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**TITLE OF ARTICLE:**

Relative Foster Care: A Family State discourse

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## **Relative Foster Care. A Family : State Discourse**

**A Paper Presented At The Annual FTNI Conference (Dublin, May 1996),  
Celebrating 21 Years Of Family Therapy In Ireland.**

Stories abound in our families and communities about the rearing of children informally within extended families rather than with their birth families. This represents the efforts made by many families to cope with particular social, economic and political constraints of the time. However there is little research evidence to show the extent of this practice either historically or currently. Relative foster care, as distinct from informal care within extended families, is a care option now being used increasingly by the State for children unable to live with their own parents, which involves the formal placement of children in their extended family networks.

In this paper, preliminary analysis of current research by the author in the area of relative care is presented. I propose to concentrate briefly on four main areas relevant to the family : state discourse with respect to relative foster care:

- The historical evolution of state care within which relative care is located,
- The changes in family : state relationships arising out of the increased use of relative foster care,
- The systemic ideas used in my research, and showing how these ideas assist in understanding the evolving relationships between family and state,
- The issues concerning the orientation of future development of this care option.

The following points should be borne in mind when reading this paper:

- Relative foster care is **one** care option. A continuum of care is needed in residential, foster and relative care to meet the diverse needs of children in need of alternative care.

- This paper examines the changes in the family : state relationship arising in the practice of relative care. Intra-familial relationships are a major consideration in these care arrangements, but are not dealt with in detail in this paper. They are discussed in O'Brien (1996) and will form a major component of the main research scheduled for completion in 1997.
- **Relative foster care** in this paper refers to a formal care arrangement sanctioned and financed by the Health Board when a child is placed with a family member who is related either through marriage or a blood tie. The term relative care and relative foster care are used interchangeably. (For the purpose of the research, relative was defined as a relationship based on marriage or blood tie. In practice relative care includes arrangements where people have close relationships “as if” they were family. This is also the form of definition used in the new statutory regulations governing relative care (Dept of Health 1995a).

### **Development of interest in the field**

My interest in the placement of children within extended families arose from clinical experience of placing children in care, and then seeing many children moving frequently and often inappropriately within the care system, and finally seeing children leave the system, where their relationships with their care-givers were characterised more often by distance/ cut-offs rather than connections.

In clinical practice, I saw the strength of children's pull and attachment to their family of origin, regardless of the sometimes catastrophic events that had brought them into the formal care system. Furthermore, research was showing that up to 90% of children leaving the care system in England return either to their own families or communities (Ryburn 1995) while 79.9% of children leaving care in Ireland return home (Dept of Health 1991). While research is limited to show what happens subsequent to this return, we do know that people who grow up in the care system are over-represented subsequently in our institutions, prisons, hostels for the homeless and mental health services (Pemberton 1996:10).

I was interested therefore in examining relative care as a care option, and in particular the potential and constraints of this arrangement for children, their families and the state agencies involved. I hoped that a detailed examination of the processes involved in these placements would uncover the unfolding events and issues for all of the above parties. My interest in using a systemic approach arose from a recognition that child care was characterised by complex systems, and that systemic thinking with its focus on context and meaning, could facilitate an understanding of the processes involved.

I was particularly interested in examining how the Fifth Province model could be applied (Byrne & McCarthy 1988; Colgon 1991; Kearney, Byrne, & McCarthy 1989; Byrne, 1995). The Fifth Province model is an “ attempt to illustrate the particular assemblage of discourse which prefigures a situation. Applied to a clinical situation it provides an analytic moment which points to the lines of conjunction and disjunction in personal narratives anchored in wider and public discourses” (Byrne 1995: 256). The Fifth Province model was chosen as a conceptual lens as it facilitated an understanding of ambivalence, ambiguity, positioning, the centrality of language and an ethical disposition. Arising from clinical experience, these themes featured as central in the networks of relationships in relative care.

### **Relative foster care: An historical overview.**

The rearing of children in formal state-regulated family care in Ireland can be traced to the Brehon Laws. Under Brehon Law, foster care was a common feature of the child rearing system, particularly for the children of chieftains, and was highly regulated (O hInnsigh 1942). This fostering arrangement was based on the rearing of children by neighbouring clans. It developed as a practice to create and nurture harmonious relationships between clans within the society of the time. This system of child-rearing was later replaced by other child-rearing systems arising from political, economic and social changes. Foster care with both relatives and non-relatives remained a care option for children in need of formal state care and protection under welfare provision made under the various Poor Laws from the 19th century onwards (Robins, 1980; Burke, 1987). The state regulated foster care system, known as

“boarding out”, was an option for some children up to the age of five years, after which time they were moved to residential settings. Residential care however remained the preferred placement option for children in need of state care. The preference for residential care can be traced to the central premise of “deserving” and “undeserving poor” on which the 19th century Poor Laws were based. State provision for the destitute was renowned for its harshness, stigma and was generally provided in such a manner as to discourage people from availing of such help (Burke 1987).

This legacy of the Poor Law is a cornerstone on which many of our state services are built. The centrality of the “theory of subsidiarity”, dominant in church teaching throughout most of this century, reinforced the value base of “deserving and non deserving poor” (Richardson 1994). This accounted in part for the continued use of residential care as the preferred alternative care option (Gilligan 1991; O’Higgins, 1993).

Within state child care, residential care remained the most common placement option up until the early 1980’s in Ireland. The shift in preference for foster care over residential care is generally attributed to a changing understanding of children’s needs in terms of their identity, attachment, need for family-based experience, and in general the negative effects of institutional care (Tuairim, 1966; Cunniffe, 1983; Kennedy, 1970; Task Force Report, 1980).

While shifts and changes occurred over time within alternative state care systems for children, informal child rearing within family networks continued as a common practice, the extent of which remains unknown. In Ireland, unlike other countries, there is no requirement to register a child who is living with people outside their immediate birth family for an extended period. However, from our clinical practice and experience of living in families and communities, we know that it remains a common practice. Responding to crisis and informal child rearing within families remains part and parcel of what being a family is all about (Finch, 1989).

### **Emergence of relative foster care in the 1990’s.**

In the 1990's, a renewed interest in family and social networks as a placement resource for children in need of formal state care has arisen in a context of major shifts in the child welfare system. Several factors account for the change. Of relevance are the shift from residential care to foster care (Triseliotis 1989; Colton 1988), demographic trends resulting in less availability of foster homes (Gilligan 1990), an emphasis on partnership as an underlying principal in child care (Thoburn 1988; Ryburn 1993) and outcome studies indicating lower disruption rates and more security for children placed within family networks (Rowe 1984; Fitzgerald 1983; Maluccio 1981; Dobowitz 1993). The challenges regarding the protection of children and the privacy of the family unit which face both the state and family care is also central to this development. These factors have contributed in part to a reappraisal of the principles on which alternative state care was built. It was a central premise in child care that if children were removed from their families and placed elsewhere, their emotional, physical and psychological needs could be met, new attachments would develop and they would develop a strong identity "vis a vis" relationships in their new living arrangements. This view came under increasing scrutiny as people reared in alternative care began to narrate their own stories, and the importance of identity and roots was reinforced. As part of the evolving thinking, many theories central to child care, e.g. the family, attachment, identity, separation and loss were re-examined. Therefore, a combination of factors converged in the 1990's which have contributed to the increased use of relative care as a formal care option. The increase in this care option has not occurred as a result of a coherent policy statement, but can be traced to the interplay of the factors referred to above.

It is pertinent to dwell on the connections between foster care as a feature of the child rearing system in historical times, informal child rearing within families which is unregulated by the State, and the renewed interest in the 1990's of placing children in need of formal state care within their extended family networks in relative foster care. It may be argued that the changing relationship between the private domain of family and the public domain within which the state operates is a central connection. Richardson (1994 :141) describes how privacy in relation to the family is a deep seated principle within Irish culture. It is enshrined in the

constitution, and results in a reluctance to get involved in the private lives of families or family business, either at the level of legislation or individual families. The social teaching of the Catholic church, Richardson argues, has traditionally emphasised the need to restrict state involvement in the family and to promote private charity (p.135). The non-involvement of the state has therefore gone hand-in-hand with the principle of subsidiarity (p138).

### **Time for reflection.**

I propose now to give the reader an opportunity to reflect on the nature of the changing relationship between family and state.

Stop for a moment, and think what would happen if a serious crisis occurred within your extended family. Arising out of the crisis, imagine you were propelled from the private domain of family life into the public domain of state institutions - child welfare, health boards, mental health agencies, the courts, etc. Imagine what it might be like if you were now centrally involved in conversations with personnel from these institutions about child protection, support, risk and alternative care arrangements, focusing largely on **your family's** capacity to care and protect.

If you reflect on the following questions, perhaps it will assist you to understand the central issues involved in relative foster care.

### **Exercise**

- What would happen if your brother, sister or member of your extended family could no longer care for their children, and the child welfare authorities became involved?
- What could you offer the children? What could or would you offer their parents?
- What would your expectations of the child welfare agency and your broader family be?
- What would your hopes be?



- What would your fears be ?
- What would the impact be if the family member in difficulty was seen as 'deficient ' by the professionals while you, as potential carer, had to present as 'competent' ?
- What would your emotional response be, particularly if you consider the history of your relationship with the family member now in difficulty?
- Would you still want to be involved in this type of arrangement?

Arising out of both clinical experience and my research, these questions help identify some of the processes that occur when families are jettisoned out of the private world of family into the public domain of family/ state relationships as part of formal relative foster care.

I would now like you to reflect from the perspective of social workers and other professionals involved in relative foster care.

- What would your response be if many of the certainties of your clinical practice were challenged?
- To be more specific, what would the impact be if the certainties of assessment frameworks, such as a knowledge of the type of family that makes “good” foster parents, and the preparation process foster parents need were no longer as applicable?
- What would your emotional response be?
- What would your professional response be?

Again these questions reflect the concerns many practitioners involved in this care option are currently experiencing.

### **Benefits And Constraints for the Family and State of Relative Foster Care**

For the purpose of this paper, only the overall themes emerging in the research relating to the benefits and constraints for the family and state arising out of the

change from informal to formal child rearing within the extended family are addressed. The limitation of space does not permit a more detailed discussion.

### **Benefits**

The similarity in the benefits for both families and the state is very striking in relative care. Three themes common to both family and state are:

- preference for family placements for children unable to live with their own parents,
- the greater stability offered by relative care, and
- positive resource implications.

The priority for both family and the state is for children to be kept within the family. Under Art. 41 of the Irish Constitution, the family is recognised “as the natural, primary and fundamental unit of society and as a moral institution possessing inalienable and imprescribable rights, antecedent and superior to all positive law.” The family referred to in the constitution is the family based on marriage, but the constitutional definition of family will implicitly have to change arising out of the 1995 divorce referendum result.

Both state and family concur that children are offered greater stability and security if reared within their own family networks. From the State’s position this is evident with the principles of family support and good child care practice underpinning the Child Care Act 1991 (Ferguson and Kenny 1995). From the family’s perspective, many relatives interviewed in my research spoke of the effects of rejection for the child if abandoned by their family. This in turn motivated many to stay involved, even if it meant a huge personal cost for themselves.

The beneficial resource implications are significant for both state and family. The families identified greater access to resources as important. The fostering allowance, medical card for the child and a range of discretionary allowances available to the family involved in formal fostering were welcomed when compared to the limited resources available to extended families involved in rearing children informally. The availability of resources is important, particularly

when the socio-economic backgrounds of many of the children and families involved in the care system is taken into account. Economic hardship was a principal reason for many families for moving from informal to the formal child care system, combined with child protection issues.

Equally for the state, there are positive resource implications arising from the increased use of relative care. Recruitment costs are reduced, and the greater stability of these placements ( i.e. the disruption rate of the placements are lower) results in cost savings, as less placements per child are required over the course of the time the child remains in the care system.

### **Constraints.**

Undoubtedly, from your earlier reflections of what would happen if it was your family or if you were the professional worker involved, many potential constraints were identified. I propose to deal briefly with two major constraints, that are again common to both the state and the family - loss of power and control and the negative resource implications.

For the state, the loss of power and control arises from the central dilemma of how to respect the private domain of family while ensuring the children are protected. The practitioners working on behalf of the state institutions are more familiar with practices involving non-related foster placements. In the latter, the practitioner is central to the communication between the different parties involved. In relative care the practitioner is peripheral to the family, and ultimately dependent on the family for information on what is going on within their family. Relative care fundamentally challenges the idea that practitioners involved in foster and adoptive placements have the “all seeing eye” . This shift undoubtedly points further to the importance of social constructionist practices in child care in general, and in foster care in particular (Ryburn 1991).

The families complain of a loss of power and control in terms of their privacy. Families are less free to make decisions based on their own sense of what is in the

best interest of the various parties in their family when they become involved in formal relative foster care. They experience many state practices as intrusive and disrespectful of their family. This is associated in part with a lack of understanding of the operation of the formal foster care system, which in turn is accounted for by the manner in which families become connected with the state agencies. Unlike non-related foster parents, placements with relatives tend to occur at the point of crisis in the family, and the formalisation, including the training and assessment, takes place subsequent to the placement.

The negative resource implications for both family and state are important in terms of the changing family : state relationship arising out of relative care practices. For many families involved, the real cost of rearing another child is not covered adequately by the fostering allowance. This is a trend in foster care in general. However families are sometimes reluctant to ask for help in case their motivation for keeping the child is questioned by the state authorities. Equally the state is concerned with the resource implications arising out of relative care. Concerns raised when the 1991 Children's Act was being debated in the Oireachtas remain important, and are as follows:

- What is the likely outcome if certain family members are paid for looking after other family members?
- Will it lead to a reduction in informal caring unless people are paid for it by the state?

Another concern was not referred to in the debates, but has arisen in the course of the research and is as follows:

- It is possible that many children currently cared for informally within extended families could fall into the care and/ or protection criteria used to make care arrangements for children in the formal care system. Will family members currently involved in informal child rearing arrangements request payment of an equivalent allowance, or request the reception of the child into care to ensure payment, as the practice of formal relative care becomes more widely known. This is especially important as the number of informal arrangements are unknown.

To conclude, the benefits and constraints identified represent a challenge for both the family and the state in this area of practice. It has been also demonstrated that key questions need to be addressed if this placement option is to be further developed and utilised.

### **In what way can systemic thinking help?**

The value of systemic thinking is that it looks at relationships in context, without which there can be no meaning. In short, systemic thinking shows an understanding of the way in which we are embedded in a network of relationships that shape behaviour. Systemic ideas have been used in my research in two ways - as a research methodology, and as a conceptual framework within which to understand the process of developing networks over time.

Theoretical concepts associated with post-modernism and social constructionism are also used in the research. Three concepts are presented to demonstrate the usefulness of this approach. First is the centrality of language, (Lang 1995), secondly the position of “not knowing” (Anderson and Goolishian 1992), and thirdly the importance of an ethical disposition (Byrne, 1995).

Firstly according to Lang, the distinction between problems and concerns is important, as a focus on problems tends to bring forth the language of accusation whereas a focus on concerns has more potential to bring forth the language of love. This perspective helped to give a greater appreciation and respect of the complex social and emotional spheres within which the participants in the networks were operating.

Secondly, the importance of a “not knowing” position, developed by Anderson and Goolishian, highlights the distinction between the different expert positions held by the professionals and the families. This concept was used extensively in the research design and analysis. It is also guiding the development of a practice model for working with relative care networks as part of my research project.

Thirdly, the importance of understanding and locating post-modern thinking within an ethical position is of crucial importance. This is apparent in this area of practice when the rights of one group may have to take precedence over others, for example children's rights over parents' rights in cases of child protection.

### **Fifth Province.**

It is the work of the Fifth Province associates that provides the principal conceptual frame for the research. The development of the concepts of positioning as central in multiple complex systems, together with ambivalence and ambiguity has orientated the research. Ambivalence is central to understanding family : state relationships in relative care. If the ambivalence that exists can be "held", using a Fifth Province disposition, there is an opportunity that the benefits and constraints identified for both family and state can be worked with. The application of systemic ideas and the fifth province model will be elaborated more extensively in the completed research.

### **Conclusions and implications for systemic practitioners**

Relative care is being used increasingly as an option in the formal child care system for children in need of care and protection. In this paper I have identified changes for both the family and the state arising from this practice. Systemic thinking, and in particular the ideas of the Fifth Province, were identified and presented as contributing to the research in the following ways:

- as a conceptual lens for understanding the family : state relationship operating within the public/ private domain,
- for understanding and holding ambivalence within a complex network of relationships in which voices are easily silenced,
- as a research methodology, particularly for understanding and working with reflexivity and resonancing, and
- as a method for facilitating collaborative conversations among the participants in the relative care network.

Relative care undoubtedly offers potential to some children who cannot be reared either in the short or long term by their own birth parents. As systemic practitioners we welcome the opportunities to help families remain intact. In our clinical practice we encounter many people not reared within their own families, searching for answers to questions such as “who am I?”, “where did I come from?” and “why could or would no one in my family network rear me?”.

Working in the area of child protection and alternative care is emotionally difficult, as there are no easy answers. Decisions are made in the context of multiple constraints, economic, political, social and cultural. While relative care offers possibilities we must proceed cautiously and keep the following questions to the fore:

- Why has this care option emerged in the 1990’s? In what way is it connected with a conservative political ideology of personal freedom, family responsibility and a minimal state role?
- If the increasing interest in relative foster care as a placement option continues, who in the families will provide the care? We have seen how community care effectively meant women’s care. Will we see the same trend in relative care, and if so what are the gender implications of this development?
- Last but not least, is it in children’s interest and will their needs for safety, protection and security be met in these settings?

Relative care is not a placement option for all children. If this option is used primarily because of economic constraint, or shortage of other alternative care options, and good practice does not develop, then unfortunate results can be predicted from attempts to use it. However, by analysing the practical, ideological, economic and social forces that both militate against and support relative placements, an effective child-centred care option may be successfully developed for some children. This is what I hope to achieve in my research.

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