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Children in Relative Care

Introduction

This chapter examines the impact of relative care on the lives of the children involved in this increasingly important child-care option. Relative care[1], as distinct from informal care within extended families, is a care option now being used increasingly by the State. It involves the formal placement of children unable to live with their parents in their extended family networks. The focus of this chapter is primarily to examine how the relative care system impacts on the lives of children.

The chapter is drawn from a Ph D research study conducted out in Ireland between 1993-1997 (O'Brien 1997). It is the only study of its type conducted to date in Ireland and has contributed significantly to an understanding of this care option for children. The study used a combined qualitative and quantitative methodology. It examined the evolution of relative care networks following an emergency placement of a child in a relative home in the Eastern Health Board area.[2] It provided base-line data on a population of ninety-two children. The study traced the processes involved through the decision-making, assessment and post-assessment stages. It examined the ways in which current case management practices, derived primarily from an application of a traditional foster care approach, impact on the evolution of the networks. A process-oriented descriptive account of the evolution of the networks was presented. The multiple perspectives on issues offered by the birth parents, children, relatives and social workers involved was an important feature of the study. A post-Milan systemic framework, drawing principally on the 'fifth province model', (Byrne 1995; McCarthy & Byrne 1995) was the main theoretical frame used to orientate the study

This chapter starts by providing an overview of the emergence of this care option and the perceived advantages and potential difficulties associated with relative care practice. A snap shot is presented of the children involved and their families. This baseline data provides important markers in which the overall issues emerging from the children's experiences can be understood. The children's views of the key stages in the evolution of the placements are then presented.

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. Different options are

[1] The terms relative care/ relative foster care/ and kinship care are used interchangeably in the literature to refer to this practice. In this chapter the term relative care is used, as it reflects the common language used to describe family relationships in Ireland. Kinship is the term used predominantly in the American context.

needed to meet the care needs of the approximately 3600 children in state care at any one time in Ireland.[3] The numbers of children in care have not changed dramatically in the last thirty years, but the use of individual care options has changed [4]. Foster care has become the dominant placement of the care system. In Ireland, the percentage of children who are in foster care rose from 50 to 75 per cent of the total care population between 1977 and 1997 (Kelly & Gilligan 2000). Prior to the publication of the child care regulations in 1995, (Dept of Health 1995a) 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 also a feature of many international child welfare systems, (Gleeson 1996) and made it difficult to track precisely the rate at which change was taking place.

The increased use of relative care was a trend, which was evident in the agency in which the research was conducted. The numbers of placements with relatives increased from nine children placed in 1990, 20 in 1993 and 145 in 1995 and 179 in 1997.[5] These figures look small when viewed against a total care population of 1,476 children in the Eastern Health Board in 1996 (Dept of Health 1999). However, when the number of new children entering the system is examined, it is evident that a quarter of all new children placed in foster care in 1996 were placed with relatives. The only national profile of children in care which contains separate profiles of the relative and foster care population is the 1996 snap shot of care trends (Dept of Health 1999). On the surface, this shows that one in every seven children in the care system is placed in relative care. However, this figure fails to indicate the rate of increase in this care option. The number of children in relative care is shown against a total care population of which 64% were in the care system for two years or longer, and 40% were in the system for five years or more. (Dept of Health 1999). Relative care was not used to any great extent until the mid-nineties.

Emergence of relative care

In the 1990's, a renewed interest in family and social networks as a placement resource for children in need of formal state care occurred. Several factors account for the change in a context of major shifts in child welfare systems. These include **the shift from residential care to foster care** (Triseliotis 1989; Colton 1988). This shift is associated with the increased awareness of the negative effects of long term institutionalisation, the importance of a family-based experience for children, especially those in long-term care, and a concern among service providers with the increased cost of residential care. **Demographic trends** have resulted in less

[2] The Eastern Health Board was the largest of the eight Health Boards in Ireland. The population served by the EHB at the time of the research was 1,245,225, which represented 35% of the country's population. Since the completion of the research it has been divided into three separate Health Board areas.

[3] The Dept of Health and Children took the last snap shot of the total number of children in care on the 31 December 1996. Prior to this, the total number of children in the care system was taken in the 1992 snap shot.

[4] In 1988, 2,614 children were in care (Dept of Health 1990). In 1996, 3,688 children were in care (Dept of Health 1999). This reflects an increase in the care population, a trend which is also identified between 1982 and 1988. The total number of children in care increased by 10% between 1982 and 1988. When a longer view is taken, there is a decrease in the number of children in care. In 1968 there were 4,834 in public care (Gilligan 1991: 185).

[5] These figures are taken from agency records for a range of different dates. Accurate counts of total number of children in care were not readily available on a single date to show the total placement of children in the care

availability of foster homes (Kusserow 1992b; Gilligan 1990); at a time when family-based care is preferred. The **inter-generational abuse/ dysfunctional family theories** that accounted for negativity towards relative placements among practitioners have been challenged, with the emergence of family therapy, systemic and strength-based approaches. The shift towards **partnership** in childcare (Thoburn 1994; Ryburn 1993) opened up the previously untapped potential of family and social networks among service providers. As a result greater emphasis was placed in practice on the process of consultation, client participation and consumer satisfaction. **Principles of Child Care** were re-appraised as people reared in alternative care began to narrate their stories, and the importance of identity and roots was reinforced. This challenged core premises previously held regarding 'substitute' care. As part of this evolving thinking, many theories central to child care, e.g. the family and social networks, attachment, identity, separation and loss were re-examined. **Outcome studies** indicated lower disruption rates and more security for children placed within family networks (Rowe 1984; Fein, Maluccio, Hamiltion, & Ward, 1983; Dubowitz 1993, Iglehart 1994). These studies, though small in number, influenced practice at a time when practitioners were dealing with increasing difficulties in foster care i.e. recruitment, breakdown etc.[6].

Relative care now accounts for an increasing number of care placements and undoubtedly this is associated also in part with a number of identified **advantages for children placed in relative care.** The advantages, identified through research and practice, are generally considered as the availability of familiar care in a time of crisis (Thornton 1987), placement in a familiar ethnic and racial community (Hegar et al 1995), avoidance of trauma of being placed with strangers (Dubowitz 1994), greater facilitation of access with birth parents (Berrick et al 1994), lower disruption rates (Iglehart 1994), greater opportunity for sibling unity (Johnson 1995), and greater adjustment in alternative care (Iglehart 1994).

It is not the intention in this chapter to consider in-depth the merits of the perceived advantages for children in relative care, but it is important that the advantages are considered against a number of concerns. The central concerns emerging in relative care are seen as protection of children, the impact on children in the event of intra-familial conflict; the level of support services, financial equity, reunification rates, and the applicability of existing case management systems (O'Brien 1996, 1997b, 2000). The latter concerns are seen to impact more on service delivery and the support services for the relatives and the children's birth parents, which of course indirectly impacts on the children.

A 'snap shot' of Children in Relative Care and their families

This section summarizes information collected through a census of all children in relative care in the Eastern Health Board on the 1st February 1995. The profile provides a 'snap shot' of all the children who, on that date, were in the formal care system and placed with relatives. The 'snap shot' makes available information about this relatively unknown child-care population, and provides base-line information that can be developed in future

system. The total care population, between birth and age eighteen years, in the agency in 1996 was 1,476 children.

[6] Caution is needed in drawing conclusions from outcome studies to date, as the studies tend to be predominantly American, and lack highly significant representative samples and adequate control groups.

studies. The disadvantage is that it provides a static and superficial view of this population at a single point in what may be one episode only during each child's care career. The information presented relates to the biographical characteristics of children and their birth families, their care careers and characteristics of the relative families they were living with.

The Children's Families

Two thirds of the children in the study population (N = 92) came from families that were headed by a single parent at the time of their admission to care. Almost two thirds of the children (62%: 54) belonged to families where their parents were married. Of this 62%, 21% (19) of the children's parents were still living together. The remaining children (41%: 37) parents had either separated or had died (14%). One third of the children belonged to families that were never married (38%: 35) The findings in this study for families headed by a single parent are marginally higher than those presented by Richardson. Her study reported that 19.2% of the children's parents were married and living together while 25.8% of the parents were unmarried (1985: 104).

For the two out of three children (67%: 57) belonging to families headed by a single parent, half of these children lived in families whose parents had never been married (38%: 35). Within this population of never married parents, a small number of children's parents were cohabiting (5%: 5), while (6%: 6) of the children's whose parents were separated were cohabiting. The 38% of non marital children coincide with the findings of several studies, which shows that this group of children is more vulnerable to placement in care in Ireland (Richardson 1985 and O'Higgins 1996).

The mean age of the children was 9.7 years, and over half of the children were aged ten and over. Over two thirds of the children came from families that ranged from one to four children in size. Twelve (13%) of the 92 children in the study were single children, 20% (18) came from a family of two, 23% (21) came from a family of four and the study consisted of one family of eight children (9%).

Ninety percent of the children came from families that were dependent on social welfare for their primary source of income, and over 75% of the children's parents lived in the rented housing sector. Of the remaining quarter, half of these children's parents were homeless. However, homelessness per se was not presented as the primary reason for care. Addiction featured highest as both the primary and secondary reason for care, followed by neglect. The findings relating to the families of children in relative care showed many similar characteristics to children in the general care population in Ireland. The limited research data in this area, and the small scale of the census, prevented a more thorough comparison.

This profile also shows similarities with international studies. In particular, the pattern of children in care being pre-dominantly from single-parent families is noted, as is the prevalence of neglect and addiction as reasons for care.

Care Careers of Children

The idea of "care career" allows recognition of "child-care as a process" (Millham et al 1986: 11). This draws attention both to the individual's experience in the care system, and also to patterns inherent in the system into which the children are put. Pinkerton (1994), in his discussion of care career distinguishes between care as bounded by key legal decisions, such as entering in the system, and by placement decisions. The care career of the children in the study is presented in this section according to the care status, previous care admissions, routes to relative care and age profile of children entering both care and relative care.

The care careers of the children showed that for over half the children in relative care their current placement was their first experience with the care system (57.6%: 53). However, of the remaining thirty-nine children who had previous care experience, thirty-one were moved from within the care system to their relatives. The reason for this move was divided equally between planned moves and as a result of disrupted placements. The high numbers of teenage children placed as a result of disrupted placements has implications for the levels and type of support offered to the relatives.

A high proportion (63%) of children was in relative care on the basis of court orders. This reflects the general national trend for children in care. It is important to distinguish between those children placed in relative care when the order is already in existence, and situations where the order is taken while the children are in the relative home.

Thirty-nine percent of children were in relative care for longer than three years. This information would be more relevant if it had been possible to examine length of time in placement against the initial care plan and placement decision making. A concern identified in international studies is the longer length of time, but with lower re-admission rates, for children in relative care compared to other care options.

The study showed that two thirds (62) of the children had siblings placed with them, or within the extended family network. Only four of the children were placed with relatives who also fostered non-related children, and this gives a picture of relative care as fostering children principally from their own families.

Fifty-four (58.7%) of the children were living in relatives homes which had been approved, while the remaining 41.3% (38) of placements were awaiting approval. The average length of time to approval was between seven and twelve months, though one in five children were in homes for a year or more without being approved. The implications of failing to achieve the approval in the allotted twelve-week period as laid down in regulations (Dept. of Health 1995a) is a serious issue for both the agency, and the relatives who may be left awaiting support.

Who are the relatives who provide care?

The profile of the relatives in the study was similar to international studies in terms of low income levels (Thornton 1987; Dubowitz 1993; Link 1996). While slight variation existed in the age structure compared to international trends, the relatives were on average older than the regular foster parents approved by the agency. The children were predominantly cared for by relatives on the maternal side of the family, with maternal aunts

providing the highest level of care. Maternal aunts featured high also in international studies (Rowe et al 1984; Thornton 1987; Task Force 1990; Link 1996), but grandparents provide a greater proportion of the relative care in USA (Johnson 1995). This difference is partly explained by the different family structures.

The relatives are predominantly married, which again is at variance with the international trends. However, while taking into account the paucity of data pertaining to the general foster parent population, when compared to the Conway (1993) profile of the foster parents in the agency, the number of children (11) placed in families headed by single parents was higher. Despite the small numbers of single parents, this is a change in the agency in which the study took place.

The accommodation in which the children were living with relatives was considered. It was shown that a higher proportion of relatives were owner-occupiers compared with birth parents, but as a group relative carers have a higher percentage living in the rented sector than the national figures.

The mean family size of the relative carers' family was 3.2 children, compared to a mean of 3.7 in the children's own birth family. The variation between the composition of the two families was limited. It is of interest, however, that eight children were placed with relatives who had no children of their own. Sixteen of the children placed came from families sizes of between six and nine children, whereas only eight children were placed with families that had between six and eleven children in their families. In light of the family composition, the trend whereby a number of the children were placed within the two year age differential usually applied by the agency is significant.

The profile of children and their families has been summarised in this section. Five important trends in particular were identified which warrant further attention. These include the need to track children entering relative care according to the initial care plan, and the subsequent length of time spent in the system, considering the trend recorded in America of children spending longer time periods in relative compared to non-related care. The length of the assessment process prior to final approval for the relatives' placements is also significant and has implications both for the relatives and the statutory duties of the agency. The reasons for children entering relative care also needs to be studied. Special attention should be focused on the major problems of addiction as a reason for admission to relative care.

The question of who cares and for what reason are important issues in relative care. The trend wherein care is provided predominantly on the maternal side by women needs to be further examined in terms of expectations of familial responsibilities and consequences for support services if this trend continues. The placement of children within a two years age gap of existing children needs to be carefully considered. An exploration of the inter-familial dynamics is required, and comparison to see if high rates of disruption are evident, as is the case in regular foster care.

The Children's Views of Key Stages in Network Development

The research identified five key stages in the development of relative care networks. These are the initial decision-making stage, the assessment, support, access/ contact and future planning. In this section the experience and views of children involved are reviewed. These views are based on interviews with children in six networks, which formed the basis for the qualitative data on which the study was based.

The basis for the interviews with children in the six networks was as follows. A sampling frame was designed to elucidate if differences existed in the networks of relationships in relative care. The sampling frame was based on the broad hypothesis that intra-familial relationships determined the overall family-state relationship in relative care. The fifth province method and the author's previous work experience informed the hypotheses and the sampling method. To ensure that a full picture of the evolving networks would be captured, it was decided to involve only those networks which had completed the process of emergency placement, assessment/ home study and subsequent approval by the agency. A description of different placement types, based on the hypothesis was forwarded to the social workers involved with the networks. The six networks finally selected fitted the different network descriptions (O'Brien 1999); all participants in the network selected agreed to co-operate with the research and the network participants had experienced all stages of the process under review.

A summary of key information on the six networks is presented below. Pseudonyms are given to the children and aspects are changed to ensure anonymity of networks.

In **Network A,** Aoife was a fourteen-year-old girl, who had two siblings in informal care with other relatives. The reason for care was non-school attendance. At the time of the research, Aoife had been in the placement for eighteen months. The care status was voluntary at the start of the relative placement. (Voluntary agreement was made in presence of a judge, and the child was diverted from a court-mandated placement. If co-operation was not forth coming, grounds existed for making a court order.) The placement retained voluntary status at the time of research. The placement was recorded on the agency file as long-term care.

In **Network B,** Nora was a ten-year old girl, who was placed with her six-year old sibling. The reason for care was physical and sexual abuse. She had been two years in the placement at the time of the research. The placement was the subject of a court order at the start of the placement, and this continued to the period of the research. The placement was recorded on the agency file as long-term care.

In **Network C,** Larry was an eleven-year-old boy, who had no siblings. Physical abuse was the reason for care. He had been seven years in the placement at the time of research. The care was voluntary at the start and this status continued at the time of the research. The placement was recorded on the agency file as long-term care.

In **Network D,** Elsa was an eight-year old girl, with no siblings. She was in care due to the psychiatric problems of her parent. The placement had run for six years at the time of the research. Care was voluntary at the outset, but had become court-mandated by the time of the research. The placement was recorded on the agency file as long-term care.

Three children were placed together in **Network E,** fourteen-year old Eilis, eleven-year old Mark, and eight-year old Tony. Alcohol addiction was the primary reason for care. The placement had existed for nine years. Care was voluntary at the outset, but had become court-mandated by the time of the research. The placement was recorded on the agency file as long-term care.

In **Network F,** a ten-year old girl, Deirdre was placed with her six-year old sibling. Ill health of the birth mother, together with martial and accommodation problems were the reasons for care. The placement had existed for eighteen-months at the time of the research. The placement was voluntary at the outset and continued to be so at the time of research. The placement was recorded on the agency file as long-term care.

Children's Accounts of Decision-making

Children in five of the six networks had previous experiences of the care system, either in foster or residential care. The children were generally unaware of how the decision was made for them to move to live with their relatives, with the exception of the child below, who equated her move to care with her family reaching out to her:

> *Valerie: What was your understanding of what was happening then Nora?*
> *Nora: They wanted me.*
> *Valerie: They wanted you?*
> *Nora: They wanted me because they loved me and because I was upset and then they wanted me to come, so I would feel a bit better. .....Yeah, not to go on living with strangers, I wasn't getting on with them, so I went to see my uncle and auntie, some nights I slept there, and after that I lived with them.*

All the children however understood why they were not living with their parents. The lack of insight into how the decision to place them with relatives was made may be accounted for by the children moving to relatives when they were very young or by children's concern with the immediate. It may reflect that, while social workers aim to prepare children when they are entering care or moving in the care system, the emergency nature of many of the placements reduced the potential for that preparation. It may reflect also how decision-making generally takes place amongst adults, with only minimum reference to the children. An important context marker was that many of the children did not see care with relatives as "being in care". This was particularly so for the children who had previous care experience

> *Deirdre: It was like when I was living with the foster parents, I did not know who I was living with, now I am just with my family*

A positive aspect identified by the birth parents at the decision-making stage was the relief that the child would remain within or return to the care of the family. This relief was also shared by the relatives who were motivated principally either to rescue the child or prevent them from entering an anonymous care system. Equally the social workers were delighted if a suitable family placement could be found, believing that it was best if children were placed in their family, as it enhanced the chances of children staying together and it provided a resource in a time of acute shortage. The sentiments of the children were clearly expressed, for them being with family was significantly different from being with strangers, and while they had little insight into how the decision got made, they were very clear it was their preferred care option if they could not live at home.

Assessment

Assessment refers to the process through which the suitability of the relative family to provide care and protection for a child in state care is established by the child welfare agency. A major distinction between traditional fostering and relative care is that the main assessment process takes place after placement has occurred in relative care. Prior to the relative placement, an initial risk assessment is made to ensure the child is cared for and protected in the relatives' home.

The children in the study were asked general questions only relating to how social workers should choose foster families for children who were unable to live with their own parents. The children showed little insight into the assessment process, though all had a view on the type of family they should be placed with. Overall the children showed an awareness of the need for the families to be checked out:

> *Aoife: Yes they need to find out what they are like.*

The fact that the practical things should be checked was raised by one child:

> *Deirdre: They should make sure they are getting the right food too, or are they getting the clothes to wear and shoes and so on.*

Another said it was essential that the child's view be established to ensure that:

> *Elsa*: *they like them. If they have good fun there. If they are a nice family.*

The theme of criminal families was referenced as a determinant of suitability by one child. In the account below, the child explains the type of families' children should not be left with:

> *Nora: Bad people, like say if it's a person who robs, you shouldn't be left with them because then they probably would get you robbing when you are grown up, and when you have grown up, you will probably be put in jail.*

Assessment is a central issue in relative care when the child is already in situ, and this part of the process impacts more directly on the relatives' social worker and the relatives rather than children. Relative assessment challenges many theoretical, professional and organisational premises on which assessment practices have been organized, and in the process confronts the agency with many practical and ethical difficulties. This is associated with the different routes to relative care, demographic differences between foster and relative carers, and the child is in situ.

Support

Support in general foster care is based on the premise that when placements are made, support is required for all participants to ensure the care plan is followed through. This support is normally supplied by the agency to the network participants through a range of activities including training, therapeutic and financial help, and networking with peers. Providing support is seen as an essential feature of case management practices in general foster care (Aldgate & Hawley 1986; Shaw & Hipgrave 1989; Sellick 1992;)

The children's views of support needs to be seen against four main themes. First, children and relatives receive less services and payments than non-relative foster parents (Gleeson & Craig 1994; Scannapieco & Hegar 1995). Secondly, there are resource implications of providing support to the growing numbers of relatives involved in out of home care for children in the USA (Mills & Usher 1996). Third is the contradictory position of holding relative care as the preferred placement option, while at the same time under-financing and under-supporting it (Takas 1992; Berrick et al 1994), and fourthly the existence of a two-tier system serving relative and traditional foster parents (Berrick & Barth 1994).

Social Work and Support for the Child.

In traditional foster care, the social worker's role with children in care is commonly referred to as a bridge between past and future, birth family and foster family. However in relative care the social worker's peripheral position in the network is a key feature. The social worker's role in providing support for the child is determined by the care plan. The plan determines if reunification with parents is involved, or if the child is to remain with relatives, or is in a temporary placement until a permanent home is found. In the study, the social worker's support role to the child was determined by the reason for care, the length of time in the placement, the priority of the case in context of other demands, and the extent to which children were encouraged by their birth parents and relatives to form a relationship with the social worker.

Children's View of Support.

The children's level of awareness of the support role of the agency and its social workers varied. The children understood the role of the social worker as someone who tried to help children who cannot live with their own parents, as illustrated by this young girls view:

Aoife: They try to look after you and try to make sure you are in a good home.

Other children saw the social worker role as mediating conflict, particularly if it was going to embarrass them, as illustrated by this young girl who wanted the social worker to attend her confirmation in case a row broke out with her mother:

Eilis: I might ask the social worker to come just in case she turns up drunk on the day.

Some children knew the system very well, who provided what and what had to be negotiated with the agency e.g. sleep-overs etc. Other children had little understanding. This lack of understanding may be attributed to two reasons. Firstly it indicates the children have a relatively "normal" upbringing, and did not see themselves as different, other than being reared by relatives. On the other hand, lack of knowledge of the system left the children with certain worries, which could have been offset with a little extra knowledge. This was apparent in one situation, where the children were very concerned about the financial burdens on their relatives, arising from their living in the house. This caused a level of distress, and they felt guilty, as the relative family had to move home to accommodate the extra children. They were particularly afraid that their new home might be repossessed. They were asked who they thought might help to alleviate their worries. They showed no

awareness of the social worker or the agency as a potential source of help. In this comment a sense of hopelessness at finding a solution is evident:

> *Valerie: Do you think other people should be helping Paula and Liam (relatives) more?.*
> *Mark: Yes, but who is going to help them?*
> .

When the source of his concern was explored further with him, the concern that the house might be repossessed emerged :

> *Mark: That they might take the house.*
> *Valerie: Who might take the house?*
> *Mark: People that own it.*

On the other hand the children in another network, though younger, were very aware that social workers were directly involved in supporting the relatives financially. They knew, for example, that social workers had to be asked for help if they wished to do extra-curricular activities, obtain additional clothing or sleep over in friends houses etc. The difference in children's knowledge of support and it's availability may be explained by some families minimising the agency's role as a source of help, to ensure the children have as normal a life experience as possible, or through past experience of the care system.

Stigma of Involvement with Social Workers

Children in all the networks showed a level of discomfort arising from their contact with social workers, regardless of length of time, or the reason they were in care. The discomfort arose from feeling different in their neighbourhoods, and the pain associated with this difference. In these children's experience, issues arose as follows:

> *Valerie: Well what is it like for you having a Social Worker coming to see you?*
> *Eilis: Sometimes it is all right....but it is not very comfortable sometimes, telling them my secrets or anything.*

The comment below shows that the child's friends were her main source of support, and the social worker remained a stranger even though she has known her for years:

> *Eilis: Well my friends are there every day like. You go down to see them for fun but they know me, and even though I know the social worker for years, she is still a stranger like.*

In one situation, local children showed an acute interest in the child's background, to the point where she got into fights over it. Children going into care was not uncommon in the community in which the child lived, but there were few foster families in the area. The local perception of social workers, and the agency, was coloured with a degree of suspicion. The child went to great efforts to convince everyone that she was just like them, and refused to acknowledge that she was in care. However in doing so, she had to contend with the presence of social workers in front of friends. She got very angry when asked by her friends if the visitor was a social worker. The difficulty for children in care can be seen as they attempt to preserve a sense of privacy.

> *Nora: ..... I don't really want anybody to know because I am living beside a lot of friends, so I call them Mammy and Daddy.....*
>
> *Valerie: So your friends around you.... do your friends see them as your family ?*
>
> *Nora: Yeah..... well everybody thinks I am fostered but I'm not ..though I am fostered but I don't want them to know and just say I'm not, so I just tell them to go and mind their own business ..... and they just say "fine, be like tha(t)..." and then they say "but why are the social workers hanging around?"*

Barriers to Children's Support

Children's inability to trust social workers was a central theme, especially in situations where there was a level of conflict between the birth parents and the agency. The children's need for someone to help them get a greater understanding of the purpose, reasons and plan for the placement emerged in the research. This highlights the need for the support role for the children to be seen as a positive one. To be successful in working with children in relative care, the agency has to strive to provide an open, respectful service that accommodates difference, and is geared towards meeting the different participants needs, and aimed at building bridges with the different participants. This has implications for all the adult participants of the networks. Children have to be more involved in the process to prevent them feeling they cannot ask the questions. This is particularly highlighted by this ten-year old child

> *Deirdre: Well I have a lot of questions, but I just don't ask anyone because no one knows the answer.*
> *Valerie: Is it that you are afraid that people don't know the answers or you are afraid that they will get upset?*
> *Deirdre: Well my mum would probably get upset.*

The child then said that she would like to ask the questions but she didn't want to talk to social workers. This was explained by the following comment:

> *Well mum said here to day that she's raging with the social workers. In coming to see us, all they're doing is messing up our lives.*

The child was unlikely to be able to avail of social work support services in this context. This highlights the difficulty of providing a support service in the same context in which the protection needs of the child and the agency responsibility to supervise placements are connected.

The main concerns of children in the study about the issue of support were the role of social workers in providing material supports, mediating conflicts between family members , or helping them make sense of part of the situation concerning care. The children showed various levels of understanding of the support role. This generally reflected the family's view of the agency. The childrens' conversations reinforced the importance of the permission granted or encouragement given by parents and relatives to children to develop a relationship with the social worker. The study also showed how children strive to minimise the difference from their peers in their living arrangements. The presence of social workers in their lives can draw unwelcome attention in front of peers, if it draws attention to the contact with the agency, and highlights their difference to friends. Also the children did not see the relevance of contact with the agency, as in their view they are in a permanent home with relatives and want "to just get on with their lives".

The type of support work conducted by the social workers varied with the children in the networks. Further research is needed to examine if the current systems of prioritising work in agencies disadvantages children in relative care. The effect of beliefs such as respect for family privacy, that children are better placed with their own relatives, and the reluctance to push the need for work if the relatives or birth parents are obstructive, need to be explored further.

Children's Contact/ Access with their Parents and Siblings....

Access is the term used to describe arrangements made for children in the care system to have contact with their birth families, and is the "symbolic representation of the child's relationships with two sets of parents" (Lindsey, 1996: 49). Under Section 37 of the Irish Child Care Act 1991, the health board is required "to facilitate reasonable access to the child by his parents, and persons acting in loco parentis, or any other person who, in the opinion of the board, has a *bone fide* interest in the child and such access may include allowing the child to reside temporarily with any such person".

Access arrangements in relative care have not been examined in detail. Studies conducted by Thornton, (1987), Iglehart (1994) LeProhn (1994) and Johnson (1995) point to the easier access arrangements when the child is in the relative home. The two major differences between relative and foster care access are connected with ease of access and its organization within the family. In relative care children see their parents more frequently. In Berrick's study, one fifth of the children saw their parents four times a month while virtually no foster children had this level of contact (1994:51). The difference regarding more frequent access in relative care is further captured by Johnson where he shows that relatives either tried desperately hard to encourage access and as a result the children see their parents very often or else the relatives 'have shut the door on the relationship' as a result of fraught relationships and enduring difficulties over time (1995: 118). This demonstration of relatives readiness to shut out the parental relationship challenges a certain belief among social workers that relatives fail to exert adequate controls over access arrangements and as a result may put children at risk. Previous to Johnson's study, even though there was no evidence to support this belief, apart from individual stories, yet the belief remained (Task Force 1990).

The second difference surrounding access is the relatives' view that access is something they are responsible for organising. This further challenges the social work position, as in foster care access is generally organised by the social worker. Johnson (1995) captured the impact of the difference regarding responsibility for access when he highlighted the climate of mistrust that may emerge arising from the restrictions placed on relative carers by agencies.

While the studies of relative care and access are limited, practitioners are influenced by theoretical and research developments in the broad area of child care concerning access, which are summarised briefly below. The shift in child care philosophy, with its emphasis on partnership, continuity and identity, has propelled developments in access. In an indirect way it may be argued that the renewed emphasis of the importance of birth family has in part also contributed to the emergence and increased use of relative care as a placement option in the 90's. The following study findings have affected and influenced social work practice in terms of access/ contact. Access is crucial for the development of the child's concept of self-identity and emotional development (Fanshel & Shinn 1978; Milham et al 1986). Greater stability is evident, resulting in less breakdown of placements, when access is maintained with the family (Berridge and Cleaver 1987). There are many routes to permanence (Triseliotis 1985; Thoburn 1994) and children can maintain a number of significant parental figures in a complementary rather than a competitive way (Lindsey 1996). Regular access is the best indictor that a child will be reunified

with their family (Millham et al 1986; Bullock et al 1993; Fanshel, Finch & Grundy 1992). The majority of birth parents who were not maintaining contact, especially in permanent placements, were finding access difficult (Rowe et al, 1984). Parental contact over time tends to wither, largely as a result of implicit barriers to access (DHSS 1985). 90% of children in Bullock's 1993 study and 79.9% of Irish children leaving the care system return to their families and communities (Dept. of Health, 1992). The return home will be easier and less fraught if the distance from familial relationships have not been too great.

Thoburn, however, points to the discrepancy between the research findings and practice when she states that "despite evidence about the value of continued contact for the majority of children, social workers and systems erect unnecessary barriers to contact, and that links between children in care and members of their birth families quickly wither away" (1988: 15). Barriers to access are attributed to confusion over purpose, scarcity of resources, attitudes, social work practice, patterns of decision-making, and placements situated at a distance from the child's home and community (Argent 1996; Lindsey 1996).

Children's views of contact

No study to date has included children's views of access, and yet the children in this research were more comfortable with discussing contact than any other topic introduced to them. Their stories reinforced the importance of frequent contact with their families, both parents and siblings. The optimum contact arrangement, where it was a positive experience, had little restrictions placed on the children, and they felt they were more generally in control of the situation. Satisfactory access arrangement was connected with a general co-operative relationship between all participants in the network. Other children's accounts of access pointed to the importance of maintaining contact. They also identified how the frequency of contact, deemed adequate by adults, may result in children feeling isolated from their family, particularly their siblings. The children saw relatives encouraging contact, more so than regular foster parents, though this would have to be verified in greater detail, before a definite conclusion could be drawn. The children's perception of greater ease in relative care may also be connected with feeling a more integrated sense of self and belonging, arising out of their placement within the extended family. Difficulties were evident in the children's stories in two networks. Key issues in these placements were the disappointment experienced by the children at repeatedly failed access, and the pain of the child who could no longer sustain the level of hostility amongst the adults in the network.

The children's stories raise particular questions for the practice implications in stopping or preventing access, the frequency with which it is organised, the assumptions that exist in the absence of research, and the applicability of the model of access used in regular foster care for relative care.

Children's Views of their Future

With the exception of one child, all the children in the research spoke of wishing they could live with their own parents. However, they also showed how they had come to terms with the fact that this was unlikely to happen.

This did not take away the hope that the circumstances which led to them being in care would change, as illustrated through the comments below:

> *Valerie: If you had a magic wand what would you like to say to your mother?*
> *Mark: Nothing,... just to stop drinking.*
> *Valerie: And what about you, Tony?*
> *Tony: Make her stop drinking and make her back to normal and make our life okay and that we can go back and live with her again.*
> *Valerie: What about you Eilis?*
> *Eilis: Just to get her act together.*

All the children saw their future with their relatives, until they were old enough to leave. On being old enough to leave, they saw a number of different paths. One child saw herself returning home with the hope that:

> *Nora: I might be able to help her. When I am 19 or 20 I might move in with her*

Part of another child's motivation for wishing to move on from her relatives was to give her aunt more space to be with her own family:

> *Eilis: Well when I am older if I get a job at 16 years or so, maybe I will be putting money into the bank until I reach the age when I can move away on my own. I would do it, and then I could give the house more to Paula and if I was out of there she would have more time with her own family.*

The feeling of being a burden on the relatives was not a dominant theme in the children's stories, but perhaps this girl, as the eldest of a large sibling group carried a greater sense of burden and responsibility. Another child spoke of her desire to buy her own house when she was twenty-one. Part of the articulation of the future included a wish for an end to the conflict. One spoke of moving to England to get away from the fighting. The impact of the conflict is evident in the comments below, and though the children hope for a solution, they are nonetheless reconciled to the likelihood of this not occurring:

> *Elsa: ....They will never get better.(i.e. birth parents)*
> *Valerie: Do you think that they will never get better?*
> *Elsa: I do.*
> *Valerie: What would have to happen for them to get better do you think?*
> *Elsa: It would be good news if they got better.*
> *Valerie: Who would it be good news for?*
> *Elsa: Me, Cath and Brendan* (Rel) *and also good news for my nanny and all the relations.*

The one child who wanted to go home more than anything saw the adults' inability to sort out their difficulties as the major stumbling block, and advocated an end to the fighting as illustrated below:

> *Valerie: So what has to happen for you all to get back together again?*
>
> *Deirdre: Well sort out their arguments and fights and clear everything up, parents and social workers. All the adults, they should clear every thing up and should not let children know what is going on. The less you know the better. I know things I should not know.*

The children shared a realisation that if returning home to their parents was not a reality, they would remain living with their relatives until they were grown up. This reflects a sense of their security. Those that had previous care experience said they knew the relatives wanted them because "they were family". The extent that children felt that their relatives would have had an easier life if they had not been there was a disturbing part of the children's stories. This was particularly an issue for children placed with siblings, where the additional work

for the relatives was perhaps most obvious. This issue was also raised earlier in considering children's view of support. Its re-occurrence has implications for future services provided to children in relative care.

Conclusion

In this chapter, a view of relative foster care was presented which drew on children's views of the different stages of the process of care, decision-making, assessment practices, support, contact and future planning. This was set in the context of a biographical profile of the children and their families, and the children's care career. Relative care undoubtedly meets the needs of many children who cannot live with their own parents. The children spoke frankly in this research about the advantages, and while no serious protection concerns were noted, the children would prefer to live at home, would prefer adults to take more control and let them get on with "an ordinary life"!

In concluding this chapter I wish to celebrate the resilience of the children who participated in this research. I also want to draw attention to some general considerations. The views expressed about the different stages of development of relative care networks raise serious challenges to agency policy and to social work practice. The legislation now requires that children's views are taken into account in decision-making. Relative care, if operated properly, will not be an easy (or a cheap) care option. If it is allocated a lower priority in the agency's work-load, or used primarily because of perceived budgetary savings, or as a response to the shortage of other alternative care options, and good practice is not developed, then unfortunate results can be predicted for the children involved.

However by considering the benefits for the children and families and by analysing the practical, ideological, economic and social forces that both militate against and support relative care, an effective child-centred care option may be successfully developed for many children. Willingness, commitment and vision are required to embrace 'this age-old tradition and new departure' in a way that is advantageous to all.

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