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Acknowledgements. The author would like to acknowledge the support of the Eastern Health Board in the research, on relative foster care referred to throughout this article. This research is being undertaken as part of a PhD programme in Families and Systemic Therapies at University College Dublin. The research is scheduled for completion in late 1996.

Abstract
Relative foster care offers a placement option in addition to residential and foster care, for children in need of alternative care. Historically, care by members of the extended family was viewed predominantly as an informal care arrangement within families, and in the main was not interfered with or financed by the state. Relative foster care could offer a more "child centred" option for many children unable to live with their own birth parents, as they would face less disruption through a move within their family networks. Recent years have seen a growing trend towards use of this option for children in care. The central issues for the participants involved in relative foster care are identified and discussed. Discussions need to continue if this care option is to be utilised and developed to its optimum into the future.

Introduction
Informal placements of children in the homes of relatives or friends is a tradition common to many cultures, historically as well as contemporary (Hegar:1995 ). The increase in the formal use of relative foster care in the Irish child welfare system is a recent development. In this article the emergence of relative care as a placement option is discussed. The central issues for the participants involved are presented and examined. Finally the practice models required to assist the development of this care are explored. Relative foster care is referenced in the literature as kinship care, relative care or relative foster care. For consistency, the practice will be referred to as relative care within this article.

Emergence of Relative Care.
The development of this care option has arisen at a time of major shifts in child welfare systems. Several factors account for the change, principally the shift from residential care to foster care, (Triseliotis, 1989; Colton, 1988;) an emphasis on partnership as an underlying principle in child care, (Thoburn, 1989; Ryburn, 1993;) a belief that relative care provides the most “family like and least restrictive home environment for some children” (Everett, 1995 p.250) and outcome studies indicating lower disruption rates and more security for children placed within relative care. (Rowe 1984; FitzGerald 1983; Maluccio et al.1981; Dubowitz 1993).

The increase in the formal use of relative care as a care option, is a more recent development in the Irish child welfare system. The new 1995 Regulations governing the placement of children with relatives, sets out a framework for this practice, and are to be welcomed in general. In Ireland the shift towards foster care as the preferred care option, has been affected by changing demographic patterns and a changing profile of children requiring care. This has accounted in part for the increased difficulties in recruiting and retaining foster homes (Gilligan, 1990). It is in this context that relative foster care has emerged as an option for greater numbers of children in care. The increase in the placement rate of relative care reflects a practice that evolved more out of a scarcity of alternative care options rather than a coherent child centred policy prioritising or aimed at developing this care option.
new regulations however has now placed it firmly within the range of acceptable alternative care options.

The precise numbers of children in relative care placements in Ireland is unknown, as data collected pertaining to children in foster and relative care are collapsed into one category. This is a feature of many systems internationally and accounts for the difficulty in establishing exact figures to document the increase. (Gleeson, 1994)

The requirement to keep separate foster and relative care registers under the new 1995 relative and foster care regulations addresses this problem in Ireland and is a positive step.

The increased use of this placement option is documented more thoroughly in the USA. Over "31% of all children in legal custody are now placed with the extended family" CWLA (1992:6). The incidence in urban areas in the USA is higher. The rate of placement in Chicago is 51% (Wulczyn & George 1990); in Philadelphia 67% (Takas, 1992); and in California over 50% of children in foster care are placed with relatives (Berrick et al, 1995). Research in Sweden shows 25% of all children in foster care are placed with relatives (Bergerhed: 1995) and a major study is underway in Holland to establish the extent of the practices.(Haydn, M. 1995). Based on an analysis of the emerging patterns internationally in child welfare systems, it is predicted that the increase in the use of relative care will continue in Ireland.

**Features of Relative Care.**

For practitioners interested in this approach, a key question to address is the difference between relative and foster care. The main difference, bearing in mind that relatives are not a homogenous group, is the way both sets of carers become connected to the agency. Prospective foster parents approach the agency for information regarding the task of fostering. If interested, they are provided with training as to what is involved. Their suitability and readiness for the task is discussed and following a formal assessment process, the foster family provides a placement for a child when the need arises.

The route by which relative care foster parents become involved generally arises out of a crisis for a member of their extended family. The situation is brought to the attention of the child welfare agency. As part of the assessment the availability of informal help is examined as family support to prevent the reception of children into care is the first priority. If care is required, the feasibility of relatives providing a placement for the child is discussed between the child welfare agency and the family. In the main it is the agency who approaches the family asking them to consider formally fostering the child. If the decision is made by the child welfare agency to place the child with relatives and the relatives are in agreement, the placement is made following an initial risk assessment involving checking references, police check etc. The more detailed formal assessment process generally takes place while the child
is in situ. The 1995 Relative Care Regulations sets a twelve week time period within which it is completed.\textsuperscript{5}

The other difference emerging from the research conducted to date is the profile of the two groups of carers. Certain patterns have emerged which are worthy of mention. In American studies, grandparents and aunts are the predominant relative foster parents, their average age is fifty, and the relationship is predominantly on the maternal side of the family. (Dubowitz et al 1990, 1993; Wulczyn and George, 1990; Thornton 1991; Berrick et al 1994. Unemployment rates are higher for relatives (Berrick et al 1994) and many are dependent on social welfare as the main source of income. (Task Force 1990). Relative foster parents are less likely to be home owners than non related foster parents. (Everett, 1995) The primary reasons for entry into the formal care system are neglect and addiction. (Dubowitz et al 1990, 1993; Wulczyn and George 1990.)

A profile of relative foster parents and the children placed with them is part of current research being undertaken by the author. An initial examination of the data in the study highlights the emergence of similar patterns to those indicated in the American studies.

**Major issues in relative foster care.**

In the context of limited research, this area of practice is characterised by strongly polarised opinions among practitioners, as to the benefits or constraints of this controversial placement option.\textsuperscript{6}(Thornton, 1987; Everett, 1995). Many practitioners argue forcibly that children should be left within extended families, as it is in this setting that children’s needs are best met. Other practitioners argue against this care option, stating that the source of the birth parents problems may be traced to their family history and therefore by placing the child within the family, intergenerational patterns of difficulty may be repeated. Both arguments represent strong ideological positions, dominant in present day society.

Yet in the research studies in which children’s own views were elicited, the children in the child care system indicated a strong preference for relative care.\textsuperscript{7}

Despite, relative care being identified by children as their preferred placement, this information is sometimes lost in the challenges facing practitioners. With responsibility for devising and implementing the arrangements of relative care, practitioners face enormous challenges, arising out of the complex nature and competing demands inherent in child protection and child placement. These are further compounded by the absence of clear practice models for working with
these family networks. The existence of polarised views among practitioners are thus better understood.

It is intended that the identification of the issues will assist practitioners further in the development of this practice. Practitioners are motivated and actively involved in seeking to provide a service that is both child centred and also respectful of the principles of partnership underpinning the new Child Care Act. 1991. It is this motivation, in the face of competing demands that has propelled developments to date.

It is important that the space is created for practitioners to examine the experiences. If the complexities of relative care are embraced, a practice can develop with the potential of enhancing the life chances of many children requiring alternative care. This will assist the way forward for the development of this child centred practice. In the following section the benefits and constraints emerging for each of the participants will be discussed. These are based on a review of the literature and on a preliminary analysis of the authors own research. Though identified separately, for the purpose of this paper, it is the inter-connectedness and complexity of the issues that is most challenging for practitioners. The issues raised as pertinent for each participant in the relative network, should be considered against a background of:

- Relative care is used as an umbrella term to describe care placements, that range from short term, intermediate to long term. The emergence of particular issues in the relationships between the participants are connected with the legal basis of entry into the care system, the reason for care and the length of time envisaged that the child will remain in the care of the relatives.
- Particular issues identified may emerge as more central at different stages of the process of placement.
- A benefit for one participant may be a constraint for another and therefore the centrality of negotiation in the formalisation and review of the placements is essential.

**Children.**

**Benefits**
The benefits for children in relative care are identified as follows:
Greater stability of placement and less disruption in their own networks.
- The opportunity to live with people that are familiar, at a time when their own birth parents are unable to care for them
- The ease of access to birth parents and other family members.
A greater opportunity to facilitate siblings in need of care to stay together.

The development of the identity of the child is enhanced within their own family.

Continuity of education, if relatives live within their environment.

Normalisation, as the children are less likely to identify themselves as been “in care “.

Less feelings of stigma associated with this care option, enabling them “to get on with their life”.  

**Constraints**

The following constraints may exist for children in relative care .

- The impact on the child, if conflict exists in the relationships between the birth parents, the relative foster parents and the professionals.
- The potential for less services to be available for the children, as they may be viewed more as being with family rather than in the care system by both the family and the child welfare agencies.
- The child may remain at risk within the extended family.

**Birth parents**

In the review of literature, no research studies were located which focus on birth parents view of relative care. The themes emerging in the authors own research and practice experience are identified.

**Benefits**

- General relief that the child is within the family, even if a level of conflict exists in the relationship with the relative foster parents.
- Less feelings of stigma associated with their child cared for within the family than having the child cared for by strangers.
- Greater continuity of relationships with the child, and
- Less contentious access arrangements.

**Constraints.**

- How to reconcile that their relative may now be more aligned to the “authorities “and as a result the relative may be less available to the birth parent as a source of support.
- They may become more distant from their family.
- The priority of returning the children to the care of the birth parents may be less immediate than if the children were in alternative care arrangements.
- The birth parents continues to experience feelings of powerlessness in their relationships with the other participants involved in relative care, despite their preference for the child been within the family.

** Relatives foster parents .**
The majority of research carried out to date in the field of relative care, has focused on the perspective of relatives, their relationship with child welfare agencies and the difference between relative and non relative foster parents. (Thornton, 1987, 1991; Iglehart, 1995; LeProhn, 1994; Minklor 1993).

**Benefits**
The benefits identified for relatives involved in this practice are as follows:
- General relief that the child is within the family and not lost to strangers within the care system.
- A belief that their intervention will help the child and the parents, and in the process keep their family intact.

**Constraints.**
The constraints for relatives involved centre on the following issues:
- A general lack of understanding of the operation of the child welfare system.
- Confusion over their role in relation to other participants in the network, e.g. are they family and / or foster parents?
- Loss of freedom, particularly for grandparents or older relatives is identified as a major constraint. The physical and psychological effects of providing care and a growing sense of isolation from support networks are key issues.
- The financial costs associated with a reduction in their income if they have to stop work to care for the child, or the costs involved with subsidising the allowances paid by the agency in respect of the child.
- The impact on relationships with other members of the extended family, arising particularly if conflict exists in their relationship with the birth parents.
- The difficulty for some families in asking for support from the agency. This arises out of a cultural context where the idea that family should look after their own is dominant.

**Practitioners.**
Traditionally in child placement practitioners were central to the decision making. In relative care the family is more central, and the practitioners occupy a more peripheral role. (Portengen, 1993) The repositioning required is generally recognised as the central challenge for practitioners involved in relative care. This repositioning occurs as the practitioner will always be outside the boundary of family, and therefore dependent on the family for information. The family history is held within, and only shared with the practitioner accordingly to the family’s willingness to do so. The following issues should be seen against this background.

**Benefits.**
The benefits identified by practitioners are as follows:
- The child is within their own family and environment.
The impact for the child of separation from what is familiar is minimised. Many relative placements require less intensive support from the agency, and scarce resources are freed up for work with other families. The considerable difficulty of locating an alternative care placement for the child is avoided.

**Constraints.**
The constraints which the practitioner have identified are:

- The effect of being less in control of the placement of the child, once the decision is made to place the child within the family.
- How to conduct an adequate risk assessment to ensure the child’s welfare is safeguarded.
- The difficulties arising in conducting a “fostering assessment”, if the criteria normally used with non relative foster parents are applied, and the child is in place.\(^{12}\)
- The need to develop a training package particularly tailored to meet the particulate needs of relative foster parents.\(^{13}\)
- The impact of financing relatives to care for children and the corresponding consequences for informal care within extended families.

**Practice Models for relative care.**
As part of the process of developing relative care in Ireland, we can learn from the experiences and developments in other countries. The “family group conference” model which originated in New Zealand as part of the 1989 Children, Young Person and Families Act is of particular significance. (Wilcox et al, 1991; Ryburn, 1993b). It draws attention to the centrality of the relationship between the State and the family, and the importance of developing a model based on the principles of partnership, power sharing and a willingness for the State to consult more widely with family on the management of child protection and child placement. As part of developing relative care, an examination of the features of this model which could be usefully incorporated into practice here in Ireland is being currently explored by the author. A further discussion of these issues will be provided in a forthcoming article in this journal.

**Conclusion.**
The emergence of relative care is welcomed as a model of child centred practice. It will undoubtedly help many children currently adrift in the care system, and will offer greater stability to others entering the system for the first time. The diverse needs of children however continues to warrant a range of care facilities, in residential, foster and relative care. Relative care should not
be presented as the solution for all children requiring care. It may be unsuitable, due to the unavailability of resource’s in the child’s network, or the risks associated with the placement may be too high.

Risk taking is a central feature of practice in child welfare agencies, being a balance of assessed needs and availability of resources. This practice of balancing, as we are all too aware, does not take place in a vacuum. It occurs presently in a context of heightened public awareness and interest in child welfare, child protection and alternative care options for children unable to live at home. Accountability, efficiency, effectiveness, and quality of service are equally important as they are now seen as the cornerstones on which public services will be developed into the next century.

The conversations as to the place of relative care and the practice models needed to develop it further takes place in this wider context. Placing it in the wider context will hopefully facilitate practitioners to find encouragement in the benefits outlined in this article, and a willingness to view the constraints as constraints, not impossibilities or prohibitions. The new Relative Care Regulations 1995 provide a broad framework for this practice to develop more thoroughly as a placement option here in Ireland. However it is only as practitioners continues to practice, discuss and analyse relative care that the needs, risks, and resource implications associated with relative care will become clearer. It is hoped that this paper contributes to this process.
**Conclusion.** (This is very rough the main points that I want to make are as follows
Not to become too constrained by constraints. child placement involves risk so the risk of relative care should be placed in that context.
Growing awareness of the principle of partnership and the abuses that can arise in the system. The control of abuse and the abuse of control.
The potential to see relative care as the panacea to the present difficulties in the chile care system.
The need to avoid viewing it a s cheaper option.)

Valerie my concentration has gone !!!!!!It is too late. The following is a very very rough attempt at a conclusion
In highlighting the central issues for the participants in relative foster care, Situations will occur where relative foster care is not a desired or an available option. A continuum of care facilities in residential, foster and relative foster is required to meet the diverse needs of children in the care system.

To conclude the emergence of relative care has occurred at a time when cost effectiveness, quality of care, and partnership are more central feature of the child welfare system. The emergence of it at a time when the risks associated with alternative care are now being debated more in the public domain is important. Child protection has become a more central concern in our society.

**Another attempt**
Alternative care for children however carries risks, as we have become only too aware in recent times, in the recent unfolding of allegations of abuse in residential care and to a lesser degree in foster care. The decision to place a child in relative foster care therefore occurs in a context of risk. The stakes involved in risk taking is intensified in the present system of child protection and child placement assessment. Key questions addressed by all involved in this area of work are “What is good enough? What does in the best interests of the child mean? How will we know that the child is o.k.? How to balance the benefit with the constraint and in the process validate and respect all the participants? The participants involved in the child welfare system are becoming more keenly of these questions and in the process, asking fundamental questions about the control of abuse and the abuse of control(Byrne and McCarthy GET proper ref.) It is this awareness that has facilitated the incorporation of the principle of partnership in child welfare.

The principle of partnership reinforces the importance of all participants involved in child welfare. It validates the centrality of respect and
responsibility in the decision making process with respect to child protection and child placement.

However the voices of children and the clear advantages for them if the network relationships between the practitioners and family members can be worked out, are clear. but it should provide many with plenty. In the words of a child interviewed as part of the research
It will not be the solution for all children


Gower, Aldershot.


The extent of it as an informal practice is unknown in Ireland, as unlike other countries, e.g. Sweden, there is no requirement for families to inform relevant authorities of the existence of such arrangements. The informal practice of child rearing within extended families generally evolves as a response to crisis within families, often associated with the ill health of parents, inability to cope, stress associated with economic constraints, large families, or simply evolving over time with a child spending more and more time with members of the extended family.
The increase of the placement rate in relative care is based on the research being conducted by the author. The fieldwork was conducted in the Eastern Health Board in 1995. In the Board, 12% of all foster care placements in Feb. 1995 were with relatives. (98 children were placed in relative care out of a total of number of 789 children in foster care).

The setting up of the “Neighbours Friends and Relative scheme” in mid 1993 in the Eastern Health board was a response to the crisis of a lack of placements in the care system. This crisis was particularly intensifies following the closure of the main short term residential centre used for accommodating children in need of care. The scheme was imaginative in it’s approach and is seen as central in the subsequent increase in the placement rate of children with relatives.

In the 1991 Office of Inspector General DHSS report, variation in the documentation rates in the USA emerged, with only twenty nine States tracking relative care placements as distinct entities.

The new Relative Care Regulations 1995 makes provision for the emergency placement of children with relatives. The formal assessment process has to be completed within a three month period. Agencies are experiencing difficulties in complying with this regulation. Central to the difficulties are the shortage of practitioners to carry out the assessment work, confusion amongst practitioners as to what constitutes an appropriate assessment of relatives and lack of adequate administrative support required for the preparation of the reports.

The research studies are limited within the field. It is evidence of research lagging behind practice developments, and many aspects of this placement option are in need of research. Dubowitz 1994 and Everett 1995 outlines key research areas required in relative care which would facilitate practice developments.

Bergerhed shared preliminary research findings at the 1995 International Foster Care Conference in Bergen, Norway. The focus of her research is to explicate the views of children reared with relatives.

The framework provided by the 1995 regulations will facilitate the evolution of these models.

There are no agreed definition in child care as to the time frames used in defining short, intermediate and long term care. The terms are used in a general way to differentiate care arrangements.

Quote from a girl of ten years, who prior to the placement with her aunt, had two disrupted foster placements.

A central theme emerging in the American research literature is that children remain longer in relative care than children placed with non related foster parents. Rehabilitation to the care of their birth parents or permenancy through adoption adoption is higher when children are placed in non relative care. Relatives are disinterested in adoption according to Thornton 1987 as they view the children as already being within the family, or they are reluctant to escalate an already conflucial situation with the birth parents. The disinterest in adoption was not an indication of their lack of commitment to the children, as they reported their willingness to rear the children to adulthood. Everett 1995 identified the need for research into discharge rates from relative care.

The challenges arising in this area are enormous. Under the new regulations the insertion of the “best interests of the child” is intended to act as an important guide in arriving at the assessment. As part of the research this issue is receiving particular attention and it will contribute to the development of an assessment model geared towards the different needs of this group.

A training package for relative foster parents and social workers is being developed by the author. Preliminary work commenced with colleagues in the Fostering Resource Group, Eastern Health Board, who are currently involved in relative foster care practice and training.

A training package for relative foster parents and social workers is being developed by the author. Preliminary work commenced with colleagues in the Fostering Resource Group, Eastern Health Board, who are currently involved in relative foster care practice and training.
The incidence rates of allegations of abuse in residential or foster care in Ireland are not collated separately in the child care statistics in the Dept of Health. The increase in allegations are reported regularly in the media.