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7 Contributions from an Irish Study: Understanding and Managing Relative Care

Valerie O'Brien

Introduction

This chapter is drawn from a PhD research study conducted in Ireland between 1993–97 (O'Brien, 1997) and further developments arising in the field since that date. The study is the only one of its type conducted to date in Ireland and has contributed significantly to an understanding of this care option for children. This chapter is divided into two sections. Section one outlines the aims of the study, the development of relative care in Ireland and key findings in relation to the children’s and relatives’ biographical details, and the care career of the children. Section two describes and traces the processes involved at the decision-making, assessment and post-assessment stages. The chapter concludes with a discussion of the implications for practice and puts forward a model that may assist future practices.

Section One

The study had four specific aims. It aimed to establish a profile of children and the families involved in relative care. The second aim was to examine familial and professional viewpoints which obtain when the child is placed in the relatives home prior to a formal assessment being completed, drawing on the experiences of the multiple participants involved. The third aim was to examine the extent to which a systemic framework (using the fifth province approach) provides a conceptual frame for understanding evolving networks (O'Brien, 1999). A systemic framework refers to a mode of practice in which context; relationship, interaction and meaning are central. The fifth province conceptual approach was developed in Ireland in the early 1980s as a systemic clinical model for use in the area of child sexual abuse (Kearney et al., 1989; Colgan, 1991; Byrne, 1995). The fourth aim was to establish how an understanding of the networks could lead to improved case management practice, and a model of working which will benefit the participants. This chapter focuses predominantly on key findings arising at different junctures of decision making, assessment, support and access and makes references to other key findings arising from the other research aims.

Research design

The quantitative aspect of the study was based on examining file data pertaining to 92 children in relative care (relative based on a blood or marriage relationship). This provided baseline data to examine general trends and assisted the development of a sampling frame aimed at examining the different types of networks in existence. Qualitative data was collected on six networks arising from the sampling frame developed. In each network, the birth parents, relatives, children and social workers involved were all interviewed. The study aimed to address the hypothesis that intra-familial relationship determined the family/state relationship and that different networks of relationships evolved over time (O'Brien, 1999). It is outside the brief of this chapter to address the in-depth findings related to the different networks that were identified. The typology of networks, the key factors giving rise to their evolution, and the practice implications are discussed in O'Brien (1999). Decision-making, assessment, access, support and planning were examined as key junctures in the evolving networks.

Relative care in Ireland: setting the scene

The development of formal relative care in Ireland is traced in part to the Child Care Act 1991. Relative care was introduced as a viable care option, alongside foster care, residential care and adoption. Different options are needed to meet the care needs of the approximately 3600 children in state care at any one time in Ireland.1 The numbers of children in care have not

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1. The Department of Health and Children took the last snap shot of the total number of children in care on the 31st December 1996. Prior to this, the total number of children in the care system was taken in the 1992 snap shot.
changed dramatically in the last thirty years, but the use of individual care options has changed. 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 and 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. Currently, approximately one quarter of all children entering care are placed in relative care though variation exists amongst regional areas (Dept. of Health, 1999).

The emergence of relative care in Ireland has been traced to the preference for foster care over residential care as outlined above, a shortage of traditional foster parents, greater emphasis on family connection as a means to enhance children’s identity, the emergence of partnership as a key principle in child care, and positive research outcomes. However, it may be argued that its early development reflected a value system among individual workers which reflected an ideological preference for family unity, and a placement crisis which left little choice but to use this care option rather than a coherently formulated policy that provided specific guidance and regulation for the developing practice.

It is also important to stress that, as relative care has expanded, it has been developing within the existing foster care system, which in itself is characterised by multiple challenges in terms of SnH meeting, children’s needs, recruitment and retention of foster carers, role confusion, and placement breakdown (IFCA, 2000).

Profile of children, their care careers and relatives

The biographical information on birth families reflects a population that is characterised by poverty, as indicated by high dependency rates on social welfare, housing status and lives blighted by addiction and inability to cope. These findings show many characteristics which are similar to children in the general care population in Ireland (Richardson, 1988; O’Higgins, 1996).

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

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

Over half the children (58.7%) were living in relatives’ homes where the assessment process had been completed. The length of time to approval was generally between seven and

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2. 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 that 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 4,534 in public care (Gilligan, 1991: p. 85).
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The failure to achieve the approval in the regulated twelve week period has implications for both the agencies, and also seriously impacts on the relatives who were unable to avail themselves of the full fostering allowance until the assessment is completed. A new regulation, which provides for payment from the time an emergency placement is made, has changed this situation. At the time it was a particularly acute issue given the socio-economic status of some relatives (underline).

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

Section Two

In this section, the main findings arising from the process orientated analysis at the different junctures of decision making, assessment, support and access are summarised. The richness of the findings emerges from the multiple participants’ views, and shows how conflict, familial obligations and necessity propel the networks. The five principal concerns in relative care (O’Brien, 2000), protection needs, service provision, reunification rates, financial equity and applicability of the traditional foster care system, are addressed as part of this discussion.

Decision-making

The principal issues which the study addressed at the decision-making stage concerned the route by which children enter relative care, the interests of the relatives, and the impact of the current case management system on the subsequent developing network. The study found that the children were moved to the relatives’ home from their own home, or were already being cared for informally by relatives, or were already in the care system. This is similar to the available research findings (Berrick et al., 1994; Rowe et al., 1984).

It was found that families who become relative foster parents are motivated to care for the children by the wish to either rescue the child in the event of the child being in the care system already, or to keep the child from entering an anonymous care system, which is a finding similar to Thornton (1987, 1991) and Berrick et al. (1994). The level of caution among relatives, informally caring for children, to agreeing to become foster parents for the agency, was shown. Many had little alternative options to secure adequate financial help, or to protect the child in the event of a deteriorating relationship between the relatives and the birth parents. At the decision-making stage a high degree of cooperation and agreement generally existed for the care plan at the outset of placements in all the networks, although variations were evident in the extent to which the birth parents welcomed the state services’ intervention. Nonetheless, all birth parents expressed a preference to have their children placed with relatives at this stage, rather than placing them outside the family.

Tensions were evident at the decision-making stage which need to be considered, namely the difficulties for the relatives in approaching the agency, the hesitancy of the social workers about the risk assessment model used, and the birth parents’ annoyance at the relatives for contacting the agency. Certain factors also contribute to difficulties not being identified or articulated. These include the speed of placement, the lack of opportunity or commitment to network with other relatives, or to address the concerns and make plans with the family as a group, the lack of specific skills among front-line workers to assess or to conduct network and family meetings, and to manage conflictual relationships. These factors are all identified as contributing to the difficulties which unfold later.

Assessment

The study has shown that the assessment of relatives challenges many of the theoretical, professional and organisational bases on which assessments are currently organised. In the process, the agency is confronted with many practical and ethical difficulties. At a practice level, much of the confusion surrounding relative assessments can be traced to the fact that the process is occurring in a context of competing ideologies. The values of partnership and empowerment, on which the self-selection model of assessment practice is built and which social workers aspire to, are somewhat at variance with the practices and values underlying the social control
function of child protection practice, which results in a paradoxical situation for both worker and relative. Furthermore the study shows how the protracted nature of the process, and the coexistence of multiple roles and tasks during the assessment stage is a particular characteristic of relative placements, and is compounding the difficulties for both the social workers and relatives. In summary, it was shown that the model currently used to assess relatives is a replica of the assessment model and approach used with traditional foster parents.

Superimposing this model of assessment in relative care is causing problems, as the process by which the relatives become connected with the agency, the different demographic profile of the relatives, the fact that the placement is already made, and the family connection between relatives, birth parents and children, are not provided for in the traditional model. The traditional framework was developed to prepare stranger foster parents for a hypothetical child at an imagined future date, which is very different from the characteristics of the relative placement.

A further finding at this stage shows that the birth parents distance during the assessment process reflects the start of an increasingly peripheral position, which occurred dramatically in a number of the networks, and caused high levels of pain and distress for many of the participants, and not just the birth parents. Inclusion of birth parents at this stage of the process is necessary to safeguard against an increasing peripheral position.

Support: service provision and protection

Support services were examined against a backdrop of literature which pointed to the lower level of monitoring and service provision for relatives and children in a number of studies carried out in the USA (Berrick et al., 1994; Dubowitz et al., 1993; Iglehart, 1994; LeProhn, 1994; Task Force, 1990; and Thornton, 1987, 1991). It was outside the scope of the study to establish if the participants in relative care received significantly lower levels of services and monitoring/supervision than those in traditional foster care.

The study shows that the family members did not make a distinction between support and supervision, and tended to see the agency in a monitoring role rather than a supportive one. Some difference existed between the networks, but there was confusion throughout. The lower level of contact by the agency after the initial phase was welcomed by the relatives, and perceived as showing agency satisfaction with their work. However, the relatives who welcomed the limited contact showed a lack of understanding of the availability of services, and expressed a high level of ambivalence about asking for help in case their motivations were misinterpreted. Interpreting the lack of contact from the agency as a belief that they were expected to manage independently undoubtedly influenced the way the participants negotiated service requirements.

The principal findings arising in the study in respect of support in relative care are:

- Support in relative care is a broad concept, and refers to the range of services designed to meet the financial, emotional, and practical needs of the different participants.
- The participants need for support varies over time according to their position and relationships in the network.
- Support is of crucial importance, being the most significant issue in bringing families who are already caring informally into contact with the agency. The demographic profile of the relative networks, and the tendency towards multiple placements, point to the high level of support needs.
- Confusion existed between support and supervision/ protection needs, and was evident at multiple levels and in a range of relationships.

(O'Brien, 1997; O'Brien, 2000 pp. 201–202)

Protection and safety

The main hypothesis of the study was that the intra-familial relationship determines the family/state relationship. The study confirms this. However, the intra-familial relationship, and subsequent development in the network of relationships, was also directly affected by the extent to which the agency was satisfied that the protection needs of the children were met in the relative home. The literature suggests that concerns about the welfare of the child in relative care arises in a context where there is (a) a lack of rigorous pre-placement assessment and less monitoring of relative placements (Kusserow, 1992b); (b) confusion regarding assessment frameworks to determine suitability of relative homes (Killick, 1992); and (c) an implicit agenda among professionals about the relatives' inability to protect the child in light of the difficulties of the
birth parents (Thornton, 1987, 1991). It is perceived that establishing adequate levels of protection for children in relative care is part of a wider discourse, which is shaped by the uncertain relationship between the private domain of family and the public domain of child abuse.

In this ambivalent space, protection and supervision of the relative home remains a recurring theme at all stages of the evolution of the network. It was seen to be particularly acute at the decision-making and assessment stage. The study shows that the diversity of family types and lifestyles, the continued influence/impact of the dysfunctional family theory, and the current emphasis on child abuse and protection were juxtaposed by the social workers with the perceived benefits of relative care, such as family connections being important for children’s identity, and relative care offering children greater continuity of placement and sibling unity. As the placements proceeded, the social workers clearly saw the benefit of many relative home placements for the children, and even in the most distressed networks many of the previous concerns were dissipated. The confusion about what constitutes adequate protection, and what level of support, assessment and supervision is necessary, is at the heart of many of the difficulties in relative care, and reflects the fact that a specific model for working with relative care has not been developed to date. This confusion is compounded where the care plan for the child is unclear, or where major differences in participants’ views of the plan have never been adequately articulated.

**Access**

In the study, it was shown that access is seen as the barometer by which the level of tensions in the network of relationships is evident. The themes of competence and incompetence, loyalty and disloyalty, affection and anger, control and loss of control are played out in the arena of access in the network. If cordial/harmonious relationships exist between the family members, and the agency is satisfied that the child protection needs are safeguarded, the family members are given a clear mandate and encouraged to organise access themselves, with the agency providing an overseeing role.

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

**Future plans**

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

The participants’ views of the future in the study were shaped by two particular context markers, which must be considered in light of the research findings on reunification rates and permanency planning in relative care. The first relates to the
existence of only two categories of foster care in the agency, i.e. short term and long term. This limited categorisation can result in a lack of consensus among the participants as to the type of placement in existence, as short-term placements can become long-term because of unfolding events, rather than being explicitly planned for. An intermediate care category could help workers retain a time-limited perspective. The second important context marker which impacts on reunification and future plans is that the Irish child welfare system does not share the same tradition of permanency planning that exists in the USA, nor does it have legislative provisions for Residence Orders that exist under the UK Children Act, 1989.

Section Three

The systemic analysis of the networks, combined with the process oriented descriptions at the different junctures can provide a basis for improved case management practice. Enhanced understanding provides an opportunity to implement a practice model aimed at building on the mainly co-operative relationships that exist at the outset of the networks. Specific proposals relevant to the different junctures of decision-making, assessment, support and access are now outlined.

Optimal components of network

A key finding underlying the practice proposals are the optimal components needed to maintain a co-operative network of relationships, as identified through the participants’ viewpoints in the study. The optimal aspirations are described as comprising the following features and are presented in Figure 1:

- The family members feel supported and respected by each other, and the agency.
- The agency is satisfied that the child is in receipt of adequate protection, remains in care only as long as necessary, and the care arrangement is built on the principle of normalisation.
- The child is content to live in an environment free from conflict between the adults, where they are loved and cared for.

![Figure 1: Optimal features required for a network based on partnership](image)
Entering formal relative care: decision-making stage

From a retrospective examination of the impact of case management at the decision-making stage, it is suggested that an opportunity should be provided at this stage for the extended family to meet with professionals, through use of family/professional network meeting. This could provide a platform to:

- Address the issues that led to the need for care.
- Share concerns and to consider the protection agenda.
- Examine options.
- Reach a solution that is based on the care and protection needs of the child.
- Identify the resource availability and requirement needed to support the placement.
- Organise the access arrangements and outlining the mutual expectations of each participants.

It is important that the resources, and stresses of the child and the different family members are considered, and that the available services and the agency expectations are made explicit. The role of a family/professional network meeting is cental. In order to maximise the effect of this type of meeting, two principles of the 'family group conference', (Ryburn, 1996; O'Brien, 2000) could be adopted. The first is that the extended family has the ability to make a safe plan for dependent children, unless there are explicit contra-indications, and secondly that the family need time to take into consideration the information brought by the professionals, and to plan in private. Network meetings could provide for inclusive decision-making, where the benefits of a range of views will be applied to the protection issue. The different routes by which the child enters relative care previously outlined will affect the timing of this meeting.

Diversion

The findings at the decision-making stage point to the possibility that some relative care placements, where the agency is satisfied from the outset that the protection needs are safeguarded, could be diverted into a type of family preservation programme. The option of diversion should be considered not only at the initial decision-making stage but also for placements at different stages of development. The applicability of the current case management system for long-term stable networks, especially networks which have low supervision requirements and where support needs fluctuate, emerged as a key issue in the study.

Two alternatives have emerged to address the question of diverting networks to an alternative system. The first is the provision for Residence Orders that exists under the UK Children's Act, 1989, whereby parental responsibility is extended to the relatives, and relatives have access to a means-tested carers' allowance. The second alternative is a 'Designated Relatives Scheme', developed in Chicago, under the 'Home of Relative Reform Plan' aimed at creating a system whereby statutory requirements are kept to a minimum (Gleeson, 1996). In theory, the delegated relative status aims to reduce the level of supervision provided by the agency, and to give the relatives more control over the day-to-day rearing of the children. Gleeson (1996) outlines how this system has not worked as effectively as initially envisaged in the Chicago Scheme. While referencing the lack of research into the failure of the scheme, he postulates that the low uptake reflected relatives' apprehension that, if they agreed to this step, the agency would then expect them to adopt the children. It is of note that this failure occurred in a context in which a permanency philosophy dominates, which is not a feature of the Irish child welfare system.

Systems such as Delegated Relative Status and Residence Orders (Dept. of Health, 1995d) have the potential benefits of:

- Allowing the children to have a 'normal' life.
- Cutting down on the level of intrusion which some relatives and children feel from the agency.
- Saving the agency the expenditure associated with administrative and staff duties in implementing the full regulations of a foster care system.

The delegated relative status has an advantage over the residence order in that there is a greater opportunity to include the birth parents in a dialogue built on the values of respect and partnership, whereas the legal negotiation surrounding a residence order may invoke an adversarial setting in which the theme of incompetent parent is further reinforced. On the
other hand, the residence order may provide greater legal safeguards for the children. In
discussing an alternative system along the lines of the residence order or the delegated relative
status, there is a requirement to ensure that:

- The adversarial nature of the proceedings
  are minimised.

- A detailed explicit plan is put in place,
  outlining the purpose of the placement, the
duration and the steps to be undertaken if
the birth parents are to resume care of child.

- The children’s protection needs are
  adequately safeguarded in the relative
  home.

- Relatives providing the child rearing should
  not be financially disadvantaged by opting
  out of the foster care system.

- The range of services available to the
  members of the networks should be made
  explicit.

- A review mechanism is built in, which is not
  limited only to an examination of the
  requirement for continued financial support,
as is currently the case under UK legislation,
but the review should provide a context in
which the viewpoints of all participants are
heard. The family group conference may be
beneficial for this purpose.

- The birth parents agree that the child will
  remain with the relative even if their
  preference is for reunification.

Such provisions, contained in a scheme, could
be particularly suitable for co-operative
networks. It could also have applicability for
some conflictual networks, where reunification is
unlikely and where all attempts to reunite the
child with the birth parents have failed. As a
general point, support services for the birth
parents, which aims at helping them come to
terms with the reasons for the placement and to
be fully involved in making future plans might
lessen the conflict in their relationship with the
relatives. Such measures require resources, and
attention needs to be drawn to the negative
effects if diversion is driven principally by
budgetary reduction measures, or imposed on
relatives (Gleeson, 1996; Link, 1996).

A different assessment approach

The two-stage assessment process, characteristic
of relative care, is one of the most damaging
features of the current case management system,
in terms of re-opening the threat of removing the
child, and introducing what is perceived as a
long, intrusive and irrelevant process,
characterised by lack of openness. In the study,
there was little evidence that it contributed
significantly to child protection, for the efforts
involved.

A different approach, with a short concentrated
assessment in the initial decision-making stage,
with less voluminous reports and documentation
is recommended. The role of the
family/professional network meeting as
previously outlined is central. When a decision is
made, it should not be second guessed by
introducing a new worker who fails to utilise the
important information gathered at the decision-
making stage through the family network
meeting. The study has shown that the practice
of allocating a new worker after the emergency
placement is made, to conduct the relatives’
assessment, risks becoming an unnecessarily
long and unfocused process. Two workers,
operating as a team would enhance decision-
making, by making an assessment of the needs of
all the participants and making arrangements for
the provision of service, either to be provided by
them or to make referrals for specialist services.
Co-working would also help to minimise the risk
of the participants being marginalised, and
scape-goated, which carries potential difficulty
for the stability and duration of the placement.
The agency resources so released should be re-
deployed to specific but separate induction,
support and supervision roles with a rigorous
system of periodic reviews.

The two-worker case management system\(^3\)
needs re-consideration also for more long-term
case management of relative care and will be
further addressed towards the end of this
chapter. The confusion arises principally from a
system whereby the workers carry separate
responsibility for individuals rather than tasks. It
intensifies conflicts when family members are not
clear about role demarcation. In the event of
difficulties, the separated roles were seen to fuel

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\(^3\) The two worker model used extensively in relative care is a replication of the two worker model used in traditional foster
care whereby one worker has responsibility for the child and birth parent and the other worker works exclusively with
the foster carer. In relative care this fails to take account of the fundamental differences associated with the family history,
how relatives become connected to the agency and the different agency position.
adversarial relationships, with each social worker aligned with their own respective member of the network, rather than engaging in a context in which the differences and difficulties could be discussed.

A number of key features, based firmly on the principle of ‘best interests of the child’ needs to provide as the foundation for the assessment model:

- The vast majority of relatives are only interested in fostering children from within their own families, and the assessment therefore is in relation to the specific network.
- The vast majority of families will make safe plans for their children. Family involvement is proposed as being in line with a partnership model that values familial ties.
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and obligations as a potentially significant resource in times of crisis. Families, as evidenced in the study, are extremely well-motivated to protect children.

- Asking relatives to identify the factors which they see as qualifying them for the task is closer to the self-selection model, and including a wide range of family, not only the specific relatives in these conversations, should ensure greater security/stability for the arrangements made and less potential for subsequent intra-familial conflict.

- The agency needs to clarify policy and criteria on which decisions are made and to encourage greater consultation with professionals aimed at ensuring that a flexible approach to working with relatives will develop.

- A flexible approach is necessary in terms of age, accommodation and family composition that reflect the demographic profile of the relative population. The criteria must be geared to ensure the child's needs are met, rather than creating criteria that will exclude many relatives from formal relative care systems.

- Decision-making needs to be localised, and to incorporate two levels (a) family endorsement, in the network meeting, and (b) a rapid system for professional peer review of the facts, leading to decision-making.

Finally, it is important to reiterate that assessment is not an end in itself, and is only one means of ensuring that the children in relative care are adequately cared for and protected. Regular supervision and placement review meetings should be given greater attention in relative care. These should build on the concepts of family consultation, and organised private time for the family, to ensure that dialogue remains fluid, conflict is made explicit if present, and imaginative solutions can be found based on a philosophy of partnership, openness, respect and non-coercive practice.

Support

The blurring of support and supervision activities is associated with many of the more negative experiences in relative care. A framework is needed which distinguishes networks/cases which need high and low support and high and low supervision. It is suggested that such a framework would provide greater clarity about support and supervision requirements, which could enhance the cooperation that exists at the initial decision-making stage of the networks, taken in conjunction with the proposals for re-deploying resources currently used in assessment. This framework can guide policy and practice in formulating the service requirements and protection needs of the individual participants, in the relative networks as these arise over time. This could enhance case management, and help especially to diffuse many of the difficulties associated with the more conflictual networks.

Access

The pain associated with access difficulties was all too evident in the study. It has been suggested that access is a barometer of the state of relationships, as well as being problematic in itself. While the objective of proposals in this chapter has been to avoid evolution to the point where conflict surrounds access arrangements, practice needs to consider the potential for the exclusion of any member of the network. The challenge is for the development of services and practices which facilitate the meeting of different perspectives, and within which the different accounts, aspirations and fears can be shared. To this end, systemic thinking (using the fifth province model) provides a vehicle within which the ambivalent social field can be negotiated and the evolving relationships can be understood.

A way forward—Emerging Networks of Relative Care: ‘ENORC’

The above proposals are summarised in a model for working with relative care networks. The model draws on both the family group conference approach and systemic ideas, summarises incorporates the findings and proposals highlighted in the previous section of this chapter, and provides a framework for case management practices in relative care. This new model is called ‘ENORC’ Evolving Networks of Relative Care, and is presented in Figure 3. In it the key processes and aspects involved in the new case management model are presented. The different routes giving rise to the relative care placement are illustrated, a rapid assessment model, in conjunction with a family group
Figure 3: A new model—Evolving Networks of Relative Care (ENORC)

Birth family -> Care system -> Informal care

Crisis: Contact: Negotiation, Leading to emergency relative placement

Rapid assessment -> Family group conference

Care plan

Decision made to formalise placement

Other placement required

Establish support service requirements of each participant (Relative; BP, Child)

Establish supervision requirements

Therapeutic

Induction training

Financial and practical services

Access

Based on regular co-working to enhance collaboration: communication

Regular Reviews based on Family Group Conference Principles of:
Wide inclusion of family members
Private family time
Advocates for different participants if required
Chaired by Independent Person

Consensus that placement should be diverted to alternative system ensuring no loss of financial assistance

Reunification of child

Continue as part of current system with clear care plan and regular review

Divert families to family preservation programmes

Is care plan clear?
What level of supervision required?
Is this explicit to everyone?
conference in the form of network meetings, is proposed, and the possibility of diverting suitable networks to an alternative programme is depicted.

The proposed model is task rather than role-orientated and particular attention is paid to determining the support and supervision requirements of the various participants. Emphasis is placed on the formal care plan, and regular reviews of the network. As part of the review process, the options of returning the child home, the placement continuing or diverting the network to an alternative programme are considered. The principal differences between 'ENORC' (Figure 3) and the existing case management system are as follows:

- Rapid assessment using a wide definition of family and child protection.
- Family network meeting drawing on principles of family group conferencing is a key structure within which decisions are made.
- An explicit care plan.
- Support and supervision needs assessed separately.
- Focus on assessing individual, dyad and triad needs and designing services to address the multiple needs.
- Work organised according to task rather than role thus having major implications for current two worker model.
- Regular reviews based on principles of family group conference.
- Availability of alternative systems which stable networks can be diverted into, provided relatives do not risk losing required financial support.

The proposals contained in ENORC provide a framework to sustain optimal network configuration, while recognising that the agency will always be peripheral to the family. In this model the role of the agency is to make explicit the protection needs of the child, and to ensure that through open and respectful conversation, the child will be adequately protected in the family. This calls for a new appraisal of risk and child protection criteria, and places relative care and family placement in a central position. Risk-taking is a central feature of practice in child welfare agencies, being a balance of assessed needs and available resources. This practice does not take place in a vacuum. It occurs in a context of heightened public awareness and interest in child welfare. Likewise the importance of accountability, effectiveness and quality as the cornerstones of public service provision are emphasised.

Concluding comments

The study shows that relative care has emerged as an important care option for children, and that it is embedded in complex relationships at a family/state, and intra-family level. Relative care will not be a solution for all children requiring care. It may be unsuitable due to the unavailability of appropriate resources in the child's network, or the risks associated with the proposed placement may be too high. The diverse needs of children will continue to warrant a range of care options in residential, foster and relative care. Relative care, if operated properly, will not be a cheap care option. If it is used primarily because of perceived budgetary savings, or as a response to the shortage of other alternative care options, and good practice does not develop, then unfortunate results can be predicted.

By considering the benefits for the children and families identified in the study and the analysis of the practical, ideological, economic and social forces that both mitigate against and support relative care, an effective child-centred care option may be successfully developed for many children. Willingness, commitment and vision is required to embrace 'this age-old tradition and new departure' in a way that is advantageous to all. The framework proposed by this author is being developed in the Mid West Health Board in Ireland and supported by the Department of Health. Notwithstanding, ongoing research is needed to track the evolving practice of relative care. This should use combined quantitative and qualitative methodologies and be aimed at evaluating its effectiveness.

References


Contributions from an Irish Study: Understanding and Managing Relative Care


