Aim and scope
‘Foster’ aims to inform IFCA members and a wider readership of those with an involvement in foster care of current issues in foster care and of developments in policy, practice and research. It aims to be accessible to a broad range of readers.

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Understanding diversity

Foster
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Foreword

Catherine Bond, IFCA Chief Executive Officer

This eighth issue of Foster focuses on diversity among children in care in Ireland. The seven articles included here describe some of the challenges that carers may meet in navigating increased diversity. A greater understanding of the diverse experiences of children facilitates more compassionate and effective responses to their needs. Towards this end, the authors also offer practical suggestions and resources. Understanding diversity aims to make a positive contribution to ensuring that the increased diversity in our society of recent years is accompanied by equality and inclusion.

The impact of transitions on children with diverse experiences and needs is a theme which runs across all articles. Carla Grattan writes about her personal experience of raising a child with dyspraxia, focusing especially on the school system. The needs of babies born with Neonatal Abstinence Syndrome as they go through withdrawal are described by Cynthia Silva and Dr Cathriona Walsh. Dr Miriam Twomey speaks to the experiences of children with Autism Spectrum Disorders in her article based on her own research, Navigating the River: supporting children with ASD through transitions, in which transitions for children are compared to ‘a daily border crossing from the familiar to the unfamiliar’.

Catherine Joyce’s article, The dual identity of Traveller children in foster care, highlights the need for the recruitment of more foster families from the Travelling community and it also offers cultural insight to those receiving Traveller children into settled families. Dr Muireann Ní Raghallaigh’s 2013 article on fostering separated young people is reprinted in this issue. It remains a valuable and relevant resource for understanding and attending to the needs of this group of young people in care.

In her article, Anne McCluskey examines the relationship between diversity and inclusion within the education system in Ireland in depth, and also identifies some of the barriers to meaningful inclusion. The roles of complex and diverse behavioural, emotional and psychological factors in placement disruption, as experienced by both children and carers, is explored by Olivia Lynch in her article, ‘Not just one reason: Understanding the diversity of psychological and emotional health factors underlying placement disruptions’.

Foster, Issue 8, 2019 Understanding diversity
We hope that this issue of Foster will offer all who are involved in foster care an appreciation for and greater understanding of increased diversity among children in care, along with practical resources for meeting these positive challenges. We would like to express our thanks to all who contributed to it.
Neurodiversity: a personal account of parenting a child with dyspraxia

Carla Grattan

Synopsis of article

I am a mum to four kids, and I have three cats, two dogs and one husband (in that pecking order, according to my poor husband!). Our lives are hectic, especially now that all my kids are teenagers. One of my sons has Developmental Coordination Disorder (DCD), also known as dyspraxia. It is a common disorder affecting fine and/or gross motor coordination in children and adults. It is a hidden disability, and this can cause many problems. Dyspraxia affects everyone differently. This is my personal account of how it has affected my son’s and my family’s life. My son prefers to remain anonymous.

What is dyspraxia?

Developmental Coordination Disorder (DCD), also known as dyspraxia in the UK and Ireland, is a neurological condition. It is a common disorder affecting fine and/or gross motor coordination in children and adults. This condition is formally recognised by international organisations including the World Health Organisation. DCD is distinct from other motor disorders such as cerebral palsy and stroke. The range of intellectual ability is in line with the general population. Individuals may vary in how their difficulties present; these may change over time depending on environmental demands and life experience, and will persist into adulthood. (www.dyspraxia.ie, 2019).

Background

- research into this condition began in the mid-1960s
- it affects six per cent of five to 12 year-olds
- the ratio of boys to girls with this disorder is 3:1
- there is a high co-occurrence with other disorders, for example there is a co-occurrence with ADD/ADHD of 40 per cent
- children do not grow out of this disorder
• children with dyspraxia/DCD can be of average or above average intelligence but are often behaviourally ‘immature’. They try hard to fit in and behave in a way that is socially acceptable when at school but often find it hard to self-regulate when at home
• they may find it difficult to understand logic and reason.

The earliest signs
When my son was born, we were so excited. We had waited six years for this baby and I had him in my arms the whole time. After a few weeks when I did want to put him down, I couldn’t. He didn’t like lying in his cot or sitting in his baby chair, he always wanted to be in my arms, or in a buggy being wheeled. I blamed myself for holding him too much.

When he was a few weeks old, I was told that he was a ‘floppy baby’ and he was given physiotherapy for a year. After the year of physiotherapy ended, we just carried on, oblivious to what was really going on for him. I had my other son the following year and he was totally different – he would sit for ages content in his chair and didn’t seem to mind if he was picked up or not. He was very calm.

Starting school
At playschool they told me that my son couldn’t ‘colour’. I thought that not everyone is artistic, for example I myself am not artistic. He tired easily, much more than my other son, and this became more apparent as he grew older. He’d watch telly nearly upside down on the couch, he just couldn’t sit still. Most mornings, when we were heading out the door to school, he’d have hair gel on the toothbrush and toothpaste on the hairbrush. He’d spill his Weetabix all over his school uniform. I was so frustrated. I thought he was so clumsy, and that this must be a ‘boy thing’.

When my son went into first class, his teachers told me he couldn’t cut with a scissors. Later, he never was able to do his homework when he came in from school, he was too tired then. Instead he would get up at 6am to do it. At first, I struggled to believe this as my other kids were able to come in and sit still and do their homework with no interruptions. I knew he was clever. He always scored high on the STENS (standardised tests) in school. In third class, the teacher asked me to get him assessed at the Centre for
Talented Youth in DCU as gifted, because if she didn’t know the answer to a question, he would be able to supply it. He was assessed as gifted at DCU, but his dyspraxia was not picked up on at this time. He was not good at football. This used to break his heart as he loved football, but he never got chosen to play. He used to cry over this.

His handwriting didn’t improve in third class so by fourth class he was always getting into trouble. His teacher would put the red pen all over his homework and this would upset him a lot. Also in fourth class, during the bad winter of snow, he and his classmates were making a snowman. They all got different jobs to do. He got into trouble for dropping the snowman’s head and was put in the corner of the yard. He was devastated. I knew that he hadn’t dropped it on purpose, I knew that it was because of his coordination. He was very upset that no one believed him, and that instead they maintained that he had done it on purpose.

My mother-in-law was a school principal and had a Master’s Degree in Special Needs Education. She suggested that my son had dyspraxia. I had never heard of dyspraxia, so I looked it up and rang Dyspraxia Ireland to ask advice. They were very helpful and explained what dyspraxia is, how it affects a child, how to go about getting assessed for dyspraxia and what can be done to make your child’s home and school life easier.

**Treatment**

There is no cure for dyspraxia/DCD, but the earlier a child is treated, the greater the chance of improvement will be. A lot of the skills that we take for granted will never become automatic for children with dyspraxia/DCD, so they will have to be taught these skills. Occupational therapists, physiotherapists, and extra help at school can all assist these children with coping with or overcoming many of the difficulties they face.

**Diagnosis**

We went to see an occupational therapist to get my son assessed and he was diagnosed with dyspraxia when he was 11 years old. He was devastated. He felt his world had ended. He needed time to grieve, to understand and to acknowledge it. We had to find a new way of thinking, living and adjusting to family life. My son is a handsome, intelligent, kind, caring, loving child who has more friends than you could shake a stick at. After he was diagnosed, the report recommended that provisions be put in place to assist him in school. Normally he would have qualified for a laptop in primary school as
an alternative to writing by hand, but this didn’t happen. However, in sixth class he had a
lovely, understanding teacher who would bring him to the top of the class and just ask
him questions so that he wouldn’t have to write things down.

Secondary school
When my son went to secondary school everything fell apart. Dyspraxia seems to be
easier to control in primary school as you are only dealing with one teacher. In
secondary school you are dealing with 15 teachers, to whom it is more difficult to gain access. My son found it very difficult to settle into secondary school. He did receive a
laptop as a learning aid but he tried his best not to use it as he didn’t want to draw attention to himself as being different. The increased amount of handwriting he had to do as a result, taking notes down in class, and the risk that he could be late for the next class due to the slow speed of his writing, caused him considerable stress.

Dyspraxia means that children experience difficulties in taking notes down from the board. Commonly, the eyes jump and easily lose their place on the board. My son would lose his place on the board and also on his copy page when he would look back down at it. This meant that he wouldn’t write down his homework at all as he’d be so slow in writing it and it would result in him arriving late for the next class. One possible solution when it comes to difficulties with focusing between the board and the copybook, can be to get the child assessed as to whether they need glasses. These glasses aren’t for poor eyesight but rather they are specially designed to stop the muscles in the eyes jumping. (See the list of resources at the end of the article for a supplier for these glasses).

On one occasion, my son got into trouble as he hadn’t written down his homework and the teacher noticed this. She called him back into the class but he didn’t come back when she called him as he didn’t want to tell the whole class he had difficulties. Later that day, I received a phone call from the teacher, complaining about his behaviour. This is just one example of the many misunderstandings that can arise when teachers are not informed about disabilities such as DCD/dyspraxia. Most of the problems for children with dyspraxia in the school setting are due to their challenges with concentration, memory, organisational skills and planning. Also, children with dyspraxia can find sensory challenges in noise levels, and in the sensation of new materials in school uniforms. All of this means that they may not be as self-sufficient as another child of the same age.
Secondary school holds a lot of challenges for every child but a child with dyspraxia has a lot more difficulties to face.

Common challenges for older children with dyspraxia

My son’s late diagnosis, at 11 years of age, meant that he struggled significantly to accept it. He didn’t want help; he didn’t want a label. He denied that he had it. The biggest obstacle was his trying to hide his dyspraxia and denying that he needed help. He gets tired really easily and this has become worse as he has grown older. In his first year of secondary school, he was sick every Thursday, literally vomiting due to tiredness. This was not tiredness due to lack of sleep – it was due to all the effort it takes for someone with dyspraxia, with poor muscle tone, to sit in school all day, to try and stay upright in the chair and keep concentrating.

Secondary school holds a lot of challenges for every child but a child with dyspraxia has a lot more difficulties to face. Swapping classroom every 40 minutes can be a challenge as children with dyspraxia have difficulty remembering which classroom they are supposed to be in, and which books they are supposed to have for that class. New subjects require new skills. When my son was going into first year, we had great difficulty choosing subjects. Art and technical graphics were both out of the question because they each require fine motor skills. He eventually decided on home economics and woodwork. I was very worried about his taking on woodwork and, after getting advice from some people, we realised that all the effort that he would have to put into the subject would not be reflected in the results he would get, so he switched to business studies before starting his first year of secondary school.

Using a locker in secondary school caused problems which I never knew existed. And it brought up important questions for my son regarding the fine motor skills required to use a locker, such as: is it too low or high? Is it in the middle, therefore difficult to get to? The children were not allowed to go to their lockers between classes, and so my son was still carrying around all the books for six subjects from 9am to 1pm when I collected him for lunch. He lost innumerable keys and had problems getting the larger books in and out of the locker, especially if that locker was in the middle of the row.

There can be well-meaning interventions on the part of the school that have unintended negative consequences for children with dyspraxia. My son’s school bag
was so heavy that he fell a few times in the first few weeks in secondary school. In response to this, the school very kindly bought him a second set of books so he could leave his original set of books at home and each teacher would give him a book in every class. This was disastrous as he felt self-conscious going up to each teacher at the start of each class to ask for the book, and it made him feel different to the others. Now kids can get a set of books on their laptop to save them carrying books in school and they can get a set of books for home if this helps.

“Teachers see an intelligent child, slouching on the chair, handing up poorly written homework or forgetting their copy and they don’t understand what is causing the child’s behaviour. Because it’s a disability that can’t be seen, people don’t believe it exists.”

Dyspraxia means you can have difficulties changing into and out of uniforms. Children with dyspraxia can take longer to change after PE, and so they get into trouble for being late to their next class. It’s important to come up with strategies to help your child cope. Ask them if they want the teacher they have after PE to know about their dyspraxia so they don’t give out to them, or else they can ask to finish PE earlier to get changed so they are not late for the next class. It’s important to make teachers aware that the child has dyspraxia. My son would score a B in his school reports for PE but the accompanying negative comments, such as ‘not trying hard enough’ or ‘could do better’ showed me that they didn’t know he had dyspraxia, or if they did, they didn’t understand how it affected him. One solution to the difficulty of changing into and out of clothes is to have Velcro instead of buttons on trousers and Velcro straps on runners to avoid laces, but this is usually a solution more appropriate for younger children as teenagers don’t like being different.

Sports can be extremely challenging for a child with dyspraxia so it’s all about encouraging them to do something they like. There is no point in them being on the football team if they never get picked to play and are miserable. Let them find their own niche. In my experience the Scouts offers a great alternative as you don’t have to be the best at anything to take part and it is a good place to make friends with children from many different schools and backgrounds.

Dyspraxia is a hidden disability, and this is what I have found has caused the most
Trouble, so far, in my son’s life. Teachers see an intelligent child, slouching on the chair, handing up poorly written homework or forgetting their copy and they don’t understand what is causing the child’s behaviour. Because it’s a disability that can’t be seen, people don’t believe it exists. I hope that the following things to watch out for will be helpful for caregivers and teachers in coming to understand more about this condition.

**Signs of dyspraxia**

- history of delays in reaching milestones, for example, rolling over, sitting, walking and speaking
- may not be able to run, hop or jump
- appears not to be able to learn anything instinctively but must be taught skills
- struggles with dressing
- slow and hesitant in most actions.

**Preschool**

- cannot do jigsaw or shape-sorting games
- artwork is judged as ‘immature’ for the child’s age
- has no understanding of in/on/behind/in front of, and so on
- unable to kick or catch a ball.

**Primary school**

All of the challenges experienced by the pre-school child may still be present with little or no improvement. The following issues may also surface:

- physical education is avoided
- the child fares poorly in the class setting but significantly better on a one-to-one basis
- the child’s attention span is short and the child may react to stimuli without discrimination
- maths and copying from the blackboard may present significant challenges
- writing is laborious and ‘immature’
- the child may be unable to remember and/or follow instruction
• in general, they struggle to be organised
• they are often anxious and distractible
• they may have difficulty with keeping friends or judging how to behave in company
• they may have difficulty sitting for long periods.

Dyspraxia is a hidden disability but with more awareness, understanding and patience, and by putting small things in place in the home and in school you can make a child’s life much easier and less stressful. This can also reduce anxiety, which is very commonly experienced by children with dyspraxia.

**Postscript**

After missing most of sixth year in school, my son sat his Leaving Cert. He did mostly honours subjects and passed everything. He got a place on a degree course in a university, and he is so happy!

**About the author**

Carla was a nurse for over 20 years and holds a Bachelor of Arts in Media Management. She also holds a certificate in counselling and is a qualified trainer. She runs the parents’ support group for parents of children with dyspraxia in Dublin South West. She is a member of the Social Entrepreneurs Ireland (SEI) 2019 Academy with her project Thinking Talks, which aims to increase understanding of dyspraxia amongst teachers and therefore to reduce stress and anxiety in children with dyspraxia.

**Resources**

Parents support group for children with dyspraxia, Dublin South West
(dyspraxiadsw@gmail.com)

Thinking Talks
carlasthinkingtalks@gmail.com

Dyspraxia Ireland
www.dyspraxia.ie
+353 (0)1 874 7985

Margaret Barrett Opticians (for specialised glasses for ‘jumping’ eyes)
https://barrettopticians.ie
+353 (0)1 838 4287
The elephant in the school: diversity and inclusion within the school system

Anne McCluskey

Synopsis of article

The Equality Authority Report (2004: x) Diversity at School outlines a vision for an inclusive school: ‘The inclusive school respects, values and accommodates diversity across all nine grounds in the equality legislation (gender, marital status, family status, age, disability, sexual orientation, race, religion and membership of the Traveller community).’ Placing young people and children in school is a big responsibility for foster carers and social workers. The choice of school will often be made on the basis of convenience – proximity to home, the wish to integrate into the community, familiarity and reputation. Parents, foster carers and social workers are concerned that children and young people will be welcomed, protected and supported regardless of their complicated family background, the colour of their skin, their ethnic or religious origin, their sexual orientation, disability or additional educational need. This article will examine what is meant by diversity in schools, what the mix of pupils in our schools is and why, how decisions are made at policy level and what implications these decisions have for inclusion.

Introduction

Without a doubt, one of the biggest changes that I have observed in our schools during my 37-year teaching career has been the increased diversity of the student population. Most schools now include pupils whose parents or who themselves were born outside Ireland and who practice different religions to the traditional Roman Catholic norm. A growing number of people in Ireland clearly assert their non-religious identity, speak different languages and reflect different cultural views. In addition, and thankfully, there are no longer ‘special schools’ for Traveller pupils. Traveller pupils now attend mainstream primary and post-primary schools (although their retention rate at post-primary level has decreased in recent years). Parents of pupils with special educational needs have the right to access education for their children in mainstream schools and teachers must differentiate in their planning of the curriculum that they teach, taking into account the different levels of ability in the classroom, and to ensure that every pupil has access to all
aspects of school. This is all welcome progress. There is diversity in schools, in enrolments at least. However, alongside this diversity there is, arguably, increasing polarisation between students on the basis of income, social class, ethnicity and residential location. Also, diversity does not always mean real inclusion or equality, nor is simple diversity a feature of every school.

Diversity and policy

Drawing largely from my own experience working as a primary school principal and in the area of educational disadvantage over most of my career, I note that there has been little policy development in this area since the publication of the Equality Authority’s report *Diversity at School* in 2004 – apart from political pressure to divest management of schools from the dominant patron, the Catholic Church. The Equality Authority report outlines a vision for an inclusive school: ‘It makes reasonable accommodation for students with disabilities and seeks positive experiences, a sense of belonging and positive outcomes for all students across the nine grounds. Outcomes include access, participation, personal development and achieving education credentials. The inclusive school also supports participation in decision making by a diversity of pupils. It has a similar concern for and focus on diversity among staff. Equality and education legislation usefully underpin and advance this goal of the inclusive school.’ (Equality Authority, 2004:x)

“Gone are the days when oversubscribed schools can accept an enrolment application on behalf of a newborn baby. This is good news for children coming into care in emergency situations, for immigrants, for homeless children living in emergency accommodation and for Traveller children – some of whose accommodation is also precarious or in a form of emergency provision.”

Admissions and enrolments

Even legislation as progressive as the Equal Status Act (2000) contained an important and far-reaching exemption for schools when it allowed for schools to discriminate in favour of pupils of the religion of the school patron (in most cases, the Catholic Church). This became known as the ‘baptism barrier’ whereby non-Catholic pupils in oversubscribed schools often could not access local state-funded education. The
Education (Schools Admissions) Act (2018) amended the Equal Status Act, removing this exemption for school patrons. Schools, funded by the State, regardless of the patronage, can no longer have an admissions policy which favours children of one religion. The 2018 Act also provides that schools may be compelled to set up special classes to provide for pupils with additional needs or disabilities. Schools cannot charge fees for admission. Crucially, perhaps, for children and young people newly-arrived into the care of the State, schools cannot operate waiting lists. Gone are the days when oversubscribed schools can accept an enrolment application on behalf of a newborn baby. This is good news for children coming into care in emergency situations, for immigrants, for homeless children living in emergency accommodation and for Traveller children – some of whose accommodation is also precarious or in a form of emergency provision.

School management and patronage

While there has been progress when it comes to admissions, the system is still far from inclusive as primary-school-age children of other religions or none will still find themselves with little choice other than to attend the local Catholic school. The Catholic Church continues to manage more than 90 per cent of 3,400 primary schools in the State. At second level, about 52 per cent of schools are under religious management, mainly Catholic, either through a religious trust company or the diocese (ESRI, 2013). Management structures at post-primary level are more complicated than at primary level and have very different funding structures. Significantly, of the 722 post-primary schools in the State, 55 are fee paying. Fee paying schools also receive significant state funding – giving rise to a huge gap in funding between some post-primary schools and others. Fee-paying schools receive up to €81.3 million more than state schools allowing them to employ more teachers and ancillary staff, invest in capital projects and offer extra-curricular activities. Cormac McCarthy’s report on government spending in 2009 recommended that this funding be cut by at least €25 million (Department of Finance, 2009).

When looking at management or patronage, there has been some increased diversity in the compulsory sector in education, that is to say, in first- and second-level education, but change is slow and limited. At the time of the Equality Authority’s report (2004), there were a small number of multi-denominational schools – Educate Together schools
– at primary level. Now there are 13 Educate Together post-primary schools, 84 at primary level and a new management board at primary level. The Education and Training Board (ETB, formerly VEC), is patron of the new Community National Schools, of which there are currently 11. However, the Catholic Church continues to manage the great majority of primary schools. Notably, the Catholic Church continues to be the only patron of single sex schools at primary level.

The programme for Government (2016) set forward an aim of divestment of 400 denominational (largely Catholic) primary schools to non-denominational or multi-denominational schools by 2030. This target has been judged as unrealistic, given the slow pace of divestment so far and the perceived reluctance on the part of the Catholic Church to give up control. My experience as a school principal makes me sceptical of the divestment project as a move towards inclusion or equality. In order to be fully informed about the implications, for the school and its community, of making a significant decision on change of ethos and patron, a board needs to be supported with skill, time and perhaps additional funding. However, boards of management are voluntary, poorly-supported by the Department of Education and Skills and sometimes by their own patrons.

Funding for schools

The patron is the manager of the school, usually owns the buildings and the land, and determines the ethos of the school. Though the board of management is responsible for the running and the upkeep of the building as well, of course, as child protection and welfare, the educational outcomes of pupils and management of the school generally, it has only those resources to work with that come from the Department of Education and Skills (DES) and parental contributions or fundraising, which are determined by the resources in the community. DES funding is inadequate for most schools, but particularly for older, large buildings, as it is based on numbers of pupils enrolled rather than the condition or size of the building. In disadvantaged areas the board may struggle to attract members with the right resources, skills or expertise to manage a complex organisation, including its finances. The patron, although the ultimate manager, does not dispense any central funds.

Although the Department of Education will point to high spending in the compulsory education sector – primary and post-primary – the largest part of this is allocated to
salaries. Capitation and ancillary grants for the running of the school – the first to cover utilities, heat, light, water, cleaning, and so on, and the second to pay for secretarial and caretaking services – are much less and have been cut by almost 15 per cent since 2011. There was some alleviation in Budget 2018 but schools continue to be dependent on parental contributions, whether through fees, ‘voluntary contributions’ or fund-raising. This is essential for the running costs of the school. The appearance of the school may often reflect this. In the case of a school very close to my own heart, the ancillary grant, to pay for caretaking and secretarial support, reflects the number of pupils rather than the size or age of the building. It is inadequate to pay one part-time salary, never mind two. Therefore, the school has a poorly paid, part-time but invaluable secretary and no caretaker for a building which is old, poorly insulated and creaking, with large grounds to maintain. As a result, it is unattractive, beset by safety hazards and, with very poor insulation, enormously wasteful to run. Parents who can afford to pay a voluntary contribution to offset such deficits, can choose from a variety of schools and seek a school in a ‘better area’, thus increasing the polarisation of schools’ populations according to social class and ethnicity. Thus, if I have been delighted to see the diversity in the school population, I have simultaneously been dismayed at the growing polarisation that has accompanied this.

There is, it seems to me, no real political will or leadership to tackle the imbalance of management at primary school level. Indeed, in my experience, there is considerable ‘passing the buck’ in tackling difficult issues. The patron points a finger at the Department of Education as the funder and the decision maker when it comes to resources, staffing and school buildings. The Department of Education redirects every decision to the manager – the patron. Meanwhile the hard-pressed, voluntary board knows that, without adequate funding it cannot offer a clean, warm, attractive building and will compete with nearby schools under the same patron for enrolments, on which staffing and capitation are allocated. Who is there, especially in a marginalised community, to steer a school through the complexities and risks involved in change, much less change of patron?

On the other hand, a successful, well-resourced school in an area of high demand is unlikely to want to divest or seek any change that will threaten its prestige, status and enrolments. Divestment from a patron can mean a change in the profile of pupils enrolling – admitting more pupils from non-Catholic families, and from other religions
and cultures. Some parents may view such increased diversity in negative terms.

“Foster carers and those who work with ‘unaccompanied minors’ know the frustration of supporting a young person through the gruelling Leaving Cert, only then to be denied access to third-level education.”

Access and participation

Indeed, there are many barriers to the participation of minority groups in education. Much media space has been devoted to highlighting the challenges for children of non-EU immigrants – young people who, though successfully graduated from the primary and secondary school system in Ireland, cannot access third-level education. Pupils from outside the EU may spend all of their secondary school years in the Irish system but if they are not Irish citizens by the time they graduate they will be treated as though they have just moved to attend third-level education and will be charged overseas student fees of tens of thousands of euro. Foster carers and those who work with ‘unaccompanied minors’ know the frustration of supporting a young person through the gruelling Leaving Cert, only then to be denied access to third-level education. Schools watch in dismay as ambitious and successful past pupils come to an abrupt halt in their educational pathway, despite having been through primary and secondary education in Ireland.

Overall, supports for diversity are narrow and patchy and many pupils from ‘non Irish’ parents have to rely on determination and personal sacrifice to overcome challenges in education. Schools with more than 20 per cent enrolment of pupils whose first language is not English may apply for a temporary teacher for pupils with English as an Additional Language (EAL). However, these teachers are not required to have additional or specialist training. There is little monitoring of practices and policies in schools with regard to EAL tuition and supports for intercultural education have reduced considerably since the disbandment of the Integration unit in the DES in 2011. As expected, immigrant students are over-represented in larger schools in urban areas but also in areas of high economic disadvantage (ESRI, 2017).
Special educational needs

Inclusion of and provision for pupils with special educational needs has improved considerably over the span of my career. Special needs assistants ensure that pupils with disabilities and additional needs can have access to the curriculum and can be fully involved in all aspects of school. Teachers must differentiate work to cater to all levels and organise the environment to be as inclusive as possible. The establishment of classes for pupils with autistic spectrum disorders in mainstream schools, while welcome, is not without difficulties. Neither teachers nor SNAs are required to have specialist qualifications to work in them and training, though free, is minimal and at the discretion of the school.

Traveller children

So to possibly the most vulnerable group in the education system: Travellers. Targeted supports for Traveller pupils were removed in 2011. Resource teachers for Traveller pupils; crucially, visiting teachers for Travellers and most of the Senior Traveller training centres, were all removed in the first round of the cutbacks in education. At this time, approximately 86 per cent of the resources dedicated to redressing the significant educational disadvantage of the Traveller population were removed almost without a whimper of protest from the major political parties. There is still a slightly enhanced capitation for Traveller pupils but capitation is still inadequate and in DEIS schools at least cannot really be said to benefit Traveller pupils directly, due to the problem of under-funding generally. An ESRI report in 2017 claimed that just 9 per cent of Traveller students sit the Leaving Cert (ESRI, 2017) – a stark effect of cuts and reduction in supports. The Yellow Flag school programme pioneered by the Irish Traveller Movement promotes interculturalism and inclusion of all children both of majority and minority backgrounds. It is, however, a voluntary initiative with few resources, operating in what could be said to be a hostile context.

The elephant in the school

Schools are nervous about acknowledging the diversity or otherwise of their enrolments because they know that, in the context of a school system predicated on ‘parental choice’, lack of diversity can become a self-fulfilling prophesy. For example, a school where the majority of pupils’ first language is not English can soon become a school where there are no speakers of English as a first language enrolling. A school with a large
group of Traveller pupils may soon become a very marginal and impoverished community. DEIS schools have a disproportionately high number of pupils with special educational needs. Schools with pupils living in homeless accommodation (again, mainly DEIS schools) can access no additional supports for those pupils and there may be two parties unwilling to speak out about this – on the one hand the school will want to preserve the right to privacy of its pupils and to ensure that other parents don’t know how many pupils are living in homeless accommodation in case they are frightened off due to entirely unfair social stigma. On the other, parents themselves will not want their children to suffer bullying or shame because they are in homeless accommodation.

In terms of parental choice, while there are schools which are non-denominational and multi-denominational to choose from in urban areas, it is still very limited. One wonders why there cannot be a central admissions system for schools of the same patron within a small radius, thus ensuring more diversity of enrolments.

The Equality Authority’s Diversity at School visionary report (2004) concluded:

‘Given the diversity of the interests in education and their relative autonomy from other social actors, working with them for change represents a considerable challenge. Strategies for change will need to encompass:

- change of culture and attitudes of the way we think about and relate to people who are different from us
- change in organisational practices to promote and achieve equality
- change in practices and processes that shape legislation, economic relations, political relations, cultural relations and affective relations.’

**Conclusion**

The recognition of the right of parents of minority religions or none to access non-denominational or multi-denominational schools has made significant progress in the past ten years. However, although children cannot be excluded from a state-funded school now on the basis of their religion, many have little choice but to enrol in a school with a Catholic ethos. The experience of school, the ‘affective relations’ however, are what matter most to pupils. This involves how safe they feel at school with other pupils, and how safe they feel in developing their identities in terms of gender, sexual
orientation, family background, ethnicity, religion, and disability, and what respect and engagement they experience from their teachers and school staff generally. Affective relations, feelings and emotions are based in contexts of social, economic and political relations, policies and practices, and require resources, vision and commitment at all levels. There is much work to be done to achieve diversity in school.

About the author
Anne is a foster carer and retired principal of a DEIS primary school. She has more than 15 years’ experience in the area of educational disadvantage and has campaigned vigorously for improvements in educational supports for Traveller children. She has developed in-service training for primary and post-primary school teachers, aimed at increasing an understanding of the risks faced by children in care. Her course for teachers, Attachment, trauma and learning, has been run in collaboration with child psychotherapist Christina Enright, under the auspices of Dublin West Education Centre.

References
Navigating the river: supporting young children with ASD through transitions

Dr Miriam Twomey

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Introduction

In Ireland, children experience a range of transitions in their young lives. During transitions, children make the daily ‘border crossing’ from the familiar to the unfamiliar (Vogler et al, 2008:28). Children also experience educational transitions from the home to the Early Years and primary school environments. Transitions are recognised internationally as a key principle in the field of Early Intervention (Workgroup on Principles and Practices in Natural Environments, 2007).

Early Childhood Intervention is a composite of services/provision for very young children and their families, provided at their request at a certain time in a child’s life, covering any action undertaken when a child needs special support to:

- ensure and enhance her/his personal development;
- strengthen the family’s own competences, and
- promote the social inclusion of the family and the child.

(European Agency for Development in Special Needs Education, 2010)

These principles state that the early intervention process, from initial contacts through transition, must be dynamic and individualised to reflect the child’s and family members’ preferences, learning styles and cultural beliefs.

All children embark on a journey through different education and socio-cultural settings in their early lives, however some children may experience difficulty with change, particularly in relation to new environments or routines. Children with Autism Spectrum Disorders (ASD) experience significant challenges in relation to change or when unpredictable events arise. For many of these children problems arise at the point of transition or after transition has taken place. Children with ASD therefore require a range
of interventions to address these challenges.

Transitions are centrally important in a child’s life and are universally defined as a passage, movement or development from one state or place of being to another (Meleis, 2010). Universal features of transitions are place, time and location. Transitions have also been associated with stages, suggesting that they are of a ‘temporal’ (relating to time) and experiential nature (Vogler et al, 2008).

Transitions are a feature of everyday life for all children. The rapid growth and development in Early Childhood services suggests that children and families are negotiating multiple transitions during this period (Dunlop and Fabian, 2006). The literature also indicates that children from more disadvantaged socio-economic backgrounds, children with special or additional needs, and children who do not speak the dominant language of the culture, are more at risk of a difficult transition (O’Kane, 2007). This research recognised that childhood is a time to be, a time to seek, and a time to make meaning of the world. To recognise the significance of children’s lives, we must acknowledge that it is about them knowing themselves, building and maintaining relationships with others in different settings, and engaging with life’s complexities.

Youell and Canham (2006) describe the origins of transition from a psychoanalytic perspective. The authors refer to the critical nature of space between the family and the social world and the centrality of relationships during these years. Psychoanalytic theory promotes the importance of transitions in understanding a child’s response to change. This may have implications for whole school policies; advocating better management of new school arrivals and tailoring the environment to ease any disruption (Youell and Canham, 2006). We must also be aware that ‘no one ever steps in the same river twice’, as Greek philosopher Heraclitus of Ephesus (540-480 BC) put it. The ‘river’ will have changed each time we approach it.

This paper draws on a qualitative, longitudinal research project where in-depth case studies of young children with ASD were conducted during a 15-month period during which these children transitioned from the home to Early Intervention and Early Education settings. Findings include the importance of creative and nuanced approaches to transitions for children with ASD, the need to involve parents and the recognition that all children, including children who are nonverbal, have agency and have a voice.
Drawing upon a review of the relevant literature, this article is structured around a discussion of the following central themes: the difficulties experienced by children with ASD relating to transitions, the need for a family-centred approach, and children’s voice and agency.

Significant developments in Early Intervention, Early Years and primary school education provision for children with ASD have occurred in the Republic of Ireland (McCoy et al, 2014). Inclusion is a central feature in educational policy and legislation regarding children with disabilities or additional needs. This also applies to children with ASD in mainstream educational settings (Department of Children and Youth Affairs, 2014). Parsons et al (2009), in their review of evidence-based practice relating to ASD, acknowledge transitions as a source of extreme difficulty and vulnerability for the individual with ASD and their family. More recently, Daly and colleagues (NCSE, 2016) noted more positive outcomes in relation to transitions between Early Intervention settings and mainstream primary schools in Ireland. The effects of transitions in a variety of early years educational settings, however, is an area that requires more attention in the research. This research attempts to address this gap and explores the journeys of young children with ASD as they navigate different Early Intervention and Early Years Education settings.

"Children with ASD may experience life changes as traumatic; crossing the cultural and social divide from early infancy to early or middle childhood may involve education and support in a number of different settings.

Transitions in the lives of children with ASD

Transitions for young disabled children are usually described as situational; a change from services that are home-based and family-focused to centre-based and child-focused. Children with ASD may experience life changes as traumatic; crossing the cultural and social divide from early infancy to early or middle childhood may involve education and support in a number of different settings. Children with ASD may experience this as incoherent and disconnected. Peters and Paki (2014) draw upon the metaphor of a river, which has definition and direction but may also experience disruptions. For the child with ASD and additional or communication challenges, momentary changes defined as ‘horizontal’ transitions are as challenging and important
as changes in children’s life trajectories (‘vertical’ transitions).

Kagan and Neuman (1998), highlight the importance of both vertical and horizontal transitions. Vertical transitions are referred to as upward shifts and define key transitions from one form of schooling to another. Horizontal transitions define ‘momentary changes’ and everyday movements between home and school. They may involve a change in routine or activity. An example of a momentary change would be changing from one room to another or engaging in a different task. An example of a vertical transition could refer to a change in a life trajectory and could involve a move from one form of schooling to another (for example, preschool or primary) or where the whole family experience a significant change such as moving house or change to the family’s circumstance.

Children with Autism Spectrum Disorders may experience significant difficulty with horizontal or vertical transitions and may present complex instructional challenges for teachers (Scheuermann et al, 2003). Though these children may have a diagnosis of ASD, they may display significant differences, but share core impairments in verbal and non-verbal communication, social interaction and understanding, and repetitive or restricted patterns of behaviours, interests or activities (American Psychiatric Association, 2013). The recent diagnostic criteria have acknowledged sensory integration difficulties (Miller et al, 2007). These impairments can influence diverse areas of development and learning (Rogers and Vismara, 2008). The complexity of the multifaceted nature of ASD highlights the need to adopt evidence-based practices (National Research Council, 2001). In addition, due to the different ways in which ASD manifests in different children with this diagnosis, effective educators should possess the professional knowledge, competencies and skills to work with other professionals, and therapists, and to support parent involvement in developing individualised programmes that include plans to teach and generalise skills beyond initial educational circumstances (Ingersoll and Dvortcsak, 2006).

Children with ASD may experience significant difficulty with interruptions and unpredictability in everyday or class-based routines (Mesibov et al, 2005). Their unyielding need for sameness and difficulty generalising experiences in time and place may impose added challenges and account for transitions as potential disruptions. Sterling-Turner and Jordan (2007) emphasise that children with ASD require a range of
interventions to address their transition challenges.

**Children as agents**

Emphasising the voice of the child, this research sought to draw on Lundy’s framework for child participation and ‘voice’, which seeks to create a model for article 12 of the UN Convention on the Rights of the Child. Lundy’s elements include ‘space’ (children must be given safe, inclusive opportunities to form and express their view), ‘voice’ (children must be facilitated to express their view), ‘audience’ (the view must be listened to), and ‘influence’ (the view must be acted upon, as appropriate) (Lundy, 2007). These elements have implications for practitioners in terms of providing opportunity, space, and listening to their voice as well as discerning their needs and engaging children as active participants. This would support Lundy’s (2007) argument that enabling voice is not enough; space, influence and audience are necessary components to make it meaningful.

Notwithstanding the importance of the role of parent, enabling children’s voice should also empower them to take control of their narratives. Lam and Pollard’s (2006) work which explored children’s reactions to new settings suggests that children are active, creative agents, capable of recreating and reconstructing the classroom according to their own needs. Based on this literature, this article suggests that children themselves should be involved in the transition process.

**Methodology**

In-depth, qualitative case studies including children with ASD, their parents, educators and professionals from multi-disciplinary teams, sought to explore experiences of Early Intervention and Early Education experiences, including transitions. This research comprised 20 one-to-one, semi-structured interviews with parents over a 15-month period. A core objective of this research was to access the voice of the young child with ASD using creative methods. A portfolio of alternative communication methods, which will be described in the next section, was developed and used. Children with Autism were provided with communication tools as opportunities to participate or withdraw from the research.

As outlined by Tozer (2003), children with Autism had a ‘stop card’ and a ‘change’ card
symbol to signal their ability to allow them to discontinue. For children who understood basic sign language, it was established that they understood the sign for stop during the research visits. Equally it was established that they understood my signing so that they could withdraw from the research if they experienced any discomfort (Twomey, under review). Stop cards contained symbols meaning ‘stop’ that children with ASD understood and could hand to the interviewer if they wanted to stop. For the purposes of this article, the experiences of Callum and Charlie and their parents will be documented in the Findings.

Creative approaches in this research included a portfolio of methods which were sensitively developed in collaboration with children’s educators to facilitate children with ASD and address their communicative needs. This included a combination of methods including the use of ‘objects of reference’, a multi-sensory approach using real objects or photos and pictures of real objects that have meaning for the child. Visual schedules, Picture Exchange Communication System (PECS) and Irish sign language (LAMH) were also used. Rapport was further enhanced with children through the introduction of puppetry and their performance of role play, which has been utilised in previous research (Dwight-Salmon, 2005). Large, life-size puppets conducted role-plays on a range of topics that children contributed to.

This research further developed these methods by establishing the puppets as ‘co-researchers’ and conducting classroom interventions exploring topics such as friendship, play and inclusion (Twomey, under review). Methods and approaches attempted to invite children to contribute as active participants and researchers (Jones and Gillies, 2010; Kellett, 2006) giving them opportunities to use the puppets and express their views.

**Findings**

The data presented below illustrate some of the significant themes including issues that emerged around children’s transitions. The excerpts presented draw on parents’ perceptions and understandings of transition as well as the responses of Callum and Charlie.
Support and planning

This case study describes Charlie’s experiences transitioning to a mainstream educational setting. Charlie’s delay in receiving a diagnosis meant that he had already started attending a mainstream pre-school without adequate support and planning. Following a difficult transition, Charlie was withdrawn from his local pre-school and started attending an Early Intervention Unit adjacent to the nearby primary school. Charlie’s mum, Sue, highlighted the lack of preparation before transitioning to her local pre-school:

“He would lie kicking and screaming – all the other children lined up beautifully. It was then we saw how difficult things were for him.” (P2, EI 2) (Twomey, under review).

In contrast, daily, ‘horizontal’ transitions were excellent at the Early Intervention Unit. Transitions were supported through the use of visual schedules, photographs, and objects of reference.

Parental vulnerability

Parental vulnerability occurred when parents referred to their parenting role in the context of what needed to be done for their child. Parental accounts noted feelings of disempowerment at different points in the child’s assessment and diagnosis process. The period around these events was sometimes bleak for them. Parents felt vulnerable when normal parenting techniques failed to work (Twomey and Shevlin, 2016).

The following section provides excerpts from case studies involving Kate’s experiences when Callum transitioned to his local mainstream primary school. At the time of transition parental vulnerability was apparent. During the period of the interview, Kate disclosed that Callum had recently been assessed with an additional neurological condition. This did not hamper his day-to-day interactions. However, the effect of this additional diagnosis increased Kate’s vulnerability and Kate feared that Callum would fail to access his local mainstream school.

“I asked the paediatrician, will he ever attend mainstream school?” (P1, MS 2).

When Callum transitioned to primary school, he received support from the local school-based, multi-disciplinary team (MDT). Teachers in his primary school benefited significantly from this collaboration. Guidelines from this MDT included avoidance of
distractions, a clear and unambiguous environment, as well as structured and informed practice and visual scheduling of the events in each school day. Callum’s need for sensory breaks was highlighted by the occupational therapist.

Evidence of success was apparent when daily horizontal transitions were adapted. These included accommodations such as delayed entry to the classroom and the incorporation of sensory interventions (use of the school gym at frequent intervals during the school day, and the use of OT recommendations regarding challenging Callum’s sensory defensiveness). Callum spent increasing amounts of time in his new environment and began to interact with peers.

Creative methods

This research benefited from creating innovative participatory research methods that engaged children’s interest and active participation. Children with ASD were supported with appropriate communication supports (objects of reference, visual schedules, PECS and Irish sign language). As the research progressed, large, child-size puppets were introduced more frequently. The children named the puppets ‘Pretty Girl’ and ‘Pretty Boy’. The puppets invited the children to participate in these role-plays. Following this, the puppets ‘conducted’ focus groups inviting children to talk about things that were important to them, that had emerged during role play. Puppet role play was introduced as a departure from researcher-led ‘talk and draw’ activities.

Fifteen children, including two buddies from Callum’s infant class group, were invited to attend a smaller classroom. Seating arranged in a semi-circle was more conducive to participation. Children were recorded using video and observation methods which had received ethical approval and parental consent. Initially puppets were introduced by the author to perform role plays. During the phases of the research puppets adopted a more focused role, conducting focus groups on matters that were important to the children. A real, functioning microphone was introduced to add to their authenticity as researchers.

To encourage interaction, and engagement, one of the puppets, ‘Pretty Girl’, demonstrated its use with animated and exaggerated attributes and asked the children to do likewise. The aim was to encourage children to take turns using the microphone, imitating the puppet’s actions, interviewing each other. Children’s participation was continuously extended by including their topics of interest or play themes. Children
engaged more closely with the puppets. Callum began to quietly talk to one of the puppets. Callum’s intentional engagement and participation increased alongside more clearly discernible vocalisations.

Discussion

The final section of this article will interpret the findings in light of the available literature. While this research has taken the form of small-scale qualitative case studies, it also yielded valuable information relating to children’s participation and engagement experiences and parents’ perspectives of transitions as well as the development of creative methods designed to engage children and access their voice.

Beginnings, endings and beginnings

In agreement with contemporary literature, a family-centred approach was crucial. Parental involvement was essential to the success of transitions. Parents in the case studies in this research needed to be acknowledged as the constant in their children’s lives and therefore required training and inclusion in focused collaborations. A family-centred approach focuses on the development of relationships with parents and enhancing their capacity to support their child.

Similar to those in Sterling-Turner and Jordan (2007), the children with ASD in this study required a range of interventions to address challenges associated with transitions, particularly if they were to experience change. Without an extensive repertoire of audible voice, or spoken language, Callum and Charlie experienced difficulty expressing their needs. However, with use of evidence-based practice in social communication methods (Ingersoll and Dvortcsak, 2006; National Research Council, 2001), Callum and Charlie were facilitated to communicate more effectively with the researcher and peers; identifying a possible opportunity for accessing children’s voice.

Similar to Trimingham (2010), the use of puppets as reported by children, parents and teachers in this case study facilitated communication. The researcher observed that frequent visits by a familiar person enhanced adaptability and using evidence-based ASD communication strategies provided children with predictability, security and an ability to connect.
Conclusion

This research extended the metaphor of a river (Peters and Paki, 2014) and introduced puppetry as a bridge connecting the old with the new, enhancing continuity. This has implications for the transition journey from the home to Early Years education and school life. Rather than having a brief, finite existence used specifically for a single purpose, puppets acted as intermediaries; illustrating potential to connect children’s experiences from the past through the present and on to the future, through play.

Puppets have the potential to accompany and extend the social and learning journeys of all children, representing children’s experiences and their understandings of them, over time. This empirical research adds to the nuanced understanding and development of transitions in the literature. Puppets can encourage children to tell us what is happening, and how they feel about it (Twomey, 2016).

About the author

Miriam Twomey is an assistant professor in Early Intervention at the School of Education, Trinity College Dublin and leads the new Master’s in Early Intervention. Miriam has a doctorate in Early Intervention, Special Education and Inclusion. Her Master’s degree focused on play and the encouragement of social interaction in young children including children with autism spectrum disorders. Miriam’s research interests include autism spectrum disorders, the role of movement in development, intersubjectivity and engagement, and Continuing Professional Development for early years educators, parents, teachers and other professionals.

References


The dual identity of Traveller children in foster care

Catherine Joyce

Introduction

During my time working on Traveller human rights issues I have been asked time and time again what the difference is between Travellers and ‘settled’, or non-Traveller people. Are Travellers not also predominantly white and predominantly Catholic? My response to this is: yes, we are all of the above, but what makes us different is a number of things including our lived experience, which is to say, the racism we face on a daily basis. Our values, our beliefs and our culture are different, not to mention the role of the extended family and our language. On 1 March 2017, our ethnicity was formally recognised by the Irish government.

The 2016 census recorded 30,987 Travellers in Ireland (Central Statistics Office, 2017). It’s generally accepted, and also anecdotally understood by this author, that the actual figure could be significantly higher, as many Travellers may not have chosen to tick the relevant box in the ‘culture’ section of the census form which would identify them as Travellers. According to the census figures, we make up 0.5% of the population and it is estimated that Traveller children make up seven per cent of children in the care system. Without an ethnic identifier question in fostering procedures for assessing children going into care it is hard to verify exact numbers, but it is fair to say that, going by this estimate, Traveller children are disproportionately represented in care.

In the main, Traveller children going into care is frowned upon in the Traveller community. Extended families have traditionally taken on the roles of the mother and/or father where issues arise within a family around the care of children, but as time goes by this role is being further undermined and the role of grandparents is being diminished. There are a number of reasons for this but the dispersal of Travellers and the forced movement of Travellers into mainstream accommodation and the private rented sector is by far the biggest reason, as families become separated geographically.
I ask foster carers to think of a child from the Traveller community as if they were a child from another culture and country and to consider what they would do in preparation for receiving the child.

Adding to the foster carers’ skill base

Of course, there will be compelling reasons why a child cannot stay within the family or extended family, but I believe that it should be possible for them to stay within the Traveller community. Where this is not considered, it has the potential to cause untold damage to the child’s wellbeing as they are being removed from their family, their extended family and their community. This can create the conditions for the loss of their Traveller identity.

Placement with a Traveller foster family should be prioritised as an option but for this to happen, as part of their overall assessment Traveller foster carers should be assessed as to the views and values that they hold. This is to ensure that they will nurture a contemporary Traveller culture experience for the child, and also to ensure that a Traveller foster placement is fully supportive of the child’s cultural and identity needs. Traveller families should be supported to take on these roles. For this to happen, promotion within the community is needed, and information should be provided to encourage increased availability of culturally appropriate placements.

Hence the title of this article, regarding dual identity. I would like all the people involved in the foster care system to consider the potential fallout of not giving equal importance to the ‘dual identity’ of a Traveller child in the care system. That child may carry this with them for the rest of their life. Whatever happens in the child’s life, their growth as a person has to be led by a proud sense of who they are.

A Traveller child can be placed in a home where not only do the foster parents not know anything about Travellers but they are misinformed by TV programmes like ‘My Big Fat Gypsy Wedding’ or other derogatory material in the media or on social media. If there is no pre-assessment carried out around a family’s attitude towards Travellers, then the danger is that a child can be placed where their Traveller identity is discriminated against and where they are encouraged to leave it behind. Most settled people who have been brought up in this country have at some stage in their lives come across Travellers or had an experience with Travellers. It’s important to ask how much of this informs the way they view Travellers and our community, and to work through any preconceptions.
they may have, before a Traveller child is placed with them.

At its core, diversity training has to be about equality and respecting difference. The training I deliver also involves re-educating non-Travelers about Travellers. It is not just about telling foster carers what they should be doing or saying to their foster child. It is about giving them the skills to understand the difference between Travellers and settled people and how they can ensure they are doing the best for the child in their care by embracing the diversity of the child. (Please refer to the ‘resources’ section at the end of this article for sources of helpful information).

I ask foster carers to think of a child from the Traveller community as if they were a child from another culture and country and to consider what they would do in preparation for receiving the child. In such a case, would they learn a bit about the country and language, the culture of the child, the customs and the value system? Would they gather a few symbols of the culture for the child who might want to have them when they get older or when they leave their placement with them? Then I would ask them to consider what this might look like in their home and how they could introduce this in a positive way to the Traveller child coming into their care, given that the child or young person may already have developed negative attitudes about their Traveller identity.

The following case studies point to the sensitivity that is required when making decisions that impact on a child’s cultural identity. The child may feel self-conscious about their Traveller identity and may even want to play it down, or they may feel connected to it, but however they feel they should be safe to explore how they wish to express their identity with carers who are well-informed.

**Case study 1 (the following studies are composites of cases known to the author)**

In a big town in the West of Ireland, a settled family has fostered one of five siblings. The young person is 16. The young person associates their being in care with being a Traveller. In other words, they were born a Traveller and that’s why they’re here. In this scenario, all the siblings who have been taken into care live in the general area of where their birth family live and, out of embarrassment, they cross the road to get away when they see extended family members coming up the street. One of the young people in care wants to drop their middle name as it is recognised as a Traveller name. The other siblings have no contact with each other in any informal
way, through clubs or socially, so they too are isolated from any community engagement.

**Case study 2**

A teenage girl who is taken into foster care wears her hair long, under the shoulder blades. This is a cultural practice among Travellers, where such length of a girl’s hair is to be maintained for as long as she is in the care of her parents. Her foster carers, for easier management of the girl’s hair, and unaware of the cultural implications, have it cut above the shoulders. This is a source of distress for the girl’s Traveller birth family, and consequently for the girl.

Potentially as damaging as ignoring a child’s Traveller identity, is overexaggerating it, especially when the child wants to blend in in school. But while these children are in the care of settled families the state services that have placed them there have a duty of care, to not just ensure that they are safe and well and looked after, but that they are not placed in homes where the negative stereotypes about Travellers are reinforced by their carers or that their insecurities go unaddressed. I would suggest that there should be an assessment made at the pre-assessment stage that looks at a number of questions around diversity and cultural awareness. This will not only benefit the Traveller child but also children from other cultural or ethnic backgrounds. The second suggestion I would make is that there should be additional in-service training around cultural awareness and cultural diversity for the service providers and the foster carers of Traveller children, so they are equipped to attend to their dual identity needs. Fostering services should facilitate Traveller children who want to identify with their Traveller identity while in placement with non-Traveller families and should facilitate those who want to go back to their community after a placement.

“The child may feel self-conscious about their Traveller identity and may even want to play it down, or they may feel connected to it, but however they feel they should be safe to explore how they wish to express their identity with carers who are well-informed.”

**Traveller young people coming out of care**

After coming out of the care system, this young person may look to go back to find their
parents and indeed to find the community, and if the anxiety they have about being a Traveller is not challenged in a positive way with their placement families, this could make the reunification more difficult or impossible. If the anxiety they have about being a Traveller is reinforced by the foster family, who knows the damage it could do to this young person?

Traveller young people could be given an information pack by their foster family as they are leaving care. This would offer them support in reuniting with their families or others within the Traveller community, so that they might have a resource that they could fall back on. There needs to be a way of empowering children with such information.

Transitioning out of care should happen gradually, starting two years earlier, to give the child a chance to absorb information.

I would like to finish by saying that foster parents give a lot of themselves to facilitating a placement of a child and most have the best intentions in the world but as I learned from my own days of being a foster parent in the many training programmes I attended, children will adapt their worldview to the environment you provide for them. If Traveller children are taught that it’s bad to be a Traveller, then that child will carry it with them for the rest of their life. If you give them snippets of positive information, they are more likely to have pride in their family. The child’s Traveller identity needs to be nurtured in a way that is appropriate for them.

It is in all of our interests that not one Traveller child is forced to choose between their identity as a Traveller or as a child in the care of a ‘settled’ family. Surely, it’s in the best interest of the child that they work in tandem with one another and that we mind both identities.

About the author

Catherine Joyce has been a Traveller human rights campaigner for over 35 years. She is joint manager of Blanchardstown Traveller Development Group, a local community development project in North West Dublin, providing support and advocacy to the Traveller community from Dublin 15 and surrounding areas. For four years, Catherine and her husband were foster carers to her sister’s children as well as relative carers to her four sisters and brothers. Catherine’s experience in this capacity has put her on a path that sees her delivering diversity and intercultural training to social workers, fostering link
workers and foster carers.

References

Resources
Blanchardstown Traveller Development Group
https://btdg.ie/
Parslickstown House, Ladyswell Road, Mulhuddart, Dublin 15.
+353 (1) 820 7812

Irish Traveller Movement
https://itmtrav.ie/
Friends Meeting House, 4/5 Eustace Street, Temple Bar, Dublin 2.
+353 (1) 679 6577

Counselling services for the Travelling community
https://www.exchangehouse.ie/
Exchange House, 61 Great Strand Street, Dublin 1. D01 WC97
+353 (1) 872 1094

Traveller Counselling Service
http://traveller counselling.ie/
+353 (1) 868 5761
+353 (86) 308 1476
Fostering separated children and young people: the experience of carers

Dr Muireann Ní Raghallaigh

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Introduction

This article is based on a research study which aimed to explore the relatively new practice of placing separated children and young people in foster care and supported lodgings (Ní Raghallaigh, 2013).

Separated children and young people (henceforth separated young people (SYP)) are children under the age of 18 who are outside of their country of origin and separated from their legal or customary caregiver. The first separated young person came to the attention of the HSE in 1996. In the subsequent years a significant number presented to the HSE’s Team for Separated Children Seeking Asylum (TSCSA) 1, with the figure reaching a peak of 1,085 in 2001. The number of SYP arriving in Ireland has decreased substantially since then, with 99 children referred to the TSCSA in 2011 and 71 children referred in 2012. Many of those who are referred are placed in care by the HSE and apply for asylum, while others are reunited with family members.

SYP come from a wide range of different countries including the Democratic Republic of Congo, Nigeria, Brazil, South Africa, Venezuela, and Afghanistan. Most are in their mid to late teens. Prior to 2011 the vast majority of SYP lived in hostel accommodation; these were not approved residential homes but instead were privately run centres with few if any qualified staff employed. Their use received much criticism (for example, Commissioner for Human Rights, 2008; Charles, 2009). The last hostel closed in December 2010, when the HSE’s ‘equity of care’ policy became fully implemented; this involved providing SYP with the type of care provided to citizen children – in foster care/supported lodgings and residential care. The majority of the young people are now placed in short-medium term residential units upon arrival and then subsequently moved to foster care and supported lodgings.
The study on which this article is based involved interviews with SYP (n=21), carers (foster carers and supported lodgings carers) (n=16), and stakeholders, including social workers (n=32). This article will focus on the views of foster carers in relation to their positive experiences of caring for these young people, as well as the challenges that they face. Of the 16 carers, 10 stated that their country of origin was Ireland while six had migrated to Ireland from an African country.

"Carers identified various things that helped young people to settle. These ranged from ensuring that young people were kept busy in the initial period, especially if they were not yet attending school, to ensuring that they could see that they were being treated the same as the carers’ own children, something that the young people identified as very important to them."

Positive experiences

While challenges inevitably arose within the family placements, overall the research suggested that the new system of care for SYP was working well. It was evident from interviews with all parties that the carers played a very important role in ensuring that this was the case. Their role was especially important in relation to the young people’s initial adjustment in family placements. This happened at a time when the young people were often still adapting to a new and very different culture, a process that is widely recognised as stressful for many individuals (Berry et al, 2006). Carers identified various things that helped young people to settle. These ranged from ensuring that young people were kept busy in the initial period, especially if they were not yet attending school, to ensuring that they could see that they were being treated the same as the carers’ own children, something that the young people identified as very important to them. Carers also provided verbal reassurance. Other carers pointed to the need to help young people to develop a sense of security and this was partly achieved by ensuring that they knew how things worked in the house, that they became familiar with the family routines and that they were engaged in family activities such as cooking meals together. Past experiences also needed to be respected and considered, where information about them was available. One carer gave the example of allowing young people to keep whatever items they had brought from their countries of origin, even if these were items of clothing that in other circumstances would be thrown out due to
wear and tear. Some of the participants who were living with carers from their own
countries of origin identified familiar language, food and the carers’ similar backgrounds
as factors that helped them to feel settled in the placement initially. Indeed, one of the
social workers commented in relation to this:

“There’s so much change for them when they come here. They’ve lost their families and their
culture, their friends, their food, the smells, their clothing, everything. The weather is different.
And if they can have some kind of similarities that they can draw on – a language, it might be,
or a food or something. Sometimes it’s nice for them to have that... at least that connection
with their culture, and I do think a lot of them very much appreciate it.”

In keeping with research in the UK (Wade et al, 2012), it was evident that the carers got a
lot of satisfaction from their role. In speaking about the rewarding aspects, the carers
talked about the relationships that developed over time, with both the immediate family
and with extended family. They talked about feeling pride in relation to the young
people and about young people opening up to them as time went by. The
development of these relationships was particularly significant in light of the fact that
SYP frequently find it difficult to trust and are frequently very secretive and reticent, as
discussed above. One carer identified the sources of reward:

“Seeing him develop and how people talk about him... He has a great rapport about him
around town and his manners and his courtesies with people... And just, you know, how
appreciated... He calls me mum as well. So, that there is very personal... Which kind of makes
you feel that he’s really accepted living here.”

Apart from building relationships with the young people, carers also spoke about other
ways in which they attempted to respond to the needs of those for whom they were
caring. The responses varied depending on both the carer and the young person. For
some this involved giving young people their own space, for others it involved providing
a listening ear and emotional support, and for others it involved providing distraction for
the young person when he or she was lonely or upset. One carer talked about his efforts
to distract a young person after she had spent time talking to her family on the
telephone:

“Often when she is speaking with her family she can be either very upbeat afterwards or very
down... She’s always thrilled to speak to them but it’s, at times... she sort of realises that ‘I miss
him’, ‘I miss her’, ‘I miss this’, ‘I miss that’ and you sort of need to just... get her into her funny
mood again in particular, like try and put on something she likes on TV or say ‘do you want to go get an ice-cream?’ or ‘do you want to go for a walk?’ or have a bit of a laugh with her.”

Overall, just like foster care for other client groups, caring for SYP involved offering different kinds of support, ranging from emotional support to practical support and advice. It was evident that carers also tended to advocate on behalf of the young people, particularly in relation to school, the asylum/immigration process, and after-care arrangements.

**Challenges**

Many of the challenges faced by carers were similar to the types of challenges experienced by foster carers in relation to young people in the general population. Most of the SYP were entering the care system for the first time, resulting in challenges for carers who were caring for individuals who had been brought up by someone else. In addition, given the ages of the young people, they were attempting to gain independence, meaning that care involved a tricky balancing act. This challenge was particularly acute in relation to those who had previously lived in hostels, where they had relative independence.

While the young people were generally very positive about the time spent in residential care upon arrival in Ireland, the transition from residential to foster care was not without its challenges. They missed the people with whom they had developed relationships in residential care. Sometimes they had to move from a residential unit in Dublin city to a rural location and from a busy unit to a much quieter house. In addition, several carers commented on the activities and material aspects provided in the residential units (such as outings, computer games, phones, and so on), as well as the intensive support that was provided by staff members who were available 24 hours a day. In family placements, life was often different, particularly in supported lodgings placements where carers were sometimes working full time:

“[In residential] there was always somebody there for them to go to. But then suddenly, they go from that level of support, where they come to here, where we’re getting up in the morning, we’re with them, we get them out to, you know, they go to school, and then they come in home. We have to cook dinner, we have to get dinner... because we’ve been working all day... It’s a home as opposed to what was a fun factory...”
Other challenges faced by carers related to the particular circumstances of SYP. The asylum process was especially significant. Most of the young people faced uncertainty in relation to their asylum applications and were fearful about being deported upon turning 18. Often, they experienced considerable anxiety and distress around the time of their asylum interviews or when they received news that their application had been unsuccessful. Not surprisingly, this impacted on their mood and on their behaviour within their placements. In addition, it affected carers who worried about what the future held for the young people in their care, particularly in relation to potential deportation. For example, one carer stated:

“As I said, the Irish government gave me these kids to look after but they didn’t expect me to fall in love with them and to become part of the family in a very short period of time. And then they expect to just give them a negative answer and, ‘all right off you go, report to this station, this, you’re going’. I mean it’s an awful lot for them to ask their own people to hand these kids over...”

In addition, in many cases little was known about the past experiences of the young people; they tended to be secretive and reticent, for a range of reasons, including the fact that separated young people often find it difficult to trust (Ní Raghallaigh and Gilligan, 2010). Not surprisingly, it was difficult for carers to care for the young people in these circumstances. However, in general, they made efforts to respect the young people’s right to keep their stories to themselves by simply not asking them about the past.

Carers also worried about after-care arrangements. The discretionary nature of aftercare provision meant that most of the young people would not be able to remain with their carers upon turning 18. Instead, they would be transferred to the direct provision centres for adult asylum seekers, where they would receive accommodation, meals and an allowance of €19.10 per week. Direct provision centres have been heavily criticised since their inception, on the basis of being discriminatory, causing poverty and having a negative impact on psychological health (for example in Arnold, 2012). Although NGOs and HSE aftercare workers link with the young people when they move to direct provision, it was widely recognised that this support was limited.

While most of the carers made efforts to meet the cultural needs of those for whom they were caring (for example, by linking young people with cultural or religious groups, by
talking to young people about their culture, by sourcing specific food that young people liked), at times cultural misunderstandings and difficulties arose. Issues that were identified included misunderstandings arising from different communication styles, difficulties in relation to food preferences and the smell of food that young people cooked, issues in relation to gender and gender roles, and young people being unable to practice their religion when they were placed with families of a different religious background. Even in circumstances where young people were cared for by people from their own cultural backgrounds, issues in relation to culture arose. For example, one Nigerian foster mother who was caring for a Nigerian young person stated the following:

“Sometimes Yetunde\(^3\) herself... makes comments about Africans because she would have been used to staying with Irish people. So,... she had a negative kind of thing like, she didn’t know how to deal with Africans... You now have to say to her, ‘but you’re Nigerian... there is no need [to be] saying those things because you can’t change your colour’...”

A minority of carers didn’t seem to consider cultural identity to be important, even though it was valued by the young people in their care, and its importance is widely recognised in the literature, particularly at the adolescent stage of development (Berry et al, 2006; Erikson, 1968).

The asylum process was especially significant. Most of the young people faced uncertainty in relation to their asylum applications and were fearful about being deported upon turning 18. Often, they experienced considerable anxiety and distress around the time of their asylum interviews or when they received news that their application had been unsuccessful.

Conclusion

Overall, it was evident that the majority of the carers who participated in the study found their role very rewarding. While the broader study showed that some of the young people had experienced placement breakdowns, most of them seemed settled in their current placements. It was clear that, in the majority of cases, positive relationships had developed between young people and their carers. While carers, young people and stakeholders were concerned about the pending move to direct provision accommodation when the young people turned 18, there was widespread agreement...
that the care provision for those under 18 had improved remarkably since the closure of the hostels. What remains a very challenging issue is the shortage of carers – both foster carers and supported lodgings carers. In order to ensure that the needs of separated young people are met most optimally, statutory and private agencies need to work together to recruit and retain carers. Ideally, a pool of diverse carers is needed so that there is placement choice available when decisions are being made about an individual young person’s care. In addition, all carers need ongoing training in relation to the specific needs of separated children and young people, particularly in relation to culture and diversity.

Further information: The research was funded by the HSE and Barnardos. The author would like to thank all of the individuals who participated in the study and the HSE Team for Separated Children Seeking Asylum for facilitating the study (this team is now the TUSLA Team for Separated Children Seeking Asylum). The research was launched on the 3rd of April 2013 and the full version of the report can be found at the following link: https://researchrepository.ucd.ie/handle/10197/4300

About the author

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Endnotes

1 From January 2014 this team became part of TUSLA–Child and Family Agency
2 On 25 March 2019 the weekly allowance was raised to €38.80 per week
3 The young person’s name has been changed to ensure she is not identifiable

References


Commissioner for Human Rights (2008) *Report by the Commissioner for Human Rights, Mr. Thomas Hammarberg on his visit to Ireland*. Council of Europe, Brussels. Available at: https://wcd.coe.int/wcd/ViewDoc.jsp?id=1283555


Caring for babies who have been prenatally exposed to substances: more than just ‘baby care’

Cynthia Silva and Dr Cathriona Walsh

Synopsis of article

Foster parents are members of a unique group of families who have the ability to love and nurture other women’s babies, sometimes with complex needs. Caring for babies who have been prenatally exposed to substances requires more than the usual parenting skills. The infant with prenatal exposure to substance misuse, who is placed into care at this critical period of time, requires special care. The foster parent requires additional training and support to be attuned to the needs of this little one.

Because of the fear of judgement, a mother will rarely inform the hospital she’s attending that she has misused drugs during her pregnancy (Stone, 2015). Thus the baby’s foster carers will find it hard to understand the baby’s range of additional needs, which are not the ordinary needs of infants. The infant with NAS (Neonatal Abstinence Syndrome) has real sensory, medical and emotional challenges (Hamdan, 2017).

<table>
<thead>
<tr>
<th>COMMON WITHDRAWAL SYMPTOMS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>W</strong> Wakefulness; problems with waking/sleeping</td>
</tr>
<tr>
<td><strong>I</strong> Irritability; difficulty self-calming and hard to comfort; high pitched crying</td>
</tr>
<tr>
<td><strong>T</strong> tremors, twitching</td>
</tr>
<tr>
<td><strong>H</strong> hypertonia, (stiff muscles); hyperactive reflexes (exaggerated startle reflex); high pitched cry</td>
</tr>
<tr>
<td><strong>D</strong> diarrhoea; diaphoresis (sweating); disorganised suck/swallow</td>
</tr>
<tr>
<td><strong>R</strong> regurgitation (vomiting); poor or weak suck or frantic suck</td>
</tr>
<tr>
<td><strong>A</strong> apnoea (stops breathing)</td>
</tr>
<tr>
<td><strong>W</strong> weight loss; failure to gain weight</td>
</tr>
</tbody>
</table>

Figure 1: Common withdrawal symptoms. Adapted from Nelson et al, 2011.

Just like an adult with an addiction when the substance is removed, the new baby with
NAS will experience withdrawal symptoms. These can be very painful for the baby and can begin on the day the baby is born or over a week later, and persist for months (Hamdan, 2017). During this time, the baby will have specific needs which the foster carer should be informed about. It’s important to remember that it is still possible to offer the baby experiencing NAS a secure attachment. In this role, foster carers should be strongly supported and should make sure to exercise as much self care as they possibly can.

“The infant with prenatal exposure to substance misuse, who is placed into care at this critical period of time, requires special care. The foster parent requires additional training and support to be attuned to the needs of this little one.”

Caring for the baby with NAS

If the birth mother did not inform anyone of her drug misuse, the baby may be at home with the foster parent when symptoms are first noticed. The baby may tremble a lot, startle easily, cry excessively and the cry may be high pitched (ibid). The experienced foster mother may find it very difficult to comfort and settle the baby. The baby may be poor at feeding and sucking, have diarrhoea and vomit up feeds. Instead of sleeping after a feed the baby may awake again within an hour or two, crying in pain and be unable to be consoled. The baby may have a raised temperature. Seizures may occur and be very frightening for an unsuspecting foster parent.

The foster parent should understand that it is more than just what drugs the infant was exposed to that will affect the child. The birth mother’s general health, stress level, and nutrition impacts how a baby grows in the womb. It is understandable when, in the absence of a history of drug misuse, the doctor suspects an infection at first. The diagnosis of NAS can take some time and may only be made after hospital admission, investigations, and after excluding other problems (ibid). Once a diagnosis has been made, medical treatment to help the baby through drug withdrawal begins and medication for seizure control may also be needed. The baby may require very frequent feeds and a dietician may be required to advise a special nutritional diet to help the baby gain weight. The foster parent becomes very important at this stage as the baby needs extra tender loving care to help cope with the constant pains of drug withdrawal.
Supporting the baby through withdrawal

- Swaddling the baby can be of great comfort to them during the withdrawal phase
- Soothers/pacifiers have been shown to be very helpful in calming the baby and the baby can be weaned off these after six months when the withdrawal symptoms have cleared
- Keeping the baby in a room with as little noise as possible, low lights and no abrupt sudden changes can be very helpful
- Rocking movements help, so an oscillating cot is a good investment for these babies
- Some babies take as long as six months to recover from the withdrawal symptoms and this journey can be very demanding and stressful on any parent so extra support for the parents will be needed.
  (Hamdan, 2017)

A training program is offered to foster parents in the UK which helps the prospective carer to be alert and aware of the potential symptoms (Johnson, 2014). The training includes a simple chart in addition to specific medical awareness, which the carer can keep and share with professionals as required.
<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Not settling after feed</th>
<th>Tremors</th>
<th>Stiffness</th>
<th>Jerks</th>
<th>High pitched cry</th>
<th>Irritable</th>
<th>Sneezing</th>
<th>Vomiting</th>
<th>Loose stool</th>
<th>Sore bottom</th>
<th>Total</th>
</tr>
</thead>
</table>

- Place a ✓ if present or an ✗ if absent. Add up the ✓, maximum score will be 10.
- Score the baby several times per day after a feed, the score should reflect events in the hours preceding the score rather than just the single moment in time.
- Use the scores as a guide when discussing with the treating physician whether the baby’s medication is ready to be reduced.

Figure 3: Score chart adapted from Johnson, 2014.

**Attuning to the baby with NAS**

Some babies who are prenatally exposed to alcohol and substances will show effects of this exposure, while many may be born healthy. Each parent and infant metabolises substances differently. Some babies who initially show effects from prenatal substance exposure may not later on as children or adults. Newborn behaviours that cause concern for caregivers may or may not be related to substance exposure but could also be displaying difficulties due to attachment.

As far as it’s possible, it’s very helpful to be aware of the baby’s history and experiences of the world, so to be able to respond accordingly. When babies have experienced traumatic events (for example lengthy hospitalisation, family violence, inconsistent care giving, or multiple placements), they may display signs of stress and may over-respond to things around them (O’Malley and Streissguth, 2005 ). Use eye contact and gentle touch whenever possible. Some babies may not want too much eye contact, or may be sensitive to holding and snuggling. Whenever carers respond sensitively to a baby’s physical and emotional needs, they are laying the foundation for positive future social
emotional development. Consistent and predictable daily routines (for instance routines for sleeping, feeding, playing, and bathing) help babies gain trust in their world and the people in it. Limit the number of caregivers for the baby if at all possible as frequent changes in caregivers cause stress for babies.

Foster parenting for infants with NAS require lots of time and patience, and extra awareness to help build strong attachments with the infant. The sound of your voice, the touch of your hand, and the beating of your heart, when held close, will become their soothing balm. Each infant will respond in their own unique way. As a foster parent to these infants it is you who will need to be aware of how to listen to these infants and respond to their unique needs.

When the baby comes to your home it’s good to be aware that the baby will:

- need to adjust to a new home and new caregivers
- they will experience many small changes such as different nipples or soothers, different clothing, different levels of noise and light, different care giving routines, different smells, and even the sounds of a different language
- they will experience a busy schedule including appointments with the doctors, public health nurse, or therapists and consultants.

(Alberta Children’s Services Workforce Development and Gough, P., 2007); (O’Malley and Streissguth, 2005).

As foster parents at this critical time you have a pivotal role in helping these babies to form secure attachments. You must give yourself permission to parent and care for the baby, by allowing yourself to attach to the baby, even if they are with you only for a short time. The comfort you give when needed by quick responses when the baby is crying, ill or upset doesn’t ‘spoil’ a baby – it promotes secure attachment.

Be sensitive to the baby’s cues and signals. Every baby is different, so it takes some time to learn what each baby is trying to tell you. Babies give engagement cues when they want to be with you (Nelson et al, 2011). Easy to see cues include: ‘stilling’ (the baby stops moving), looking at your face, smooth movements of arms and legs, reaching out to you, turning eyes towards you, smiling, making feeding sounds, cooing, babbling, ‘talking’, and opening eyes wide and bright. Babies give disengagement cues when they need a break. Easy to see cues include turning the head away, crying, pulling away, and
fussing. Babies show signs of stress by arching the back, shaking (tremors), sleeping for long periods, having red-and-pale blotching of the skin (mottling), and vomiting (ibid). Understanding the baby’s cues and meeting their needs accordingly helps to develop a secure attachment between the caregiver and the baby.

**WATCH** the baby’s face and body

**WAIT** to see what the baby is going to do (watch for cues)

**WONDER** about what the baby might be thinking, feeling, or needing from you and respond to cues.

Figure 4: Adapted from Nelson et al, 2011.

To create a supportive environment for the baby, try the following:

1. Spend as much one-on-one time with the baby as possible.
2. Get to know the baby’s likes and dislikes.
3. Delay the use of relief workers or babysitters (other than your partner) until the baby has settled in. Once the baby has had time to adjust to this new home, adjusting to other caregivers will be easier.
4. Listen to the baby’s cues on how much noise, light, stimulation, and activity he or she is able to handle.
5. Use one or two consistent relief caregivers. It might be a good idea to have the relief caregiver come to your home instead of taking the baby to theirs.

The foster carer will begin to notice signs that the baby is improving as the baby feeds better and gains weight satisfactorily. The baby becomes more settled, is consoled easier, is more alert, sleeps better, the tummy is more settled and nappies become more normal, and the baby starts to make real eye contact and responds beautifully when people interact. It’s still very important to attend all appointments as the baby grows so that the baby is given every advantage to become a healthy adult.
The relationship with the birth mother

Often parents whose children are in care wanted to do better, and still want to do their best, but their life circumstances, environment, educational opportunities, and mental health or addiction supports were not the right fit to enable them to do their best.

Foster parents should remain open to understanding the importance of preserving the birth parent-baby relationship, the baby’s cultural heritage, and family and community connections, all the while ensuring to meet social worker criteria for the baby in their care. While it is a normal reaction to possibly blame the mother for the challenges that the infant may face that led to being in care, it is critically important to realise that most parents want to do the best for their children. Often parents whose children are in care wanted to do better, and still want to do their best, but their life circumstances, environment, educational opportunities, and mental health or addiction supports were not the right fit to enable them to do their best. If they misused substances this may have been because it was the first and often only thing easily available to help them cope, and perhaps even still be alive (Stone, 2015).

Many birth mothers of children who misuse substances often don’t realise that they are pregnant until the second or third month. Healthy meals, exercise and monthly periods may have not been routine, or ever part of their lives. Women who use alcohol and other substances frequently used more than one substance (Hamdan, 2017). Adverse childhood traumas such as abuse, poverty stress, poor diet and other experiences of the mother can affect the growing foetus. Physical and mental illness in pregnancy—and medications taken to treat them—may also have an effect. Pregnant women who smoke cigarettes and/or misuse alcohol and other substances often feel guilty and ashamed and may not want to admit to their substance use (Stone, 2015). Sometimes women also receive mixed messages when getting advice about abstinence during their pregnancy and they may conclude that it is OK to use substances later on in the pregnancy, for example, in the third trimester. Or a woman sees that her mother and friends have used substances during pregnancy and she also sees that, as far as she can perceive, their children are ‘OK’.
Exercising self-care

As foster carers it is important to take care of yourself, and as best you can, to keep yourself calm. Babies easily pick up on stress in their caregivers. Strategies such as taking deep breaths or purposely relaxing your muscles can be helpful. Call your partner, friend, or support person if you need a break. It is important that you don’t take the baby’s behaviour personally. Sometimes caregivers’ and babies’ temperaments match well, and sometimes they do not, and this can be challenging. It is important to not label the baby’s behaviour. There is no bad or good, or right or wrong way to be and it is not a reflection of your caregiving. Your skills may have worked great in the past, and you may doubt yourself but know that these babies may have very unique needs.

What do you do when you have reached your limit? Be honest with yourself about admitting when the baby’s crying is interfering with your ability to care for them. Remember – it’s a strength to be able to recognize when you have reached your limit and that you may need a break or a short respite. If at all possible, the sooner you realise you’re reaching your limit, the better for organizing support. If this can even be arranged prior to a placement, for example, by planning with a familiar carer to provide a break in advance, it will be easier for all. It can be exhausting looking after a constantly crying baby. Remember by taking care of yourself, you are better able to care for the child.

Consider the following suggestions:

- be sure to eat nutritious meals and snacks
- make time for your regular exercise such as walking or gardening and learn relaxation techniques
- get regular breaks, even if you feel fine
- spend time with your partner and close friends
- arrange one-to-one time with your other children
- even take naps whenever you can or sit and breathe mindfully in a quiet space or in a garden.

You may even want to consider hiring someone or getting a family member to help with the household chores, especially during times when you will be very busy with the baby (for example, when baby first comes home). Don’t think that you need to do it all. Ask for help, learn to delegate, or let some household chores go! Remember as you focus on your strengths and the child’s you will both benefit!
Effective care for babies who have been exposed to substances in the womb requires communication and teamwork between well-informed parents or caregivers, families, and professionals.

Conclusion

The benefits of a stable and loving home or long term placement before the age of six are well documented (Moran et al, 2017). For babies needing foster care, the goal is to have as few placements as possible, with strong efforts made for them to rejoin their birth or new adoptive family. Some of the most important factors for positive infant development are: a stable, loving home, protection from over-stimulation, and physical stimulation through sounds, touch, and sight. Caregivers need to be attuned to that particular baby’s needs when it comes to cuddling and holding. Effective care for babies who have been exposed to substances in the womb requires communication and teamwork between well-informed parents or caregivers, families, and professionals.

The full effects of prenatal substance misuse are unknown. What we do now know is that the human brain has ‘plasticity’ (the ability to be shaped and to change), especially in the early years. (Kolb and Gibb, 2011). Outcomes for any infant born – prenatally exposed or not – depend significantly on their environment and the care that they receive. Foster carers have a critical role to play in offering secure attachments to babies born with NAS and they need information and support in fulfilling this role.

About the authors

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References


Not just one reason: understanding the diversity of psychological and emotional health factors underlying placement disruptions

Olivia Reid

Synopsis of article
As part of a wider review which examined a multitude of factors that impact placement disruption, this article details international and Irish research regarding the psychological and emotional health of children in care and their carers. This is one significant factor in a complex web of factors which can contribute to placement breakdown.

Introduction
Recent data published by Tusla – Child and Family Agency show that there were 6,029 children in care in Ireland in December 2018. The vast majority of these children (92 per cent) were cared for by relatives or by approved foster families (Tusla – Child and Family Agency, 2019).

Young people who experience placement stability while in care are thought to have strong feelings of connectedness and belonging towards their foster families. These care placements are also generally characterised by consistent, open communication and the presence of a strong emotional attachment between the foster child and their foster family (Moran et al, 2017). Research in this field has demonstrated potential positive outcomes for all stakeholders as a result of a successful placement. Permanence within a care placement has been shown to improve the attention (Ghera et al, 2009) and educational attainment (Cook, 1994) of foster children, while foster families have been shown to be more sensitive, responsible and caring in their roles as a consequence of successful fostering experiences (Twigg and Swan, 2007).

While substantial research exists detailing the potential benefits of successful stable foster placements, there is a relative absence of research into factors contributing to placement breakdown. While some advances have been made in researching the Irish context, Gilligan (2019) emphasises the considerable gap in information which still exists regarding outcomes for children in care.
Emerging evidence suggests that unstable care placements have the ability to negatively impact not only the foster child, but also their foster families and their allocated social workers. Developmental outcomes such as inhibited emotional regulation (Fisher et al, 2006) and increased anxiety and aggression (Fernandez, 2008) have both been linked to the experience of unplanned placement disruptions. As defined by Rostill-Brookes et al, (2010:2), a negative placement ending or care disruption denotes ‘an unexpected crisis move that disadvantages young people’ – generally involving no period of notice or planning.

In Tusla – Child and Family Agency’s annual review of child and family support services (2017) it was noted that the experience of three or more care placements within the previous 12 months was an accurate proxy for placement instability. In this review it was reported that at the end of December 2017, there were 142 children in their third or greater placement within the last year, representing 2.3 per cent of all children in the Irish care system. While this percentage seems to compare favourably with other data reported from England (11 per cent), Scotland (5.5 per cent) and Wales (11 per cent), reliable comparisons and interpretations may be difficult without a clear understanding of the different arrangements and definitions used in each country.

“Emerging evidence suggests that unstable care placements have the ability to negatively impact not only the foster child, but also their foster families and their allocated social workers.”

**Behavioural, psychological and emotional difficulties**

An examination of the literature reveals a dominant trend of identifying behavioural, psychological and emotional difficulties as substantial risk factors for foster placement disruption.

**Difficulties relating to the foster child**

Focusing particularly on what are termed ‘problem’ behaviours, Rock et al, (2013) identified anti-social activity and ‘externalising’, or projecting one’s own internal experience onto others, as central triggers of foster care breakdown. These researchers also highlighted a strong association between unplanned placement endings and the behavioural, psychological and emotional difficulties exhibited by the foster child prior to entering care.
Many other researchers have also identified challenging behaviours as key factors in adverse placement outcomes with Carnochan et al. (2013:235) specifically stating that unstable placements which led to premature endings were often strongly associated with ‘the increased prevalence of attachment disorders and behaviour problems’ in young people. In an investigation of placement instability, Pilarz and Hill (2014) found that those who had experienced two or more placement moves did so primarily due to challenging behaviours and emotional difficulties. Evaluating outcomes through the lens of placement stability, Rubin et al. (2007) concluded complementary findings, discovering that those who achieved permanency within a placement were less likely to display ‘problem’ behaviours. Research by Nissim (1996) attempted to further categorise behavioural challenges, identifying ‘tantrums’, lying and arguing as three key contributing factors to any placement breakdown. Fernandez (2008) and Leathers (2006) expanded these findings, adding aggressiveness, fighting, stealing and damaging the home to the inventory of challenging behaviours that carried a significant impact.

Knowledge in this area has been greatly enriched by the research of Chamberlain et al. (2006) who, through the administration of the Parent Daily Report Checklist (Chamberlain and Reid, 1987), uncovered what they termed a ‘threshold effect’ in the relationship between challenging behaviour and subsequent placement disruptions. They found that foster children who exhibited more than six ‘problem’ behaviours per day (the average for the group) were significantly more likely to experience an unplanned placement ending than those who exhibited six or less. They further noted that, in the case of foster children with more than the average number of problem behaviours, the likelihood of placement disruption increased by 25 per cent for each additional negative behaviour.

While substantial evidence exists regarding the relationship between behavioural challenges and placement endings, findings have also been reported which reveal the significant importance of both psychological and emotional factors in placement outcomes. In a longitudinal study, Egelund and Vitus (2009) stressed the importance of taking emotional challenges into account when predicting placement failure. These academics argued that instead of focusing exclusively on behavioural issues, researchers should pay close attention to the complex feelings of vulnerable foster children. International research by Timmer et al. (2006:2) recognised that foster children who were struggling with psychological and emotional challenges regularly engaged in
‘particularly aggressive and destructive behaviours.’ These children were therefore more prone to encountering disruptions in their care placements. Parallel conclusions can be found in an Irish setting, with McNicholas et al, (2011) acknowledging the profound impact that psychological and emotional health can have on the type, number and duration of a foster child’s care placements.

Due to the relative consistency within the literature regarding the strength of behavioural, psychological and emotional issues as predictors of foster placement turmoil, an important question: why do these factors have such a substantial effect on the trajectory of care placements? must be asked. To answer this question, Hardiker et al, (1991) proposed that foster children, who sit at the higher levels of the ‘Framework of Need’, require a complex and constant form of care, distinct from the care that most other children require. When confronted with this level of need, foster carers often struggle to cope with the constant demands on their time and energy, leading to placement dissatisfaction and in some cases to placement breakdown.

**Difficulties relating to the foster carer**

_Dealing with stressful events such as previous placement breakdowns, allegations, conflicts with a foster child’s birth parents and disagreements with social services have all been shown to be detrimental to the outcome of a care placement and can cause excessive stress and fatigue._

Also highlighted in the literature as a contributing factor to placement instability are the heavy demands borne by foster carers. The fact that foster carers are under intense pressure to perform a balancing act between internal and external demands is widely acknowledged (Buehler et al, 2003). Dealing with stressful events such as previous placement breakdowns, allegations, conflicts with a foster child’s birth parents (Jones and Morrissette, 1999) and disagreements with social services have all been shown by Wilson et al, (2000) to be detrimental to the outcome of a care placement and can cause excessive stress and fatigue. Farmer et al, (2005) evaluated the strain felt by carers by administering the General Health Questionnaire (GHQ). It was discovered that over one quarter of participants scored in the ‘clinical’ or ‘sub clinical’ range, which pointed to the fact that they were dealing with significant stress. Upon further analysis, it was found
that over 50 per cent of participants displayed symptoms of somatic stress, 38 per cent showed signs of anxiety and as much as 81 per cent presented with difficulties in social functioning. This study revealed significant correlation between carers who had shown high scores on the GHQ and the experience of premature placement endings. Through an in-depth analysis of this correlation it was proposed that intense stress could result in carers becoming less attuned to their foster child’s needs and thus less well-equipped to respond, leading to subsequent placement disruptions.

Support for foster carers is the backbone of all foster care placements. Research has indicated that the level and type of support provided to foster carers by such central players as the State, social service agencies and schools play a pivotal role in determining the success of a care placement (Farmer et al, 2005). In Nixon’s (1997) early review, eight types of support for foster carers were identified:

- financial
- practical
- emotional and psychological
- social
- training
- respite
- and community support.

Financial compensation, although sometimes overlooked, is a vital component of support for foster carers, with research showing a considerable relationship between greater financial resources and higher retention rates of carers (Rhodes et al, 2003). Social and community support from the foster child’s school was also highlighted in Brown and Bednar’s (2006) paper as critical to the outcome of a care placement. Studies which assessed training programmes provided to carers in both Finnish (Kalland and Sinkkonen, 2001) and Belgian (Vanderfaellie et al, 2018) populations have stressed their significance when considering placement success. Within the Irish setting the research of Moran et al, (2017:47) showed that many carers felt training to be non-realistic.

“They need more training on the reality of foster caring’ [...] ‘They don’t tell you the bad stuff in the training.”
These researchers argued for a more informative training programme, incorporating the realities and complexities of fostering, in order to properly prepare carers and to greatly reduce the number of placement endings brought about by a lack of access to appropriate knowledge and skills. Aside from training, Baum et al, (2001) stressed the importance of the carer-social worker relationship, identifying lack of communication and trust between both parties as pivotal factors which have the potential to lead to unwanted placement outcomes (Mathiesen et al, 2001).

This article has addressed the realm of foster care within a primarily Irish context. Through this review, some gaps in the available information in the Irish context have become apparent. The opinions and views of social workers are lacking in the Irish literature, and could provide valuable, additional insights into instigators of premature placement endings. Another striking conclusion of this review was the lack of available data pertaining to placement breakdowns in Ireland, with no reference to these statistics in any of Tusla – Child and Family Agency’s annual or quarterly performance reports. It is essential that this data is gathered and published, as without it, the lack of understanding of the nature and extent of placement endings in Ireland will continue to persist.

**About the author**

Olivia Reid is in her fourth year of an undergraduate degree in Psychology at Dublin City University. During her third year she completed a placement with the Irish Foster Care Association researching the key factors influencing foster placement instability. Her main interests include forensic, child and abnormal psychology. For a copy of the full research paper please email the author at olivia.reid2@mail.dcu.ie

**References**


Glossary

affective relations  influenced by, or resulting from emotions
co-occurrence  two or more things occurring together or simultaneously
correlation  a relationship or connection between two or more things
differentiate  in the educational setting, providing all students with a range of different learning avenues
disbandment  the breaking up of an organised group
divestment  the disposal of assets, usually for ethical, financial or political reasons
empirical  based on observation or experience rather than on theory or logic
finite  limited in size or extent
innovative  original and creative
intermediaries  people who act as a link between other people to bring about agreement
intersubjectivity  the psychological relationship between people
longitudinal  in a study, where data is gathered from the same subjects over a period of time
neurological  relating to the anatomy, functions and disorders of the nerves and nervous system
nuanced  characterised by subtle shades of expression or meaning
psychoanalytic  of the psychological therapy of psychoanalysis which investigates the interaction of conscious and unconscious elements in the mind
qualitative  relating to, measuring, or measured by the quality of something rather than its quantity
trajectory  a path, progression or line of development
vocalisation  speech and communication made using the human voice