CORA Cork Open Research Archive
Cartlann Taighde Oscailte Chorcaí

Title	The mutual benefits of listening to young people in care, with a particular focus on grief and loss: An Irish foster carer's perspective
Authors	Murphy, Deirdre;Jenkinson, Hilary
Publication date	2012-07
Original Citation	MURPHY, D. & JENKINSON, H. 2012. The Mutual Benefits of Listening to Young People in Care, with a Particular Focus on Grief and Loss: An Irish Foster Carer's Perspective. Child Care in Practice, 18, 243-253. doi: http://dx.doi.org/10.1080/13575279.2012.683772
Type of publication	Article (peer-reviewed)
Link to publisher's version	http://www.tandfonline.com/doi/abs/10.1080/13575279.2012.683772#.Ut_D4VNFDcs - 10.1080/13575279.2012.683772
Rights	© 2012 The Child Care in Practice Group. This is an Author's Original Manuscript of an article whose final and definitive form, the Version of Record, has been published in the Child Care and Practice July 2012, © 2012 The Child Care in Practice Group, available online at: http://dx.doi.org/10.1080/13575279.2012.683772.
Download date	2024-10-12 09:21:40
Item downloaded from	https://hdl.handle.net/10468/1326

UCC
University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

The mutual benefits of listening to young people in care, with a particular focus on grief and loss – an Irish foster carer's perspective.

Abstract: This article explores the mutual benefits for social workers and young people of active listening within a collaborative partnership incorporating foster carers, allowing the possibility to create a virtuous circle. The benefits for young people of increased self-esteem, positive identity and resilience among others are explored. The benefits for social workers include creating an effective, accountable, holistic and better informed practice leading to an increase in overall job satisfaction. One of the authors has drawn on her personal experience as a foster carer, with a particular focus on loss and grief as experienced by young people within the care system and foster families themselves. An argument is presented outlining the need for an expert knowledge of grief and loss and attachment theories on the part of social workers working with young people, along with excellent communication and engagement skills to facilitate an understanding of life as experienced by a young person in care. All too often, care plans are created 'for' young people, or delivered 'to' young people, by well intentioned but under-resourced social work departments, but the author argues for care plans to be created and implemented 'with' young people, thereby maximising positive outcomes. Listening, advocating and befriending do not require huge additional resources, but are dependent on all professionals actively engaging with young people, on their level and at their pace.

Key words: Foster care, social work with young people, listening to young people, grief and loss.

The mutual benefits of listening to young people in care, with a particular focus on grief and loss – an Irish foster carer's perspective.

Introduction

Why should we listen to the voices of young people in care? What can social work as a profession gain? What are the benefits for young people? Can social work as a discipline actually benefit from being informed by the experiences of young people? Gilligan (2000)

makes a compelling argument for listening to young people within social work interventions. He says that life as experienced by them can only be truly understood within their own narrative, and they must be an integral component in all decisions and plans made for them. What we perceive as a problem, may not be so. 'Service-users often have the best knowledge and understanding about their circumstances and objectives, which should therefore be followed' (Payne, 2005, p.59).

Therefore, we have to create a space for young people's voices within a child protection service which, according to Burns and Lynch (2008) can be described as reactive and crisis driven. Not doing so means we lose a valuable resource. Perhaps by listening, a proactive, planned service designed to meet young people's needs may be created? Who better to inform practice than young people already within the care system?

As a foster carer I am determined that young people's opinions assume primacy within any care plan; not my opinion, not their parents or their social worker. What do they want? How do they feel? What is their understanding of their situation? How best can we help? This, in my experience, is the foundation upon which all else is built.

The focus of this paper is young people. The term 'young person' refers to a person between the ages of twelve and eighteen years of age. The article specifically focuses on this adolescent phase of development as this is a transitional period when the individual grows from being a child to an adult and one of the central tasks of this time is to develop independence and responsibility for one's own life.

In this article I will focus on young people in foster care, whilst being cognisant that interventions occur in home, residential, community programmes, youth clubs and other environments for young people. I will begin by outlining reasons why young people come into care. I will examine the benefits to young people, social workers and carers of effective, active listening. I will discuss current legislation and guidelines which inform practice. Finally, I will consider the experiences of young people in care of grief and loss, and discuss the importance of having expert knowledge and expertise in these areas.

The care process

Young people come into care for a variety of reasons. 'Of the 5,449 children in care in the Republic of Ireland in 2008, 89% were in foster care, 7% in residential care and 4% in other care arrangements' (HIQA, 2009, p.30).

According to Bronfenbenner 'the family is the most efficient means of making human beings human' (cited in Bee & Boyd, 2010, p.338).

Gelles (1997) challenges this, stating it to be the most brutal social institution for many young people. Foster (2009) identifies 'at risk' as the primary reason for young people being in care. These risks are identified as neglect, physical, sexual or emotional abuse. Further risk can be posed by young people's anti-social behaviour, which may lead to legal, health, educational and developmental problems. 'Children's developmental outcomes are understood to be dependent on the interplay between strengths and risk factors in their personal and family circumstances, their friendship networks and situation at school, and the wider communities' (Gill and Jack, 2007, p.3).

A key principle of Children First (2011) states,

> 'Children have a right to be heard, listened to and taken seriously.
> Taking account of their age and understanding, they should be consulted
> and involved in all matters and decisions that may affect their lives.'
> (p.4)

This principle is also upheld in the National Standards for Foster Care (2003) and the Child Protection and Welfare Practice handbook (2011).

Minister for Children and Youth Affairs (OMCYA, 2009) and Children First Guidelines (OMCYA, 2011) state that each child in care should have a care plan which must be clearly worded, reviewed and evaluated to prevent 'drift'. These guidelines aim to provide clear direction in terms of the young person's care and medium term future. Subsequent reviews involving young people, parents, foster carers, and social workers should be held, initially at six monthly intervals. These reviews, can, in my experience, be lively and ultimately productive meetings, where, ideally young people get the opportunity to express their opinions and feelings regarding their care. It is also a context where the parties concerned are accountable for previously agreed plans, and the implementation or not, of these plans.

In common with LAC (Looked After Children) reviews in Northern Ireland, these reviews must take place within an agreed time frame. In Northern Ireland the initial review occurs after one month of a young person being taken into care, the second after three months and under the LAC policy, every six months thereafter (Health Social Services and Public Safety, 2007). However in the Republic of Ireland it was reported that 18% (606) of children in general foster care, and 34% (574) of children in relative care, had no care plan (HSE, 2010). Of those with a plan, 514 (general) and 289 (relative) had not had a review. Whilst all the guidelines, policies and legislation contain both inspirational and statutory rights for children and young people in care, the stark reality is that this is not occurring for a huge number of children and young people.

How can being listened to improve young people's lives?

Listening to young people in care requires great skill in deciphering what is being articulated or communicated via non-verbal methods. Acting upon this information is not always possible, but listening, acknowledging their concerns, hearing their perception and subsequently explaining decisions or exploring alternatives with them, is vital. Gilligan (2000) states six reasons for listening to young people.

Pragmatic. Care plans cannot work effectively if young people's views are not taken into account. Thomas (2005) argues that it is in their best interests to gain some control over their lives, leading to improvement in all other areas of development. It leads to better, more informed decisions being taken by all parties.

Therapeutic. Young people in care often have low self-esteem, negative self-perception and are experiencing loss and grief. Having an input into their own lives greatly enhances their resilience to try and overcome these adversities. According to Myers (2008) health, both physical and psychological, and happiness are influenced by enhanced social relations, which social workers can facilitate.

Young people who previously had no voice, or thought themselves unworthy of recognition, benefit greatly from being listened to and heard. In my experience of caring for young people, listening is the foundation and encouragement required for young people to identify supports and possible solutions.

Ethical. Whether intentional or not, the power imbalance which exists between a young person and their social worker can be detrimental. Dominelli (2004) argues a true partnership can be problematic due to agency policies and the pressure caused by scarce resources. She further asserts social workers themselves contribute to this inequality if they perceive service-users as needy, vulnerable and dependant. However this should not prevent attempts to reduce the imbalance. Healy (2000, p.30) says this is facilitated by 'a revaluing of the participant's knowledge'. Giving a more central place to their voice helps to reduce this power imbalance and contributes to a more equitable exchange (Gilligan 2000).

Philosophical. Best practice with young people involves consistency, reliability and honesty. Truly valuing their wellbeing ensures that their opinions and interests are worthy of consideration also.

Management. Allowing young people an evaluation role within interventions will contribute to effective, productive and informed practice. Gillian (2000) argues convincingly that any service which is accountable to the end user is likely to function better.

Legal. Article 12 of the UN Convention on the Rights of the Child, places the child or young person at the centre of an intervention and pledges to listen to their views in an age appropriate manner. In the Republic of Ireland, especially since the publication of the Ryan (2009), Murphy (2009) and most recently the Cloyne (2011) Reports, social workers have to be cognisant that being vocal can keep young people safe. They are 'less vulnerable to ill-treatment' (McLeod, 2007, cited in OMCYA, 2008, p.63).

Government Policies

In the Republic of Ireland, there exists a myriad of strategies, reports, guidelines and recommendations concerning the welfare of children and young people in care.

- From the Department of Health and Children:

Children First Guidelines (1999), National Children's Strategy (2000), Foster Care, A Child Centred Partnership(2001), National Standards for Foster Care (2003).

- From the Health Information and Quality Authority: Inspection of Fostering Service in Dublin (2008), National Children in Care Inspection Report (2009), Children and Young people's Experience of Inspections (2010), Standards for Residential and Foster Care Services (2010).
- From the Office of the Minister for Children and Youth Affairs:
  Child Care Act (1991), Children Act (2005), Service users' perceptions (2008), Child Policy (2009), Report of the Commission to Inquire into Child Abuse: Implementation Plan (2009*)* First Progress Report (2010).

The core piece of legislation for young people in care in the Republic of Ireland is Article. 24 of the Child Care Act (1991), which requires the state to provide a young person with the means to have his wishes considered in an age- appropriate manner in court. His best interests are paramount.

Why then are we reading reports (OMCYA, 2008), 17 years later, whereby vast numbers of young people in care do not feel they have a voice? Have we abandoned a generation to fine rhetoric and inspirational aims rather than firm, clearly identified, desirable actions? Addressing these issues, the Irish Association of Young People in Care and Barnardos provide advocacy and other services enabling young people to have a voice.

Advocacy is central to an effective child protection service, according to McSherry (2011). He argues current government policies are to 'neglect the neglect' as young people suffering or at risk of physical or sexual abuse are prioritised over those experiencing neglect. This, despite knowledge of the all pervasive nature of neglect and the devastating influence on children's cognitive and developmental outcomes when they are exposed to neglect over a long period of time. 'Consequently, 'feisty advocates' are desperately required within social service departments' (McSherry, 2011, p.111).

How can listening to young people improve social work practice?

Listening to young people allows social workers to evaluate their performance based on young people's perception. Research carried out by the OMCYA, (2008) created a space for young people to freely express their opinions of their experiences within the Irish Child Protection Services. Some, not all, were extremely critical of social workers. They pointed to the inconsistencies in levels of professionalism among social workers from the same team.

Issues they had difficulty with were social workers' lack of key knowledge (e.g. drugs), being distracted or not interested, tardiness, broken promises, staff turnover, lack of confidentiality and parents' opinions being prioritised. Delay in accessing medical and judicial process distressed others. Some simply did not know why they were in care.

This dissatisfaction with social workers is acknowledged in research conducted by the Centre for Social Action. The recommendations made are worthy of consideration. This research advocates that social work departments create a culture of transparency when making decisions which directly affect young people, incorporating them into this decision making process, and becoming more accountable to all service-users (Skinner, 2001).

Re-training, supervision, evaluation and clarification of the responsibilities of social workers will facilitate consistency. The Irish Association of Social Workers (2006) in their code of ethics state 'social workers will advocate with and on behalf of those whom society excludes and in doing so should engage with service users and facilitate them in contributing their views to such developments'.

Oliver (2006) defines advocacy as enabling young people have a say in matters which impact on their lives, and suggests it is best facilitated within a rights-oriented approach. Implementation of the principles required when working with young people allows social workers to see 'empowerment is not something that is done to people, neither is it a technique. Rather it is a process that emerges from a partnership with those who are marginalised and excluded' (Wilson and Quirke, 2009, p.128).

Young people are often overwhelmed by how much adversity they need to overcome, whether it is dealing with stigma of being in care, loss of self and family, isolation, attitudes, inequality or anti-social behaviours in which they may indulge. Here social workers need

excellent communication and engagement skills (Thompson, 2009). Plain, simple language is essential.

Foster carers are required when problems with violence, parenting skills, abuse, neglect, anti-social behaviour, mental-health or addiction have arisen in families to the degree that children's welfare is seriously at risk. Social workers need to explain to these young people why they are in foster care, what this means, and what access to their families can be facilitated. Young people need to know they have been listened to but that perhaps it is not possible at the moment to facilitate all their wishes. It is important to give them hope that with help their family situation may change in the future, and to ask them what they think could best facilitate this to happen. It is helpful to recognise that they must be fearful but also tell the truth. Young people can be very resilient and handle almost anything, with support, honesty and consistency of service delivery.

Grief and loss as experienced by young people in care

Throughout my years as a foster carer I have been struck by how prevalent and often overwhelming children and young people's feelings of grief and loss are. It is, in my experience, a very strong cord running through their lives from their initial transition into care, continuing through different phases of their life and care experiences. They lose so much. They can lose their parents, siblings, extended family, home, school, friends, pets, toys, clothes. They can lose familiar scents, familiar sounds, and familiar scenes. Their existence is often precarious, depending on the whims of others. Who likes who, young person, social worker, other professionals, foster carers, birth parent, siblings, foster siblings, friends, neighbours; the sheer amount of people and personalities involved in a placement is bewildering for an adult, how much more bewildering for a young person in care? Living arrangements can change regularly, often without consultation with the young person. A young person quoted by Gilligan states 'When I left my last family, I was with my sister…when I think back some nights I just get upset…I don't get any warning, tears just keep coming… I cry myself to sleep most nights' (Gilligan & Hogan, 1998:52)

Thompson (2000) asserts that without a sound theoretical base, interventions are haphazard. Given the complex nature of social work interventions with young people, an expert knowledge of relevant theories and approaches is essential.

Combine the invaluable benefits derived from engaging with young people in an open, honest, respectful and meaningful collaboration and a more effective, efficient, holistic and psychosocial service becomes possible.

An expert knowledge of loss and grief theory is required, as young people in care have already lost so much and may be struggling to make sense of their reality. Thompson (2002) cites "loss orientation", a response to grief, and "restoration orientation", when a young person can rebuild his life, as occurring both simultaneously and individually. How confusing must this process seem to a young, troubled, vulnerable person? Allowing themselves to accept their new reality can cause confusion and divided loyalties (if I like her, then I don't like my mam, but I do, so I hate her…). I have found intensive work at the beginning of a placement, in collaboration with the young person, can result in an apparent assimilation and contentment with their new life. However, this "peaceful" period, in my experience, can often be followed by many chaotic episodes.

Klass, D. (1996) introduces "Continuing Bonds" theory, the concept of grief as a cognitive act of reconstructing a new reality by incorporating the missing person into it. It is about death, but I think it is worthy of consideration for young people in care. This is where access visits assume vital importance. Faced with the reality of a parent and their behaviour on a regular basis, a young person cannot construct an ivory tower from whence this parent can sweep down and rescue him to live happily ever after. They can process reality from a secure base, aided by an informed and conscientious social worker in tandem with a caring foster carer.

Thompson (2002) also refers to "disenfranchised grief" which addresses the socially or culturally constructed manner in which a young person's relationship or loss is deemed not worthy of a grieving process.

Without engaging fully with a young person, without listening to him, a social worker could ask "why would he mourn the loss of a parent who was abusive or neglectful of him? Why can he not see how lucky he is now?" This is hardly helpful to a young person wracked with grief, loss and possibly experiencing divided loyalties. Ferguson and Kenny (1995) point out that what adults may see as the significant issue/loss is often not what young people experience. For example, the loss of a pet as a result of coming into care or moving placement can be perceived by the child as most traumatic, whereas the adult may see it as

trivial. It is vital to really hear what is going on for the young person and honour what is significant to them.

Thompson (2002) expands on the differing categories of loss, including concrete (possessions), development and abstract (dreams). In my experience of young people in care, perhaps because they may have had many different foster placements or chaotic lives, they lose precious possessions which could be a source of comfort. Simple childhood toys, photographs, favourite items of clothing can all be misplaced or misappropriated. Their life story, their history, who they look like, can all be lost in the chaos. A couple of years ago I was astonished at the overwhelming level of distress a child in my care exhibited when recalling “monkey”, a much loved and lost toy. Incoherent with grief, a tatty photo-copy of a photograph indicated that “monkey” was of no discernible monetary value; nonetheless it was priceless to him. I soon learned that the loss of “monkey” represented the millions of other losses this child had, and indeed was still experiencing. What “monkey” facilitated was an age-appropriate dialogue, allowing a glimpse of the very real losses, allowing him to communicate the all encompassing scale of them. The search for “monkey” involved direct questions of adults who once had possession of him. Previous carers were approached, building on the scant knowledge I had of this child.

Knowing the futility of the physical search for “monkey”, in partnership with his little owner, I found myself devising creative, fun methods of searching, which allowed him to voice his concerns on the past, present and future. On holidays, we would break away from the rest of the family searching markets and car boot sales. “Monkey” never materialised, but some wonderful purchases were made. New memories were created, whilst “monkey” and the loss he represents were addressed. The search for “monkey” ebbs and flows, as he passes through various life stages .What would make him happier? The answer was ‘to be treated fairly and equally’. The simplicity inherent in this answer and acting upon it, valuing, respecting, hoping, dreaming, helping and treating him equally, ensures the potential for maximum flourishing while he enjoys a safe, nurturing and varied life. Ask, then listen, hear what is being said, both verbally and non-verbally.

Implementation of this type of equality does present huge problems, the questions which cannot be answered, the different and broader reality a young person in care has to contend with. What becomes of them if their voices are not heard? They often possess the knowledge to solve complex and multiple problems, in a simple, meaningful manner.

The experience of grief and loss also extends to foster families where cherished relationships can come to an abrupt end, often with little new information. ‘How are they getting on?’ can often remain unanswered, until you may be required to provide care once again. Personal items can disappear or be broken. Among the other losses we experience are spontaneity (always having to plan), privacy (social workers’ intrusion), routine (having to adapt), time (never enough), freedom (responsibility is huge) and a calm environment (at least initially, it can settle down). One of my birth children once expressed a wish to acquire some complex physical or emotional problems, as then they would receive some extra attention.

Another pulled out most of his eyelashes, fearing criticism of the young person would result in a placement breakdown. These and other issues have been resolved to a degree by weekly family meetings where everybody gets a chance to air their grievances. I however, am much more vigilant about the possible effects on all members of the household of new and existing placements. Conversations about emotional issues abound, simply beginning with, ‘how does/did that make you feel, what do you think about...what would you like to happen...’? I also attempt to spend time individually with all my children. Listening and acknowledging the losses of young people in my care, and taking steps to alleviate them, have contributed greatly to their sense of empowerment and esteem.

Social workers require an expert knowledge of attachment theory as this explains behaviour, and is central to linking life experiences from birth to life as experienced by a young person now.

‘Attachment behaviour is activated whenever young children feel distressed and insecure, and need to get into close proximity with their main caregiver’ (Howe, 1999, p.13). How distressing is life for a young person if they cannot access their primary attachment figure at a time of crisis (Foster, 2009)?

New behaviours, new self-perceptions can possibly be internalised by a young person either by changing a caregiver’s attitude or by substituting the caregiver with another person (Howe, 1999). This theory allows analysis of why young people behave in a certain manner. It facilitates assessment and indicates a trajectory, which can be altered by proven, intensive and long-term interventions involving the collaboration of the young person. A young person must feel safe and connected thus allowing him to rebel or conform.

Conclusion

In researching this paper, I discovered that not alone have we legislation, guidelines and strategies dictating that we listen to the voices of young people, but all the literature shows clearly the benefits of doing so. However, within a reactionary service, their voices can be lost, obscured or for social workers without an expert knowledge in the relevant theories, perhaps lacking confidence in their own abilities, their voices can be silenced. Time passes, crisis after crisis is responded to, often resulting in young people living in multiple placements or residential centres. Time is of the essence when dealing with young people, we cannot afford to procrastinate.

Knowledge of young people when they are not in crisis, the huge influence of peers, clothes, language, current trends, music, culture etc. would provide a comparative insight into just how distressing it is for a young person requiring social services. Each young person in care is unique, requiring different needs to be met at various times. Plans have to be fluid, adaptable and personally tailored. A social worker has to build a relationship with the young person based on knowledge, trust, honesty, consistency and commitment. The importance of this relationship is especially salient when considering the impact of loss and grief experienced by young people in care.

Social work began as a charitable or philanthropic endeavour. It sought to improve life for marginalised people by "befriending" them and providing support. It has evolved into a highly skilled profession, competing for position with other professionals, especially on multi-disciplinary teams. In social work with young people let us revisit our historical roots and "befriend". This will ensure we listen, counsel, advocate, focus and provide best practice in a truly collaborative partnership.

Bibliography

Bee,H. and Boyd,D. (2010). *The Developing Child.* Boston: Allyn and Bacon.

Burns, K. and Lynch, D. (eds) (2008) *Child Protection and Welfare Social Work: Contemporary Themes and Practice Perspectives*. Dublin, A. & A. Farmar.

Department of Justice and Equality, (2009). *Report of the Commission of Investigation into the Catholic Archdiocese of Dublin.* Dublin: The Stationery Office

Department of Justice and Equality. (2009). *Report of the Commission to Inquire into Child Abuse.* Dublin: The Stationery Office.

Department of Justice and Equality. (2011). *Report by Commission of Investigation into Catholic Diocese of Cloyne.* Dublin: The Stationery Office.

Department of Health and Children. (1999*). Children First: National Guidelines for the Protection & Welfare of Children.* Dublin: The Stationery Office.

Department of Health and Children. (2000). *National Children's Strategy: Our Children-Their Lives.* Dublin: The Stationery Office

Department of Health and Children. (2001). *Report of the Working Group on Foster Care: Foster Care – A Child Centred Partnership.* Dublin: The Stationery Office

Department of Health and Children. (2003). *National Standards for Foster Care.* Dublin: The Stationery Office.

Dominelli, L. (2004*). Social Work Theory and Practice for a Changing Profession*. Cambridge: Polity Press.

Ferguson, H. and Kenny, P. (1995). *On Behalf of the Child: Child Welfare, Child Protection and the Child Care Act, 1991*. Dublin: A&A Farmer

Foster, J. (2009). Understanding young people in care. in Geldard, K. (ed). *Practical Interventions for Young People at Risk.* London: Sage Publications.

Gelles, R. (1997). *Intimate Violence in Families.* London: Sage Publications.

Gill, O. and Jack, G. (2007). *The Child and Family in Contex.*, Lyme Regis: Russell House Publishing.

Gilligan, R. (2000). "The importance of listening to the child in foster care" in Kelly, G. and Gilligan, R. (eds). *Issues in Foster Care: Policy, Practice and Research.* London: Jessica Kingsley Publishers.

Gilligan, R. and Hogan, D. eds. (1998). *Researching Children's Experiences: qualitative approaches.* Dublin :Children's Research Centre.

Health Information and Quality Authority. (2008). *Inspection of the HSE Fostering Service in Dublin South West Local Health Area, Final Report.* Cork: Health Information and Quality Authority.

Health Information and Quality Authority. (2009). *National Children in Care Inspection Report 2008.* Cork: Health Information and Quality Authority.

Health Information and Quality Authority. (2010A). *Children and Young People's Experience of Health Information and Quality Authority Inspections.* Cork: Health Information and Quality Authority.

Health Information and Quality Authority. (2010B). *Draft National Quality Standards for Residential and Foster Care Services for Children and Young People.* Cork: Health Information and Quality Authority.

Health Service Executive. (2010). *National Audit of Foster Care Services: Final Report.* Dublin: Health Service Executive.

Health Social Services and Public Safety. (2007). *Care Matters in Northern Ireland-A Bridge to a Better Future.* Belfast: Health Social Services and Public Safety.

Healy, K. (2000). *Social Work Practice.*, London: Sage Publications Ltd.

Howe, D. (1999). *Attachment Theory: child maltreatment and family suppor.*, Basingstoke: Macmillan.

Irish Association of Social Workers. (2006). *The Code of Ethics.* Available at: http://www.iasw.ie/index.php/press-releases/13-joomla/15-iasw-code-of-ethics. Accessed on 1/3/2011.

Klass, D. (1996). The deceased child in the psychic and social worlds of bereaved parents during the resolution of grief in Klass, D., Silverman, P. and Nickman, S. (eds) *Continuing Bonds, New Understandings of Grief.* London: Taylor and Francis.

McSherry, D. (2011). Lest we forget: remembering the consequences of child neglect—A clarion call to 'feisty advocates'. *Child Care in Practice*, 17, 2, pp103 -113.

Myers, D. (2008). *Social Psychology.* New York: McGraw-Hill.

Office of the Minister for Children and Youth Affairs. (1991). *Child Care Act.* Dublin: The Stationery Office.

Office of the Minister for Children and Youth Affairs. (2005). *Children Act.* Dublin: The Stationery Office.

Office of the Minister for Children and Youth Affairs. (2008). *Service Users' Perceptions of the Irish Child Protection System.* Dublin: The Stationery Office.

Office of the Minister for Children and Youth Affairs. (2009). *Child Policy*. Dublin: The Stationery Office.

Office of the Minister for Children and Youth Affairs. (2009). *Report of the Commission to Inquire into Child Abuse: Implementation Plan.* Dublin: The Stationery Office.

Office of the Minister for Children and Youth Affairs. (2010). *Report of the Commission to Inquire into Child Abuse, 2009, Implementation Plan, First Progress Report.* Dublin: The Stationary Office.

Office of the Minister for Children and Youth Affairs. (2011). *Children First: National Guidelines for the Protection and Welfare of Children.* Dublin: The Stationery Office.

Payne, M. (2005). *Modern Social Work Theory.* Basingstoke: Palgrave MacMillan.

Skinner, A. (2001). *Service-users Views of Social Services Departments.* Leicester: Centre for Social Action.

Thomas, N. (2005). *Social Work with Young People in Care.* Basingstoke: Palgrave Macmillan.

Thompson, N. (2000). *Understanding Social Work.* Basingstoke: Palgrave.

Thompson, N. (2002). *Loss and Grief.* Basingstoke: Palgrave.

Thompson, N. (2009). *People Skills.* Basingstoke: Palgrave Macmillan.

Wilson, M. and Quirke, D. (2009). Promoting partnership and empowerment through groupwork: the way forward for social work education. In Dorrity, C. and Hermann, P. (eds) *Social Professional Activity: The Search for a Minimum Common Denominator in Difference.* New York: Nova Science Publishers.