young people who were experiencing what we call now "challenging behaviours". I certainly had empathy by the bucket load.

I believed that my life and family experiences would benefit young people who may not have had the family life that I had growing up. I wanted to share my life with others for the benefit of others. Of course my family and in particular my mother, for a couple of years thought I was mad, and kept hinting that if I were to get married it would be easier and then I would have children of my own to look after. But through it all despite their dis-understanding of my motivation to care for other people's children they supported me. To be a foster carer you need the support of your family.

I could talk for hours about my experiences and anecdotes of caring, the ups and downs, the frustrations and anger, the pain and happiness. Foster caring for me has been a continuous learning curve that is unending. Each day brings new challenges. I valued a day when I did not have to deal with new issues for the young persons I cared for. A few years ago I recognised that the difficulties presented by the young people I was caring for far exceeded the knowledge I had at the time. Very often I felt out of my depth and frustrated that I was only able to contain the behaviours and emotions of young people. Sometimes I was unable to assist them in moving forward in their lives, yet I was aware at the same time that I was doing something right. I began to feel that I did not have a 'hook to hang my practice on' and felt that I was unable to develop my fostering skills. So I took the decision to return to college and find out more. I choose to do the Diploma in Social Work initially and then a BA and currently a Masters.

Recently I met a teacher from the secondary school I attended who was confounded as to how I managed to achieve what I have. In the eighties at secondary school I was classed as "not very bright" and more suited to practical applications. When I started studying again in the nineties I was a seasoned carer of five years. When I informed the young people I was caring for what I was doing at college, one of them turned to me and said, "that's all I need, its bad enough having to see a social worker, never mind living with one!" That statement gave me pause for thought I can tell you. However what I learned on my course gave me insight into my work as a carer, theories became tools,

which reinforced my direct work. I was developing skills that gave me the opportunity to assess and plan my own caring, and the quality of care I could offer a young person.

I have always advocated that foster carers in today's society require preparation and training which allows the carer the opportunity to look at caring techniques and skills, away from the needs of a particular child. It needs to be proactive rather than reactive, which will enable carers to offer quality care to children and young people. The fostering service needs the recognition of being a service that is regulated yet not over regulated. We should never forget that foster carers look after children in our own homes and this should not be removed by insensitive over regulation.

Fostering services for the millennium will require a multi-disciplinary pool of staff and carers, which reflect the diversity of needs and challenges, that children and young people present with. It is becoming increasingly difficult to recruit carers for all ranges of children and young people. The recruitment, assessment and approval process requires evidence-based methods of assessing the potential carer's skills, abilities and qualities for fostering. This process from my own experiences can be oppressive in its presentation and delivery, yet necessary to ensure it meets the needs of children. However the delivery of the service needs to be as non-oppressive as possible.

Fostering is a key service for looked after children and young people. Yet a recent report to the UK Health Select Committee¹ on looked after children points out that foster care lacks recognition and attention on a national basis. It also highlights that there is an acute shortage of foster carers in many areas, demographic and social pressures are working against the recruitment and retention of foster carers. Among some of the significant concerns for foster carers is that, they do not receive a pension, training is patchy and support from statutory bodies is weak. These concerns are similar throughout Europe and are not just common to the United Kingdom and Ireland.

We hear the term multi-disciplinary practice bandied around, what is it? I like to think of it as the provision, not only social work services supporting carers in their role with children and young people but also health, education and training and employment services. Any child or young person who has to be looked after in public care is by general definition, 'disadvantaged' and requires a multitude of services to promote their welfare and needs.

¹ Children and the Public Care System - HMSO 2000

We are in a period of recognition for the fostering services however let us not forget that the only 'experts' on foster care are the children and young people who are the receivers of the end service. They are the ones who have been through the care system and they need to be involved in the process of deciding what is a good carer. Children and young people often have the ability of offering common sense and a reflective analysis of the carers that they know or have lived with. Let us be open to user involvement in the decision making process.

Stepping Out and Moving On Project

Following my qualification as a social worker I went to work for National Foster Care Association in Scotland as Project Leader for the 'Stepping Out and Moving On Project' for Scotland. This was my dream job! As a foster carer I cared for mainly 13 - 18 year olds with a specific remit of preparing them for adult living. Easy task it was not, I discovered that all of the young people I cared for were desperate to escape the care system, similar to how I wanted to escape the school system at this age.

In Scotland young people upon reaching sixteen can request to be discharged from their care orders. It was common practice to let young people leave with little or no support offered. Some were lucky and received a setting up home grant, my experiences of this were negative and chucking a lump sum of money at a young person was a recipe for disaster. However, I certainly had the belief that this was an exciting and new opportunity for foster carers, young people, birth families, local authorities and the voluntary sector to proactively work in partnership in the transition from childhood to adulthood.

In the criteria for the UK National Standards in Foster Care², the standards acknowledge the role of foster carers in the preparation of young people for adult living. It states that foster carers should receive training, ongoing support and guidance to assist the young person preparing to leave foster care. This is a task that many foster carers at present undertake, on an informal basis, and in tandem with local authority social workers and independent living project workers. The National Standards document recognises that foster carers can and should have a role in this important aspect of a young person's development. Research has shown that many young people who leave foster care struggle to live as independent adults. As often as not they have the necessary skills in place to deal with everyday problems and events such as buying food, cooking, paying bills, claiming benefits. Very practical but how do you prepare a young person for the emotional loneliness they may feel.

² UK National Standard in Foster Care - NFCA 1999

Think back, to the first time you had a place to call your own, the exhilaration, excitement and happiness of going it alone. Can you recall the first crisis you had to cope with? Who did you turn to for advice and help? Your parents perhaps, or a trusted family member or friend. Did you have someone to help you out when times were hard? Who do young people who leave care turn to when they have left the protective network of social services?

Young people I have worked with feel that every time they call to see their social worker that she/he is too busy to assist and their pride won't allow them to say that times are hard. They may not be able to rely on the support of birth family members. The advice line or drop in centre feels cold and alien and they don't have a relationship with the person to whom they are speaking.

Foster carers are in a unique position in that they usually have intimate knowledge of the personality, likes and dislikes, habits and attitudes of the young people they have cared for. In most instances the carer and the young person have had the opportunity to develop a good working relationship with each other. Continuing on this theme, it would seem the perfect scenario that a young person's foster carer could support the young person in the latter stages of development into adulthood.

The 'Stepping Out and Moving On Project' aimed to reduce the instances of homelessness among young care leavers in Scotland through proactive involvement of young people and carers in determining the service the young person will require in adult living. Young people who committed themselves to the project could expect to develop self-esteem and belief in themselves, to develop the ability to build and maintain satisfactory relationships with carers, support workers, birth families, landlords, neighbours and employers. Most importantly the young person can expect to receive assistance in developing the skills and knowledge they will require for independent adulthood.

In Scotland a local authority has a duty to advise and befriend young people in Care, this provision extends to care leavers. It is covered under section 29 (1) (2) of the Children (Scotland) Act 1995³. Of course the range of aftercare support is discretionary, however guidelines suggest that it could include advice and information. If the young person is between 19 and 21 years of age, they will have to apply to the local authority, requesting that the local authority provide them with the same service; Unless, the local authority judges, that the young person's welfare would suffer from such assistance. I have

³ Children (Scotland) Act 1995 - HMSO 1994

always failed to understand how a young person who is reaching out for help could be refused because it would be detrimental to their welfare.

Further guidance to the Children (Scotland) Act 1995 stipulates that a young person should be fully involved in discussions and plans for their future. The young person needs to have choices made available to them. I believe that this planning should not start 12 or 6 weeks prior to the young person leaving 'looked after status.' It can and should be ongoing in the development process. Are we really so eager to see the young care leaver in independent living at 16, 17 or even 18 what is the hurry? The average age for a son or daughter leaving the parental home in Scotland is 24, so why are we trying to pack 7 years development difference into a twelve-week preparation programme. Guidance on the Children (Scotland) Act 1995 also suggests that a leaving/continuing care plan should be formulated with direct input from the young person. This should specify the type of help the young person will be receiving and from whom. Parents and foster carers should also be involved in devising the leaving/continuing care plan.

The Stepping Out and Moving On project aimed to address these issues in the following way; it provides the young person with an individual preparation package whilst they are in care. This will consist of an assessment of needs, to which the young person, birth family, foster family, local authority services and the young people's project will contribute. The project would provide the young person with information and training materials as is necessary, including the NFCA handbook 'Stepping Out'⁴ which can include local information and a copy of the local authorities written information to 'Looked After' leavers.

Basically we aimed to utilise the skills and the resources of the young person and their carers, to insure that the young person is adequately prepared for adult living. We provided the young person with after care support from the project and their carer, which is flexible, clearly described in terms of availability and purpose and available up until the age of twenty-one.

The project works in partnership with local housing departments, housing associations and voluntary housing consortiums to provide a good standard of affordable accommodation that meets the young persons stated wishes in so far as is practicable in terms of locality, size and proximity to family, friends, work and leisure networks.

Our care leavers are members of our millennium generation; I do not want to see them

⁴ Stepping Guide for Care Leavers -Nacha O'Mairthini & Ena Fry - NFCA 1998

as the receivers of the millennium criminal justice, mental health or social work services. My ambition is to see our care leavers as the responsible, educated and stable adults of the new millennium.

A young person who I cared for, on his own insistence was discharged from care shortly after his 16th birthday to live with extended family members. He received very little preparation for his discharge in the main due to his failure to co-operate with through-care workers. After a couple of weeks he became homeless when difficulties with his family arose. He came back to our hometown and moved into a homeless hostel. Unfortunately he did not like the rules of the establishment and failed to make his contribution from his state benefits and ended up in debt to the hostel, which had to terminate their agreement. He ended up going from one friend to another friend staying a couple of nights here and there, never being able to settle down for longer than a couple of weeks. The following year of his life mirrored the previous one with him living through long periods of homelessness never knowing for sure where he was going to spend the night. He turned to alcohol and drugs to try and obliterate his pain and loneliness. The last time I saw him he wanted to stay with me, I explained to him that I was unable to accommodate him but offered him advice on what he could do to help himself.

He decided that he would move down to England to try life down there. That was four years ago. I do not know if he is happy or unhappy, dead or alive. I don't like not knowing. What can I do? I reported him as a missing person and on doing this I was informed that over 2000 young people in the UK go missing each year. Who has responsibility for this lost and lonely 20-year-old?

This young person is one of many who have lost their way in life through an eagerness to escape the "in care" profile and stigma of a young person in care. I want him to be the last. We all need to work together to achieve this wish.

The project that I managed for NFCA was hugely successful in meeting its aims and objectives. The basis for this I believe was the holistic approach we took. By involving all stakeholders in the planning and implementation of a throughcare service we embraced the philosophy of a caring society. I have outlined below the highlights of the project and what we achieved. None of this could have been achieved without the full participation and involvement of the young people who made it work. I only provided the engine but they provided the drive.

Since December 1998 the project has worked with 346 young people who are

endeavouring to make the transition into adulthood. Each young person brings with them a fresh, individual sense of purpose and destiny, they are coming to terms with the changes in their lives and trying to set solid foundations for successful adult living. We offer young people the opportunity to grow, the chance to take risks and be supported in doing this with the knowledge that they will gain valuable experience, understanding and responsibility.

Each area that we work in requires individual needs to be met. In some areas we act as a provider of training services to young people, their carers, social workers, housing officers and education staff on the needs of young people preparing for adult living. In others we act as a consultant on the planning of young people's services particularly on 'Through-care and Aftercare' planning.

The table below identifies our main areas of work with young people since December 1998.

Work Undertaken	Female	Male	Total
Direct Referral for assistance and advice	86	74	160
Attendance at workshops in local authority areas (8 L.A.'s)	61	43	104
Development Forum (Training Participation).	15	11	26
Consultation of young people on throughcare and aftercare services	38	19	57

The project valued and upheld the belief that young people who have experienced the 'looked after' care system are the key to providing quality training and advice for foster carers, social workers, children's panel members (in Ireland the closest but inaccurate similarity would be Juvenile Courts), education and housing staff. In most of the areas where we worked we built solid working relationships with young people who acted as co-facilitators for workshops and training events. This system of co-facilitating allows the participants the opportunity to view the looked after system through the eyes of a user and reinforces the value of young people in providing training and advice.

Media Profiling of Foster Care

It is my belief that the project's greatest strength has been our ability to offer an open transparent service to all sections of the social services and housing communities in

Scotland. We endeavoured not to predetermine what we can do for our clients and service users and instead aimed to provide through consultation a holistic service involving partner organisations, young people and carers. The project participated in several media events, which has helped raise the profile of the project and of National Foster Care Association. In one early example I was invited to sit on the couch for the Esther Rantzen afternoon show on BBC television, which was highlighting the plight of young people leaving care. Unfortunately and much to my disappointment Esther was ill and Lori Turner was filling in. The taping of the show was going well and on the couch with me was Chris Akabuzi (the athlete with the big laugh.) Chris had been in care for most of his life with foster carers. I felt, that Lori Turner was not allowing me to get my points across and would move away from me mid sentence. After a few instances of this I changed strategy and while I was speaking I grabbed hold of the back of her skirt to prevent her from moving away, it worked but I got a right mouthful of abuse after the show, but that's celebrities for you! Other shows included the Scottish Television's 'Room at the Top,' which was focusing on young people's experiences of foster care. Michelle Orr (Young Person) and I appeared on the show to highlight the process of moving on from foster care. The piece was very well received and resulted in seventeen telephone calls to the station requesting further information about the project and what we could do to assist others. Further work involved young people from the project providing interviews to the Daily Record for a supplement featuring foster care recruitment and the difference it can make to young people's lives. Several young people from the project undertook interviews and features for the Scottish Mail, The Herald, Community Care Magazine and Fostercare Magazine.

In January 2001 sixteen young people from across Scotland took part in a training development weekend in Kilmarnock. This course focused for two days on the stress young people face while part of the care system. The preparation period was followed by a presentation to 50 foster carers and social workers. For all those in attendance the presentation was graphic, factual and humorous and based on the experiences of the young people.

Young people are the only experts when it comes to providing information and advice on what it is like to be part of the care system. Audiences respond to their input and the honesty of their presentation is heart rendering yet endearing and allows the audience a fuller appreciation of the challenges young people face.

Key Areas of Development

Scottish Through care and Aftercare Forum

Since the project's inception the project has made links with other key childcare organisations in Scotland. The main focus of this work has been the Scottish Throughcare and Aftercare Forum, a voluntary organisation that has been founded to promote good practice in throughcare and aftercare in Scotland. Organisations involved include NCH Action for Children, Barnardos, Church of Scotland, Dean & Cauvin Trust, Glasgow Care Leavers Alliance, Residential Childcare Training Initiative and National Foster Care Association. In August 1999 the forum established a management committee, the project worker representing NFCA was duly elected as Secretariat for the Forum. This has resulted in NFCA being recognised as a Key Development partner in Throughcare and Aftercare services in Scotland. As a result a funding partnership of NFCA, Church of Scotland, NCH Action for Children and the Centre for Residential Childcare (now defunct) was formed with the aim of employing a development worker to further the work of the Forum and secure future funding. NFCA's contribution has been in kind, offering office space and some administration support for the first year.

Training for Trainers Young People

Several young people who have experienced being looked after and two youth who are birth family members of fostering families took part in a training course for trainers at our Glasgow office. The young people came from Moray, Aberdeenshire, Fife, Highland, Glasgow and North Lanarkshire. All of them passed the course with flying colours and had an extremely stimulating and hard working weekend. All of the young people took part in two 45-minute presentations that they researched and formulated. Both presentations reflected the work of the project. The first titled, 'The Role of Sons & Daughters in Fostering Families' and the second, 'The Needs and Desires of Young People Leaving Care.'

All of the young people have now been booked up to co-facilitate workshops, meetings and training another key area of participation.

Conference Work

Bridging the Gap (Sons & Daughters and Looked After Young People)

This conference was held in Glasgow over two days in September 1999. The conference brought together 36 young people from Rep.Ireland, Wales, England, Northern Ireland and Scotland who had been part of a fostering family. The conference explored the issues for the Sons and Daughters and those in placement with a family. The most striking thing that came from the conference was that it was very difficult to distinguish birth family members from those who had been in fostering placement.

The event was featured on Scottish Television, Evening Times and the Scotsman; Glasgow City Council kindly hosted a civic reception at the City Chambers. As a result of the conference it was decided that joint events should take place biennially with the venue changing to a different nation every two years. The Northern Ireland Foster Care Association will host the next conference in Spring 2002. The conference report also helped the project workers in compiling their report for the board on the participation of children and young people in the work of NFCA.

As a follow on from this conference the youth group were invited to present at the International Foster Care Organisation's European Conference in Cork Ireland during August 2000. Four young people from each nation attended. Our Irish hosts kindly arranged a three-day pre conference planning and activity holiday in Skibereen West Cork. The three days were organised by two foster carers Marie Cregan and Jill Kennedy who attended the Glasgow conference with their families. Many thanks for their kindness and assistance.

Looked After Children Training Conferences

The project and Karen McDiarmid (Youth Participant) took part in three one-day conferences across the country that highlighted the use of Looked After Children's Materials. At each conference the project facilitated two workshops that looked at the role of fostering services in preparing young people for adult living. As a result of the work undertaken at these conferences the Scottish Executive requested the project develop an information guide for young people between 15-18 years on Action and Assessment Records. This was done with the help of young people in Orkney, Fife and Shetland and is now used by all 32 local authorities in Scotland.

Children's Panel Members Training Conferences

The project was commissioned by Aberdeen University (training co-ordinators for North of Scotland) to undertake a series of workshops and full day events for children's panel members on the needs of young people leaving the 'looked after' system. In total the project presented to over 300 members over a series of dates. Feedback from the University of Aberdeen has been very positive. The project worker and a young person undertook each event.

Members of Children's Panel can be instrumental in ensuring that adult living preparation and appropriate supports are in place for the young person before they are discharged from orders thus meeting our aim of reducing the instances of homelessness among young care leavers.

I took a great personal pride in how young people I worked with promoted their own needs. We gave them the opportunity to have a voice and they used it well. Many of the

young people we trained in the early years of the project are now employed in the service area. Two are part of Scottish Parliamentary Committees and advise politicians and civil servants.

Conclusion

The crowning point of my involvement with young people and the project was the day we received the news that the project had been awarded 'The John Chant Award for Services to Young People' by Community Care Magazine, a social work publication in the UK. To everyone the award and the £8000 prize reinforced that we were getting it right. At the award ceremony two young people collected the award it was a proud moment for me. From being a foster carer who was unhappy about 'leaving care' provision in Scotland to making a change and redressing the status quo, albeit in a small way. The project I feel proved that although young people leaving care are needy and they will take risks that many judged to be inappropriate, we supported them through these risks just like a normal family household would do with their son or daughter. My own parents played a big part in this for me and never turned their back on me no matter how bad it got.

The model I developed for the project is a simple one and can be easily replicated in any country, local authority or voluntary organisation. We were fortunate in that we had a National Lottery Grant of £180,000 over three years to enable us to achieve our objectives, coupled with the back up of the National Foster Care Association UK with management administration. I would like to thank the NFCA for giving me permission to write this piece using information from the project. Recently the project was awarded a further £400,00 to progress the project over the next three years. This will allow the employment of a young person who has left care to work with the project and gain skills that they may have been otherwise denied.

I left the project in the spring of 2001 to undertake a new challenge. I accepted a new post in the Orkney Islands (they're the ones off the north coast of Scotland). I was challenged to manage and run a complete social services resource centre, this encompasses a residential childcare unit for up to four children or young people, a fostering and adoption service and a family centre/ outreach family support. It has been a challenge and I have a wonderful team assisting me. I have gone through a huge learning curve over the past six years from a concerned foster carer to now a social services manager. My aim is to create a centre of excellence but that story can wait for another day.

The Impact of HIV/AIDS on Informal foster care systems: A case of AIDS Orphans in Rakai Uganda

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Introduction

Uganda is a land locked country located in the great Lake Region of Africa with a population of about 22 million people, 85.6% of which is rural based. Majority of the population is dependent on subsistence agriculture as a source of livelihood. With a per capita income of US\$ 320, Uganda is still one of the poorest countries in the world (World development report 1998). It is estimated that about 48% of the rural population live below the poverty line, unable to meet their basic needs (changes in poverty and inequalities in Uganda in 1992- 1997)

The advent of HIV/ AIDS in the early eighties in Rakai district, one of the rural districts of Uganda with a population of almost 456,400 inhabitants and an orphan population of more than 35,000, has had a devastating impact not only on the systems of child care but also on the entire social functioning of the local communities. As early as 1982, the national prevalence rate was as high as 30% in high-risk areas. Though in Rakai there has been a reduction in prevalence rates from 24% in the late eighties to about 10% at present, the adverse effects of the disease and its impact on the community seems to be still biting hard. HIV/AIDS has led to the death of the most productive age group and in doing so it has reduced production, and left many people sick and bed ridden. The Lutheran World Federation (LWF) – in Rakai alone supports over 3000 PWAS (People Living With Aids) in half of the district and as result exacerbated poverty has weakened the extended family care systems. To date in Uganda, 800,000 people have died of AIDS while 1.4m are living with HIV in the country.

Foster Care in Uganda

In Uganda, foster care is largely informal, traditional having been entrusted to strong, and a well coordinated, extended family system. Traditionally, caring for a child was a responsibility of the entire extended family and not only the biological parents. In some

cases child care extends beyond the extended family system to include the wider community and the Traditional support systems (e.g. self help groups) within the community. Culturally, when biological parents died or were unable to raise children due to various reasons, foster parents would be identified to take care of such children. This therefore meant that the observance and protection of children's rights would be the responsibility of the extended family. As already highlighted above, one of the biggest challenges resulting from HIV/AIDS is the increasing number of orphans. According to the new vision newspaper (June 11, 2001), there are 1.7 million orphans countrywide who have lost one or both parents. For many people in the rural communities, the stress of meeting the basic needs of a large number of orphans is overwhelming. Just in two counties where Lutheran World Federation operates, there over 300 families of children with over 2000 orphans who are living alone after losing both parents and the would be foster parents. Lutheran World Federation after a study on these children is already supporting over 285 families mainly with basic necessities of life.

In the late 1980's a number of institutions (orphanages) were set up as a response to the above problem by government, and other intermediaries like NGOs to care for these orphans. Nevertheless, limitation of resources and dependence of these institutions on donor funds rendered most of them unable to adequately meet the enormous needs of these children leading to deprivation and abuse. Subsequently, the government, in order to avert this appalling situation, instituted a policy promoting community-based childcare rather than institutional care. This therefore meant shifting responsibility from institutions to community based support systems. The underlying assumption of such a policy was that attention would be accorded to strengthening communities, enhancing capacity of the traditional support systems and improvement of social services to benefit such vulnerable children. However, with scarcity of resources at government disposal to facilitate the adequate implementation of this policy coupled with increasing poverty, morbidity, mortality due to HIV/AIDS among other causes, community's capacity to respond and cope with this problem has been greatly weakened. In many areas, the extended care system has been weakened due to death of relatives from AIDS, leading to an increase in the number of children heading families (Child headed households).

Transition from Informal care systems to “No care”

In some villages in Rakai, it is not unusual to find a family of children who have lost all their relatives to HIV/AIDS. One can argue that as a result, the systems of care in such AIDS hit communities has evolved from informal foster care to “no care” which is a strange phenomenon in the African Culture. “ *Having a child as the head of a household is abnormal in our Culture*” quote from a study carried out on Children living alone in Rakai.

The spread of HIV/ AIDS in Rakai has had far reaching implications tearing at the fabric of social life in most communities. The direct impact of AIDS on the informal care systems at a macro level include loss of productivity, weakened family ties, death, family conflicts and increased vulnerability of children under care of such systems. As already mentioned above, the social support systems have been overstretched, the extended family over burdened and in some cases eroded by the ever-increasing number of orphans. The extended family system that would have taken on the fostering role of these children is also economically handicapped, as they cannot fully maintain their own families. The barriers of poverty and difficult village conditions inhibit the would-be guardians or fosterers of orphans.

Although care of orphaned children in most African cultures falls to the extended family, irrespective of whether the extended family can cope or not, the current economic pressures have rendered most families unable to absorb this additional burden as they find themselves battling to survive with the current economic hardships that every one else in the village faces. Orphans not accommodated into the extended family end up looking after them selves and their siblings hence the transition from informal/ extended family care to “no care”.

The Situation of children living alone

According to a study carried out by LWF in Rakai (2000), orphans in child headed households are faced with a number of difficulties; they face deprivation, abuse and lack the basic necessities of life like housing, food, beddings and shelter. Exploitative men in the community force many girls into early marriage for survival while others are at a risk of defilement; the school dropout rate especially among girls is alarmingly high. Many have to make crucial life decisions without guidance or support from parents or elders (they lack parental guidance and love). Inadequate parenting and socialising as a result of the above and fragmented schooling affect these children. Furthermore, even those absorbed in the already fragile informal foster care systems are frequently abused especially girls who are forced into unwanted marriages, exposing them to HIV infection while others have been turned into child slaves leading to low esteem and self – efficacy. The story below gives an account of how HIV/AIDS has had a devastating impact on the informal family care.

A case of 10 year old Sanyu taking care of her 89 year old grand mother

Having lost their parents and immediate relatives due to the AIDS epidemic, children are sitting on yet another time bomb, which is likely to have devastating consequences on their lives. At the age of 10, Sanyu an AIDS orphan became the head of the family under a miserable and lonely environment remaining with her only 89 year old grand mother, Venerandah Nakafeero. Both are residents of Lwentondo village in Kalliro sub –county. Venerandah looks at her grand daughter as the only hope for the family *“Sanyu is the father, mother and security guard for this family and without her I would be dead”* comments the old woman in a miserable tone. She is now sick and looks spent due the poor living conditions; therefore Sanyu remains the only alternative. Venerandah’s children were not spared by the horror of AIDS, which ravaged the southwestern district of Rakai. *“I am sick at heart I don't want to talk about AIDS, how could I remain without a single child,”* exclaimed Venerandah.

Sanyu is one of the over 300 children in Rakai heading families of fellow orphans. Maria Nakate, Sanyu’s mother passed away in 1998 after a long dreadful illness. She died of AIDS, a disease that has left thousands of orphans in Rakai, the pandemic has left most families adrift, without an anchor, heading for total destruction. By the time Sanyu’s mother died, all the property she had owned had been sold off to access treatment which efforts yielded no results. She finally died leaving behind a poverty-plagued family under the care of an ailing old woman. Although Sanyu has tried to inherit the past and proved responsible for the present, the future remains her biggest challenge. She was forced to leave school in primary three because there was nobody at home to look after the old grandmother and her animals. Two of Sanyu’s brothers abandoned the home for greener pastures in the city. Since then their whereabouts is unknown.

Sanyu does a number of tasks to make ends meet. She has to look for food, water and salt and other family necessities in addition, grazing her grand mother’s goats in the dry thicket is part of her daily work, and a task she admits is quite cumbersome. *“At times I sustain deep cuts when the animals run wild at times they enter peoples fields creating conflicts with neighbors”* Sanyu narrates her ordeal.

The biggest problem is living with a deaf grandmother because she has to shout at the top of her voice in order to be heard. In addition, the grandmother does not want to stay at home alone. She wants Sanyu to be present all the time. *“ Life is so difficult for me, grandmother wants me to be present all the time but I have to look for food, water and firewood”* said sanyu. When I visited this family, Sanyu was away and the grandmother

was heard talking to herself in her bed. When Sanyu, returned, the old woman barked at her for the delay. Sanyu however kept quiet but later announced that she had failed to get salt from the neighbours. Sanyu said that the salt was to be used for sprinkling on the posho (maize flour) because they had no sauce. *“We last ate fish and meat in 1998 during my mother’s funeral”*, said Sanyu.

Sanyu said the presence of Lutheran World Federation has helped sustain their lives. *“Lutheran World Federation has been supplying maize flour to us otherwise we have no food”*. Young as she is, Sanyu looks determined. All her plans depict a mature person, despite her physical appearance. She is however worried of staying alone given her grandmother’s poor health because she might die soon.

Sanyu’s grandmother died of respiratory failure 3 months ago. Unknown people picked Sanyu from her village soon after the funeral of her grandmother. LWF together with the local probation officer are trying to trace the whereabouts of Sanyu. Sadly, all attempts have so far yielded no results.(September 2001)

Way Forward

Although the internal, informal, care systems have been substantively weakened by the HIV/AIDS scourge, the culture still emphasizes the desire to look after children within their own community. Government policy provides some support for the care of such vulnerable children within the community from where the children originate. Children have roots in the communities where they come from; they can therefore be best brought up, socialised and cared for in such an environment if they are not to lose touch with their culture and ancestry. Deliberate attempts should therefore be made by government, the private sector and NGOS to strengthen the already existing informal care systems to enable them cope with this problem. Communities need to be given special skills in caring for vulnerable children like orphans. These communities need to be taught and encouraged to understand and observe rights of children and have to be empowered economically to enable them respond to the ever increasing needs of these vulnerable children.

Interventions of LWF

Lutheran World Federation (LWF) is implementing a community based AIDS project in Rakai district one of the districts that was worst hit by AIDS. Rakai Community Based AIDS Project aims at enabling households reduce the incidence of HIV transmission, tackle the adverse effects of AIDS and achieve sustainable improvements through community initiatives. This organization, among other groups targets AIDS orphans, especially the very vulnerable i.e. those living alone (Child Headed

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Households). The project tries to respond to the immediate needs of these children though at a limited scale. During the six years since the project was established, volunteer AIDS counsellors who are community based have been trained and facilitated to respond to the psychosocial needs of these children, which among others include, lack of parental guidance, loneliness, lack of proper socialization and stigmatization. Counsellors have proved to be instrumental in addressing some of the above problems. They are seen as foster parents of these orphans. Other than providing counselling and guidance, counsellors mobilise communities to help these children materially and otherwise. In addition, the project is also involved in capacity building for self-help community initiatives through provision of training in Income Generating Activities and other developmental aspects. In this regard, the organisation targets local self-help groups that are looking after orphans. Besides the above, vocational training in skills like tailoring, carpentry and agriculture are also being offered. Despite the above however, the problem of children without care in Rakai and other parts of the country is on the increase and the magnitude of their needs appears to be stretching beyond what the current interventions can offer.

References:

Appleton, S, 1999 changes in Poverty and Inequalities in Uganda in 1992-1997, Oxford; Centre for the study of Africa Economics, mimeo, June 1999.

New vision Newspaper is published by the New Vision Publishing Company, Kampala.

World development report- A World bank publication 1998, Washington DC

The Stolen Generations: Lessons Australia can reveal to the rest of the World

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Abstract:

In recent years groups of young people, educators, and leaders of peace and reconciliation processes internationally, have met to learn from each other's experiences of various reconciliation settings from across the world. *Let's Talk* is a project that facilitates cross-cultural and international exchange amongst people from diverse regions including Australia, Latin America, the European Union, Africa, Asia and the Middle East.

One of the key issues in the process of Reconciliation between Indigenous and non-Indigenous peoples in Australia relates to the widespread removal of Aboriginal children from their families as an instrument of assimilation; what has become internationally known as the 'Stolen Generations'. It has been five years since the largely critical findings of a National Inquiry into the policies and practices of Aboriginal child removal were tabled in the Australian Parliament. *Let's Talk* has provided a vehicle for Aboriginal women and men to tell their stories, stimulating new insights about the politics of identity, and better understandings of the complexities of families and communities, especially where children have been displaced. A recent visit of an Australian delegation to University College, Cork, focused on potential social and political implications of child removal in cross-cultural settings.¹ The story of Australia provides a cautionary note, as this paper reveals. The mistakes of our history show that 'good intentions' are not adequate reasons in explaining child removal and must entail critical reflection and analysis. Policies must be well thought out and developed with all stakeholders in mind, particularly concerning children from diverse cultural backgrounds. There are important lessons to be learnt from the traumatic impact of policies of child removal in Australia during the twentieth century.

¹ <http://www.ireland.com/newspaper/features/2000/1230/fea12.htm>

Introduction:

In 1997 in Australia, the National Human Rights and Equal Opportunity Commission (HREOC) conducted an extensive inquiry into the forced removal of Indigenous children from their families. The findings from this report continue to impact upon Australian society today. Since the European colonisation of Australia the process of dispossession has been systematic and devastating for Indigenous families. Successive Government policies were designed to breakdown Indigenous cultures and identities through practices of segregation and assimilation. Families and communities were particularly destabilised by the removal of children for the primary purpose of assimilating them into 'White' society.

Policies and practices of assimilation have left a legacy of continuing trauma in Aboriginal families and communities across Australia. The evidence indicates that not one Indigenous family has escaped the effects of such policies. The Report also found that such policies are in breach of international human rights agreements, particularly the International Genocide Convention that was adopted by the UN General Assembly on December 9, 1948 and ratified by Australia on July 8, 1949. Continuing ethnocentrism and lack of awareness within Australian society has produced widespread apathy and denial and the "stolen generations" continues to generate a variety of emotional responses within the community. Despite the recommendations from the Inquiry, there has been minimal recognition of what has occurred in Australia and there has been no reparation to Indigenous peoples to compensate for violations of their human rights.

The 'Stolen Generations':

By the mid 1990s it had become increasingly apparent within Australian society, that the removal of Indigenous children from their families and communities was not a series of isolated incidents but was clearly systematic and widespread. The Australian Government's official statistical organisation, the Australian Bureau of Statistics (ABS) indicates that in 1994, over 10% of Indigenous peoples aged 25 years and over reported having been taken from their natural family by a mission, the government or 'welfare'. A 1998 ABS report directly links the removal of Indigenous children to the Australian national goal of cultural assimilation.

"Large numbers of Indigenous children were removed from their families to advance the cause of assimilation. They were placed in institutions or foster homes, or adopted into non-Indigenous families - sometimes a progression of several of these. This practice declined in the 1970s following the establishment of legal representation for Indigenous children and their families in removal applications. However, it was not until the

1980s that the practice of removal and placement was finally reappraised.
(ABS, 1998)

The emergence of the ‘Stolen Generations’ issue into the public arena has increasingly led to a highly charged national debate in Australia. There has been debate about the actual numbers of children removed and disagreement relating to the semantics of Indigenous child separation. The term ‘Stolen Generations’ is now widely known throughout Australia to refer to the removal of Indigenous children. However, conservative historians and politicians including the Prime Minister, John Howard, have publicly contested the use of this term deeming it inadequate on two accounts. Firstly, there has been dispute about whether children were, in fact, actually ‘stolen’ from their families as opposed to merely being removed “for their own good”. Secondly, the use of ‘Generations’ in this context has been challenged. The basis of this critique is that whole generations of people were not physically removed, therefore the term is seen by critics as misleading. However, what is clearly misleading is the government focus on semantics as opposed to the substance of the issue, effectively dismissing the continuing trauma experienced by Indigenous communities. Indeed, while every State and Territory government has issued formal apologies, John Howard on behalf of the Australian Federal Government has refused².

La Trobe University scholar Robert Manne, is highly critical of efforts made by government officials and right-wing commentators to divert the attention of the Australian people away from the substance of the issue. He charges the Prime Minister and journalists in the popular press with conducting “a long campaign to change the moral and political balance with regard to the issue of the stolen generations, and indeed with regard to the Aboriginal question as a whole.” (Manne, 2001:4)

Manne argues that the term generation is used in the same way as we speak of the generation who lost their lives in World War 1. Although we do not mean 50 per cent or 90 percent of young people we accept that ‘the use of the term generation is a kind of metaphor for a collective experience’ (Manne quoted in ABC, 2001:2). Furthermore, “stolen generations” has touched the Aboriginal sensibility and is now a term that Aboriginal people use to describe their collective suffering and captures “in a metaphorical way, and a literal way for very large numbers, the suffering they went through” (Manne quoted in ABC, 2001:2).

² See proceedings of the National Reconciliation Convention, Melbourne: May 1997.

“Bringing them Home” – A National Inquiry:

Prior to the 1990's, non-Indigenous Australians had little knowledge of the policy agendas concerning Indigenous people. Attitudes reflected the dominant belief that if Indigenous children were taken away from their families it was for their own good. Accordingly, there was very little understanding of the legacy of trauma left within Indigenous communities at the hands of successive governments, and there continues to be widespread disbelief. By the 1990's Australia was forced to consider International human rights standards, which exposed a pressing need to address the treatment of Indigenous peoples. It had become clear that laws, policies and practices concerning Indigenous peoples required further examination and review.

There were a number of factors that contributed to the call for a National Inquiry into the Stolen Generations. During the 1980's and 1990's, Indigenous groups were raising many issues concerning the impact of government policies. Indigenous history encompassed diverse evidence of the forced removal of children from many families throughout the 20th century, and was now being told in schools. Many Indigenous communities were expressing their hurt and working towards generating a response from the government regarding the impact of successive government policies.

Academic research was also beginning to uncover and document the extent of the removal of Aboriginal children. In the early 1980's Peter Read (University of Melbourne) drew attention to the extensive number of Indigenous children who were removed by force and compulsion from their families. In the 1980's the removal of children was “scarcely talked about” and non-Aboriginal people said that it could not have happened (Read,1996:4). Read was the first to publicly use the term “Stolen Generations” to describe what he viewed as a significant impact upon successive generations of Indigenous people. According to Read, this was a shameful and hidden story of Australia's recent past.

International awareness contributed to the domestic climate of concern and together these factors led the Australian Parliament to instigate a National Inquiry. Increasing community awareness meant it was necessary for the Federal Government to take action to address issues of social justice, and the violation of human rights. In 1995 the Attorney General of Australia directed the Human Rights and Equal Opportunity Commission (HREOC) to investigate the forced removal of Aboriginal and Torres Strait Islander (Australian Indigenous) children from their families. The Attorney General requested that HREOC produce a report on these issues that would be presented to the Australian Parliament. HREOC was to consult widely throughout Australia,

especially with Indigenous communities and with federal and state authorities.³

Those conducting the Inquiry heard evidence from a large number of individuals and organisations throughout Australia. The subsequent *Bringing Them Home* report was presented to the Australian Parliament in April 1997. *Bringing Them Home* contained first hand testimonies gathered from Indigenous people who had been personally affected by policies of removal. It also contained analyses of policies and practices instituted by governments, church, welfare and other organisations who were directly involved in the removal of children. The Inquiry generated in excess of one hundred recommendations. Perhaps one of the most significant findings of the Inquiry is that for the majority of those who gave evidence, “the effects have been multiple, continuing and profoundly disabling” (1997:18). It is clear from the evidence that it was not only those children who were removed that were affected, but also the families who were left behind to grieve, and the communities who faced the continuing trauma of loss and associated dysfunction. Removal of a child from one generation continued to impact upon generations to follow and the evidence suggests that not one Indigenous family has escaped the effects of removal. The Report concluded that Indigenous families and communities “have endured gross violations of their human rights” which continue to have a massive impact upon their daily lives (HREOC Summary,1997:33). Attempts have been made by the Federal government and right-wing critics to trivialise the Inquiry by attacking the rigour of the HREOC research, and by promoting widespread denial in Australian society. However, the Report cannot be ignored as it clearly states that these violations were an act of genocide aimed at “wiping out Indigenous families, communities and cultures...” according to the United Nations definition for genocide (HREOC Summary, 1997:33, see www.unhchr.ch/html/menu3/b/treaty1gen.htm).

Attitudes Underlying Assimilation:

The fact that Indigenous children were removed in such large numbers seems difficult to fathom, however the removal of children and the breakdown of family units is a more recent component in the cumulative dispossession of the Indigenous peoples. The extent of dispossession and its causes can be clearly seen through dominant attitudes held by the colonisers from Europe.

White people have never been able to leave Aborigines alone. Children particularly have suffered. Missionaries, teachers, government officials, have believed that the best way to make black people behave like white was to get hold of the children who had not yet learned Aboriginal lifeways.

³ For the Terms of Reference of the Inquiry, see HREOC, 1997.

The Stolen Generations: Lessons Australia can reveal to the rest of the World - Nicole Breeze, Marge Campbell and Zeena Elton. Edmund Rice Centre for Justice & Community Education.

They thought that children's minds were like a kind of blackboard on which the European secrets could be written.

(Read,1996:5)

The aggressive process of colonisation of the Australian continent by Europeans from the late 1700's has severely impacted upon the lives of Indigenous peoples. Since that time, Indigenous people have been dispossessed from their land and prior sovereign rights. Initial Indigenous resistance to the colonisers was met with widespread and brutal massacres, which left many language groups decimated. It is estimated that, at the time of European contact there were at least 500 distinct languages and many more regional dialects of which perhaps only 200 remain today. The dominant colonial view of Indigenous peoples was that they were barely human and not worthy of consideration for negotiation of their lands, nor was it believed that their societies could offer Europeans anything of value. One example of the demeaning attitude towards Indigenous people still evident throughout the 20th century is from Ernest Scott, Professor of History at the University of Melbourne and founder of the first Australian history course in 1927. Scott's major work, *A short History of Australia* (1916) was reprinted twenty two times over seven editions until 1964. He argued that Aboriginal people were "black and painted savages...who were too low down in the scale of civilization even for barter" with "no domestic arts or domestic animals..." (quoted in Broome, 1996:56). Scott also referred to the views of Dutch explorer, William Dampier, who described the Shark Bay people of Western Australia, who he encountered in 1699 as "...black, ugly, flyblown, blinking creatures, the most unpleasant human beings...ever encountered..." (quoted in Broome, 1996:56)

These attitudes were reinforced as the colonisers took control of vast tracts of land and resources throughout the continent and justified their inhumane actions toward Indigenous people in the name of European civilization. Indigenous people were considered to be "uncivilised heathens" who needed to be Christianized at all costs. So began the subjugation and control of Indigenous groups everywhere who by the late 1800s were coerced or forced onto missions and reserves for the purpose of "Christianisation". By the 1890s, the eastern states of New South Wales, Victoria and Queensland had instituted policies of "protection" in which the Chief Protector watched over the "interests" of Aborigines, and Protection Boards increased their control over Aboriginal family life. In Western Australia in 1905 the Chief Protector was made the legal guardian of every Aboriginal and "half-caste" child under 16 and in South Australia this age was extended to the age of 21, displacing the rights of parents. (HREOC, 1997:28). By 1911 "protectionist legislation" had been introduced in every state (except Tasmania) and the Northern Territory giving the Chief Protector or

Protection Board extensive power to control the lives of Indigenous people (HREOC, 1997:28).

Every aspect of the lives of Indigenous people became subject to extensive control by the early 1900s. Increasingly regulations developed that governed entry to and exit from reserves, people's right to marry, their employment, and their everyday life on reserves and missions (HREOC, 1997:29). Children became the focus for conversion to Christianity with particular emphasis on distancing them from their Indigenous lifestyles, and housing them in dormitories away from their families (HREOC, 1997:29). Contact between children and their families was strictly limited and attention became focused on "merging" and "absorbing" children into "White society" (HREOC, 1997:29). The attitudes of the time are reflected in the views of those who removed children from under Aboriginal Acts in each state.

I would not hesitate for one moment to separate any half-caste from its aboriginal mother, no matter how frantic her momentary grief might be at the time. They soon forget their offspring.

(Travelling inspector, James Isdell, quoted in HREOC
Summary Report, 1997:11).

Impact on Aboriginal Australia:

Marge Campbell and Donella Brown are two Aboriginal women who have played key community education roles in developing first-hand understanding of the issues involved in Indigenous child removal in Australia. Donella Brown is the Principal of Clontarf Aboriginal College, in Perth, Western Australia. Marge Campbell works in Yalbalinga, the Aboriginal Support Unit at Australian Catholic University in Sydney, New South Wales. Both women have been an important part of *Let's Talk* in Ireland. Their willingness to share personal and often painful experiences from their lives has led to a greater international awareness of child removal policies in Australia. Their stories indicate that these policies have affected Aboriginal people across the Australian continent. Donella and Marge have approached this section in a story-telling sense, to communicate the personal impact of policies on their lives and on Aboriginal society.

Donella Brown

The effect of the stolen generation is still being felt Australia wide. As an Indigenous person there have been many things throughout my life that have puzzled me, particularly when my parents acted in ways or said things that were strange at the time.

I used to wonder about many things. Why I wasn't allowed to bring schoolmates from the mission⁴ home to play; why I had to have leprosy checks before going away to school, why my elders were not able to speak any languages, why older people that knew used the term "coloured people"; why people lived in separate parts of the town; and why the people from the mission were only allowed to sit right at the back in the picture theatre. These are only a few of the questions that went unanswered whilst I was in my years of schooling up until I left my hometown of Derby.

It was only when I left the confines of a small community in 1970 and went to Geraldton and later to Perth that I began to read and talk about what had happened and what was happening with Indigenous people. It was only when I left Derby that I began to experience prejudice and racism on a level that I had never experienced before.

There were many experiences during this time away that I discovered how lonely the road was in a mainstream education where there were very few Indigenous people and very few supporters of Indigenous rights. I think that people were reluctant to become involved because of the limited knowledge of the history of Indigenous people, the stigma of becoming involved, and people were scared to be associated with difference.

Up to 10 years ago I would have said that the forcible removal of children had very little effect on my own family. However in 2000 and 2001 I began to make contact with my Grandfather's people who now live mainly in Northern Queensland and the Torres Strait Islands. In continuing the talking I have come to the conclusion that the long term effects of the removal of my Grandfather and his two sisters has had a profound effect on my family.

At a reunion held this year the families from Western Australia travelled to Cairns in North Queensland for a reunion. We met with at least 200 people who we have never known and this is only a starting point.

What was most moving was the contact that I had with two sisters whose parents had fostered my grandfather and his sisters on Mapoon Mission. For the two sisters it was a very moving experience of being reconnected. For the descendants of my grandfather's sisters it was an experience of meeting people who bore resemblance to

⁴ Missions, stations and reserves were established in the 19th century by various ecumenical groups and taken over later by "Protection Boards" on behalf of state and territory governments.

their own mothers or grandmothers. For me it was sitting with aunties and cousins who looked like me or looked like my grandfather.

At the reunion we had the old and young people sing and dance the stories of the mission and the Torres Strait Culture. When the songs were being sung I looked around and realised that many of my family from Western Australia were reduced to tears. For me it was like a homecoming to the culture that I have been deprived of for 47 years, and a culture that my grandfather left at the age of twenty, and a culture that my father and aunties never knew. It is perhaps a very hard experience to describe and may even be more difficult for people to appreciate if you have never been in a similar situation.

My own conclusion from this one gathering has confirmed for me the thoughts that I have had for many years about the impact of the forcible removal of my grandfather and his sister in the early 1900's.

In summary and retrospect the long-term impact has meant the following for my family and many other Indigenous families that were fragmented by the forcible removal of children:

- *The development of an Indigenous class or labelling system, by the non Indigenous people, to divide a race of people;*
- *Development of a deep sense of mistrust by Indigenous people toward non Indigenous people:*
- *Loss of language;*
- *Loss of cultural links and ceremonies;*
- *Fragmentation of family members;*
- *The challenge of fitting into mainstream culture and operating in two worlds:*
- *A deep sense of loss and a constant search for links to the past;*
- *The final pain and joy of being reunited; and*
- *The task of rediscovering the past 100 years after my grandfather was removed.*

Marge Campbell

Growing up in western Sydney in the late 1960's and early 1970's I didn't realise that I was so different to others. I didn't realise that I was an 'Aborigine' until a teacher in my year 5 class pointed to me and asked:

"Marjorie, tell the rest of the class what sorts of utensils were used by Aborigines to hunt with?"

I naturally replied: “Spears and boomerangs, sir...”, thinking that this was the only information he required. I felt good, because I was able to give him an answer.

He then proceeded to ask, ‘But what kinds of boomerangs were there and for what specific reason are they used?’

I replied: ‘I don’t know, sir...’

His response, ‘why not, as an Aborigine surely, you should know...’

But I didn’t know, except for the details I’d read in books. I didn’t know because I was taken from my family.

I then began to ask myself and my foster family questions about who I am and where I’m from and that’s when all the deceit came into play. No one wanted to give me any details or to admit that things weren’t right. There was a lot going on that I didn’t seem to understand as a child. Before this time I’d never thought of myself of being from any other family except the one that I felt part of. I’d ‘fully assimilated’ into this family. I now hate that word, ‘Assimilation.’ Looking at the files the New South Wales Child Welfare Department had kept about me, that’s the language used throughout.

I was forever asking about who I was. I thought that I had two sisters from the answers that were given to me and they were the people I kept asking to see, to whom I was denied contact. I was also told that both my parents had died. So there was all of this confusion about where I fit. I suppose I should mention about being placed with an English family. They had arrived in Australia only two years before and had no idea of the role they were playing in acting out assimilation policies. Now, talking with my foster brother I have learnt that the reason that they arranged to foster me was because the lady next door had fostered an Aboriginal child.

When I met my family, thinking that my parents had died, I had found out that my mother was alive and well, as was my dad. Looking back on that, I think about my mother as being someone who had been so down-trodden that she had become an alcoholic.

I’d like to point out here that Senator Herron⁵ had suggested that only 10% of Aboriginal people had been affected by the removal policies. In my family, 45% of

⁵ Federal Minister for Aboriginal and Torres Strait Islander Affairs 1996--2000

people were removed. That's 5 out of 11 children were taken from my parents. In actual fact, I found out that I didn't have just two sisters, but I had 4 living brothers and 5 sisters who I have contact with today but was denied the chance to grow up with.

My mother could speak her own language – Gumbayngirr (Gum-bang-ghee), I didn't have the chance to learn it. My father's artefacts are now in the Australian Museum because I have since found out that he is a well-known Aboriginal artist. He and his brother were also involved in the first land rights movements in Sydney in the 1930s and 40s. All of these political and cultural things, I've been denied. The day I saw these artefacts in the museum left me overwhelmed. I found out that my mum speaks her language because I saw her speaking quietly with a little baby, whispering in his ear. She noticed that I was watching her and stopped. I asked her why she stopped and I told her I didn't know she could speak this language. All she said was, 'it's a secret.' Our people were not allowed to speak in their own language, they were punished if they did.

I got excited when I started reading stuff from the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS). In an article about my grandmother I learnt that she belonged to the Mosely family, a well-known family with strong cultural connections in the area. Her and her sons stood on the verandah shooting at police to defend their land. Here's this woman - a black woman –standing up for what she believed in at a time when Aboriginal people were jailed for standing up for their rights. She stood her ground, the strength that she bestowed upon her family protected what she believed in despite the attitudes of whites at the time. All of this was happening in Kempsey – Pauline Hanson territory⁶. I've missed out on all this history of my family.

When the separation happened, there were 5 children taken, 2 boys and 3 girls. The boys were placed at Kinchela Boys Home on the North Coast. The girls were placed at Bombaderry Children's home on the South Coast.⁷ The distance meant that we were so far removed from one another and from our family. There's no way you could connect with your family, the physical distance made it impossible. The three of us girls were dispersed again from Bombaderry. My younger sister and I were placed

⁶ Kempsey is a rural coastal town in New South Wales who has a large number of non-Aboriginal supporters of the Politician Pauline Hanson. The right-wing policies of her 'One Nation' Party have provoked division and discord throughout the nation and she continues to target Aboriginal people naming them recipients of extra benefits, more so than other Australians.

⁷ Aboriginal children's homes were established for the specific purpose of training boys and girls for domestic service and rural labouring work. Kinchela and Bombaderry are located more than 800 kilometres apart and visitation by families to these institutions was actively discouraged.

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with different foster families and my other sister was placed in another Girls Home and then she was placed with a foster family.

One thing that I remember about being in a children's home in Edgecliff initially, was playing hide and seek with my sister. I remember squeezing through a wall and I when mentioned it to my sister, and said "do you remember", she said "don't you remember, that wasn't a game. We were hiding from the nuns so they wouldn't hit us.

I was angry for years and I was bitter about my life and toward others who didn't understand what I was trying to say. The attitude always seemed to be 'so what, get over it'. I was always searching for my place. I didn't know who I was supposed to be or where I fit in.

The healing process for me is being given the opportunity to tell my story. It's helped me come to terms with what has happened to me and my family. The healing process is part of feeling able to tell people what I need to tell them. That I won't be judged as 'this Aborigine' who is less than others. My other healing thing was going back to my country and meeting my extended family and feeling a sense of coming home and that I fit. It's still a journey of re-educating myself about my culture and my people.

Children need to know who they are and where they come from. Without that, they are going to be stuck and won't be able to move forward and grow. They need to know where they are from, they need to have resources available where kids aren't going to lose that cultural connection – be it language, or art, and family and kinship – because the loss is so great.

I'm now 40, I was taken when I was 4. 36 years later I'm in the process of learning my language. It's my final connection with my people. I feel that I belong somewhere. This also includes an understanding of the language boundaries of the land; the connection to the land, my land, my country, my place.

Healing and the Future:

The testimonies of Marge and Donella are two of the many thousands of stories that reveal significant pain, loss and trauma in Aboriginal communities today. The reunification of families is an integral part of the future healing for Aboriginal people. As people return home they are finding ways to reconnect with their families, their land, their language and their culture. For many, healing involves the telling of stories and attempts to find their true place. The loss in communities has been profound and for many Aboriginal Australians the healing will be a lifelong process. Organisations such

as “Link-Up” have taken a pro-active role in bringing families together across Australia.

Many Indigenous people want acknowledgment of the injustices of the past. One of the principle recommendations of the National Inquiry was that all Australian Parliaments formally acknowledge responsibility of past governments for the laws, policies and practices of the forcible removal Indigenous children, and that they extend official and public apologies to those who have suffered (HREOC, 1997:284). The refusal of the current Prime Minister, John Howard to officially apologise has fostered denial of what has occurred throughout the Australian community, and fueled further antagonism towards Indigenous people.

An essential stipulation of the Inquiry was that reparation be made to Indigenous peoples consisting of:

- Acknowledgment and apology;
- Guarantees against repetition;
- Measures of restitution;
- Measures of rehabilitation, and
- Monetary compensation

(HREOC, 1997:282)

Future governments will need to carefully consider moving the agenda forward by establishing a compensation tribunal. A Compensation Tribunal, established with widespread consultation with Indigenous people would act to offer a no-fault, capped and limited reparation package that would adequately address the HREOC stipulations. Consultation with Indigenous people would determine the nature of the compensation and may in fact indicate a wide variety of needs in addition to monetary compensation. A reparations package could include, for example, counselling for individuals, families, and communities⁸ and national funding to increase the capacity of organisations working to reunite families.

⁸ It is significant that in the 1990 Royal Commission into Aboriginal Deaths in Custody nearly half of the deaths investigated were of people who had been removed from their families. Aboriginal deaths in custody continue to be an expression of the trauma associated with communities in crisis. Funding for widespread counseling to deal with the effects of separation has been called for from Indigenous communities for sometime

Conclusions:

“Many Australians believe that the separation of Aboriginal and Torres Strait Islander children from families and communities is past history. Link-Up states categorically, that this is not the case. Some children are to this day being separated from Aboriginal families and communities, and being sent to non-Aboriginal families or institutions. Everyone involved in separation deals today and everyday for the rest of their lives with the effects of separation trauma.”

(Link-Up, 27)

There is in Australia today great division and debate concerning the reality of the Stolen Generations, and the impact that this has had on Indigenous lives. The stories of Marge and Donella are not unlike many that were documented by the National Inquiry and many more being told by Indigenous people everywhere, everyday. While sectors of the Australian community deny such policies and practices ever existed, the evidence speaks for itself. There are important lessons that Australia can reveal to the rest of the world.

References:

Australian Broadcasting Commission (2001) *Academics debate contents of Stolen Generations Report*. Transcript of 7:30 report. www.abc.net.au

Australian Bureau of Statistics (ABS) (1998) *Australian social Trends – Family: Family formation –adoptions*. Commonwealth of Australia, ACT www.abs.gov.au

Broome, R. (1996) “Historians, Aborigines and Australia.: Writing the National Past.” In B.Atwood *In the Age of Mabo: History, Aborigines and Australia.* Allen & Unwin: Sydney.

Human Rights and Equal Opportunity Commission (HREOC), (1997) *Bringing Them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families*. Commonwealth of Australia, ACT.

Human Rights and Equal Opportunity Commission (HREOC), (1997) *Bringing Them Home: A guide to the findings and recommendations of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families*. Commonwealth of Australia, ACT.

Manne, R (2001) “In Denial: The Stolen Generations and the Right.” *The Australian Quarterly Essay* Issue 1, Schwartz Publishing: Melbourne.

Link Up (NSW) Aboriginal Corporation and Wilson, TJ. (1997) *In the Best Interest of the Child? Stolen children: Aboriginal pain / White shame*. Canberra, Aboriginal History Incorporated.

Read, P (1998) *The Stolen Generations: The removal of Aboriginal children in New South Wales 1883-1969*. New South Wales Department of Aboriginal Affairs, Sydney.

“Colour Blind”

by

Tommy Turner

*Life stories are rarely black and white
In fact I'd say they're dark and bright
They're lived with shades of black and grey
And shining with the colours of a summer's day*

*You can't force people by your image to change
Unless you can see life's colour range
And you must never presume you understand another's story
Unless you've also shared in their pain and glory*

*I never wrote this poem to put you down
Or take from you your education crown
It's just a request to realise the facts
You can't paste with sympathy, life's damaged cracks*

*You can only come down from your presumptuous throne
Listen and speak to people in a common tone
Open your home, your heart and your love
Because you'll never see the true colours from that place up above*

The Author:

My name is Tommy, I am 21 years old and I am a 'care leaver' from London, England. For the last three years I have wanted to help children get their voice. I now work fulltime for 'Barnardos' and I also am on the management committee for 'National Voice,' an organisation that has been created especially to give all children who are in or have left care a voice. I am also an advisor to the English Government on issues for children in care and in need. tommy.turner@barnardos.org.uk

“Conversations on growing up in care.”

Linda Doherty and Fergus Hogan

“Poverty in an age of affluence is being unable to write and having others write about you.” (Thought for the Day)

Introduction

This conversation was recorded a number of years ago in 1997 on the occasion of Linda’s eighteenth birthday. Fergus and Linda had known each other for the previous three years; they had met and worked together as ‘social worker and client’ at a time when Fergus had only recently graduated as a social worker and Linda had recently ‘come into the care system.’ The idea to host this interview was a joint decision and was set up under the working title of ‘conversations on growing up in care.’ The structure of the interview and the questions asked indicate the curiosity and choices made by Fergus however the responses to the questions are Linda’s and are presented here unedited. The significance of this type of interview is connected to three core beliefs and as such this model of conversation is proposed as an ethical approach to co-constructed participatory practice between ‘social workers’ and ‘clients.’

Firstly the central idea behind the interview was that Linda is one of the real experts in the care system having spent the previous three to four years living away from her own family in one of Dublin’s girls homes. Therefore the people who can teach us most are those who have experienced the system and are willing to offer their reflections. The suggestion is that care professionals need to work with ‘consultants on practice.’ As such a consultant Linda has worked with social work, social care, and public health nurse students, on placement and in college settings.

The second endeavour in this type of co-constructed conversation is to offer a means to actually honour the voice of the ‘client,’ in his or her own case notes. Social work and care work case notes could be described as one sided, written histories of clients past mistakes, rather than a celebration of people’s struggles and achievements. In the powerful words of Salmon Rushdie, *“Those who do not have the power over the story that dominates their lives, power to retell it, rethink it, deconstruct it, joke about it, and change it as times change, truly are powerless, because they cannot think new thoughts.”* (Rushdie, 1991.) The challenge to invite and include the voice of the ‘client’

(child/ youth or adult) into the case notes is one that we all need to begin to address. (Hogan, 2001.)

The third value in hosting such a conversation is directly connected to the timing of the interview and the significance of Linda having just turned eighteen at the time. One of the points Linda makes in her interview relates to the real difficulty of actually growing up in care. Children who come into the care system either living in foster homes or children's group or residential homes are often under the impression that they need to be 'more' grown up and mature than their age and yet the other side of this age related expectation is that many children find that they are not allowed the extra freedom to grow up, and make the 'mistakes' of growing up. 'Mistakes' such as, staying out too late, keeping the 'wrong' sort of company, getting drunk or missing school, all of which are normal parts of negotiating the transition through teenage years to young adulthood are often seen as hugely significant signs of irredeemable 'trouble' for youth who live within the care system. Many children living within the 'care system,' can experience that double bind of being expected to be wiser than their years while at the same time not being allowed to actually live a more adult type life.

Some writers are pointing out that western society at the moment does not have any rituals or initiation rites of passage, which mark for teenagers their transition from childhood to adulthood. (Black & Roberts, 1998., Meade, 1993., Somé, 1996.) What we need to do is find symbolic ways to celebrate growth and transition in the lives of those we care for. The example of being given the keys to our family home at the age of twenty-one, might be a little bit dated, yet it recognises the actual coming of age and honours this with a ritual symbol. We need to create similar types of ritual occasions that support the transition of children through the 'care system.' (Hogan, 2001)

This conversation at the time of Linda's eighteenth birthday was an occasion of honouring and celebrating the validity of her voice, wisdom and emotional courage. Her choice to share her story in such a public way invites a respectful witnessing on the part of the reader.

The Conversation:

“The honing of a personal account is a validation, both of the lived experience and, more importantly, the entitlement to speak freely to others about what matters most to oneself.” (McGuirk and Byrne, 1994.)

Fergus: *The idea of this day is that we would talk together about growing up in care. Today I want to tap into your expertise... What do you think about the idea that you are an expert in the childcare system?*

Linda: About what social workers should be? I'll tell you. I've gone through it all. You're not the ones that have to live in care, you're the ones who try to give the advice, try to but sometimes you don't succeed.

Fergus: *Sometimes we don't succeed. I have an idea from talking with you over the past number of years that you have some very definite ideas, points of view, at times you are also rightly critical of the service. I don't want to be afraid today to get into a critical conversation. I don't want to be afraid to go into a conversation about what my service as a social worker has been like, I want to use this to improve how I act as a social worker and also say how students might act, or other social workers to give them an idea of what to do.... I guess some of us are afraid to ask children their points of view, I haven't done this before you were eighteen, maybe I was afraid to ask you as a child your points of view...*

Linda: I'm still a child.

Coming into Care:

Fergus: *I had an idea that I could begin by talking about you coming into care. Will you tell me a little bit about how long ago you came into care?*

Linda: Ah - I came into care about three years ago, worst nightmare of any child's life. You don't know what way it's going to turn out.... if you'll get a place or end up living on the streets.... Ah ... coming into care wasn't easy - social workers, Gardaí stations late at night. Sometimes when you get into the Gardaí stations the people aren't nice to you. They try to send you home and you are saying no, and they're not believing you. That's frightening.

Fergus: You were fourteen at the time, and you're in the middle of a big family?

Linda: Yeah. When you get there they tell you to go back home, go to the Gardaí station, get a place in a hostel or a foster family, blah, blah, blah. See how things go from there on. I think when they place you somewhere full time they never come near you unless you're in trouble.

Fergus: I was one of the very first social workers you met, I remember meeting you very early on, you had moved out of home and were living with an aunt and uncle. Was I the first social worker you had?

Linda: No I had one other for a couple of weeks before I got you. I had just moved out of home in the April and I got my first social worker.

Fergus: In ways your story is a little bit different from others because you were a teenager deciding in some way that it wasn't good for you to live at home, you needed to move out rather than social workers going in and saying you had to move out. Was that a difficult difference for you?

Linda: No, that was the easy part of it, just to go but I'd say it would have been easier if a social worker had come in and taken me out 'cos then I'd have known I was secure, I'd have got somewhere instead of having to go through the night service at night time, then the social workers every morning, staying there 'till the evening then back again at night.

Fergus: So the first night you left home you stayed in a hostel, what was that like?

Linda: Terrifying

Fergus: Who arranged that?

Linda: Night social worker - at about five o'clock in the morning - everyday the night social worker would come between two and five o'clock in the morning while I was waiting in the Gardaí station you know.

Fergus: When you say sitting in the Gardaí station was that in a cell or in the waiting room?

Linda: Waiting room.

Fergus: And were the people talking with you nice to you? Like offering food or coffee?

Linda: Yeah, cups of coffee, and they were nice to me, they knew I wasn't like the other people who were there, they knew I wasn't there for any trouble.

Fergus: And was that the only advice to you about how to get a bed for the night, to go to the night service at the Gardaí station?

Linda: Go to the night service - I think after a while you get used to it - you just don't care any more. The first night is the worst, after that you get to not care and maybe even then you might not even get a bed, you could get left in the station.

Fergus: Who gave you advice to use the night service? Social workers?

Linda: Not at first, the first night just friends who had stayed in hostels before, then in the morning I was sent to the social workers, I didn't know anything about the social workers.

Fergus: You were sent back to the area. What sort of responses did you get from the day social workers?

Linda: Shit. They treated you like a piece of garbage. They'd leave you in a tiny, dirty waiting room; they leave you there for an hour or three hours and say they were looking for a place, then at the end of the day they'd send you back to the Gardaí station... I think they were drinking coffee in their offices all day. When I was trying to explain to them why I moved out of home, what I got from them was " don't be cheeky". And they'd ring and say, "Can you not go back home?" Can you not do this? blah, blah, blah.

Fergus: So there was a lot of pressure to go back home? Don't be cheeky just go back home?

Linda: Yeah, you're able to go back home so just go back home, that was their opinion - I never gave in so they probably copped on after not giving in that there was something wrong.

Fergus: But that was certainly the practice three years ago, if a teenager came...

Linda: To send her back home?

Fergus: Well not to send her back.

Linda: To try to send her back home?

Fergus: Well to interview the parents and say will you allow the child to come back home and see if there is something up.

Linda: The parents always say no, and the child is always right, unless you get a really disturbed child, then you know, you should always believe the child before the parents.

“There’s always a reason behind things.”

Fergus: I met you a couple of months after that when your first social worker took a holiday. I was the summer locum. It was my first job, yeah. I remember putting you under pressure to go back home.

Linda: Yeah you were a right !x!x ... sorry

Fergus: I met with you a lot, I visited you a lot but it was always the same conversation, “why don’t you go back home?” Do you remember that?

Linda: It was, or “ don’t be cheeky - I can be cheeky back, I can give smart answers too, you be smart to me and I’ll be smart to you”

Fergus: Was that a helpful thing for me to have said?

Linda: No it wasn’t because the child wasn’t being listened to - I had a good reason for being smart, cheeky... whatever, because nobody out there listened to me except for my relatives, Aunt and Uncle... they’re not social workers... I think they do know more than social workers do themselves... sometimes you get to see a social worker and they haven’t got a clue.

Fergus: What do you mean by that?

Linda: Haven’t got a clue in what way a child should be treated. They shouldn’t say you have got to go back home. They should try to get a child somewhere safe for the night, not send the child back home.

Fergus: So you think there should be somewhere to take the heat off and then talk about it later? You'd say that if children are turning up and not living at home there's a reason?

Linda: There's always a reason behind it.

Fergus: You'd have a lot of experience of that from living in the hostel.

Linda: Yeah. There're all there for a reason.

Fergus: What about the idea, in some cases, that's around some places, these kids, you included are 'skivers'. Do you know what I mean? That idea, make them live at home, don't give them any choices at a young age?

Linda: I'd say if they're younger than I was. I was fourteen, the kids, you'd be sent straight back home... told to go straight back home - told you don't do that, you're too young... they don't even have facilities for 11-13 year olds at night time.

Fergus: Right... do you think the only reason anyone listened to you is because you were older? You were able to stand up for yourself, cheeky enough to get by?

Linda: Too stubborn, still am!

Different Social Workers:

Fergus: One of the things that I think is also interesting in your three years in care is how many times social workers have changed for you. When my summer locum ended you got your first social worker back again. So you have had three or four social workers, who have come and gone?

Linda: Yeah. Three times... locum/student/locum, well really only two, the other one was just a student, wasn't really a social worker. I knew she was going; I was going to have her for a couple of weeks.

Fergus: And you've had men and women social workers?

Linda: One woman and two men.

Fergus: And they were all fairly young people?

Linda: Yeah.

Fergus: Well the reason I'm asking those questions is that I'm interested in the difference in having a man social worker and a woman social worker? And I'm interested in social workers being young people and I'm also interested in how often social workers change jobs and if you had a say or a voice in any of that? What would you have to say about those three questions?

Linda: The difference between men and women social workers? I don't really like women social workers. They know some of your own person you know what I mean. They can be bitchy and I can be bitchy so I suppose it's grand ...(laugh).

Fergus: What would it be like for a young fellow do you think?

Linda: I don't know 'cos - I'd say it would be O.K - some people can talk to women better, some people talk with men better, it's different for people- but you take what you get, if your stuck with someone your stuck! I think if don't want your social worker you should kick up a fuss. Like I did when I thought I was going to get a new social worker there a couple of weeks ago - you're better off just saying it.

Fergus: You said you can get stuck with someone - so you are allocated a social worker or they are allocated you?

Linda: Yeah the both of us are stuck together and you have to get on.

Fergus: Right - That's interesting - We don't often talk about that - we talk about all sorts of things like "what work are you doing with that client?" "What meetings have you gone to?" but we never say do you like that person or not, do you get on with each other or do you wind each other up?

Linda: Personality clashes- that's what happens.

Fergus: We're meant to be more 'professional' than to allow personality clashes - would you believe that?

Linda: No (laugh)

Fergus: So you think for you, you prefer a male social worker?

Linda: Yeah, for me.

Fergus: What about the fact that all of your social workers have been so young?

Linda: I think that you need someone your own age group to talk to not someone older, they just brainwash you.

Fergus: Right but what about the idea that young newly qualified social workers are being told by seniors or team leaders that there are no beds for teenagers? That we are being told to get you just to go home...

Linda: You shouldn't - Younger social workers have grown up in this generation they know what's going on. They should be able to say to the team leader - "No we need to find them somewhere - we need to sort something out" instead if younger social workers just look at the older ones and do what they do and don't change the system, well then nothing is changing - none of the laws or anything.

Fergus: So you have an idea that new young social workers should be trying to change things for the better?

Linda: Yeah, because they have been brought up in the generation of children today.

Fergus: What about the idea that some older social workers say that you take a case you should make a commitment to hold onto it? And many new social workers seem to moving through new jobs very quickly?

Linda: Yeah, I think younger social workers should do that, they should stay with the kids for a longer time, they should commit to the persons life for a while, for a good while before moving on. Because it disrupts everything - you've got to get used to a new social worker answering the new social workers questions again. The same questions, telling each social worker your life story it just wrecks people's heads - having to go over it and over it again. That's what happens it just wrecks your head. The social worker might read it in your files but they still ask the questions to make sure they haven't missed anything.

Fergus: Yeah, but I don't think files tell you very much about the person.

Linda: I don't really know - I'd say it does it gives you their background but you still have to get to know them.

Fergus: So is your idea that if someone takes on work with a child they should make a time commitment to that child?

Linda: Yeah, cause the child might grow close to the social worker and then the social worker just leaves - like it could be a younger kid than me - a child - and they look up to this person, what are they doing then when they go? It happens like that to the kids in the children's hostel where I live all of the time. You get close to the staff and they leave and you get hurt. You've told them loads of stuff about your life and then they go off and you don't know where they are - you know you'll never see them again.

Fergus: I suppose children in care in children's homes and foster homes have lost people already so you wonder if they are getting used to losing people?

Linda: Yes (Nod)

Fergus: You said earlier that you made a fuss when there was a chance of you changing social workers again. Will you talk about that?

Linda: Well, I didn't want a new social worker. My social worker, well you, was going and the plan was for me to have a new one - but I was nearly eighteen. So in a few weeks any new social worker would be gone too. What was the point in getting to know someone else? Anyway I didn't need one really - unless I was trying to do new things. Why get to know somebody for a few weeks and then have them say “Good luck with your life see you around.” I think if you don't want something you have to stand up and say it, or else you just get stuck with a new social worker, especially if you were nearly eighteen. You should be listened to, if you don't want another social worker.

Fergus: We talked a lot together about that you were very clear. I'm interested, you could have just not bothered to get to know the new social worker, to not 'engage' as they say in social work, but you did more than that you said 'lets not fool each other, this is what I'm going to do.' I remember it as a difficult time.

Linda: It was ok, just more changes, we've lots of changes in our lives, you get used to it but also pissed off by it.

Alternative Forms of Care:

Fergus: Coming into care, you had experience of all the types of care the health board offers, like coming into care and living with relatives, but I don't think they were ever paid?

Linda: No.

Fergus: For some relative fostering there is a payment, so in your instance it must have been a family arrangement. Then you moved at a later stage to live in what is called supported lodgings.

Linda: Yeah, teenage fostering or something. Then I moved to a hostel.

Fergus: So really the only place you didn't live was in foster care?

Linda: I was supposed to go to it twice but I turned it down twice.

Fergus: Will you talk to me about the different types of care and why you turned down foster care?

Linda: When I was living with relatives, I didn't want to leave. But it was my Da who made me leave – and my stand in social worker, you, took his side. You told me to go back home. You literally forced me to go back home, you said it was 'go home or you couldn't find me anywhere else to stay. I was fourteen and a half, my Da wanted me out of my uncle's and you just agreed with him.

Fergus: What – he said you could live in care but not with relatives? If you weren't living with him you had to live completely outside of the family?

Linda: Yeah and you agreed to that and then when I came to you, you told me I had to go back home 'cos you had no place to put me so I couldn't win. The living in teenage care thing was shit.

Fergus: That was like fostering for teenagers it wasn't quite fostering.

Linda: Yeah it was shit.

Fergus: What was so bad about it?

Linda: People never talked to you. You came and done your own thing, you came for your meals and that was it. So I hated it. So I was supposed to go into foster care twice but I turned it down. Really because of my little brother and sister, ‘cos they wouldn’t be able to see me there.

Fergus: Why did you think you would not see them if you went into foster care?

Linda: ‘Cos I was told that if I was going, never to look back.

Fergus: Who told you that?

Linda: My parents. So I didn’t go into foster care. If I had I probably would have been there to this day. I don’t know what would have happened, but I ended up in a hostel and that’s where I am at the moment.

Fergus: How were you allowed to go into the hostel?

Linda: You had to go onto a waiting list. I was lucky to get a bed ‘cos I’d been living on the street, living with friends, after I walked out of the teenage care thing. I was lucky to get a bed there. That’s how I got to live there, I love it there now, it’s better than all the other places I’ve been in.

Fergus: Do the staff know you love it there?

Linda: No (laughter) I wouldn’t give them the satisfaction.

Fergus: That hostel was specifically a short-term stay when you went into it.

Linda: Yeah they said it used to be for three months but you can stay there for longer now.

Fergus: You are one of the longest living there?

Linda: Yeah nearly three years and I’m one of the oldest. When you are living in some hostels in Dublin some of the kids are allowed to do what ever they want to do. Yeah they do. Most of them have TV’s in their room, they have showers, they live in luxury, but then what happens the young ones or fellows? They end up on drugs or getting pregnant but in our house it’s not like that. It’s more like coming from a normal home you don’t live in poverty but you don’t live in luxury either. We were treated as normal

I think that's what keeps all of us going.

Fergus: (laughter) Yeah. There is a real ethos of responsibility in your hostel. Ever since I've known you you've been working part time.

Linda: You have to. You have to be responsible for yourself, 'cos no one else will look after you. I know you are living in care, blah, blah! They say they will look after you but it is up to yourself to do it. If you want someone to look after you it's up to you to look for it not wait for it to come to you. So you've got a lot of responsibility.

Fergus: Is that good?

Linda: It's good in some ways but its not good if you are a child at fourteen years of age having to be older than fourteen. Then when you reach the adult life you don't want to be an adult 'cos you've already gone through loads of stuff. If you're in care you've had that responsibility since the first day you left your house - People think your only gaining the responsibility when you turn eighteen, but your not - you've gone through most of it - although there's more to go through - but you don't need all the responsibility, yeah?

Turning Eighteen in Care:

Fergus: Can I ask you about turning eighteen, since that has been central to our conversation, we've been having reviews and planning meetings and I know that some of the people you consider close friends in the hostel have also turned eighteen and it hasn't been easy for them -

Linda: Yeah - It's easy for some people and it's not easy for others. It's been easier for me - in a way - in a way it hasn't - 'cos I've been told to show an example to the younger children, but they are between twelve and sixteen, they have got to cop on for themselves, like I had to, they are not going to listen to someone older - they think they know it all. But when they get to the age I am they will realise I did know most of it 'cos I've done everything they've done - that's what's forced on you - "you've got to show example to them, show respect".

Fergus: You say people don't listen but I do not think that "showing an example, " means telling others how to live or what to do. I consider it to mean showing something like behaviour or an attitude to others, and I do think younger kids look up to bigger kids.

Linda: Yeah, - but most of us kids come from the same background so we're not going to look up to each other - when we get older we'll look back and say, yeah, we did look up to her. And all they are doing is normal things teenagers do - like I did at that age. And then when your being told to tell them what to do you say things like “I'm not being paid to do this job, I'm not qualified to be on staff” - you're educated about this stuff. But they are trying to put all the responsibility onto you - not them.

Fergus: So turning eighteen means, responsibility to give good example, advice to the others all of the time - but are you saying you also need to be looked after yourself?

Linda: Yeah - Sometimes -

Fergus: Do you get a chance to say that out loud?

Linda: It's something I never - Never Say -

Fergus: Yeah - you kind of have to be a hard man sometimes -

Linda: Hard Woman - Yeah -

Fergus: The thing about turning eighteen, which has panicked me for you, and for myself as your Social Worker - is the legal technicality that you are not a child anymore -

Linda: Yeah - which I don't think is right, you should be allowed be in care maybe 'till you are twenty one - some hostels kick you out when you are eighteen - like they might help to get you a flat - but then you're on your own.

Fergus: Was that a worry for you?

Linda: Yeah - it's a very big worry, it still is, but I don't care anymore - so -

Fergus: People reading this won't know that when you say, you don't care, it really means you do care - a lot - I've learned and found that out over the past few years.

Linda: Yeah - that's right - (laughter)

Fergus: So it's a worry that now you're eighteen, you might be asked to move out and get your own place.

Linda: It was a worry but I've made a decision - so -

Fergus: We had a review meeting recently. We got together and said - that because you're eighteen doesn't mean you have to move out immediately - And if you stay in education you can stay in the hostel and that I as your Social Worker, wouldn't "drop off the face of the earth" - that's one of your phrases - was any of that stuff helpful or supportive or was it just lip service?

Linda: It wasn't really helpful, - 'cos we've talked about it before - this time there were just more people at the meeting giving their points of view - but they don't really know me at all, you know.

Fergus: People like the managers and team leaders.

Linda: Yeah and other people in the hostel - But only your Social Worker and the childcare workers really know you - and after they've gone or changed - the others don't know you at all.

Social Workers, Child Care Workers and Children in Care:

Fergus: What about that relationship between Social Worker, Key Worker and child? Because that's one that...

Linda: It doesn't work -

Fergus: Will you talk about that, as the person central to it - the person caught in the middle, or let down by it -

Linda: Because, I just feel, I think when there are three people, right - like two key workers and one Social Worker. And you're talking with your Social Worker about something and your key worker about something else, you mightn't want them to tell each other.

Fergus: So, if you were to talk to your key worker or your social worker, me, and say I don't want you to say this to the other person - can you trust that?

Linda: You can trust it- like first you just try to trust and then after a while, you know if you can trust it - like if things you've said to that person don't come back from another person. Then you know you can trust the person.

Fergus: I want to stay on this question of the Key Worker - Social Worker and Child ‘cause this is an issue that gets - social workers and key workers into so much difficulty - on the issue of trust -

Linda: You learn as you go along - or how they treat you - like if they ring you, and talk with you - or if they see you once a month or you might not hear from them for 3 months, then you know you can’t say sweet “f... all” to them, so then if the key worker tells everything to the social worker - you get it from your social worker “I hear you did this, I hear you did that...” and if you tell the social worker things and they say it to the staff. When you’re gone the staff say, “Why did you tell your social worker this? why did you tell your social worker that...?”

Fergus: What do you think are the most important lessons for social workers?

Linda: Don’t neglect the child, meet the child once a week, twice a week, even if it’s younger - get to know the child - don’t ask so many questions until you get to know them - get to know the child first before you get to know the parents and always believe the child even if it’s a child that’s really disruptive.

Fergus: You said to me before - that some social workers side with the childcare key workers...

Linda: Oh yeah, never side with the key staff.

Fergus: Never?

Linda: Never - ‘cos they love it - not that they love it, just that they say if you say or do anything - “I know your social worker and I’m going to tell them,” that means one more up against you - And your just sitting there thinking, o.k. How am I going to handle this situation? You need your social worker there on your side; do you know what I mean? Because when a child leaves home, the first person they go to is the Social worker - It’s the first person they have met, so, they probably get to know the key workers later.

Fergus: Yes but what about social workers and childcare workers saying that you might be trying to play us off against each other.

Linda: Playing off against each other? How can you play them off against each other? You’re not trying to lie - that would come out -

Fergus: So, your not saying social workers and key workers should not talk?

Linda: Ah no, they should talk - just not about everything the child says... Maybe, something really important, then they should talk - but not about everything. 'Cos, if you want to talk with someone about something you want some confidentiality - you don't want all your business shared between everyone.

Fergus: What about the idea that children in care have a legal right to see their social workers and talk privately - separate to their parents or key workers? -

Linda: Yeah, and a child should also have a legal right if there in trouble with anybody, they are not to be approached by a whole gang of staff and social workers but by the person themselves, not to be brought into a room where there are six other people there giving their points of view - and they have nothing to do with it. The child should have a right to that. It shouldn't go on like that; the person involved should deal with it themselves.

Fergus: Just the way you are describing that, it sounds like torture, collective abuse, bullying? One of the things I find, being on a team of social workers - I see sometimes social workers being used by key staff or foster parents who call the social worker and get them, the social worker to give out to the child. But that has never happened - I mean your key staff never called me to give out to you -

Linda: Yeah, the staff do give out or take it up with me -

Fergus: I think that lets us talk more freely, to talk together if I'm not expected to be always giving out to you.

Linda: Well, sometimes it might be good if they called you in "cos then I could talk with someone without loosing the head with them - I don't mind -often they're right and anyway - it's better just to get one lecture than two.

Fergus: Better than two lectures. Right... I remember one time when I was not in the habit of regular contact, you picked me up on it and you said "I don't want just to see you just when I'm in trouble".

Linda: Yeah, I remember that.

Fergus: It's that the advice you would give to others.

Linda: Yeah, It's true.

Fergus: Lets begin to wrap up our conversation - you've been about three years living in care - we've talked about some of the good and bad parts of that and you've said you like the hostel you live in - I think that you are a credit of the care system. Your dad might not like to hear that 'cos you are also a credit to your family.

Linda: Yeah...

Fergus: But, I know the pride I feel when you got your Leaving Certificate, and your P.L.C. Certificates, and when you invite me to things. Two years ago you invited me to your secondary school graduation and this year you asked me to go to your graduation from the P.L.C. Course. And then to your family home for your party before your Debs Ball - We have got to know each other a lot - and we've had some laughs too -

Linda: Yeah, you need a laugh –

The Really Important Lessons:

Fergus: What are the really hard times though for kids in care?

Linda: Well, say when the child comes into care for the first time - Always believe the child - don't try to change the child or force them back home - believe the child first. And then just be there for the children.

Fergus: Do you remember times when your social worker or child care workers did things that helped, you know they were there for you - Are there things that people can do?

Linda: At the beginning no - I didn't believe it - I actually wanted to kill them up in the social work offices - it was like they were all trying to control me - they never done nothing for me at first. Not 'till they got me into the hostel - then I started to think they were o.k.

Fergus: What are the good things about being in care?

Linda: You get to really know about girls your own age - like before you had friends your own age but now you are living with people your own age. You get to know every little detail - you'll always know what they are like - bitchy - you learn a lot - how to

become independent - how to do things for yourself - They do care a lot about you in the house - like your education, if you are able they will push you, make you go on. Some of the girls living at home never get the same type of push. But the staff pushed me 'cos I was capable.

Fergus: Is there anything you would tell me or other social workers that we should do - you said listen, trust, keep in contact, and keep things private....

Linda: Just always believe the child - 'cos if you don't you'll make their life a misery

Fergus: We haven't talked at all about your parents, your family - the place we've agreed to call home...

Linda: I suppose I have two homes, I'm caught in between two homes - one home that I love so much, the hostel. The other home, that's my family that I love so much as well. I feel the hostel is a family now, 'cos I've lived there so long - they don't know that - they'd think I've gone sippy...

Fergus: What, you can't be sippy in a children's home?

Linda: No - I'm not the sort of person to show it -

Fergus: You're the hard woman - except not always - caught between two homes.

Linda: That's what happens when you come into care. You're caught between two homes. You try to work things out at home and then you have arguments in the hostel, you see I think you're meant, when you go into a hostel, not to have any problems, but when you get in you also have problems living with the staff and other kids -

Fergus: I think that is a really subtle point, that only an expert in the care system such as you, would know -

Linda: Yeah, Sometimes I have more problems living in the hostel than I do living at home...(Laughter)... So, I'm trying to clear everything up there before I do go back home.

Fergus: Yeah, Well I've huge confidence in you - but you know it's not all down to you - if it was, I think you'd have it sorted out before -

Linda: And remember children who are out of home never like to be called ‘Homeless Children.’

Fergus: What would you suggest?

Linda: No words for it - ‘Coming out of Home’ - not ‘Homeless’ -

Fergus: That’s really important, what about children living in care?

Linda: Yeah, that’s good ‘cos people do care.

Fergus: Linda, I’d like to say - again how proud I am of all you do. As the kid’s in Dublin say “You’ve got it together.” You got the Leaving Certificate and a P.L.C. Certificate, you’re doing a Diploma - I’m really proud of those achievements. But I’m really glad to know you, you’ve taught me so much about, how I want to be a social worker and a person. Particularly in relationships with people. You’ve called me on things like when you say to me, “You better start turning up...”

Linda: I’ve go to stop doing that -

Fergus: Well, stop when I start - I suppose I want to honour you, you’ve got it together in many ways.

Linda: Yeah, the girls home and the staff - in particular my key workers and social workers - they’ve helped not just me - but they’ve got me where I am - they are always there, when you’re feeling insecure, you think they are not listening -

Fergus: I suppose kids coming out of home feel insecure?

Linda: Yeah, they do, staff and social workers should recognise that that’s what happens -

Fergus: In this interview, I called you a hard woman twice, but also I think that at times like today you’ve spoken with real beauty about some very difficult things. Well done and thank you.

References:

Black, E. I.-B. and J. Roberts (1998). *Rituals for our times: Celebrating Healing and Changing Our Lives and Relationships*. Aronson INC. Northvale, New Jersey, London, Jason

Hogan, Fergus. (2001.) "New Traditions from old? Recognising the Therapeutic Role of Ritual and Initiation in Foster Care." Paper presented to the 12th IFCO, Biennial International Conference, Veldhoven The Netherlands. July 2001.

Hogan, Fergus. (2001) " Letter writing and collaborative note making in social work practice; the ethics of participation and transparency in an information age." *The Irish Social Worker*. Volume 19. No 2-3, pp11-15.

McGuirk, Myra. & Nollaig Byrne (1994). "Just now I'd like to call myself Myra." *Human Systems: The Journal of Systemic Consultation & Management*, Vol 5

Meade, Michael. (1993.) "Men and the Water of Life, Initiation and the Tempering of Men." Harper San Francisco, New York.

Rushdie, Salman. (1991). "One thousand days in a balloon." *New York Times*.

Somé, Malidoma Patrice. 1996. *Ritual, Power, Healing and Community*. Gateway Books, Bath.

Youth caring 'It's the little things...'

Jean Kennedy

Jean is one of the founding members of 'Youth Etc.' a group for youth who care and who grow up in care; this group offers, support and friendship as well as training and education workshops to social workers, care workers and foster carers.

Okay so, here I go! ... My friend, Fergus Hogan, the editor of this journal, asked me to write a piece on my experiences as a youth carer. So here I sit, trying to put my life on paper...

Hi! My name is Jean Kennedy. I am a child, (although I'm nearly 18), in a fostering family. Our family has been fostering for nearly seven years now. I am the second eldest of a fluctuating number, but at the moment, we are a very rounded eight! In my house at the moment, two of my brothers and one of my sisters are fostered, all younger than me. The only difference you will find is that they have another family and a different surname.

We, as a family, have experienced every type of fostering placement, long-term, short-term, emergency, respite and day-care. The brilliant thing is that I know what each of those terms mean! They were never explained to me, I just based my understanding of them on my experiences.

I am a youth carer. What this means to me is that I get the chance to do great things, share my happy home and watch young children grow up, content. It's been a joy but a struggle, and yes, it's all worthwhile.

I love being a youth who fosters. I have shared my parents, my family, my bedroom, my life, my love, and my last Rolo. Everything! I can't put into words the feelings shared with a hug, a kiss or just a smile. No words are needed to show love...

It's the little things...

In my eyes, fostering is a brilliant revelation. Y'know, I don't think anyone can pinpoint the moment when a child actually becomes part of your family, rather than being a child

who happens to live with you. I love that.

I'm gonna talk about the brill things now, and hopefully make you laugh and smile, then I'm gonna talk bout the sad things, and maybe make you cry, here I go...

The brill things...

-I love watching kids grow up.

-I love having two younger brothers, which I never had before.

-I love when the younger ones ask me to help them with homework, ask me about what they should wear to parties, ask me to put their hair up like mine.

-I love when my younger sisters all come and say goodnight before they go to sleep.

-I love having a brother who's the same age as me, with whom I can hang around with and introduce to all my friends.

-I love playing hide-and-seek, 'cos they're so easy to catch, 'cos they keep squealing when I come close!

-I love the fact that you can't ever be alone with so many people here.

-I love being able to say something to my family and there's always someone who has felt the same, or been in the same sort of situation and is there to talk to.

-I love the photos we take, trying to get all the smiling faces in!

-I love family parties! 'Cos there's so many of 'em!!

-I love when we stop at the traffic lights and people start using their fingers to try and count how many of us there are!

-I love having to think twice when people ask how many brothers and sisters I actually have!

-I love Christmas! It's the best holidays for foster families!

I love it all! Except...

-When one of my siblings has to leave our home for whatever reason.

-When a child comes back from a stressing access and is hurtful and angry for a while afterwards.

-When I know a child is hurting from past abuses of any and every kind.

-When a child's eyes fills up with tears 'cos they're far from their parents and natural brothers and sisters.

-When my friend, my brother or sister, feel they're excluded and 'different', 'cos they're in care.

-When I have to pick up the pieces of a broken heart and try and stick it back together.

It's always the little things...

I'm going to change the world! Do you think I'm crazy?! I'm gonna change the world for all my brothers and sisters that I haven't met yet...

I have been actively involved in the Irish Fostercare Association, the International Fostercare Organisation, the National Fostercare Organisations in England and Scotland and many more organisations, on a local, national and international level for about five years now. I have listened to workshops, given workshops, listened to lectures, given lectures, read speeches, written speeches, read research reports and set up research projects, debated and argued, laughed and cried, shared experiences, and made experiences.

Fostering is a community in itself. I have formed strong friendships with others from the fostering world, internationally as well as locally. It's almost a theory of mine that the issues within fostering, both good and bad, can be found worldwide. Could there be a lot to say about that?

I'm going to change the world, not only for fostered children and fostered youth, but also for youth carers. In my experience, a lot of youth carers feel excluded in the decision-making that affects their family home. Would it be too much for a social worker to sit down and explain to us why they're moving our brother or sister?! Would it be too much to expect?!

Social workers! Your job is (mainly) a basic 9 to 5, mine is 24-hr/7 days! 'Listen to me! Recognise the good and vital job I'm doing!'

Social workers! I wish I could get all the social workers in the world into one room and shout in my loudest voice, 'Listen to me! I make a difference!!' Some link workers have never really talked to the children of fostering families! A certain number of youth I have met, didn't even know what a link worker was!!

'Youth carers are the central role in maintaining the wholesome balance in foster families.' Remember, we are part of the care system too!

In my experience, some social workers and other professionals have yet to realise that children and youth in fostering families probably spend more time with foster children in their family than the actual fosterparents do! I know I do! I'd like to think that it's a different relationship, not better, but maybe more 'evolved'. I go to the same school as my foster brothers and sisters, I go out with friends with them, I have shared bedrooms with my sisters and shared a whole lot more as well.

I think youth carers should be somewhat included and definitely consulted, when it comes to decisions that others are making about our families and our homes. I think that

the fostering system has yet to highlight the importance of youth carers and yet to include and honour the vital role of youth carers. I think that I should have more of an input into what happens in my home!

If I'm big enough and bold enough to speak in front of thousands of people, and debate the ethics of the fostering world, then shouldn't I be able to verbalise my opinion on the fostering situation in my own home?! And don't I deserve to be listened to?! All you social workers and professionals have to remember that every decision you make has a trickle effect on my family and me.

I'm going to try and change the world a little bit more. I'm going to make a little difference.

It's the little things...

One of the brilliant things about being me, and being involved in fostering, is that I'm a loved member of my fostering family. I have yet to count how many people are in my fostering family! I would guess at, hundreds! Y'see, all the children that have lived in my home, all of my relations who support us, everyone I have met through conferences, the many acquaintances I have made, every government minister and official, whose ear I have plucked, and all my beloved friends (you know who you are) and every person who reads my words and understands, I include in my fostering family.

It's always the little things...

And it's the little things that have to be changed. I'm going to change the world, but I wouldn't have made that dream an aim, if I hadn't been one of the "Youth Etc." We are a joint peer support group between youth who care and those who live in care.

Basically, we are mostly youth, who met through friendship and at fostering conferences, and found that all of us had the same key issues with the fostercare system. When we realised that all felt this, we made our group an official support group and set out for our voice to be heard. Our meetings helped us all to define the language and labels we now use to describe ourselves. It opened my eyes. This group developed and formed another group, called 'The Circle Of Friends'.

'The Circle Of Friends' is a group, which connects all the parties involved in practice and policy-making of the fostercare system. This group includes youth carers, those in care, fosterparents, practicing social workers, lecturing social workers, students studying social work and adults who were in the care system. It works really well, because everyone has a voice and everyone else listens. I love that.

Youth Cares...

This is my life we're talking about, shouldn't I have a voice? I can make a difference. I think that we all have to remember that the youth carers of today are the fosterparents of tomorrow. All I'm asking is that you offer your guidance. You can make a difference too. I'm going to change the world. So can you. You have made that little bit of a difference already, just by taking the time to read my story. Thanks.

'Everyone listens'... that's not so hard, is it? 'It's always the little things...'

My Story

Christine Deady

Christine has recently been elected to the board of the Irish Foster Care Association. Christine is the national representative for children who have grown up in foster care.

Introduction

I had my first experience of foster care when I was about eight or nine. I realise by putting it in writing, that I have been in care for over half my life. I had never heard the words *foster care* before and so had no understanding of it. A social worker at the time told me it was '*experiencing other people's parents*'. I found this foolish: why would we want to experience other people's parents? Why couldn't we just go home and live with our own? But I soon stopped asking questions because I never understood the answers.

My first foster placement was on a short-term basis while my mother was in hospital for an operation, and five of us were kept together. I was the eldest girl and wanted to be strong for my mother so I would never be seen crying. Anyway I always thought that things would all work out alright in the end and that we would be going home soon. My younger sister suffered the most in this placement. Her longing for my mother, and her constant crying was interpreted as 'trouble-making.' I think that many of the insecurities she now suffers can be traced back to this time. She was told that if she didn't stop being bold she would be sent to a place for bold children. She was six at the time. One day she gave me her favourite doll to mind in case she would never see me again. I think it was cruel to tell her such things, when all that was wrong with her was that she was missing her mother. I feel guilty now, that I didn't stand up more for her, as although I was unsure of what would happen, I knew she wouldn't be sent away, but I was afraid to make trouble in somebody else's home. I saw myself as an inconvenience and felt that it was wrong to step out of line. I think those foster parents were wrong in the way they handled my sister, but I have no doubts that they did not realise the effect it had on her. They probably thought that they were right in disciplining her in this way. I think that they may have been inexperienced or else maybe they didn't have enough training.

In a way I blame the system for this. We would probably have been better off looking after ourselves with a little help, as my eldest brother was sixteen at the time. These foster carers had five of us and probably no support or training. Training should be obligatory for foster parents. Maybe there was a shortage of places but there should have been some way of stopping this from happening. It still baffles me how our social workers don't understand why my sister is so angry. What six-year old could have emerged from that unscathed? None that I know anyway.

My second foster placement was in a different community care area. A couple of days after my tenth birthday, which was about two weeks before Christmas, we were again placed in care by my mother as she was finding it difficult to cope. We were broken up into two's this time. I was placed with my youngest sister, who was about a year and a half at the time. She had become almost completely dependent on me, as I had been looking after her at home. She would cry when I left the room, and tried to follow me when I went to school every morning. I would leave home and she would be crying on the doorstep. I resented my foster parents for trying to break our bond. I thought that they were trying to get my sister to trust them and to forget about me. I knew she didn't want to be left alone with strangers at her age and I felt that they were trying to deprive her of the only bit of familiarity she had left - me. I was told not to lift her up every time she wanted me to and not to give her so much attention. All I knew was that she needed me and that she didn't understand what was going on, so I ignored their directions. Looking back I think that it was the right thing to do, because she soon settled in and began to trust our foster parents. We stayed in this house for a few months. One day I came home from school and there was a social worker in the house who told me that we were going home. I remember feeling my face light up at the thought of a new life, getting back to normal again and possibly forgetting the last couple of years had ever happened. My foster mother was upset to let us go and I know that she cared for us both but at the time my mother's love and care was all I wanted and all that really mattered to me. Thinking back now I really should have thanked those foster parents for being the best they could be for us, but I was just clocking up time there until I could go home.

Going home was not as I had expected it would be, for one thing my father was no longer there and I didn't know how to answer the neighbour's questions on where I had been. Nevertheless home is where I wanted to be and I didn't have to go through the complicated access procedures to see my family: once again I was surrounded by them. However, it wasn't long before things started to break down again and the morning arrived when my mother called us all into her room and told us that she wasn't strong enough to look after us, and that we deserved better. I burst into tears and told her I

wasn't going to leave again. The day the social worker came to take us away I begged my mother to let me stay home, telling her that I would help out more and take care of her. My mother gave in to me and when the social worker came to return us to our old placements we told her that myself and my baby sister were staying with my mother. We drove to the house and I had to pretend that I was going to stay with my little sister just like before, because she had once again become dependent on me. When she saw me getting into the car to leave she became hysterical and ran after the car, calling my name. She was only two at the time and the memory of this still haunts me, because once again I know she needed me but this time it was my own choice not to be with her. I don't think there was ever anybody in my life who put their whole trust in me the way she did, and even though I knew I had to look after my own needs I feel as though I betrayed her. This whole episode has had a permanent effect on me as I feel I cannot make promises to her unless I can keep them. I fear she will remember this in years to come and hate what I did, and I wonder will I be able to justify my reasons.

When I was back at home my mother realized that I was unhappy: home wasn't home without my brothers and sisters. She told me that *care* would be a better place for me, and that I'd still get to see her as much as I wanted to. At this stage I agreed, as I felt incomplete without my brothers and sisters.

In the summer of 1994 I had what I would call my first chosen foster home. I had been to this house to drop off my sister and to try to make her feel comfortable and help her settle in, and it seemed like an easygoing, lively home. I asked to be placed here and the social workers and foster parents agreed so the decision was made and I again returned to foster care. I spent the entire journey asking questions. It seemed that there was an army of children there and I would never be bored. I was very unsure of myself for the first few weeks. I loved living with my sister once again and teaching all of the other children how to play the different games we knew. It all seemed like an adventure to me though I wasn't expecting it to last because I was told I would only be there for two weeks.

Two weeks turned into seven years before I knew it and in the meantime my sister left to be with my younger brother. My life gradually became 'normal' again, and I realised that the natural home isn't always the best place for everyone, that it's ok to miss my family and that I don't always have to be the strongest one.

This placement can only be what is described as a success story. My so-called two weeks have become the most secure eight years of my life. My understanding of myself and people around me has greatly increased, and I have come to learn how three-

dimensional foster care is and the fundamental conditions necessary in making a success of it all. The most important thing to me was consistency, knowing that I could see my family at a definite date and the reassurance that it would happen. There were many times when I refused to give the social workers proper answers when they questioned me on what I would like to happen with my placement as, I felt that what I asked for was completely ignored. For instance I was tired of asking for more access on my review forms year after year without any changes being made. I stated the fact that I didn't want to repeat myself anymore and that it was pointless filling out forms that asked the same questions year after year that were never acted upon. However I later found that putting my feelings on paper was the most effective ways of being heard as my requests were on record for future reference.

I have spent ten years of my life in care, some of these have been the happiest days that I can remember and now I feel that I have two families. Being able to keep in regular contact with my brothers, sisters and my mother has made a huge difference in my life. Access arrangements, I know are hard to organise, but this is one of the most important issues in creating a successful foster placement, and social workers and foster carers should realise the misery and grief that separated children feel. I wish that we could all have been kept together but I know that this was not possible. The next best thing is to know that my family was being looked after properly and that I could see them regularly as well as phoning and writing to them.

In writing my story of living in foster care I hope that other people, social workers, foster parents, birth parents and brothers and sisters will read a part of the story which might help explain an experience that you might have had too.

I have been lucky and I believe that the last eight years were not taken from me but given to me.

Book Review

***A Child called 'It.'* Dave Pelzer (Orion Books. 1995). 141 Pages Price: £5.99
Reviewer: Claire Nolan, Final Year B.A. (Early Childhood Studies) UCC.**

“Inside my soul became so cold I hated everything, I even despised the sun, for I knew I would never be able to play in its warm presence”

The story begins with the personal thoughts which race through the mind of a child, whom, with every breath he takes wonders if it will be his last. He constantly weighs up the consequences of life for him, wondering ‘if he washes the dishes fast enough will he get dinner, or will he get food at any stage of the day or night.’

You can feel the tension in every word as David’s thoughts rush through his head, as he listens attentively for his alcoholic mother to approach him, while trying to wash up or tidy up before she reaches him. He silently accepts this brutal treatment hoping at the end of it that his mother will feed him.

He writes in graphic detail, throughout the book, about the physical abuse and emotional torture and slave like existence that he endured on a daily basis. The images that are portrayed through the author’s use of language are very intense. David writes of how his mother yells, screams, demands and snaps continuously at him. The most alarming image is how David describes that after each torturous deed his mother walks away “...seemingly satisfied with herself” (P3). He then breathes a sigh of relief as her footsteps fade into the distance.

In the early stages of the book, he strives to explain or make excuses for his mother, as he leaves for school one day, he looked into her swollen red eyes, she still had a hangover, he describes her once beautiful, shiny black hair which is now frazzled clumps, she wore no make up and was overweight and knew it. It’s like he is giving her reason to be so abusive, in an innocent way. The sadness and loneliness is very clear as he writes a chapter about the good times they had before his mother changed. Then he describes how at one point his mother did return to show such affection towards him, for two days, but that was just because the Social Worker was visiting and wanted to see David. He describes how he let his mother back into his life for this time and truly believed that she was back. He then describes the unbelievable let down and desperation as she returned to abusing him. At this point he becomes completely detached from the situation and loses all belief that there is even a God. The innocence of the child is

captured, even in this state of desperation as he writes, “For a moment I looked out of the window. I could hear laughter and screams of the children playing. For a moment I closed my eyes and imagined I was one of them. I felt warm inside ... I smiled”. (P.62)

As I read this book, I became sad but also angry. I feel an intense need to make people aware of the fact that no child should endure this or any abuse. I am angry with people, who ignore this abuse of childhood, how can they question and then leave the situation to go on. How many children today are experiencing this abuse right now as I sit and read this book or as you sit and read this review. The labelling of children by people, how people judge others, and choose not to get involved maybe due to fear, makes me angry but also very sad for children who are in similar situations. Throughout this book David describes the abuse he received from his mother, but he also addresses the fact that he was in a sense abused by his father in a non-physical way. He writes of his father, after yet another fit of abuse from his mother, “when I did open them, (eyes), I stared at Father who turned away to avoid my pain”(P60) “I couldn’t believe he just stood there.... at that moment I knew we were slipping further and further apart”. (P.59) David would turn to his Father for help, a look, a smile, a nod, and a word of hope, that’s all he needed to keep him alive. Unfortunately, his father constantly turned away, maybe because of fear of his wife maybe because it was easier to walk away. David saw his father as somehow being lucky in that he could get away from his mother. David felt so empty inside when his father left, and writes, “I never told him, but I’m sure he knew” (P111) As the abuse goes on David disconnects himself from the physical abuse he suffered, and became somewhat like robot, rarely revealing his emotions.

This is the story of a child who at the beginning has the will to live within him, but as he is tortured and humiliated by his mother, abandoned by his father and uncared for by his siblings, this will begins to subside and he loses faith in everything. Then one day in 5th grade after David had spoken with his teacher about his behaviour. The teacher in turn gave him the responsibility to name the school paper, this David did and to his amazement, the teacher told him he was proud of him. David writes that he had not heard these words in a long time and he was very emotional. But it was also ironically, on this was the day that his mother turned and crushed him by calling him an ‘It’, thus stripping him of his very existence. He decided on this day mainly because of the fact that the teacher praised him and showed an interest in him, that he would strive to overcome this terrible life he had lived for so long.

In reading this book, the reader almost forgets the fact that this child once had a loving and caring home, it highlights how people change and how can people ‘snap’ so

quickly, out of such a real existence into one of non-existence. This is the story of a boy who endured horrific torture, from his alcoholic mother and who turned silently to his father who was no better to him. As I read each chapter, of which there are seven, the title of each one is very appropriate and is written with a childlike innocence. By innocent I mean that it is the view and ideas of how a child perceived the situation.

Reading through the book I was shocked, angry and horrified at the descriptions of what the child endured. I was also saddened by the fact that outside of his home he was constantly getting into trouble in school and being bullied for being different. As I turned each page I was dragged into his fight for life with him, as he planned how to steal some food, how he had to eat the leftovers but unbelievably how his mother made him throw up each day so she could examine what he ate.

As I read each page I felt his pain, fear and worthlessness in so far as a reader can. He captured with a clear, graphic, description what happened to him. I also felt sorry for his mother and father in this story, because in a sense they were in as much need of help as he was. It leaves me believing that it is essential in no matter what context we come into contact with families and children that we should help the parents as well as the children. This reminds me of the approach to helping families in need in New York. While in Holland this Summer I had the great honour of meeting Sr. Mary Paul, who stated quite clearly that, "these parents are yesterday's children." This statement has stayed with me on a daily basis and I think it is a vital approach to solving problems within a family. Sr. Mary Paul founded the Centre for Family Life, in New York, in 1978, and the main principle is that the family is the unit of treatment.

The Centre for Family Life in Sunset Park, combines clinical counselling and group services, school based programming for children, teenagers and parents, childcare and summer camps. They are also involved extensively with work in the arts and a focus on employment for youth and adults. Mindful that family crisis can arise at any time, the Centre operates seven days a week, and its director can be contacted at any hour. This in my opinion is a positive and structured way of helping people, being there when they need it. A person's life can be altered or changed by the blink of an eye and we should be flexible enough to support them during this time of need.

The Politics of Children's Rights, Frank Martin, (Cork University Press, 2000), £6.95 ISBN 1 85918 272 0

It can be difficult to list the categories of legal rights which Irish Children possess particularly in their capacity as children. Legally, childhood is a vulnerable phase in

one's life and society regards it essentially as a journey towards adulthood. However, children cannot wait until adulthood to enjoy the full panoply of legal rights and children must not be classified as adults in waiting. Martin's book highlights the vulnerability of Irish children who, from a legal point of view, have no central or pivotal role. As they have no vote they are disenfranchised and lack power to assert their rights. However, Martin's book takes a positive approach examining all the rights which children do have under Irish Statutory Law, Irish Constitutional Law and finally, International Law. The core focus in the book is the child liberation philosophy which has as its objective the prioritising of children's rights in the political agenda on the basis that respect for human rights in a society begins with the way a society treats its children. An attractive feature of the book is that it is written in a style which both lawyers and non-lawyers will find accessible.

Chapters three and four chart how the Irish Courts have been to the fore in creating rights for children. Martin regards the Courts as a refuge of last resort for Irish children. He critiques the fact that politicians have been slow to develop this area of public policy. He thus examines in detail the rights which the courts have acknowledged, among them the right not to be hungry or to suffer the ill effects of poverty. Children have a right to proper housing in order to enjoy their childhood in a suitably civilised environment. They have a right to bodily integrity and not to be bullied or assaulted at school, home and in recreation. They have rights not to be ill-treated neglected or abused. They have rights not to be expelled from school, rights to autonomy and self-determination and rights to know both parents where appropriate. However one of the main obstacles for the children's rights movement in Ireland is Article 41 of the Irish Constitution which privileges the family based on marriage and gives parents overriding controlling rights over their children. In fact, children under sixteen cannot give their consent to medical, dental or surgical treatment. Martin cogently argues for consolidated legislation on children's rights in the form of a Children's Rights Act which would incorporate all the rights which have been created judicially by the courts to date. He also examines the hidden fact that child poverty is exceptionally high in Ireland. In many senses, Martin's timely book validates criticisms of successive Irish Governments which have neglected the children's issue. The UN Committee on the Rights of the Child condemned Ireland for the fragmentation of its policies towards children. Other criticisms were that traveller and asylum seekers' children were discriminated against, corporal punishment was still prevalent in Irish homes and teenage suicides and early pregnancies were alarmingly high.

Anybody working with children should possess a copy of this excellently researched book. Whenever a Children's Commissioner is appointed and when the European

Convention on Human Rights is incorporated into Irish law, the children's issue will no longer be neglected. Martin's book contributes to the process of inculcating a culture of respect for children's rights within a democratic society. *The National Children's Strategy Report* (2000) is high on aspirations and low on concrete specifics. Thus Martin's comment that "Rights without services are meaningless and services without resources cannot be provided" is very timely and apt.

The Child and the European Convention on Human Rights, Ursula Kilkelly, Ashgate 1999 (ISBN 184014 7040 www.ashgate.com)

The key to the European Convention on Human Rights (ECHR) is the success of its enforcement mechanism at both a regional, as well as a domestic level given its incorporation into the domestic legal systems of 42 Council of Europe States. Although the Convention's scope for enforcing and protecting the rights of children is not immediately apparent as it contains few specific references to children, the Court of Human Rights has made a considerable contribution to European law and practice in the areas of private and public family law. It has done this through a variety of inventive methods of interpretation, including by drawing on the provisions of the UN Convention on the Rights of the Child, something which has done with increasing frequency and significant effect.

Ireland is about to bring the ECHR into domestic law via the ECHR Bill 2001. While it is uncertain what impact this will have on law in general, the large volume of case law on the family, the protection of children and the operation of the care system from the European Court of Human Rights suggests that its effect will be felt most dramatically in this area.

The Child and the European Convention on Human Rights presents an analysis of nearly 700 decisions, opinions and judgments of the European Commission and Court of Human Rights concerning children and is the first book to focus specifically on children and their rights under the ECHR. In advance of incorporation, it is a timely and relevant publication. The book deals with many subjects including the child's right to identity; the right to education; the child's participation rights, the rights of children and young people in conflict with the law and the right to health and health care. The second half of the book, however, addresses the treatment of the child in the family, the protection of the child from abuse and neglect and the rights of the child and other family members in the alternative care systems of fostering and adoption. In addition to providing necessary analysis of the Court's case law on these subjects, this book also provides a useful insight into approaches to alternative care in other European countries.

Examples of best (and worst) practice are plentiful, therefore.

Under Article 8, the ECHR protects the right to respect for family life and due to the Court's broad interpretation of family life to include arrangements beyond the traditional family, the scope of this provision's protection is broad. It provides both substantive and procedural protection. With regard to the former, the case law makes it clear that authorities, when taking decisions must both refrain from any action that will interfere with the rights of the parties in a disproportionate manner, and bear in mind any positive or affirmative obligations which respect for these rights involves. Thus, children cannot be placed with foster carers too far from their parents, if the distance would make maintaining regular contact difficult. The procedural protection of Article 8, whereby respect for family life has been found to include a right to participate in the decision making process governing a child's care is even more important. Failure to consult, involve and inform parents may result in their family life rights being violated and indeed failure to hear the children on certain issues may also pose a problem. These issues are all explored further in Chapters 9, 12 and 13 of the book with Chapter 8 looking in detail at the child's right to protection from abuse and what is necessary to achieve this.

The book deals comprehensively with the case law of the European Court of Human Rights on a wide variety of issues relating to children and their families, the law on the implementation of care orders and the obligation to protect children from abuse probably being the most relevant and important. The impact of this case law, which is growing in scope and volume on an almost daily basis, on Irish law and practice following incorporation of the ECHR is uncertain. What is clear, however, is that preparation for those working in the area is vital and this book provides an excellent source of critical information for all such advocates of children's rights.