Child Care Policy: A Provocative Analysis and Research Agenda

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INTRODUCTION

The past five years have seen the beginning of long awaited and long overdue legislative reform in the child care area with the introduction of the Status of Children Act, 1987; the Adoption Act, 1988; the Judicial Separation and Family Law Reform Act, 1989; the Child Care Act, 1991; the Child Abduction and Enforcement of Custody Orders Act, 1991; and the Foreign Adoptions Act, 1991. Further legislative reform is needed and has been promised, for example in the area of juvenile justice (as indicated in the Programme for Economic and Social Progress). The past few years have also seen the beginning of a public awareness of the whole question of the rights of children and their position in Irish society. Thus the Combat Poverty Agency and the Economic and Social Research Institute (ESRI) have been active in raising the issue of child poverty (e.g. Nolan and Farrell 1990); the Irish Council for Civil Liberties (1987) and McKeown and Gilligan (1990, 1991) have explored the issue of child sexual abuse; while Gilligan (1991) has published the first comprehensive book on Irish child care services. These developments have occurred within a wider context which has witnessed the Taoiseach’s endorsement of Ireland’s intention to ratify the United Nations’ Declaration of the Rights of the Child and the formation of an Alliance for Children in Crisis in 1990.
Nevertheless, there has been little attempt to explore the assumptions underlying these developments as regards the appropriate relationship between the state and the family in a context where family life is clearly problematic for some children. Such an exercise would seem to be particularly important in view of the commitment in the Child Care Act, 1991, to ‘promote the welfare of children in its area who are not receiving adequate care and protection’ (3.1); and the requirement that: ‘A health board shall, within 12 months of the commencement of this part and annually thereafter, have a report prepared on the adequacy of the child care and family support services available in its area’ (8.1).

These enlightened and very general commitments to both the promotion of children’s well-being, and the evaluation of the measures undertaken in the pursuit of this, provide a stimulus to explore the extent to which a policy commitment to ‘family life’, when combined with what Parton (1985) has called a ‘social market economy doctrine’ (i.e. one that stresses individual and family responsibility), in effect militates against the interests of particular sections of Irish society. This paper represents an attempt to open up the debate on this issue within the context of child care policy.

THE PROBLEMATIC NATURE OF FAMILY LIFE FOR SOME CHILDREN IN IRELAND

Although family life continues to be idealised in Irish society, it is increasingly clear that, for some children, the situation is far from ideal. Within their family they are exposed to a variety of social stresses including poverty, family violence and environmental deprivation. Their opportunities for development — whether at a physical, emotional or social level — are limited.

The Combat Poverty Agency has perhaps been the most vociferous in highlighting the issue of child poverty in Ireland over the past five years. Its work in conjunction with the ESRI (Callan et al. 1988, Nolan and Farrell 1990; see also Frazer 1991) has clearly demonstrated the extent and severity of child poverty in Ireland. Thus, for example, Nolan and Farrell show that almost two-fifths of children in Ireland are in households where the household income is 60 per cent of the average (which Frazer has
translated into a 1990 equivalent figure of £56.30 per single adult and £18.60 per child per week).

In contrast to the situation as regards poverty, the only national data available on child abuse consists of those cases reported to the Department of Health through its community care teams. Over the period 1984-87 there was a fivefold increase in new confirmed cases annually (Gilligan 1991). By 1987, however, the total number of referrals — involving both alleged and confirmed abuse — was still quite low: 1.3 and 0.6 cases per 1,000 respectively (Department of Health 1988a). However it is widely accepted that this figure represents only a tiny proportion of the total level of such abuse. Indeed, McKeown and Gilligan’s own work (1990) found a confirmed rate of sexual abuse close to 1.2 per 1,000 children (drawing on the Social Work Caseloads in the Eastern Health Board area). They conclude that, purely in terms of sexual abuse, this is a substantial underestimation of the extent of the problem.

In Ireland, we know almost nothing about the extent of family violence. There is little reason to suppose that it would be substantially lower than in Britain where Marsden (1978) conservatively estimated that serious assault happened in one in every twenty marriages. Andrews and Brown (1988) found that, in their sample of working-class women, one in four had experienced physical violence at some time in their lives. Walby (1990), drawing on a range of British and American material, reached a similar conclusion estimating that between a quarter and a third of married women experienced serious violence at some time in their life. Irish studies of family violence (such as Casey 1987) have typically focused on those in women’s refuges and so do not provide a representative picture. However, it is certainly provocative that roughly one-third of the mothers in Casey’s study mentioned that the children were severely beaten by their partners, with a roughly similar proportion referring to suspected and/or confirmed sexual abuse. McKeown’s work (1991a, 1991b) also provides indirect evidence of the frequency of family violence, at least within vulnerable families in north inner city Dublin. For example, of the 100 trainees in the programme for disadvantaged youth developed by St Vincent’s Trust (1991b), more than half had experienced violence in the home and one-third were victims of child abuse.
It is arguable of course that such trainees are a peculiarly vulnerable and atypical group. Thus only half of them referred themselves to the trust, the remainder being referred by hostels, the health board, schools, protection and welfare officers, etc. (McKeown 1991b). However, other evidence suggests that, in more general terms, family life in such disadvantaged areas differs significantly from the idealised concept implicit in social policy. Gilligan (1991) has drawn together a wide variety of evidence that clearly shows the effects of these experiences on various indicators of children's well-being including infant mortality, nutrition, height, weight, level of maladjustment, educational retardation and juvenile delinquency. The evidence is cumulative and convincing although it does not allow us to estimate, for example, the proportion of children who are at risk from some or all of such experiences. It does indicate, however, that for some children at least, family life is a good deal less satisfactory than our idealised expectations would suggest.

For a small minority of children, the situation becomes so unsatisfactory that they are removed from their parents. The report of the Social Services Committee (1984: xxi) in Britain bluntly noted that:

There is a well established link between deprivation and children coming into care. Put crudely the majority of children in care are the children of the poor.

The Irish Department of Health figures do not provide this information, but very few of those involved with children in care would argue that the picture here is any different.

Child care policy in Ireland continues to assume that a family consists of two parents, legally married to each other and able to provide child care for their children—either by doing it themselves or by paying minders, day care centres, etc. It is clear however that this is an increasingly questionable assumption. Thus, births to lone parents in 1989 made up 13 per cent of all births: two and a half times the 1980 figure. Gilligan (1991) notes that even in 1986 there were 81,846 children living in households headed by a lone parent. In certain areas, particularly inner city urban areas with a high level of unemployment and poverty, this pattern is particularly acute. Only half of the adolescent trainees in a programme for
disadvantaged youth in north inner city Dublin came from families where their biological parents were married and living together (McKeown 1991b). Just under one-third of their parents were separated or divorced (the official national rate in 1986 being 1.4 per cent of those aged 15 years or more: Census of Population 1986). One-third of the births in that area in 1987 were outside marriage, as compared with a national average (at that time) of 11 per cent. Studies of other client groups such as, for example, those attending the St Vincent’s Family Resource Centre in north inner city Dublin have also highlighted the high level of single parenthood in such families. More than half of those attending that centre had parents who were unmarried or divorced although a slightly smaller proportion (i.e. 40 per cent) were from de facto lone parent households (McKeown 1991a). In a sense all of these children can be regarded as potentially at risk in the event of a minor issue such as a parent’s illness. Indeed, the Department of Health figures show that, of all the children in care on 31 December 1988, more than half were children of single parents in the sense that they were either unmarried, widows/widowers, or married and living apart. Furthermore, of all of those admitted to care during 1988, just under one-third were admitted because of parental illness or other family crisis (Department of Health 1990: Table C.1). Similar trends emerged in O’Higgins’s study (1992) of children admitted to care in the Mid-West during 1989. Thus she noted that one parent families made up more than half of the families in that study, with only one-third consisting of a household with both natural parents.

The ‘obvious’ solution, namely the provision of state-funded non-stigmatising child care, is rarely if ever even discussed; O’Higgins (1992) is an exception. She highlights the fact that despite the very large proportion of single parents, day care was unavailable to roughly 70 per cent of them.

The high proportion of children whose reason for care is, for instance, ‘death of a mother, father unable to care’, ‘single mother status leading to inability to provide’, and so on, leads to the question being asked, how many of these children could have been as well, or better cared for, in full-time day care ... (O’Higgins 1992:46-7)
Indeed McKenna (1988) noted that Britain and Ireland were in fact the only EC states where such provision was only available to families who were seen as very seriously ‘at risk’. It is of course obvious that such families are likely to be ‘poor’ and hence unable to purchase child care at market rates. This situation is particularly acute in single parent families, roughly four-fifths of whom in Ireland are at risk of poverty in the sense that they are dependent on social welfare (Gilligan 1991) and so highly unlikely to be able to purchase child care — even in minor crisis situations such as their own illness.

The availability of other sources of help (i.e. from kin or friends) can by no means be assumed to exist amongst either single-parent or two-parent families. Indeed O’Higgins (1992) noted that three-quarters of the families whose children were admitted to care in the Mid-West in 1989 had no support from neighbours or friends; and even in the minority situations where it was available it was most likely to be provided on an occasional basis. Yet, just as in Britain (Frost and Stein 1989), the very categories used in Ireland to classify the reasons for children’s admission into care remain firmly rooted in a conception of individual and family responsibility — without regard to their socially created ability/inability to discharge this responsibility. They thus encourage and legitimate the individualisation of social problems — implying that those who cannot discharge these parental responsibilities are personally inadequate. This is most obvious in the use of categories such as ‘Parent/parents unable to cope’, which was given as the primary reason for the admission of almost one-third of children into care on 31 December 1988 (Department of Health 1990). Significantly, there is no possibility within the records of ascertaining what economic or social circumstances were associated with that inability to cope. However, on the basis of their examination of the national data, O’Higgins and Boyle (1988:2) concluded that:

It seems clear that overall, most children who enter care do so, not because of behaviour problems, e.g. being out of control, but because of situational difficulties that affect their families, from temporary illness to homelessness.
The question of the role of the state in supplementing the care provided by the family (other than in purely financial terms) rarely seems to be considered. This option is amongst those discussed in the next section.

**GENERAL POSITIONS AND POLICY OPTIONS**

There are a number of broad lines for policy development. The decision to opt for one or the other arguably reflects assumptions about the appropriate role of the state and the family, and the relationship between them.

It is suggested that one can identify three main kinds of broad positions:

1. That which emphasises the family as the appropriate locus of care but which attempts to facilitate and supplement the activities of vulnerable parents in a variety of ways, for example through day care centres, after school facilities, family support centres, etc.

2. That which emphasises the family as the appropriate locus of care and which requires families to be capable of discharging this responsibility without ancillary support. In so far as they lack this ability, their children are removed from them for placement in adoptive and/or foster care.

3. That which sees shared residential care by family and non-familial institutions as an appropriate arrangement, especially for certain categories of children and/or at certain stages in their lives.

These three positions are not exhaustive. However, it is argued that they are relevant to an understanding of the assumptions underlying child care policy in Ireland.

The first position was very clearly endorsed by the Report of the Task Force on Child Care Services (1980). It recognised the considerable stresses — financial, social and emotional — faced by many families, and unambiguously argued for a variety of services to help them in their parenting. Thus for example it argued that:
Family support services must be capable of both supplementing the care which children receive from their parents and helping the parents to develop their capacity to care for their children. (Task Force Report 1980:7)

The Task Force endorsed the importance of a wide variety of such services, identifying four distinct but interrelated levels of provision, namely: child care services (including foster care, adoption, residential care, but also — and very importantly — intensive work with children within the context of family support services); family support services (including day care services, group work, counselling, family therapy, supervision for children at home, community work); social services (including income maintenance, education, housing, health); and social planning (including the identification of social objectives such as the achievement of greater equality and the elimination of poverty). Hence, they recognised the difficulties and stresses faced by vulnerable families; and although they noted that, in particular situations, the removal of children from such families was necessary, there was a very strong emphasis indeed on facilitating and enabling parents in such families to care for their children. Yet as O'Higgins and Boyle noted:

Children are often removed from their homes when what is required in their interests, and those of their families, is the provision of support services of various kinds, e.g. support in the home or five-day care which maintains close links with home. (O’Higgins and Boyle 1988:121).

These authors also argue that measures to prevent the child coming into care should include those designed to help families through ‘periods of temporary strain’ (1988:122) to keep the family together, as well as measures which would supplement the care provided in these families (e.g. through services as diverse as creches and counselling).

Such an approach would sit very easily with what is seen as our strongly familistic ideology (McCullagh 1991). It would help to reduce the vulnerability of children in families who are ‘at risk’ purely on the basis of their inability to buy and/or have free access to child care in crisis situations. It would have a strong redistributive
and social justice component: elements which are arguably com-
patible with our political and social ideals. It would also involve
the endorsement of working-class parents’ rights to their children,
and their entitlement to state support to help them fulfil their
responsibilities. However, such a policy would arguably have
considerable cost implications. It could also be seen as (at least
potentially) weakening what has up to now been a very strongly
endorsed pattern of maternal responsibility for child care: a pat-
tern which is linked with Irish married women’s continued very
low level of participation in the labour force (Blackwell 1989).

The second position is in some ways similar in so far as the
main stress is on the importance of family care. It differs, how-
ever, from the first in the role it assigns to those outside the family
(whether these are the representatives of the health board, voluntary
bodies, etc.). Thus, in Parton’s terms:

... this approach is based on a liberal individualism which
treats all rights as if they were private property and the state as
a night watchman, limited to the functions of protecting everyone
against violence, theft and fraud and to the enforcement of
contracts. It is not a state committed to any notion of social
justice or equality. (Parton 1985:115)

According to this approach, the role of the state is limited, but
it is decisive. Within the child care area it can be construed as one
involving the termination of the parental rights of those who, for
whatever reason, are unable to discharge their parental respon-
sibilities. The family (for the most part seen as the two parent
family) is regarded as the desirable locus of care for children. If
such care is not forthcoming then the ‘obvious’ solution is to
remove a child to an alternative family — preferably through
adoption. If for whatever reason this is not possible in the short
term, then compulsory care orders and foster placement are seen
as desirable short-term, if not long-term, ‘solutions’.

The attractiveness of this sort of approach is considerable.
Firstly, it enables children to be cared for with little state involve-
ment and at little cost. It endorses a stress on family, and offers
little challenge to gender-differentiated patterns of parenting.
(Indeed, given that adoption and/or fostering agencies seriously
consider applications only from those where the mother is a full-
time housewife, it offers the possibility of actually perpetuating this pattern.) However, to the extent to which adoption and/or foster parents are more likely to be from the upper-working and middle classes than the natural parents, it raises the question as to whether or not these social policies are a way of redistributing children within the class structure. This phenomenon, which may be seen as shocking if it occurs at an international level, can easily be ignored at national level, especially if the class backgrounds of adoptive and/or foster parents are not systematically reviewed and the practices of the agencies involved are not examined in terms of this dimension.

Official policy in Ireland over the past ten years has increasingly endorsed this second position — while ignoring its possible class implications. This is obvious in the rise in the use of court orders, which rose from 16 per cent to 47 per cent between 1981 and 1987 (Gilligan 1991). It is even more obvious in the legislative area: there the Adoption Act 1988 clearly endorsed the desirability of terminating the biological parents’ rights to their children (under certain clearly defined and limited conditions) and the transfer of these rights to an adoptive family. The class implications of this position have never been publicly explored: indeed, there is no pressure to do this since there is no information on, for example, the class backgrounds of adoptive parents or the effective class bias operating within the procedures of adoption agencies.

The third position is very different in so far as it rests on the assumption that exclusive family care is not necessarily the most desirable context for all children. It argues that for certain groups of children, or at particular stages in their life, shared care by the family and the state is appropriate. Traditionally, in Ireland, this has involved the removal of ‘difficult’, ‘disturbed’, ‘deprived’, or ‘delinquent’ children from their parents’ care to residential care for long periods — mostly up to the age of 16 years. This was implicitly seen as a recognition of their parents’ inability to provide them with proper care and instruction during their dependent years. The assumption of responsibility for them by the state at this period in their lives was not, however, seen as in any way infringing parents’ rights to their children. In fact the majority of these children eventually returned to their families (a pattern which is still in existence, with three-quarters of those children
who left residential centres funded by the health boards in 1988 returning to their families).

It is worth noting (although this is not the main focus of this paper) that a rather different kind of approach was adopted in the case of mentally handicapped children. In their case, the conventional wisdom was that these children were ‘better off’ in their own families during their childhood, although in adulthood, in the face of parental old age, inability to cope, etc., it was popularly believed that some sort of residential care might well be preferable.

It is possible to speculate that this rather different philosophy reflected an implicit perception of the family as a locus of care and the state (on its own behalf or through the operation of voluntary agencies and/or religious bodies) as a locus of control. It is also possible to argue that, for mentally handicapped children, control only becomes an issue in the face of their burgeoning sexuality. Residential care for them thus arguably becomes a way of controlling their sexual activity. For delinquent, deprived or disadvantaged children, the stress on residential care at an earlier age arguably reflects the conviction that, if properly socialised, such children can be moulded into competent law-abiding adults — the corollary being that if this does not occur, they could well be a threat to the status quo.

In Ireland today residential care for both categories of children by non-family-based institutions has largely fallen into disfavour. (Ironically, for the very rich, boarding schools are still an acceptable option.) The extent of the swing away from residential care for disadvantaged and disturbed children is indicated by the fact that, of all the children in the care of the health boards in 1988, 71 per cent were in foster care, while only 27 per cent were in residential care, in contrast with the position in 1982, when 52 per cent were in foster care and 48 per cent in residential care (Department of Health 1988, 1990).

These three positions reflect different assumptions about family care, about the role of the state, and about the appropriateness of different care contexts. They have different cost implications and different consequences for the type of care which families in different social classes can provide in various social situations. The next section outlines some of the issues which need to be researched if one is to choose rationally between these policy
options — as opposed to being driven by the winds of economic pragmatism or ideological rhetoric.

TOWARDS A RESEARCH AGENDA

In the Child Care Act 1991 there is a clear requirement on a health board to evaluate ‘the adequacy of the child care and family support services in its area’ (8.1). In addition the Act notes that ‘The Minister may conduct or assist other persons in conducting research into any matter connected with the care and protection of children or the provision of child care and family support services’ (11.1). Like all parts of the Act, these become effective when signed into operation by the Minister for Health. They represent an important attempt to build rational evaluation into the process of policy initiation and modification in the child care area. Such a development is particularly important since, as O’Cinneide (1990) has noted, policy change in this area — despite considerable knowledge, commitment, support and lobbying (by professional groups, religious and politicians) — has been very slow indeed. Exceptions to this have tended to be in areas of specific interest to the middle classes (e.g. foreign adoptions). This, presumably unselfconscious, class bias, together with the other assumptions implicit in child care policy, has remained unexamined to date. Indeed, it could be argued that this very phenomenon reflects the fusion of the interest of the state with that of the middle classes; or perhaps the official widespread acceptance of a restricted view of the state’s responsibilities as regards child care: a view which militates against providing state-supported non-stigmatising child care (in contrast to countries such as Denmark: Jorgensen 1991).

Obviously, a wide variety of issues might be included in a research agenda. Those discussed below are inevitably selective. They are an attempt to initiate a discussion about the key issues in the child care area — whether at an individual, family or societal level. They are seen as crucial pivots in confirming or invalidating the assumptions implicit in thinking in the area. They reflect three very different approaches to research: a tradition of evaluative work which is concerned with ‘outcome’ measures; a tradition which is concerned with client attitudes to services, and
their impact on their feelings about themselves; and a tradition which deals with a structural appraisal of social policy. These are briefly outlined below.

**Evaluation**

Despite the fact that fostering is now seen as the most desirable alternative for children in need of care — and is the form of care provided for the majority of children in the care of the health boards (Department of Health 1990) — no attempt has been made either to evaluate its efficacy in comparison to other forms of care or to look at the conditions under which breakdowns in fostering arrangements are likely to occur, and the implications these have as regards service delivery.

British evidence would suggest that, although children in foster care do better on a number of criteria than their counterparts in residential care (Triseliotis and Russell 1989), roughly one in two long-term placements in foster care break down. Berridge and Cleaver’s work (1987) provides clear guidelines as regards the conditions most associated with the absence of breakdown, such as the inclusion of the natural parents in the process; the importance of continuity in the child’s schooling and peer relationships; and the foster parents’ training and experience. However, we simply do not know whether these or similar factors are important in influencing foster care breakdown in Ireland. Indeed, such has been the commitment to the ideology of foster care, that public references to breakdowns are very rare indeed (although it is very obvious to those working in residential care that such breakdowns do occur).

Breakdown is of course only one dimension in terms of which care might be evaluated. Triseliotis and Russell (1984) identified nine outcome variables and compared young people, who as children had been adopted, with those who had been reared in residential care. These measures included strength of attachment to early carers, emotional problems and psychiatric well-being, alcohol consumption, criminal convictions, housing and employment history, felt ability to cope, marital breakdown and reception of their own children into care, as well as their feelings of satisfaction/dissatisfaction with their early experiences.

To date, similar work using comparable samples of children
who have experienced foster care, residential care and/or adoption has not been done in Ireland. Indeed, ironically, although a small number of reports have been done on family support centres (Nic Giolla Choille 1983, 1984, 1985, McKeown 1991a) and on residential care (Streetwise National Coalition 1991, Richardson 1985, Kieran 1989), no evaluative work whatsoever has been done on foster care. Since the majority of children in the care of the health boards in Ireland today are in the latter form of care, and it is officially seen as the most desirable form of alternative care, it is hard to escape the feeling that ideological fashions and/or economic pragmatism have been substituted for rational evaluation.

Acceptability of ‘shared care’
Very little interest has been shown in the acceptability of various types of care (including day care, residential care and family support) to those actually in need of, and/or benefiting from, these services. In part this reflects the dominant ideological position that the socially acceptable form of care is family care; and that those who are unable or unwilling to provide this put themselves outside the realm of consultation or even discussion. The lack of interest in their attitudes or expectations also arguably reflects an unwillingness to deconstruct the meaning of family care and in particular to look at the extent to which such care may involve ‘emotional caring’ or ‘caring about’ as opposed to ‘tending’ (Parker 1981, Graham 1983). However, as was implied earlier, middle-class parents who are unable or unwilling to provide day-to-day residential tending for their children, and hence send them to boarding school, do not appear to be subject to any state sanction. Therefore, it is difficult to avoid the conclusion that the latter reflects a class-based phenomenon.

At any rate, there has been little attempt to explore such parents’ perceptions of residential care and its impact on their views of themselves and their children. Equally, little attention has been paid to the acceptability of such care under voluntary as opposed to compulsory care orders; or indeed to the acceptability of various other kinds of intervention including day care, family support, guardian ad litem procedures, etc. This lack of interest is all the more noteworthy in the context of a dramatic increase in the
use of compulsory care orders; and a highly significant relationship between the use of such orders and the duration of children’s stay in care in the Mid-West (O’Higgins 1992), such patterns replicating British trends in this area.

Such work, although in a very different type of research tradition from more straightforward outcome studies, has an important part to play in contributing to our understanding of the social context of child care policy.

**Class implications of particular child care policies**

As previously mentioned, it has been noted that, although policy change in the whole child area has been very slow indeed over the past thirty years, it has been particularly so in areas of relevance to working-class as opposed to middle-class clients. Furthermore the implications of official policy in this area could arguably be seen, in certain cases, as penalising working-class/unemployed people in such a way as to benefit the middle classes.

We do not have the evidence at present to enable us to accept or reject this interpretation. Thus, for example, we do not know the class backgrounds of those who currently adopt or foster children in Ireland. Indeed it is not an issue (see Mollan and Lefroy 1984, Marron et al. 1984, Gilligan 1990). British work would suggest that adoptive parents in particular are likely to be middle class (Triseliotis and Russell 1984), while foster parents are likely to be at least of a higher social class than the biological parents.

We do know that only a tiny minority of 0-4 year olds have access to part-time or full-time day care in Ireland (2 per cent in 1987, subsidised by the state to the tune of a mere £198 per year per child: Gilligan 1990). We do not know to what extent the existence of such care might reduce the need for foster care and ultimately for residential care or adoption. We do know that in certain areas a very high proportion of all the births are outside marriage — e.g. in north inner city Dublin the proportion is one-third. The admission of children into care in that area is four times the national level (McKeown 1991a). Yet, as previously mentioned, the very categories used to classify the reasons for children’s admission into care remain firmly rooted in our conception of individual (frequently maternal) responsibility, without any regard to the social context which affects an individual’s ability to dis-
charge that responsibility. Thus there has been little interest in examining the class implications of a failure to provide day care services in the face of rising levels of lone parenthood. Equally, there has been no attempt to look at the class implications of legislation such as the Adoption Act 1988, which allows the termination of the biological parents’ rights to their children in the event of an inability or unwillingness to care for them. Because of our market-driven, individualistic ideas about appropriate family care it is highly likely that those families whose parental rights are terminated will be working class. Certainly, the well-being of such children is crucial, but the social conditions under which we have implicitly chosen to meet their needs for family life need to be critically examined. Such work has not been part of our examination of child care policy.

SUMMARY AND CONCLUSIONS

One of the puzzling enigmas of Irish social policy is the contrast between, on the one hand, the clear endorsement of the family as the pivotal unit in Irish society and, on the other hand, the reluctance up to very recently to initiate legislative reform to protect the most vulnerable members of that group — children. In part, this arguably reflects an unwillingness to explore the appropriate role for the state in this area. No doubt it also reflects the use of the family as what McCullagh (1991) calls ‘a social symbol’ and the unwillingness to deconstruct this by recognising the problematic nature of family life for some children especially — though not exclusively — children in working-class areas.

In this paper it has been argued that for sizeable, though frequently ill-defined groups of children, poverty, violence and abuse is the reality of family experience. For others, the rising pattern of single parenthood and separation poses situational difficulties since non-stigmatising publicly-funded child care is unavailable. Numerous reports have recognised that this situation sits uneasily with the rhetoric concerning the primacy of the family, and they have stressed the need to supplement the care provided to families for children who are ‘at risk’ (e.g. Task Force Report 1980, O’Higgins and Boyle 1988, Gilligan 1991). In fact,
however, parents in such situations are typically left to cope with the considerable demands of rearing children in communities which are themselves frequently deeply alienated from the existing structures. They do so in a context where ‘shared care’ by the family and the state is typically stigmatising, being available mainly in the shape of foster care or residential care.

The paper identifies three broad policy positions as regards the role of the state and the family in child care:

- that which retains an emphasis on the family as the appropriate focus of care but supplements it;
- that which requires families to be willing and able to provide care themselves — unsupported by the state;
- that which sees shared care by the family and non-familial institutions as appropriate.

It argues for the importance of locating Irish legislative and social policy initiatives within this perspective and exploring their implications. It challenges policy makers to forsake both ideological rhetoric and economic pragmatism by evaluating rather than assuming the value of different child care policies; by exploring the acceptability of various types of care to those in receipt of various forms of ‘shared care’; and by locating their comments about these policies within a context which takes account of the class implications of particular child care policies. Such a research agenda embraces three quite distinct research traditions, all of which have been relatively neglected. The Child Care Act 1991, with its commitment to research, offers the possibility of undertaking such work. It remains to be seen whether this opportunity will be grasped.

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