

# “There is an invisible social wall between children in care and the community”

An interview with Emmanuel Sherwin

*Emmanuel Sherwin spent his childhood in out-of-home care in Ireland as of the age of 4: first in kinship foster care, then in residential care. Now 24, he is Youth Chairperson for the International Foster Care Organisation (IFCO) and a vocal advocate for change in attitudes and practice regarding alternative care solutions.*

*As Emmanuel would say, “if you’re doing market research, you don’t survey the producers, you talk to the consumers.” So for the “In Practice” section of this ECM, rather than interview the head of an out-of-home care programme, we chose to put our questions to Emmanuel.*

*You were already speaking out on out-of-home care issues when you were a teenager – but young people aren’t listened to, are they?*

I’ve been involved in advocacy for children in care since 1996, when I was 15. In my view, 16–20-year-olds are the best placed to do this – they want to make sure that the system that failed them does not fail others.

But it’s true that, as a child or young person, it’s hard to make your voice heard. That age-old negative adult attitude towards listening to children persists, however intelligent and well-balanced the children may be. In that respect, government attitudes haven’t really changed at all either. NGOs’ ideas on this are evolving very slowly, but only one by one – it’s nothing like a collective decision.

Many NGOs try to have some kind of youth participation, but they still use the standard of adults looking and deciding: there’s no consulting after the fact. There are research projects world-wide where children and young people are interviewed, but the conclusions and proposals from the exercise are not discussed with them. Adult consultants cost a fortune, but children come free – they are a cost-free research resource!

*But now you too are an adult – so has “coming of age” changed your perception of the value of what children can tell us?*

In fact, when I was 15 I would not have dreamed of talking to a 3-year-old about being in care. Now that I’m 24, I actively seek out the opinions of children, including the youngest ones, that I would not have thought of talking to before. I didn’t believe they could communicate rationally, and of course I found out I was wrong. It’s a matter of training and social education for adults – and acceptance.

*I’ve seen that all your emails carry the slogan “Make Baby Homes History”...*

Currently this is the main advocacy thrust of IFCO. Personally I can’t imagine a worse thing than growing up in an institution, anywhere, even in the industrialised world. It’s been proven since the 1920s and ‘30s that growing up in institutional care is physiologically, psychologically and emotionally harmful for children. It’s worst, of course, for the youngest children, those in the 0–3 age-group. In the end, placing children in institutional care is virtually tantamount to choosing to handicap them for life. So indeed, we have to “make baby homes history”.

In my view, every childcare residential facility should be closed – not in the way they did in some European countries, closing them one minute and then realising the next that they needed them after all, but more like they are doing it in Bulgaria, progressively. It’s great too, that international pressure on developing countries can sometimes bring about change quicker than

in the industrialised world – just after the recent Discussion Day on children without parental care<sup>1</sup>, for example, Argentina moved ahead with a national law to progressively close all forms of institutional care, and has asked international expert NGOs to assist them in the transition.

The aim should be to have units with something like two care staff for four or five children: the ratio has to be economically viable, of course, and they would need to have an administrator so that other staff can concentrate solely on care and not have to deal with accounts and so on. At the moment, residential care staff often tend to have to do everything, and they simply don’t have enough time to ‘care’. These units can supplement kinship or foster care by specialising in looking after children who have been severely abused – and, as far as older children are concerned, those who simply cannot function in a purely family environment because of their experiences. With staff-child ratios of 1:2, residential care could essentially come under the banner of family-based care – it would be close enough as to make little difference.

But the staff also need to feel supported. Their remuneration is often very low – because of that, you get unqualified staff, and when you put them together with disgruntled children, that becomes a no-win solution.

*Can we look for a moment at your personal experience? You said you were in kinship care first, for four years. What led to your moving on to other forms of care?*

In my own situation, it was a case of traditional kinship care, and there was a reliance on richer members of the family to provide for us. When the richest could no longer cope – they were starting to raise their own family – it was the next-richest that took over. We literally moved down the financial family scale, until there were no more family members available. If the social services had known about, and supported, the first kinship care placement, we would probably have remained there... I was with my brother, but my sister, who is younger than us, went into foster care – and she still is there, in fact.

I was in a permanent residential care setting from the age of 8, and I was very lucky because I benefited

from continuity of care in that a single person held my hand throughout the whole care process. The facility was a purpose-built and run by a well-endowed religious group. When I went in, there were 15 children and only one care staff per shift. By the time I left, it had changed to a State-run centre specialising in dealing with children from abusive backgrounds, and there were 11 care staff as well as two administrators for just five children. It was an interesting experience for me: it shaped my views on how childcare should go. All the staff had very specialised training both for dealing with these children and for working with the abusive parents while the children were in care. It was a fantastic set-up, and could certainly be used as a model for elsewhere. It was good to see the move away from ‘institutional care’ to what we would now call ‘an intensive residential care setting’. The kids coming into care now – in Western Europe at least – are so much more damaged and they seem to be less resilient than before, even just 10 years previously, and they need that specialised help.

*When children are removed from parental care, the aim is presumably to provide a better solution – but in your experience are these children actually happier?*

There are two very clear groups. For those in the first group, removal into care will definitely have been the very best choice: that was the case for me. By the time you are 6 years old or so, you are very well aware of the moment when it becomes clear that your parents could never provide for you, no matter how much support they received. If you’ve got abusive folks, there’s no reason on earth why you would want to go home. It’s quite a good, clean cut to move into what then becomes protective care. If it meets the necessary standards, of course. And in that case, the children are happier.

But the children in the other group would have been much better served if they and their families could have benefited from support – from social services, the extended family, community-based initiatives. If governments directed resources to this kind of support wherever it could bring about results, they would not only save a fortune in a very short space of time and they would also respond better to the needs and desires of the children concerned, not to mention being much more in line with their



"It's vital to take account of the social and cultural identity of the child, and his or her personal interests. And the solution needs to be found where the child lives." (Emmanuel Sherwin)

obligations under the CRC [the Convention of the Rights of the Child – ed.].

No matter what has happened, what abuses or failings have occurred, something remains of the child's bond with the parents. When the decision about removal or support is made, it should obviously take account of the child's opinion depending on his or her age but, it must be said, it cannot always be in accordance with that – a child cannot always realise the consequences of the kind of solution he or she is proposing or be expected to make a rational and definitive choice in the thirty minutes it takes to make a court order.

*One of your many concerns lies in attitudes towards children in care.*

There is an invisible social wall between children in care and the community, and the media have a lot to answer for in having helped to build it. We need to get the media on our side, to give a balanced image of children in care. Residential care has sometimes developed the connotation of being for juvenile offenders.

So when the first thing the social worker tells you is that you're going into residential care – not that

you're going to a good place but to 'residential care' – even as a youngster that negative connotation is at the back of your mind.

Then there is the stigmatisation. Can you imagine going home from school every day in a bus boldly marked with the logo and name of a charity or of the local child welfare or health service? Or to walk under an arch every day with a sign that says "Regional Health Authority" or "Childcare Centre". The NGOs are often no better than the public authorities in this. It's clear stigmatisation. And it's no better than using children for advertising – it's like putting a "Sponsored by Coca Cola" sign on all the kids' T-shirts.

In emergency placements, the children are sometimes picked up by the police in a marked vehicle – essentially they arrest the child and take them to the facility. One case I know in Ireland involved a boy of 6 who was picked up to be taken to a care facility by the police on the day after his parents were killed – can you imagine how he felt? I've heard other stories like that from the USA, the UK and Sweden. They are not uncommon. And of course in other countries young children are picked up by the police and placed in institutions simply because they are on the streets.

*Then there's the problem of a child's isolation from the family after removal.*

We've heard that when a child is removed from parental care in Poland, the aim will be to move him or her no more than 400 metres from the family home. This is a superb response. But elsewhere, sometimes we're not talking about 400 metres but 400 kilometres or more – how is the family – even outside financial considerations – ever going to be able to maintain contact with that child? Social services simply cannot make it happen.

It's vital to take account of the social and cultural identity of the child, and his or her personal

interests. When you're 8, playing football with your own team can be tremendously important. There's nothing any social services can do to maintain those bonds if the first step is to de-localise the child – even if it's just 5 kilometres, it will probably be too complicated to arrange for the child to attend his or her usual school. And, to add to the problem, instantly the whole community knows that this is a foster child or a child in residential care – more stigma!

Social workers should show children the different types of care available – a residential facility, a community-based unit, and so on – so they can have an informed say in the choice of placement.

I know it's a cliché, but it takes community to raise a child – care needs to be community-based, there has to be local involvement. And the solution needs to be found where the child lives.

Logistically it may not be easy to find a suitable and physically close alternative, but we certainly have to try to create such solutions if we are to respond appropriately to children who are removed from parental care. In the UK, Surrey County Council social services are doing a good job in this respect: they ran an advertising campaign that won the British Advertising Award one year, literally marketing foster care as a 'product' and as a profitable activity – which it actually can be if you are looking after, for example, two foster children under the right conditions.

*On that issue, do you see anything wrong with the approach of making money from foster care?*

Why would there be? It's like a profession! It's already a huge decision for a couple to make, to say they are willing to have a stranger in their home – and then they'll ask: "Aren't you going to pay me for it? Aren't you going to pay me enough so I don't have to do my regular job? Aren't you going to give me enough training to deal with these children?" The chances are, if the training is good enough, the cost can even be recuperated by selling the course abroad – it wouldn't be the first time.

Localising and professionalising foster care are the really important ways forward.

*Another problem surely lies quite simply in the 'care environment'.*

Many of the people who are developing the rules have never been involved in the system, they have never been to children's homes, they are out of touch with day-to-day realities. It's the same thing when the rules state that you have to be in by 7 PM – this is arbitrary deprivation of liberty in the guise of protection. But it's over-protection, and, in my view, it's not so much designed to protect the children, more to protect the administration from being sued. So many rules seem to be written from that standpoint. Protection needs to stop at the point where it invades the rights of children. When you don't know how to phone your parents – the staff would call them for you once a week, to keep the phone bills down – or wash your clothes, you're being deprived of education in basic life skills. I'll always remember what a Romanian kid told me when he came out of the care system there. He couldn't do anything for himself – he couldn't even change a light bulb, because it always had to be done by an employee for safety reasons. "It's wonderful to feel free of care", he said, "but now I'm lost."

There are other small things that make such a difference. You've got an assigned seat at the dinner table, there's a cup with your name taped onto it: do you have an assigned seat and one particular cup that you have to use at home?

*What about access to a complaints mechanism, someone to talk to?*

There's no truly effective recourse anywhere. I get the same kind of information from children in so many countries around the world – it's virtually treated as an offence to speak up about problems. And you may have been assigned a 'key worker' to confide in, but if you have an annual staff turnover of five out of 10, the key worker may hardly know who you are. First and foremost, a child needs to have an emotional attachment to someone. Some publications I've seen contain quotes from children that the key worker system saved their lives, but I believe that these comments are filtered, they only pick the one in a thousand that said that. At the end of the day, every child in care should be able to say, "This person, or this system, saved my life".

I find it very revealing, for example, that the children in care in Eastern Europe whom I've met tend to tell you everything almost without knowing you, they need to be able to express all their problems to someone, and normally they can't do this.

When they want someone to talk to, someone who can take up their concerns, children are not looking to tear down the fences round the facility, they have much more modest desires. Kids in some residential facilities in Western Europe can't even have an influence on the food they're given to eat. These kids just want to eat something they like for supper!

Foster care is completely different, there's no comparison. The family set-up provides the socially accepted mechanism for discussing problems; you can always say, "Dad, why on earth do we have to eat lasagne for dinner at 5 in the afternoon; it would be better at 7". He might not agree but at least it's been aired. There's a cultural norm for redress in the family unit, and residential facilities should be trying to approach the cultural norms of the families that the children are from.

*So foster care is the answer?*

As far as I am concerned, foster care only works for about 85% of kids, it doesn't work at all for the other 15%. I could never have lived in a family unit myself, but generally it must be easier if you can: there's no special logo outside the door, no bars on the windows for protection. Even so, there's still a need for a social worker to be assigned to each child in foster care so that if there are problems the child always has somewhere to turn for support. A lot of social workers nowadays are quite young, they can easily relate to kids.

*But in the industrialised countries at least, foster care is usually looked on as a short-term solution: so what about longer-term stability for children?*

Many foster parents love their foster children, they make no distinction between the foster child and their own biological children, especially when the placement becomes a long-term arrangement. They should be given the opportunity of having more influence over choices, of taking more responsibility – being the child's legal representative where

necessary and appropriate, instead of having to turn each time to the biological family, to a sometimes disinterested and sometimes uncooperative father or mother, for a signature or decision. Ireland recently amended its laws to give foster parents a little more say – in giving permission for emergency treatment, for example.

After "Make Baby Homes History!"; I would like our next campaign in the industrialised countries to be "Adoption is an Option!" – it doesn't seem to be looked upon like that at present. The long-term plan works out in practice as an "in-care" plan; but for a child of 6 whose parents will never be able to look after him or her again, why is it not a legal requirement that adoption be one of the options in a long-term plan? It may exist as an option in theory but it's not laid on the table. Legislation is very protective of natural parents, but so many children in foster care would love to have the chance of being adopted by their foster parents. At the same time, if the foster parents were to become the legal guardians, they would take on full responsibility without any financial compensation. If your job is a foster parent, you can't just go from being paid one day to being unemployed the next, just because you adopt. At the very least there needs to be a transitional phase in terms of remuneration or allowances.

*So, tackling the problems of out-of-home care in a nutshell?*

We need to re-think the care system from zero. Not by trying to work out what's best for kids, but by going out to talk with them and making the change together.

#### Note

1 Day of General Discussion on children without parental care, organised by the UN Committee on the Rights of the Child, Geneva, 16 September 2005.

## A Cambodian experience Promoting foster care

Laurence Gray, Director, Advocacy and Child Protection, World Vision Asia-Pacific Region

*"A child deprived of living with a family is a lame child: He/she lacks part of his/her constitutive essence thus the exercise of his/her rights will also be lame." (Maria Rasa Benechtrict, speaking to the United Nations Committee on the Rights of the Child, General Discussion, Children without Parental Care, 2005)*

Providing care for separated children is a challenge in all contexts. Nowhere is this more apparent than in developing countries emerging from a legacy of conflict. In such environments legal and social structures are not effective. Separated children often must fend for themselves or be placed in large orphanages. This paper describes experience with community-based alternatives for separated children in Cambodia, a country in such a situation.

#### Why out-of-home care is needed

Cambodia suffered throughout the 1990s from conflict, droughts and flooding. Poverty was widespread and many families became fragmented. Children often had to leave their family home to seek work in urban areas. More recently, HIV/AIDS and increasing urban poverty have added further to the numbers of children who lack adequate parental care.

Temporary shelters, such as those provided by World Vision, not only provide for the immediate needs of vulnerable children, they also allow families to be traced. Around a third of the homeless children attending World Vision centres have been reunited with their immediate or extended families. However, shelters cannot address the needs of all children. Those unable to find their families or who have been abandoned continue to live on the street and work in hazardous occupations. These 'separated children' are the most vulnerable; they often lack legal identity and endure sickness and exploitation. As part of an urban underclass, they would benefit from the development of responsible policy that avoids ad hoc measures, since these are costly in both monetary and developmental terms. "Typically these [measures] are the institutionalization of

street children... and imprisonment of delinquent children" (Blanc 1994).

According to Blanc, innovative approaches generally involve local actions as well as the identification of new agents of change. One approach to the problem of separated children is to involve the community in planning a local response. Agents of change include individuals and community networks. These can identify with the needs of the children and respond to them with compassion.

#### An alternative to institutional placements

Institutions comprise the largest single sector of formalised alternative care. Their role in emergency childcare has been covered extensively in the literature. In Cambodia, institutions are sometimes well-resourced facilities offering a higher level of service than is available to most families. The temptation for families to relinquish their children to an institution may therefore be considerable. However, institutions tend to lead to dependence and segregation, rather than integration in the community. In addition, the costs are extremely high. For example, in Uganda, the cost of institutional care was estimated to be 14 times higher than that of community-based care (UNICEF 2004).

There are also institutions working with disabled or HIV-positive children. Basic care standards are often low and donors difficult to attract. Institutionalisation is an inherent danger in long-term placements, with the result that those leaving institutional facilities are often young unskilled adults with little connection to the broader community. Children need the affection, attention