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Evolving Networks of Relative Care : Alliance and Exclusion

Introduction

This chapter is drawn from a study (O'Brien, 1996, 1997) which was undertaken in a child care agency in the Eastern Health Board¹ area of in Ireland in 1995. The study, which used a combined qualitative and quantitative methodology, examined the evolution of relative care networks following an emergency placement of a child in a relative home. It also 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', was the main theoretical frame used to orientate the study.

The place of relative care in the Irish child welfare system is presented in the first section. The central tenets of the 'fifth province model', which underpins the study are briefly explained. A typology of relative care networks is presented in the third section. The implications of the different categories in terms of the case management implications are discussed briefly.

Relative Care in an Irish Context

A specific provision enabling relative care was included in the Irish Child Care Act, 1991. While the inclusion of relatives was seen "as an enlightened approach" (Dail Eireann 1990:

655), attempts made to prioritise placement with relatives over other care options failed to get adequate support in the parliament to be accepted, although this was not pushed forcibly at the time (Dail Eireann 1990: 663). The new Child Care Act was followed by the making of the Placement of Children with Relatives Regulations (Dept of Health 1995), which now govern policy and practice in the area. Evidence of growth in the number of relative care placements suggests that it is set to become an increasingly important part of Irish child care services. In 1996, a quarter of all new placements in the agency in which this study was conducted were relative care placements. The actual extent of use of this placement option is however difficult to establish, as national statistics were unavailable at the time of the study. This is a feature of many child welfare systems internationally (Link 1996, Gleeson, 1996; Colton & Williams 1997). Child care agencies are now required to compile separate registers for foster and relative care placements, which will undoubtedly assist in the identification of trends in the future.

The broad shifts, to which the emergence of relative care is attributed internationally, are also evident in Irish child welfare. The underlying philosophy of partnership in the Child Care Act, 1991 (Ferguson & Kenny 1995), the shift from residential care to foster care (O'Higgins 1996; Dept of Health 1992, O'Higgins & Boyle 1988), changing demographic patterns affecting the availability of foster homes (Gilligan 1990) and an increased focus on culturally appropriate placements for children in the care system (Pemberton 1996) are relevant.

The Fifth Province Model/ Approach

A brief account of the fifth province model, developed by McCarthy, Byrne and Kearney, (Kearney, Byrne & McCarthy 1989; Colgan 1991; Byrne & McCarthy 1988, 1994; Byrne 1995, McCarthy 1994) within a systemic framework, is presented to illustrate the structural features of the evolving networks presented in this chapter. A systemic framework refers to a mode of practice in which context, relationship and inter-action are central conceptual issues. Systemic practice is informed by the definition of system as “a group of elements in interaction with one another over time such that their recursive patterns of interaction form a stable context for individual and mutual functioning” (Jones 1993: 2).

¹ The Eastern Health Board carries responsibility for 40% (total 1214) of all the children in care in the Republic

The fifth province model has been developed since the early 1980's from clinical work in the area of sexual abuse. It has been elaborated as an approach for working with complex systems involving family and state agencies, with particular reference to poverty, inequality, gender and marginalisation. It is defined as "a linguistic model which figuratively constitutes in diamond form an ensemble of political actors and the discourses in which they are embedded" (Byrne and McCarthy 1994: 51). The model is not in the "tradition of a grand theory of social action or therapy, rather it is in the developing tradition of post-modernist philosophy which values ambivalence, ambiguity, pluralism, mutual acceptance and respect of other non-dominant value systems" (McCarthy 1991: 238).

The reasons for using a systemic framework, with a particular focus on the fifth province approach, for the study were fourfold. The fifth province provided a conceptual framework

- to examine family/state relationships;
- to conduct field work interviews;
- to explore/ analyse the network of relationships; and
- to work towards co-operative relationships in the relative care networks.

The Diamonds of the Fifth Province : Bateson's Influence

Bateson's description of symmetrical and complementary interactions in systems underpins the diamond structures, which are the hallmark of the fifth province approach (Fig. 1). Symmetrical movements or escalation refer to those interpersonal patterns where the behaviour of A triggers a similarity of behaviour in B (Bateson 1978: 41). An example of a symmetrical relationship "is the arms race, which if carried to extremes can lead to the destruction and/ breakdown of the system" (McCarthy 1991: 111). Relationships based on complementarity are those which increase differences between the participants, for example a relationship based on domination and submission. Again if they are taken to their extreme position a gross imbalance is created between the position of domination and submission. The fifth province model developed an application of these two typologies of relationships. They advocate that this analysis can guide the practitioner and offers the potential for enhancing co-operation in the face of competition, conflict and scape-goating (McCarthy 1991; Byrne & McCarthy 1994).

of Ireland, and covers one third (1 million) of the Irish population.

Mythology

The fifth province team invoked the metaphor of the fifth province from Irish mythology, as additional to Ireland's four traditional provinces. "This province, this place, this centre", was according to Hederman & Kearney "not a political or geographical position; it is more like a dis-position" (1977: 11). Thus the "fifth province was both apart from and a part of the other provinces" (McCarthy 1986: 100). For Hederman & Kearney, it was the province of imagination. They envisaged this province as a "place where all oppositions were resolvedwhere unrelated things coincide (1977: 10). Since the fifth province had no current temporal or spatial existence, it was a transportable guide and defied concrete descriptions of positioning. For the fifth province team it suggested a "dis-position" towards and beyond all positions constituting the social field in which they operated. They used the fifth province metaphor to create a space within which to examine their own position, and those of other participants, while simultaneously constructing the diamond shapes to map the relationships and discourses emerging in the conversations. By utilising this metaphor the team hoped that "within this imaginatively created space perhaps different, less competitive, less fragmented and divisive relationships with one another might be possible" (McCarthy 1991: 125).

Diamond Structures and Expanded Social Field

The key instruments and underlying principle of the framework are spatial diagrams, referred to as the diamonds (McCarthy 1991, Byrne & McCarthy 1994). They are used to articulate the structure of "the expanded social field", to illustrate "the disparate groups, professionals and families with diverse agencies and mandates" involved in conversations (McCarthy 1991: 219). The 'diamonds structure' applied to the 'expanded social field' provides a frame to represent oppositions, alliances and exclusions of participants in the network of relationships and discourses. Applied to clinical situations "it provides an analytical moment which points to the lines of conjunction and disjunction in personal narratives anchored in wider and public discourses" (Byrne 1995: 256). Following Bateson's description of complementary and symmetrical interaction in systems, and symbols influenced by the work of Minuchin (McCarthy 1991: 242), two diamond structures were developed within which relationships, themes and discourses could be mapped. These are symmetrical competitive systems and complementary co-operative systems, as illustrated in Figures 1(a) and 1(b).

A **symmetrical competitive system** is a description for a social field which has an ambivalent structure of opposition and contradiction. This is manifest in the polarity of discourses and the mutually opposed position of participants. The diamond shape used to denote a symmetrical competitive system is in the form of A:B::C:D (Fig. 1 (a)).

Complementary co-operative systems refer to systems which have an ambivalent structure of contrast and exclusion. According to Byrne in the complementary system “a combinatory rule operates that establishes a tripartite field of affiliation with the fourth pole excluded” (1995: 256), as illustrated in (Fig. 1(b)). The issue of the exclusion based on difference or inequality has implications for intervention, particularly if by the intervention the voice that is already silenced continues to be silenced or marginalised. Likewise if the intervener aligns with the silenced voice to the exclusion of the other participants, the intervention may be disqualified, leading to either a removal of the intervener from the system, or the system may change to a symmetrical competitive system.

**Figure 1(a) :
Symmetrical Competitive System**

+ Intersecting field

| Competition

/// Affiliation

| Disjunction

Combinatory Rule A:B :: C:D

**Figure 1(b) :
Complementary Co-Operative System**

+++ Intersecting field

||| Co-operation

/// Affiliation

> Disjunction \Distance

Combinatory Rule AB (C) /D

Source: Byrne (1995: 257)

The diamond structure provides a framework to examine complex relationships, particularly where marginalisation and domination may occur, which can assist theoreticians and practitioners alike. The techniques developed from this approach provide practitioners with an orientation for working with multiple perspectives and processes. Through the exploration of ambivalence, practitioners are provided with a concept that may help to diffuse difficulties.

A Typology of Relative Care Networks

Two broad categories, characterised by co-operative and conflictual networks of relationships, with four sub-categories, emerged in the study and are presented in Figure 2. The characteristics and evolution of the four sub-categories are defined and discussed in this section. The sub-categories of ‘shared care’ and ‘quasi-adoption’ networks currently describe a minority of the relative placements in the agency, based on an assessment of the twenty-five networks in existence in the agency at the time of the study. They constitute six of the twenty-five networks. Conflictual networks were more predominant by a ratio of five-to-one.

Figure 2

Categories of Network Placements.

The positioning of the birth parents vis-à-vis the other participants emerged as a major determinant in the evolution of the networks in the study. The extent to which the birth

parents were in agreement with the care plan, and were able to and were facilitated to work with the other participants, shaped the network of relationships.

Co-operative Networks.

A co-operative network of ‘shared care’ is described as one in which relationships between the significant participants contain a high level of consensus. These placements are characterised by partnership, collaboration, multi-laterality, mutuality and co-ordination. Mutual agreement of the care plan by the birth parents and the other participants is required for a co-operative network of relationships to evolve. Agreement is reached, where there is broad consensus for the care plan in terms of “the best interests of the child”. Disagreements or differences may arise on occasion, but the level of distance or difference of opinion is not sufficient to threaten the stability of the overall plan. However in this study, there are two variations in how co-operative networks evolve, which are referred to as “Shared Care” and “Quasi-Adoption” sub-categories.

Shared Care Networks: Exclusion of the Agency

The relationships in the sub-category called “shared care: exclusion of the agency” are characterised by a significant and stable co-operative relationship between birth parents and relatives as illustrated in Figure 3. The origins of shared care networks are traced to the initial decision-making stage, when a crisis occurs which results in the agency and the family coming together. It is described as a shared care/joint care arrangement, as there are high levels of agreement between relatives and birth parents. Based on a risk assessment, the agency is satisfied to accept a peripheral position, when the formalisation of the placement is completed. However the dominant co-operation of birth parents and relatives excludes the agency from any significant role. From the agency’s point of view, the idealised arrangement may be in place, but masks a significant exclusion of themselves.

The following inter-connected factors are associated with co-operative networks of relationships. The factors are

- the age of the child (older children are seen as having a greater capacity to protect themselves),
- a voluntary care status (equivalent to accommodation under the UK Children Act 1989),
- a history of informal care within the family network, general agreement with the care plan,

- the agency is satisfied that the protection needs of the child are adequately safeguarded within the family, and finally
- access is problem free and organised informally within the family.

Figure 3

Shared Care Networks : Exclusion of Agency

The perceived advantage of the 'shared care' sub-category includes the absence of conflict between the family members, which contributes to a more positive experience for the children, in terms of their psychological and emotional needs. The relatives in the shared care networks generally felt supported by the agency when the assessment process was completed. Like all other relatives in the study they found the assessment process intrusive. The minimum work involved in access and limited financial support were seen as distinct advantages by the social workers. However, despite the stability of the arrangements, inevitable issues of disagreement were evident between the relatives and birth parents in the shared care network, e.g. the choice of birth parent's partner, financial reimbursements for caring for the child, or a long-standing strained relationship between birth mother and brother-in-law. These differences however did not threaten the stability of the placement. Despite the obvious benefits of this network arrangement, a number of potential constraints for the participants were identified as follows

- The low priority accorded to the case in the agency may result in family members not being fully aware of or being offered the range of services available
- Difficult to engage the child, which may leave requirements under legislation largely unfilled.
- Traditional assessment process not understood or considered appropriate by participants

These constraints need to be incorporated in a case management system, and also points to the need to consider if networks of this nature should be diverted out of current system at an appropriate time, while ensuring that the family have access to adequate financial help and services. It is suggested that network meetings, to include professionals and family members, based on the principles of 'family group conference' could be used to form a central feature of a case management method to discuss progress of placement and assess needs and provide services.

Quasi-Adoption Network: Exclusion of Birth Parents

The sub-category called “Quasi-Adoption” is also characterised by both co-operative and excluded relationships, and is presented in Figure 4. The relationships of co-operation is premised on the care of the child and exclusion of birth parents. In this sub-category, a co-operative network of relationships evolves based on mutual agreement of relatives and agency for the care plan. The difference in this network is that the birth parents are absent. The exclusion or absence of the birth parents results in the network having many characteristics of a “quasi-adoption” placement. The relationship between the child and relatives is characterised by closeness. The agency’s position is attributed to a risk assessment which indicates that the protection needs of the child are adequately met by the relatives. The absence of birth parents for a prolonged period results in the agency generally respecting the quasi-adoptive nature of the placement. Limited contact between professionals and relatives does not pose a threat to the stability of the plan as a dominant co-operation is in place in ‘the best interests of the child’. Unlike the shared care networks, quasi-adoption is characterised by the distance and exclusion of the birth parent from the other participants. The principal relationship is between the relatives and the agency, where responsibility for care of the child is mutually agreed.

Figure 4

Quasi-Adoption Networks: Exclusion of the Birth Parents

The factors identified as giving rise to a quasi-adoption network are as follows

- History of care-taking of child by relatives
- Events surrounding the statutory intervention leads to closure in the relationship between the birth parents and other participants in the network,
- The agency is satisfied that the protection needs of the child are safeguarded in the relative home
- The decision to enter the formal foster care system is made primarily to meet the financial needs of the relatives,

Potential Constraints of Quasi-Adoption Networks

While harmonious, close and respectful relationships existed between the agency, relatives and child, the complaints of the different participants are principally connected to confusion over statutory regulations, as exemplified by the relatives resistance to the assessment process undertaken, and to contact from the agency. In this instance they accepted however that assessment “was the price they had to pay” for obtaining financial help. The potential constraints arising from quasi-adoption placements are as follows

- Due to distance of the agency, the child’s voice may not be heard adequately
- Story of incompetent birth parents may go unchallenged in the family, thus reinforcing exclusion
- The network may become a distressed network if birth parents try to return

Case Management Implications

Like the shared care sub-category there is need for financial support and access to a range of services to support the placement in a quasi-adoption network. It is also necessary to critically examine if the network should continue as part of the traditional foster care system when the placement is stable. It is also suggested that network meetings, to include professionals and family members, based on the principles of ‘family group conference’ could be used to discuss progress of placement and assess needs and provide services. This system could be used either at the stage when the relatives are moving into the formal care system, or to divert them from the traditional foster care system when the placement is stable.

Discussion of co-operative networks

Many of the features of the quasi-adoption network are similar to the shared care network, which explains the placing of both networks in the broader co-operative category. The difference, which accounts for the separate though connected sub-categories, relates principally to the closure in the relationship between the birth parents and family, child and agency. In the birth parents absence, the relatives become the principal parental figures for the child. This fundamentally alters the way in which the relationship was experienced and viewed by the different participants. When the assessment procedure is completed, the agency respects the “special relationship” and is prepared to accept a formal and respectful relationship with the relatives and child.

The advantages for the child in co-operative networks are they are claimed by the family, thus preventing a placement outside their network. Children have membership in their kin, and they appreciate the security this offers. There were no indicators of insecurity from the children in the co-operative networks, or signals that the placements would not work out. Relatives are supported by the agency through payment of allowances, and the relatives in both shared care and quasi-adoption co-operative placements were generally satisfied with the level of support, and felt they could contact the social workers if required, though they had limited experience of doing this in their day to day lives. Financial needs propelled relatives to stay as part of the relative care system, and they could not afford to look after the child from their own resources.

It could be argued that the co-operative networks did not evolve as a direct result of an explicit plan being made by the participants. Instead, they are networks that evolved as a response to a particular set of circumstances, such as the agency being satisfied that the child's protection needs were met, low priority of these cases given the demands of other more pressing cases, and the lack of conflictual familial relationships which meant that the child was not involved in torn loyalties. These factors account for the cases being seen as ones that require minimum attention in the overall context of the agency's work. Co-operative networks are therefore propelled through being viewed by the agency as ones that can maintain themselves with minimum help or interference from the agency.

The Conflictual Category: Oscillating and Distressed Networks

Introduction to Conflictual Networks

Conflictual networks are described in the study as placements that are characterised by high levels of tension and conflict among the participants. Two sub-categories, called "oscillating" and "distressed" are identified within the conflictual category, as illustrated in Figure 2. In the **oscillating** sub-category, the network is dominated by an oscillation in the relationship between the family members, which inadvertently shapes the family/ agency relationship . In the **distressed** sub-category, the birth parents are distanced and marginalised. Conflictual networks occur where there are high levels of conflict between a number of participants in the network, either of fixed oppositions or oscillations.

Oscillating Networks: Oscillating/ Competition

In this sub-category, presented in Figure 4(i) & 4(ii), the relationship between birth parents and relatives is characterised by intense ambivalence. This arises from the combined/ dual roles of being a family member and relative foster parent. This is the central relationship in the network, and in turn shapes other relationships. The family's desire to protect themselves from outside interference (agency) is central to the ambivalence. The agency remains apprehensive about the extent to which the children are protected within the family. The voluntary nature of the care arrangement (or accommodation) results in the agency occupying a more peripheral position, despite their level of apprehension about some of the developments. The oscillation in the relatives and birth parents relationship in turn shapes the agency's relationship with both, with each typically on occasion calling on the agency to support their position.

Figure 4

Oscillating Networks: Oscillating Competition: Network F

Figure 4 (i) Family Loyalty and Child Protection

In the scenario outlined in Figure 4 (i), the relatives and birth parents are affiliated, and the agency is increasingly anxious about the protection of the children. The familial risk emerges from the intense ambivalence which fluctuates between the birth parents and the relatives and is here masked by an alliance which is unstable. The risk to both birth parent and relatives emerges from this potential instability, and may be punctuated by the agency's application for a court order. Here the question of risk is paramount for the agency. Conflict arises in the birth parents' relationship with the relatives, provoked by excessive demands of the latter, or increased questioning of the relatives capacity to work with the agency. This brings forth a rupture of affiliation between the birth parent and relatives, and raises the birth parent's wish to take the children home despite the lack of adequate parental resources, as presented in Figure 4 (ii).

In an escalating crisis, the relatives switch their alliance from the birth parents to the agency to secure their role as relative carers and significant complaints about the birth parents emerge. The birth parents situate themselves in a competitive relationship with the agency

with the aim of reunification, and the children's desire to protect and support the birth parents emerges more strongly. As the agency attempts to secure the role for relative care through a court mandate, the original alliance based on family loyalty returns (Figure 4 (i)).

Figure 4 (ii)

The Breakdown of Family Loyalty: Relative Care Versus Reunification

The study showed that difficulties are played out at every stage of the relative care process in oscillating placements. The junctures of decision making, assessment, and the actions involved in access, support, planning, and reunification, all provide flash points in which the difficulties in the network of relationships can emerge. Each of these events provides a context in which the underlying difficulties in the relationship are played out, which also contribute in part to the continuation of difficulties. Each event positions the participants.

Evolution of Oscillating Conflictual Networks.

The main processes identified in the evolution of this type of ambivalent network were:

- unclear plan due to legal constraints, and failure to explicate the different participants' agenda at the outset.
- mistrust of the agency by both relatives and birth families.
- peripheral position of the agency

- the agency's sense of unease about the impact of the acrimonious relationship on the children, especially if the birth parents level of distrust of the agency acted as a barrier between the agency and the children.

The central features of ambivalent networks can therefore be described as:

- Care is usually on a voluntary basis. This does not mean that all children in voluntary care with relatives will be involved in an oscillating conflictual network. Voluntary care is only a determinant if it coincides with other variables considered in the following paragraphs.
- The care plan is vague, with difficulties of insufficient evidence available to secure a court order, or a risk that court proceedings might exert further disruption in the network, which would jeopardise the children's home with relatives.
- The birth parents are mistrustful of the agency in general, and fear that their children will be removed on a more permanent basis. The family is seen as a potential ally by the birth parents if the agency becomes too intrusive. As the placement progresses, the relatives are seen by the birth parents as being less trust-worthy, as their actions are interpreted as aligning them with the agency, more so than with the birth parents. The theme of family loyalty is invoked which impacts on the relative/ agency alliance.
- The drama is propelled by the attempts made by the birth parents to claim the children and protect their parenthood. The children in turn do not trust the agency, which they see as having the potential to take them for ever from their parents.
- The children's attachment and loyalty to their parents, combined with the voluntary nature of the care arrangement, prompts the children to continue to see care with the relatives as temporary.
- Relatives are unsure of their position, and themes of loyalty, obligation and mutual protection are core values within which they manage the turbulent family/agency relationships.
- Ambivalent networks, although they can absorb a huge amount of agency resources, cannot be sustained indefinitely. They usually lead to the children returning home, either through breakdown or reunification, or evolve into a distressed network, particularly if a care order is used to provide stability for the children's' care and protection.
- In many ways this network can be characterised as a paranoid, mistrustful system.

Potential Constraints of Oscillating Conflictual Networks.

The following were seen as the potential constraints of this type of network:

- Impact on the children of loyalty conflicts between adults
- Agency's vulnerability of being involved in network in which they have such a peripheral position "if anything goes wrong"
- Agency questions if children's protection needs are safeguarded though they have minimum scope to intervene
- Role ambiguity intensifies for relatives who are torn between being family members and contracted by the agency to do a job
- Separate social workers for different family members further compounds alliances and relationship complexities in the network

Case Management Implications

It is suggested that this type of networks cannot be sustained indefinitely. Three routes are open, which may lead to potentially different and sometimes connected outcomes

- Planned reunification home as part of family preservation model
- Escalation of conflicts leads relatives to withdraw, necessitating a placement in traditional foster care. Crisis used to put placement on more firm footing/ reunification home
- Escalation of conflicts leads agency to apply for court order which in turn involves a different contract with relatives, who may / may not be able to continue to work in this new structure

Based on evolution of the network, a more proactive stance is needed at the commencement; network type meetings with skilled practitioners working as part of a team or conjointly with the objectives of making the care plan explicit, assessing needs and service provision. As the placement develop, different needs may develop. Services can be organised accordingly, but two workers should work conjointly with the network.

Distressed Networks: Court Mandated Relative Care

The final sub-category of network identified through the study is the distressed network. A network is described as “distressed” when the relationship between the birth parents and the other participants is characterised by high levels of disagreement. Over time, the birth parents relationship with the participants becomes more marginalised. This sub-category is broadly defined as a network where there is an alliance between relatives and the agency around the care and protection of the children, and the birth parents are excluded. The networks in this sub-category share common characteristics. The birth parents are excluded (which occurs over time), children’s placements are court-mandated, reunification does not form part of the current care plan, access is problematic, relatives are struggling to hold the care together, sometimes against a background of great personal sacrifice. Pain, disappointment and despair co-exist in families, with a hope that the birth parents will be less resentful of the care plan.

Figure 5 : Distressed Networks: Court Mandated Relative Care

Evolution of Distressed Networks.

It is very important to note that, in tracing the development of distressed networks through the different junctures used in the study, they did not enter the care system bearing the hallmarks of the “distress”. Placement with relatives would not be sanctioned by the agency at the decision-making stage if levels of conflict were such that they would put the child at risk. Instead the evolution of the distressed networks was traced to the unfolding events over the duration of the placement. The reason for the conflict between the birth parents and the other participants was not ascribed to a single issue. Rather the conflicts were traced to differing interpretations of initial care plans, shattering of hopes that problems would be resolved and children returned, and differing expectations and views of family relationships and agency. The conflicts were played out within the different processes, connected with assessment, support, and access, and centred on the twin questions of “who owns this child?” and “who is in control?”. Of particular note in the study was the high number of networks placed in this category by the social workers at the sampling stage. The seriousness of this finding is

compounded by the realisation that, once the networks evolve to this stage, it is very difficult to redress the difficulties, with the painful knock-on effects for all concerned.

Potential Constraints

The potential constraints of this type of network were

- while the children saw the benefit of placement in that they saw it as their home, they were mindful of disruption/ stress for relatives
- Exclusion of birth parents and corresponding pain involved for all participants
- If agency strives to include birth parents, this may be viewed unsympathetically by relatives and distrusted by birth parents

Case Management Implications

A high number of relative care placements in the agency were described as within this category. The impact of multiple sibling placements and resources requirements needs to be assessed fully prior to a crisis arising in the placement. There are few proactive steps available to the agency when the network gets to this stage.

Proposal

It is suggested that the following principles should guide practice:

- Recognise that conflicts over access and support reflect the issues of ‘who own child’ and ‘who is in control’
- Network meetings are needed at the outset where birth parents are encouraged to have own advocate present
- Co-ordination and collaboration with multi-disciplinary services, particularly addiction and mental health service, considering profile of birth parents which emerged in the study
- training is needed for relatives, aimed at enhancing understanding of the problems of birth parents. This may help to diffuse the difficulties as the network develops.

Positioning of the Birth Parents.

The positioning of the birth parents in the networks is a major issue which has to be considered in an examination of case management practices. Undoubtedly individual circumstances arise which prevents birth parents from being able to cope despite their best

intentions, and their children are removed with all the resulting difficulties. However, a compelling feature of distressed networks is the extent of the marginalisation, as manifested in experiences of anger, resentment and hopelessness by the birth parents. While the stories of birth parents have tragic contents, when juxtaposed with the stories of the other participants involved in the network, the contradictory emotions of hope and despair, love and hate, and competing claims are better understood. In many of the distressed networks in the study the birth parents said it was too late to build bridges with the relatives, and they were accepting but embittered in concluding that reunification was hardly a possibility.

The accounts of the birth parents were far removed from the principles of partnership, respect and empowerment, which are seen as important foundation stones of good child care practice. Yet amidst the anger and the sense of betrayal, the birth parents' love of and longing for their children was a core feature of their conversations. Unfortunately, for some the hatred was so deep, and the sense of hope so diminished, that they saw little prospect of resolution with agency or relatives. This impacted directly on access to their children. The downward spiral, and exclusion of the birth parents was thus a defining feature of the distressed networks which points to the importance of striving to avoid the escalation in the management of the networks.

Concluding Comments : Tracing Evolving Networks of Relative Care

The study showed that four sub-categories of networks can develop over time. A description of each, the factors that gave rise to its development, the potential constraints of each arrangement and specific proposals to enhance case management practices were presented and discussed above. By examining the evolution of the various networks over time, this study showed that placements commence in a co-operative state, but that increased marginalisation and exclusion of the birth parents leads to the distressed state and confusion that were the hallmarks of both the oscillating and distressed sub-categories. The conflicts which underlie the disputes were traced to confusion and disagreement about the care plan, and these were played out through access arrangements. This led to an intensification of the conflict, in which participants felt confused, misunderstood, and dis-respected. The study emphasises the fluidity of the network relationships, and the importance of being vigilant to the changing configuration of relationships as the participants strive to manage sometimes very difficult, turbulent situations.

Based on the emergent findings, which point to the importance of developing a case management model based on the principles of partnership, and where the child is protected, the fifth province model is identified as providing an important conceptual and practice framework to the area of relative care. Through the use of diamond-shaped structural maps, emerging themes can be mapped through a representation of alignments and non-alignments. This enhances an understanding of the place of contradictions and oppositions in the developing networks. It also offers a useful method for facilitating inclusive collaborative conversations among the participants in the relative care network, and may be used to support a new approach aimed at working in a spirit of respect, partnership and collaboration². Relative care has emerged as an important care option for children. However it is embedded in complex relationships at a family/ state, and intra- family level, and a conceptual framework is needed to work with the constraints identified and maximise the benefits that this placement option offers.

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² The author is now involved in an action based research\ practice project in which an application of this model is now been piloted in a number of agencies in Ireland.

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