

**Understanding the Role of Women in the Care and
Protection of Children:
A Feminist and Autobiographical analysis.**

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Abstract

The critical contribution of women in upholding the State's responsibility for children in need of care and protection in New Zealand has not been sufficiently recognised. This thesis traces the development of child protection legislation from the Destitute Persons Relief Ordinance 1846 to the current Children, Young Persons and their Families Act 1989. It examines the socio-political influences that contributed to changes over time, and the various roles women have played as social workers, foster mothers, and kin carers. The circular journey from family responsibility in 1846, to state control, then to the Children, Young Persons and their Families Act 1989 and again, back to family responsibility, has been drawn. Re-interrogating my own research phenomenologically and drawing on my social work experience, the thesis gives evidence of the effects of the current legislation, the Children, Young Persons and their Families Act (1989), on families/whānau, and children.

The thesis methodology is feminist autobiography and tells a second journey of care and protection. My experiences of being raised by kin, my work as a foster mother, a social worker, a university lecturer and researcher tell this story. These two journeys are braided together where paths cross or run parallel. The use of critical feminist theory as an analytical tool and feminist phenomenology as a methodology has revealed the reality of experience of women in varying roles, who throughout time have cared for children in need of care and protection. Social workers, foster parents, the children's biological parents and kin/whānau carers of these children, and the children themselves have been part of my journey.

The thesis, firstly, makes a contribution to social work literature as it offers an understanding of the effect of child welfare legislation and the incumbent power therein on the lives of families, children and social workers. It also argues that the influence of early life experiences on professional choice demands ethical reflective self-examination. Secondly, the thesis contributes to academic autobiographical research methodology, arguing for its ability to honestly locate the researcher in the field of enquiry and enhance the richness of the study.

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Attestation of Authorship

I hereby declare that this submission is my own work, and to the best of my knowledge and belief, it contains no material previously published or written by another person (except where specifically in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any degree or diploma of a university or other institution of higher learning.

Signed:

Name:

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This thesis is dedicated to all the women who have stepped up to care for children in need of care and protection - mothers who have lost custody of their children, grandmothers who have put their lives aside to care, foster mothers who love and let go, and care and protection and foster care social workers who undertake one of the most difficult social work tasks in the profession.

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Finally, my friends and colleagues who also have encouraged me to the end.
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Ethics Approval

This thesis is autobiographical and relates to my life experiences, particularly in regard to the care and protection of children. However, it is recognised that no life is insular and in telling my story, I have also told the stories of others. I have taken advice from the ethics experts within the university and have been told I do not need ethics approval. However, I have shared, where possible, anything that could be considered to be of a vulnerable nature with those concerned, if they are living or able to be found, and sought their permission to use their stories. Where this has not been possible I have told the story in a way that has protected their anonymity. I am also aware in the writing of an autobiography there is also a vulnerability residing in the laying out of self in the public domain. I have sought supervision in regard to sustaining my personal integrity.

Prologue

I am alive....write therefore the things that thou hast seen...Revelations 1 vv18-19

This autobiography will be about living. However, it begins with a death, my mother's – five hours after my birth.

My tūrangawaewae – the place where I was born, is Devonport – a small seaside village on the northern shores of Auckland harbour. Built on an isthmus, separated from the city by a channel of busy marine activity, its historic buildings speak of a slower pace in time, when women were homemakers, gossipers, pinny-wearers and knitters of socks for soldiers in the World Wars. Two volcanic mountains, Mt Takaranga and Mt Maungauiki¹, standing like sentinels, bear the marks of early Māori occupation. It has always been a place of community, unlike some Auckland suburbs where the fast pace of life often negates neighbourliness. Buffeted by the south winds in winter and caressed by the warm nor-easterlies in summer, its turn-of-the-century wooden villas and bungalows of the thirties are now desirable properties for the upwardly- mobile.

I was conceived in this place in 1937. The house is narrow and two-storied, and still stands, the secrets of tragedy held within its walls. The beautiful leadlight windows glow in the evening sunset and the sound of the sea whispers. I stand outside, for now it is the home of others. What do I know of the time before – the time before I was born? Who are those people whose genes I have, who lived and loved in the time before? I know little and it is a journey I must take to help understand the me, the who and the what in my bones. Some which I thought I knew, I now wonder about. Is it truth? Is it a story changed in the process of handing down?

To achieve integrity and truth I will search and how much I will find out I know not. Perhaps some of it will remain hidden by time – too late to retrieve. In this story there are silences; silences to protect the dead and relationships with the living; silences

¹ Commonly known as Mt Victoria and North Head

because of what is unknown and silences because of emotion that is unspoken in case it is not able to be appreciated by others.

I know very little of my matrilineal history. I have learned my maternal great grandmother was Jewish, and after marrying a gentile, immigrated to New Zealand from England, settling in Whangarei. My mother, Phyllis Dickey, was born in 1908, and spent her early childhood there. Her father was a baker, and the family moved to Auckland for work. He worked at night to ensure the trays of bread and cakes were full for the next day. They lived in a modest villa in Devonport Auckland. After my mother died, her side of the family, the Dickeys, were not actively engaged in my life. She was the eldest of three siblings. Her brother, Studley, was seven years younger and her sister Rona, ten years younger. A gene is carried by the female family members – a rare degenerative chromosomal defect - a type of mitochondrial myopathy that can cause premature death. At the time of my birth my maternal grandmother aged 56 was dying of this, as have my aunt and my first cousin. Two of my cousin's daughters are affected. As I do not have this, I presume my mother did not inherit the gene. From genetic testing, it seems the Jewish line may be Sephardic and Polish. As the right to claim the Jewish identity is handed down through the female line, this means I have the right to this, if I wish. I have not exercised that right in any way, but the knowledge of who I am has affected my attitude to what happens to children and the need to maintain their inherited identity.

My mother was a pianist, swimmer, competitive diver and Sunday school teacher. She was a legal secretary and began study for a law degree, in those days not a woman's domain. Pre-war, marriage usually meant the end of a woman's career. She went against the tide, working until her pregnancy called a halt. I have heard she and her friend, both expecting their first children, swam at dawn at Narrow Neck Beach when such activities were frowned on for women in 'that condition'. That is all I know about her. The photos show her with dark-brown hair, slim and pretty. Her death certificate says she died of syncope which my medical dictionary defines as 'fainting'. It was more likely a haemorrhage or a pulmonary thrombosis following a caesarean. As a young nurse I met the obstetrician who delivered me - he refused to discuss the issue. I try not to think of issues of malpractice and medical privilege.

My parents were young, full of hope, a bright future before them. My father was an up and coming young lawyer, establishing his reputation as a Crown prosecutor in high profile cases. He also came from a family who struggled to make ends meet. My paternal grandfather, William McCarthy, came to New Zealand from Australia in 1904. His parents, my great grandparents, immigrated to Australia from Ireland and Jamaica in 1864. For several generations his family were sugar cane planters in Jamaica, until the advent of sugar beet dried up the market. My paternal grandmother's family, the McGregors, were also sugar cane planters in Rockhampton Australia, arriving in Australia from Scotland in 1871. My grandmother, Jessie, told the story of how, as a child, she and her older sister were walking with their mother, my paternal great grandmother, Ellen McGregor, taking morning tea on a tin tray to their father in the cane fields. A storm suddenly arose and my great grandmother was struck by lightning and killed. The girls were not hurt.

The two sisters married two friends, one a sail maker, Fletcher William (Willy) McCarthy, my grandfather, and one a boat builder, Alexander (Sandy) McMurtrie. They all immigrated to New Zealand in 1904, building houses beside each other in Mt Eden Auckland. The families were very close and the children grew up as one family. My grandfather established a successful tent making business in Newton Auckland, making tents for troops in the First World War. He dropped dead on his 46th birthday in 1923 after cycling home for lunch. My grandmother, now alone, raised their three boys, Don, Alec and Fred, my father. She was well supported by her sister and the family next door.

When my mother died there was discussion among the relatives as to who should care for me. There was no-one in either my mother's or my father's immediate families who could take care. My father was apparently adamant I would not be adopted. It was my father's cousin, Roy McMurtrie and his wife Gladys, who offered to have me and took me from the hospital at five days old (See Figures 1 and 2, pp. 4 & 5). They had two boys, Alan and Bruce and I fitted in well at the end of the line. In this autobiography, until the age of eight, Gladys and Roy are referred to as 'Mum McMurtrie' and 'Dad McMurtrie', as that is who they were to me. At a year old in my

grandmother's 'parlour' I was baptised Jill Mabel McCarthy. Jill was chosen by my mother, should I be a girl. Mabel is a family second name carried by my mother and maternal grandmother. (See Appendix One –McCarthy/McMurtrie Family Tree). -

I had no reason to believe the family I was raised in for the first half of my childhood was not my biological family. I had their surname tacked on to my own, Jill McCarthy McMurtrie. Life was a barefoot idyllic existence. We lived under the shadow of North Head until I was four years old. My early memories of that place are few. The house was a two bedroomed transition villa and my bedroom was a glassed in veranda room – a sun porch.

Figure 1: My second Mother Gladys McMurtrie and me



I remember ferry trips from Devonport to town and being taken to see my maternal grandfather, Grandpa Dickey, in the cake shop in Queen Street. We had an old black spaniel who used to wait on the front steps from early afternoon for Dad to come home from work in my Grandfather's factory. We moved to the city side of town because he had to work extended hours.

War took our men and gave us ration books. My caregiver Dad, Roy Mc Murtrie, (see

Figure 2, below) was in his forties and not expected to go to war, with three children and an essential occupation – making tents and uniforms for the armed forces. At six o'clock the radio would tell of the latest horrors and we children were not allowed to speak as Mum and Dad McMurtrie bent ears to the crackling broadcast and the list of those killed in action. My fears of invasion were heightened by black-outs, search-lights, the garden air-raid shelter and the “shorts” of war shown at the Saturday afternoon matinee at the Mayfair picture theatre in Sandringham.

Figure 2: At home on the back steps at Devonport with Dad McMurtrie



At Edendale School in 1944/45 we wore a calico bag on a string around our necks, containing cotton wool and a cork. The playing field was not cut and we had air-raid drill where at the sound of a siren we ran into the long grass and lay down, cork between teeth and cotton wool in the ears. These things produced vivid dreams of Japanese soldiers popping up out of the ground with guns aimed at us while our Dad ran us down the road in the wheelbarrow to safety. He was my knight in shining armour.

My biological father was an absent mythical figure. I have no early childhood memory of him. He went to war in May 1940 and was one of a small number of New Zealand men who joined the British Air Force. He was in intelligence throughout the war,

stationed in Singapore, India, Burma, and Ceylon. Letters from 'Daddy Fred' meant nothing. Bangles from India and a huge carved Chinese camphor chest were the only physical objects which represented him in my life. He was talked about, but at that age only concrete evidence meant anything. He returned in January 1946, after being involved in 'mopping-up' operations (see Figures 3 and 4, below).

Figure 3: Last hug with my Father before leaving



Figure 4: My Father in Singapore



In Ceylon he met and married a woman from the Isle of Man who had almost the same name as my mother. She was Phyllis Mallaby, my mother was Phyllis Mabel. Although he had promised his cousin could adopt me if he was killed, there was no formal agreement and when he returned he took custody of me at eight years of age. In an old box of memorabilia my sister had, I found a chit stating my father had 5 pounds 5 shillings taken from his air force pay monthly and paid to my 'caregiving' family. I had always thought they did it for nothing, but on reflection it presumably tells of his idea I would be reclaimed, but more particularly, he felt responsible for my upkeep.

I realised as I re-read this, I had not described the awfulness of the 're-possession'. Perhaps it was too painful to revisit, but I feel because of the content of this thesis it needs to be written. My mother had been crying for a week. We were making their double bed together one day, as we often did, her on one side and me on the other, straightening the sheets and tucking in. She started to cry, saying we would not be

doing this together for much longer. I had to go and live with 'Daddy Fred' and 'Mummy Phyll'. This was ridiculous, madness. What did she mean? "We are not your real Mum and Dad, Daddy Fred is your real father and now you have to go and live with him". It could not sink in. She must be wrong. They came for me on a Saturday. It was mid-morning when they arrived. The air seemed cold, even though it was mid-summer. They came to the back door, smiling, wanting hugs and kisses I did not want to give. My things were in an old blue suitcase at the top of the back stairs. This was to be a happy day, they said. We were going to Waiwera with friends and there would be sandcastles, swims and a picnic (see Figure 5, p. 8). They were offered the customary cup of tea, but said "nice of you, but no thanks, we have a long drive ahead of us and we must be getting on". My memories of that day are not the beach but the sobbing of both my 'parents'. My lovely 'Dad' my security, my knight in shining armour leaned against the mantelpiece and sobbed. I had never seen a man crying like that and never have since. It is etched into my memory. My brothers, Alan aged 18 and Bruce aged 12, were standing by watching, serious, wide-eyed. I am sure they had never seen their parents crying before either. I was bundled into the back of the car, with the blue suitcase. No-one came to see me off or wave goodbye. I was not crying. I had the feeling this separation was temporary and I would be back if not that night, then certainly by Monday.

A New Family – A New Life

Figure 5: My new Mother and me at Waiwera – Day One



I often wondered if my stepmother knew of my existence when she agreed to marry my father when they were in Ceylon. My father had an expectation we would immediately form a mother-daughter relationship – I would adore her and she would take to mothering me. It wasn't so easy. The first six months with my new parents were spent squashed into an old villa with my father's cousin, Beattie, sister of my former dad, and her two sons. I shared a bedroom with her, longing for my old bed in the sun-porch at 'home'. I remember being told I was not to call my first parents Mum and Dad anymore, because they were not! I was to call them Aunty and Uncle. How does one remember to do that after a life-time? I was scared I would trip up and call one or other party the wrong names in front of the others. I was allowed to see them once a month for the weekend. However, my behaviour was not good on my return so the visits were stopped. We moved to Mission Bay when I was nine and I was soon presented with a baby brother. Another pregnancy quickly followed. My stepmother had not seen her family in the Isle of Man since leaving seven years previously to join the British Navy. It was decided she would have this second baby in her home country with her mother and we would be there for Christmas. I was to go with her and my baby brother, and my father would remain in New Zealand. In the meantime there was

a polio epidemic in New Zealand and a wharf strike and by the time we managed to set sail in the Empire Star, it was mid-February.

Figure 6: Leaving New Zealand on the Empire Star



The photograph above (Figure 6) is of me standing at the rail of the ship with my stepmother holding my baby brother. I am looking anxious, in a brown gingham dress made by my former 'Mum', holding streamers, my only tenuous link to home. We went steerage, a six-berth cabin, - my stepmother, me, four other women and my baby brother.

My stepmother was seven months pregnant. A tall slim woman, the pregnancy hardly showed and I had not been told of it. One morning, as we sailed through the Panama Canal, I awoke to find her gone and my baby brother in the bunk of one of the other women. She explained my mother had gone into labour and had the baby. I was shocked! What baby? The ship's engineer rigged up an incubator, but the baby girl died at three days old. She had been christened Susan and was buried at sea. I was taken to the funeral. A small canvas covered box was prayed over by the ship's captain, placed on a board and tipped into the sea. My stepmother was too ill in the ship's hospital to attend. I went to see her. She had a red rubber tube running into her arm and lay ashen- faced in a bed with boards on the side. I remember worrying if she died

how I would manage to care for my 10 months old brother, who would not let me out of his sight. The women in the cabin were wonderful, caring for us for the rest of the voyage as she remained in the hospital until we berthed in Liverpool. This was a time of high anxiety for a ten year old.

We were met by her mother, her aunt and a man called “Uncle Bert”. The women wore huge fur coats, many large diamond rings and hats, the like of which I had never seen in New Zealand. Uncle Bert was a lean Mephistophelean-looking man with thick black hair, black bushy eye-brows and thick glasses. The women owned and ran a hotel in the village of Port Erin in the Isle of Man and Bert was the staff manager. We went to an up-market apartment in Kensington for two weeks while my new step- mother recovered enough for us to set sail from Liverpool for the Isle of Man. I remember being severely reprimanded by my new step-grandmother for not being sufficiently considerate of my stepmother’s condition. They were not used to children, particularly ones from New Zealand who wanted to go barefoot and play outside.

Shortly after we arrived in the Isle of Man, it was ‘The Season’ in the hotel, Snaefell Hydro. This demanded a flurry of activity – maids and butlers to hire, beds to make, curtains to be cleaned and hung, food supplies to be ordered. It was no place for a bored ten year old and it was decided I should go to the private school in another village, Castletown. The school, Lady Buchan’s School for Girls, was a Victorian boarding establishment, so different from Orakei School I attended in New Zealand, where 50% of the children were Māori and no-one wore shoes. I was sent to board initially, but I cried so much for the first two weeks, it was advised I would be better as a day girl and catch the train every day. So many things were alien, food in particular. My memory is of the school menu, morning tea of hot chocolate and fruit cake, mid-day dinners of stew and suet puddings, and sandwiches for tea. When I was a day-girl it was all that then followed by high tea at the hotel at 4.30pm of eggs and/or cakes and sandwiches, followed by more dinner at 8.00pm. I had my own ration book which had a sweets allocation every week that all the children bought. I grew fat. My coat would not button up! The after school extra-curricular activities – horse-riding, ballet, and lacrosse were not for me. We could not afford them, but this added to my ‘difference’ from everyone else there. As the season developed, my bedroom was

apparently needed for guests. I was sent down to 'The Front' to live with Bert's mother, old Mrs. Keavney and her granddaughter Irena (see Figure 7, below).

Figure 7: Me, Irena and old Mrs. Keavney outside her little house on 'The Front'



The Front was the lane that ran along the foreshore where a collection of fishermen's cottages huddled against the cliff behind. The hotels stood shoulder to shoulder in a long line at the top of the cliff (see Figure 8, p. 12). Irena and I were nearly the same age, but there the likeness ended. I was swarthy, dark-haired and had a strange accent that drew much teasing. She was petite, had golden ringlets, porcelain skin and danced and sang. She certainly did not welcome me into her world. My life was miserable. All I wanted to do was go back to New Zealand. I remember running over the stony beach in front of the house and into the sea. It was freezing! Thoughts of 'swimming home' soon disappeared.

Figure 8: Port Erin, The Isle of Man in 1948.



The hotel had a ball-room. Every season a ball was held for the guests and selected locals and I was allowed to attend until 10.30pm. I had a yellow organdie dress with little orange flowers on it, brought from New Zealand – my first bought dress. It was quite a grand affair. A real band played and the women wore long dresses, fox furs, pearls, drop earrings, and the men bow ties. On reflection, there was a distinct class system on the island. During the war, German women who were living in England were interned to the Isle of Man and some were allocated to Snaefell Hydro. I was told most of these women were Jewish and had converted their wealth to jewelry. They sold pieces off in order to have money, and my grandmother and her sister bought a large quantity of very expensive rings, earrings, bracelets, as did many of the other hoteliers. These were very evident at the ball.

August brought summer school holidays and freedom. However, I developed stomach pains and was diagnosed as having a 'grumbling appendix'. Because of our planned return voyage to New Zealand some months hence, the surgeon advised I have my appendix removed so it would not 'blow-up', on the ship. Two weeks in a private hospital in Douglas, the capital city of the Island, was again an exercise in isolation. My stepmother had to board the train and a bus and bring my squirming baby brother who was 15 months old to get to see me, so only managed it once. I did not blame her. The

rest of her family were totally occupied managing the 150 guests in the hotel. I became expert at Solitaire. There was nothing wrong with my appendix!

It is interesting to think about the ripple effect the polio epidemic and the wharf strike had on our lives. If we had left New Zealand when it was planned, she would have been three months pregnant. It would have been winter in the Isle of Man and her Mother and Aunt could have lavished the attention she needed on her and her children. I could have stayed with her in the hotel and not suffered yet another separation. As it was, to me, it seemed chaotic, stressful and unpredictable. I remember my new step-grandmother giving me a good whack for being cheeky to my stepmother. I probably was. I always seemed to be in the way, in the wrong place at the wrong time. I knew none of the local kids as I went to a school a long way out of the area. I remember 'Uncle' Bert teaching me to ride an old rusty bike that was in the greenhouse. We dusted off the cobwebs and it became my companion – that and Patch! Patch was a fox terrier cross who became my friend. He rambled with me on long walks I took on Bradda Head, the Golf Course and along the stony Beach, and past the swimming pool – a walled off area around the rocks which filled with sea-water at full-tide. These days a 10 year old would never be allowed so much freedom, to wander alone far afield with only a dog for a companion. I loved it!

We left England late-November 1948, on the Empress of France to Montreal, Canada. It was a very rough passage and most passengers spent the voyage in their bunks. I was fine. I enjoyed being on deck, holding on as the ship rode the swells, loathe to return to the cabin where the rest of the family lay in a haze of sea-sickness. I remember one day only one other boy and myself turned up for meals. We were the last boat to navigate up the St Lawrence River before it became iced over. There were small drifts of ice to be seen against the grey water. We berthed at Montreal.

We traversed Canada in the train – a four day trip over country for the most part, flat, at first brown and then snow-covered prairie land. It was the first time in my life I had seen snow. There were small train stations in the middle of nowhere and people came on their dog-sleds to get mail and other goods the train delivered. At one such station my stepmother disembarked to buy some bottles of drink and I was left in charge of

my baby brother. To my horror, the train started to move off and I saw her standing on the platform, clutching the bottles as we went past. I was hysterical - not another abandonment. Ten minutes later she arrived in the compartment – without the drink. She dropped her purchases and another passenger and guard hauled her on to the back of the train. It was so long it took her that time to make her way forward to our cabin. On the fourth day the Rockies came into view, splendidly clothed in a glorious mantle of snow.

At last Vancouver - the final leg before home. We met some relatives from Washington State, a branch of my father's family who had emigrated there instead of Australia. We were loaded with presents, the like of which we had never seen. Promises were made of visits to New Zealand, and they offered to pay my fare to come and stay when I was old enough. Sadly, that never came to pass. Just four months later, on April 13th 1949, there was a large earthquake in Washington and we were unable to trace them.

On November 25th 1948 we boarded the Aorangi for our final journey home. Three weeks at sea. All I remember of that journey was sailing into the Hauraki Gulf at dawn. I had hardly slept and was up early. There was a long white cloud on the horizon – Aotearoa! A pod of whales met us off Great Barrier. “Welcome home” they said. I remember crying with joy – at last – home. There was Rangitoto and Devonport and Mission Bay – all those places that were familiar and home. I understand homesickness, that yearning hole in the heart feeling, and now understand why my stepmother needed so badly to go home to the Isle of Man. For many years she referred to England as ‘home’, as did a lot of immigrants of that era.

It was back to Orakei School and the life I loved – my friends and my school lunch of Marmite sandwiches in a brown paper bag. I remember yearning to see my former parents, for some reason a difficult request. My brother Alan was getting married and I was invited to the wedding. Things had changed. There was a distance that even as an eleven year old, I noticed. The hugs from ‘Mum’ were quick and she passed on to the next person. ‘Dad’s’ eyes filled with tears. I now know she was grief stricken when I left and had, as my grandmother told me, a ‘nervous breakdown’ going to stay with her sister in Fiji to recover. Emotional distance was her protection, but it did not serve

my needs. My professional knowledge of attachment and the life-long bonds formed between carer and child now enable me to understand so many things about my childhood.

Family politics are perhaps harder to handle than any others. It is the emotional ties that bind, and the strength of them is never the same between parties. However, while they may be taut at times, they never really break. They are not dissolvable, come what may. I seemed to walk this emotional tight-rope, balancing my life between my two families. I came to love my father. He was like me...or should I say, I was like him and people told me I looked like him. He was funny, affectionate, and most of the time, wise. I had missed him, and my aunt and uncle so much when I was away.

After one year at Orakei School, at the age of 12, I was sent to St Cuthbert's – a private girls school in Auckland, as a day girl. I loved the uniform, but I didn't do well there, academically. In the second half of my first year I developed what was eventually diagnosed as tuberculosis. A large lump developed in my neck. Six months bed-rest and painting it with white iodine was the recommended treatment. Eventually it was surgically removed. Interestingly, I was never told of the diagnosis. It was kept quiet, as it was seen as a disease of poverty and lower class. It was possible I contracted it in my time at Orakei School, but because of the social stigma about 'TB' at the time, my parents felt it was best kept under wraps. The truth emerged when Mantoux tests for TB were given to all New Zealand children at 14 years of age. I had a severe reaction. The whole family had to undergo chest x-rays to ensure we were clear. We all were. However, the six months off school turned out to have a critical effect on my academic future. When I returned to school the following year, we sat tests on our academic knowledge from the previous year in order to be allocated to the A, B, or C stream. I failed miserably. I was hauled out in front of the class by the headmistress and told how disappointing my results were and I was allocated to the 'B' stream. In New Zealand at the time, School Certificate was the first formal examination to be passed. Because the school wished to keep an excellent pass rate, only the A stream was allowed to sit in three years, which was the standard for State schools. The B and C classes had to take four years. When I did pass it in 1954, aged 16, my parents thought it was high time I left and got a job, as most of the class did.

I argued strongly with my father. I had other ideas. I had a desire to be a doctor. I drank in the Dr Paul White books, a missionary doctor in Africa, and anything else medical. My father soundly rejected the idea, saying I would get married and it would be a waste of money and enough had been spent on my education already. I should leave school as soon as I gained school certificate and get a job (and pay board)! My stepmother saw no value in a girl having a higher education. I clearly remember her saying "I left school at 15 and I did alright!" I'm sure she did! She worked in her family's hotel doing office work until the war when she joined the British navy as a wren. Her pre-war life as a young woman, as she told it, always seemed exciting - balls, boyfriends, golf, her own car, furs and jewellery. It could not be compared to what I would experience as a young woman, nor in the least what I would want.

My last day at school was spent in tears while others rejoiced. Many of my friends went to Business College or started teacher training. I had no desire to do either of these. I was determined to do medicine of some sort, and nursing was the next best thing. I had to be 18 to apply, so had a year to fill in. I secured a very boring job in the filing room at the Health Department and as soon as possible made my application. Two draw cards led to that decision – medicine and independence, free board and lodging - a great way to get away from home. My patriarchal father demanded to know when my interview was scheduled as he knew the medical director and would put a word in. Needless to say I did not tell him of the impending date – I would do this on my own merits or not at all! When the letter came to tell me I had an interview I lied and said another letter would come with the time and date. The interview was terrifying. It was at the Auckland Hospital Board buildings in Wellesley St – a large grey concrete building with narrow corridors the walls of which were painted green. I wore my grey pleated skirt and a white sweater feeling the need to dress modestly to give an impression of earnestness. I waited outside the office for what seemed hours until the person before me emerged. Another long wait, then at last I was called. The matron sat in her white uniform, austere, red cape and white veil over her iron grey hair. Why did I want to be a nurse? Did I realise it would be hard work? Tell me about your home life? What was my ambition when I qualified? I told her I wanted to be a missionary and work in a hospital in Africa. I was accepted! The best decision I could

have made.

My childhood and adolescent years were different from most. The transitions between families and the on-going family politics between these were not easy. The importance of childhood attachment was not generally recognised and adult agendas were of primary consideration. As identified later in the thesis, step relationships should be recognised for what they are. My father, I believe, lived the dream all was well and no different than how it would have been if he had not lost my mother. Everyone meant well, I am sure, but the effect of disruption at critical times of a child's developmental life have long-standing outcomes. I was fortunate. The first eight years of my life were stable and predictable and as research now shows, gave me a resilience to survive the several transitions I experienced.

Chapter One: Introduction

Setting the International Context

The care and protection of children is one of humanity's most fundamental responses. Internationally, the right for children to experience safety and well-being is articulated in the 1989 United Nations Convention on the Rights of the Child (UNCROC) (United Nations, 1989). The Pre-ambble to the Convention states it is recognised the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding. Of course for many children, this is not the case. While comparatively speaking, New Zealand children may not experience the life threatening deprivations suffered by many children in the world, it is a sad fact that since colonisation, many New Zealand children have suffered neglect and physical, sexual and psychological abuse.

The UNCROC document refers to the best interests of the children who, because of "physical and mental immaturity, need special safeguards and care, including appropriate legal protection, before as well as after birth". The document has been developed further, providing "*Guidelines for the Alternative Care of Children*" (United Nations, 2010), which defines the rights of children not in the care of their families. These focus on situations where out-of-home care is a necessity, noting such care must be both appropriate and in the child's best interests (See note Appendix E).

There have been discussions in several colonised nations, such as Australia, New Zealand and the USA, between Aboriginal and non-Aboriginal peoples about the meaning of 'appropriate' and 'best interests'. Specifically, questions have been raised concerning the appropriateness of cross-cultural out-of-home placements and whether removal from the child's home community is ever in the child's best interests because of the importance of kinship and cultural ties (Brown, Ivanova, Mehta, Skrodzki, & Rodgers, 2015).

And in New Zealand

The response of the State in New Zealand for such children and young persons has a circular history. Earliest child welfare legislation, the Destitute Persons Relief Ordinance (1846), required family in the widest sense to take responsibility (Tennant, 2007). Institutional care was introduced in 1867, as the State then took control, and a move to placing some children in foster care with unrelated caregivers was introduced. Adoption became the *modus operandi* for children in long term care. Now the current landmark child protection legislation, the Children, Young Persons and their Families (CYP&F) Act 1989,² s.13 emphasises the necessity, where at all possible, to keep children in their extended families/whānau, and cultural communities.

Women have provided the infrastructure of social service provision in many fields in Aotearoa/New Zealand, both in an informal sense for as long as human beings have lived in the country and in a formal sense since the intervention of the State in child welfare in 1883 (Freymond & Cameron, 2011; Macdonald, Penfold, & Williams, 1991; Worrall, 2001, 1983). While there is a body of historical, policy, legal, academic and practice literature describing child care and protection in New Zealand, (Atwool & Gunn, 2012; Connolly, 2004; Cooke, 2009; Dalley, 1998; Duncan & Worrall, 2000; Garlick, 2012; Tapp, Geddis, & Taylor, 1991; Worrall, 1996), for example, I argue the critical contribution of women in upholding the State's responsibility for children in need of care and protection in New Zealand remains largely unrecognised. The caring role of women, particularly when carrying out the care duties of the state, is a little appreciated contribution to social capital, and ill-recognised as an aspect of political culture (Stolle & Lewis, 2002). Of course there are many men who take on roles of social worker and caregiver, but I argue the preponderance of women is part of the gender assignation of women as carers.

Published in 2008, a report on employment equity in Child Youth and Family found 76% of employees were female and their average earnings were 9.5% lower than their male counterparts. Eighty-four percent of female staff were in the female dominated

² All New Zealand Acts can be retrieved from the Parliamentary Counsel Office at <http://www.legislation.govt.nz/>

job categories. There was a trend of lower female starting salaries, both for qualified and unqualified social workers, and some below the starting rate on the official pay range. It was also found that staff returning from parental leave were disadvantaged on return by changes of employment status. This resulted in loss of pay, benefits and entitlements; and career prospects, pay progressions and opportunities for advancement were affected (PSA, 2008). Data given in the 2014/2015 Annual Report of the Ministry of Social Development cited a ratio of 73% women employees against 27% male. The ratio of female to male social workers employed by Child Youth and Family was unattainable, but information sought from five non-government foster care organisations gave percentages of women employees as ranging from 90-100%. Men employed were predominantly in management. These figures did not include foster carers.

Figures in the Salvation Army's 2015 State of the Nation report show total notifications to Child Youth and Family of children potentially at risk had risen by 17% since 2010. In the year 2014 there were 19,623 substantiated reports of abuse or neglect (Johnson, 2015). The need for alternative care for children is still critical. The recruitment of foster carers is difficult and likely to become more so as, of necessity, more women are entering the workforce. In 2014 69.6% of all mothers with dependent children were in the workforce, there being a significant increase in solo mother paid work participation, up 23% from 1994 (Flynn & Harris, 2015). The exponential rise of children placed with kin, particularly grandparents, is an international phenomenon. In November 2014, in her opening address at the Grandparents Raising Grandchildren Conference, the then Minister of Social Development, The Right Honourable Paula Bennett stated there were 12,000 children in New Zealand currently in the care of kin who at some time had been in the custody of Child Youth and Family. A significant number of kin carers have taken custody informally, however, without Child Youth and Family involvement (Worrall, 2009).

This thesis sets out the context of care for children deemed to be in need of care and protection from the legal inception in 1846 to 2015. Throughout the history of care and protection legislation, policy and practice in New Zealand, the issue of power and how it is employed to achieve child safety is a strong undercurrent. Changes in child

welfare legislation are examined, and public opinions that have been the drivers of these changes are questioned. The thesis raises questions about the reasons children and young people have been taken into care over the last 150 years, where they have been placed and with whom.

A view of relationships existing in the child care and protection realm is examined. Social attitudes over time to children in need of care and protection and their families have influenced the reasons why children entered care and where they have been placed. The motivations of people, women in particular, to engage in the caring role over time are analysed from a critical feminist perspective. Issues of power determining the lives of carers, social workers and those they care for are identified - an holistic analysis. It gives a glimpse of the pain of women who surrender their children to the State and lifts the lid on the reality of caring for abused and neglected children, both within kin structures and with unrelated foster carers. It argues many people are drawn to work in the caring professions because of their own experiences and the necessity to recognise and reconcile this. Finally, the thesis questions the extent to which children at risk of abuse in New Zealand are cared for by the State and community and how their carers, predominantly women, might be supported in the future to undertake and sustain this vital role.

This thesis is a feminist autobiography which critically analyses the experiences of not only myself, but also other women who have contributed to, or have been affected by, child welfare legislation in New Zealand. I have had both front-line and managerial roles during my life in the health and child welfare sectors, as a registered general and maternity nurse, a foster parent, a senior social worker and supervisor in child and family work, particularly foster care, an academic and researcher in social work, particularly in foster and kinship care. My use of feminist autobiography provides an 'inside voice' reflecting my experience and analysis of the key issues in the field of child care and protection over time. There have been many times in my personal and professional life journeys when I have experienced women holding their families together in the face of disaster; women so worn down by life they lose their children; women who professionally take a stand to protect children; women who open their hearts and homes to foster children in need of care, and women who make life

changing choices to ensure their children and grandchildren are kept safe with family/whānau and kin.

I am reminded by Ings (2014) in his commentary on writing autobiographical theses “self-revelation cannot operate as an escape from or alternative to rigorous and reasoned critique”(p. 681). The thesis examines the effects of child welfare law, policy and practice on outcomes for these women as I draw on historical accounts, my life experience, my work in the field and the academic research of others and myself. The woman to woman relationships in child care and protection are complex. There have been many issues that have made me take an ‘activist’ stance against power structures that have rendered women powerless and have not always served children well. Taking a critical feminist perspective I examine the degree to which the expected societal role of women as mothers and carers, in both professional and voluntary roles, has been taken for granted over time in the execution of child care and protection by both those who decree and those who enact these roles. Both child protection social workers and care givers undertake difficult and scrutinised tasks in the New Zealand child welfare system and at times their work is subject to a high degree of public accountability.

It is often only in hindsight one becomes aware of the impact of one’s early experiences on the professional path. In this thesis I argue people who choose to work in the child welfare field, be it as foster carer or social worker, often have histories highly influential in that decision. As a feminist researcher I have often found the voices of my participants echo my own experiences in a way that reduces distance and validates both of us. I argue the influence of early life experiences on professional choice is an essential ethical, reflective examination for those choosing to work in the social services. The multi-faceted self, located in a particular aeon of time, is continually shaped and sculpted by the psycho-social and political factors it encounters. It is a life-long transforming process and often only appreciated in retrospect. How these weave together, underpinned by theoretical explanation will be the braided learning achieved in the writing of a thesis using autobiography as methodology. There is a ubiquitous understanding amongst feminist writers that the task of feminists in the 1970s was to make women’s experience visible and validated in the scientific theoretic realm. This

has not changed. Alcoff (2000) argued the epistemological effect of research demands “the study of women should be done primarily by women” (p. 43). Voicing my own experience alongside those of other women and locating these politically and theoretically is therefore the task.

It must also be said that while this thesis focuses on the contribution of women, men too have contributed in many ways in the care of children at risk. Social workers, foster fathers and grandfathers have supported and, in few cases, taken sole custody. This thesis, however, argues gender role expectations lead many women to accepting the roles of foster carer, care and protection and foster care social worker, and the life changing outcomes of that decision.

Structure of the Thesis

Chapter Two defines the objectives of the study and justifies the methodology chosen to examine my argument. There is an inseparability of epistemology, or what counts as knowledge, theory and method in professional practice of any kind, be it the sciences of medicine or social work. How life is perceived is driven by socially constructed understandings or theories arising from ideas promulgated, argued and evolved over time. Feminist autobiography is the primary method used in the thesis. This chapter argues for its use, describing its aetiology and development over time to become a strong contender in academic dissertation. This methodology has allowed a subjective analysis, illustrating how the political is personal and the personal is political and how ideological beliefs and the discursive nature of power have affected my experience of the child care and protection sector.

The writing of this feminist academic autobiography has been a process of mining theory, theory that assists in coming to an understanding of events and their social constructions. The field of child care and protection is wide and I have departed from a stance of theoretical purity to utilise different perspectives where they best offer an analysis. The situations described are first and foremost analysed from a critical feminist perspective. The development of feminist theory over time is discussed here, particularly as it pertains to the lives of women working in child care and protection.

Phenomenological concepts have been employed by feminists to discover ‘thick’ descriptions – an ability to see what issues of power lie beneath the surface of the text and the accepted or ascribed roles of women - the turning over of leaves to see what lies on their undersides. Feminist phenomenology pushes the researcher to gather deeper insights of women’s lived experience, their ‘essences’. Power is a critical issue in child care and protection and a Foucauldian analysis is used to understand its historical pervasiveness.

New Zealand has a long history of feminist activity. Both Pākehā³ and Māori women in early New Zealand took responsibility to assist women and children in need and at risk. Chapter Three describes some of these outstanding early feminists who set the path for changes for women in New Zealand. Māori women gathered in their own communities to assist their women and children to survive in the face of colonisation, and the outstanding work of some of these wahine is described. As in other Western countries, in New Zealand second wave feminists of the 1970s spoke out about the inequalities experienced by women, and organisations such as the National Organisation for Women became a mouthpiece for feminist women. My own feminist journey is drawn in this chapter, and the influences in my life that determined my professional life decisions.

The remainder of the thesis is divided along the changes in child protection legislation that have taken place in Aotearoa/New Zealand over time. Accepting Heidegger’s claim historical tradition needs to be the basis of any critique (Guignon, 2006), Chapter Four takes a historical journey of how the care and protection of children deemed to be at risk has been undertaken in Aotearoa/New Zealand between 1846 and 1925, and the role of women in that time. As in many first nation countries, the effect of colonisation on Māori is exemplified today in health, justice and welfare statistics and the over-representation of Māori children in child welfare and foster care statistics. In this chapter I first examine how Māori whānau structures ensured the safety of their tamariki/children prior to colonisation and following this the impact of colonisation on those cultural norms. 1846-1925 was a period of colonising child welfare legislation

³ A New Zealander of European descent.

and policies. There was an imposition of State control and Eurocentric notions of what constitutes a need for care and how that care is best carried out. The effect of institutionalisation on children and their families and the role and motivation of early foster mothers is analysed.

Chapter Five discusses the period 1925-1974 which saw many influences on child welfare during this period of almost fifty years. The Child Welfare Act 1925 reflected the effect of a depression and a world war on families and children. With the advent of the Second World War, policies reflected the endeavour of the State to increase the likelihood of a healthy child population. The Adoption Act 1955 fulfilled the social needs of both childless families and unmarried mothers. Research on maternal/child attachment in the 1950s and the recognition of child abuse in the 1960s were monumental influences in welfare practice in this period. It is during this period my own autobiographical story, as narrated in the prologue, is located.

Chapter Six discusses the political and theoretical contexts of the 1970s and 1980s and the philosophical shift over time from the State as parent to one of family responsibility. Influenced by theories of attachment and child development, 1974 saw a heightened focus on the paramountcy of the welfare of the child in the Children and Young Persons Act 1974. However, both international and New Zealand foster care research evidence raised concerns about the outcomes for many children in foster care. The rise of Māori determinism criticised culturally insensitive laws and child welfare practices. Foster carers and social workers alike saw a need for change. Local foster care associations were formed and a National body, the New Zealand Foster Care Federation was founded in 1976. This organisation was instrumental in achieving change for children in care in this period. Parliamentary arguments about the need for legislative change and how that might be manifested have been researched. These show the differing public attitudes at the time, ranging from State control and medical models to culturally sensitive and community based approaches.

The Children, Young Persons and their Families Act 1989 is reformative culturally sensitive and family oriented child welfare legislation. Chapter Seven describes the emergence of this legislation and its constructs. The Act reflects Māori philosophies of

whānau/extended family responsibility for the welfare of its tamariki/children and allows family/whānau inclusion in decision making. The legislation is now twenty-five years in operation and has influenced child welfare legislation internationally. There is a dearth of New Zealand research as to outcomes for the children/tamariki and their families/whānau who have come under the jurisdiction of this legislation. I examine the processes of the Children, Young Persons and their Families Act 1989 from both a personal and professional perspective. The Care of Children Act 2004 and the Vulnerable Children's Act 2014 are also examined in this chapter. Their aetiology and the effect of these on children and families whose lives are under stress is examined. These laws affect families who might enter the care domain and their carers – parents, foster parents or kin.

In Chapter Eight I re-interrogate three pieces of my own research into the lives of kin families, predominantly grandmothers who have taken responsibility for their kin children in need of care and protection. The data is discussed and re-analysed from a critical feminist standpoint and a feminist phenomenological understanding. Smythe and Spence (2012) described hermeneutics as 'the science or art of interpretation' and using the ideas of Gadamer (1982) claimed "The thinking journey of hermeneutics seeks to open one to thinking again, to thinking afresh, to thinking around; a 'viewing' that seeks to extend one's horizon"(p. 14). They described "thinking afresh" as a reflexively critical process, where pertinent literature is reviewed from the conscious (or perhaps unconscious) bias of not only those who wrote it but also from our position as interpreters, our own past understandings and experiences, prejudices, assumptions and pre-conditions (p. 14).

There are "two ways of knowing, one grounded in science and the other in rigorous first person accounts" and these "can be usefully employed in constraining the theorising of the other" (Roth, 2005). Roth further argued in fact there are not even two methods and "strictly speaking, only the former is methodological and practical understanding is the non-methodical moment that makes all explanation possible" (p. 9). The combination of both hard data and personal accounts of the lives of grandmothers who have taken custody of their at-risk and usually traumatised grandchildren is critically analysed.

The final chapter, Chapter Nine, synthesises the various strands in relation to the questions this thesis has set out to examine. The experience of using autobiography as a methodology and how I have found the weaving together of autobiography, feminist phenomenology and a critical feminist perspective has been a methodological journey.

Reviewing the changes in New Zealand child care and protection legislation, the philosophies that underpinned these and their subsequent policies, has shown the contribution of women, be they social worker, foster carer or kinship carer, and the impact of these changes on their lives. A phenomenological analysis has identified themes and “essences” of women’s experience, in their varying roles. These threads run through this history.

The thesis therefore is a braiding together of history, theory, and policy, forming the warp and weft of the fabric of child protection in Aotearoa/New Zealand and my experience of it. It highlights the experiences in my life that have influenced my feminist beliefs, activist endeavours and professional paths. It is written with the intent to reveal the essential role of women in the care and protection of children, and the policies and practices that have dictated their life outcomes. It offers recommendations to policy and practice in care and protection, drawn from the voices of those who undertake the task.

Two weeks before submission of this thesis, the current Minister of Social Development, Anne Tolley, announced a complete overhaul of the way in which Child Youth and Family manages care for vulnerable children who have been found in need of care and protection. I have therefore added a Post Script to this thesis, setting out the major changes planned pertaining to this thesis and offering a critique.

The next chapter sets out the beginning of the thesis journey, the methodology and research design, ethical issues to be observed and reviews relevant theoretical literature in regard to critical feminism, phenomenology and autobiography.

Chapter Two: The Methodological Framework

Introduction

In this thesis I argue the essential contribution of women to the development of child care and protection policy and practice in New Zealand has been and continues to be crucial. In this chapter I first set out the objectives of the study, the research design - the course of action taken to examine this argument. Epistemology, methodology and method, and their consequent relationships, are explained in relation to the theoretical analyses I have chosen. The emergence and development of feminist analyses are explored, as this perspective is threaded through the thesis and the basis of the other strands of my methodology. I justify the use of a feminist phenomenological perspective to gain a deeper understanding of the lives of those in the care and protection world and how power structures determine their life outcomes. In particular, Foucault's analysis of the dynamics of power is used to make this analysis. Heidegger's hermeneutical approach, which argues for the need to expose and understand historical beliefs and attitudes in order to critique the present, adds to this framework. Finally, I argue for the use of feminist autobiography as a methodology and method, taking a critical feminist viewpoint. I discuss the evolution of feminist autobiography and its particular emphases on self and form.

Objectives of the Study

The purpose of the study is to examine the role of New Zealand women in the care and protection of children at risk of abuse and neglect over time.

The research will:

- Contribute to a longitudinal view of the development of New Zealand child care and protection legislations and their effects on the women involved.
- Give an autobiographical account of the life of one woman, myself, and the roles I have played in child care and protection.
- Argue professional choices are often made as a result of personal life experiences and the need to manage these drivers.
- Make a contribution to academic autobiographical methodology.

Research Design

Two research strands form the foundation of the thesis: the autobiography, and the experience of women in the child care and protection field. The following tasks were completed and provided the framework of the thesis.

1. Two timelines were drawn:
 - a) Personal life events and their social contexts. (appendix B)
 - b) New Zealand child protection legislation and policies, and their social and political contexts. (Appendix C)
2. A literature review was undertaken of feminist autobiography, critical feminist theories, and phenomenology, examining their developmental history, key theorists and major philosophical arguments.
3. Historical material on early New Zealand women activists, the development of New Zealand legislation and legal commentary, Hansard reports, Ministry of Social Development reports and Child Youth and Family Annual reports and research data, and other publications were analysed.
4. Social work journals and key texts with regard to child care and protection social work, particularly in Aotearoa/New Zealand were examined.
5. Ethical issues arising from using an autobiographical methodology were studied and discussed with key university ethics specialists.
6. Supporting personal data such as photographs, birth certificates, genealogical material and my personal diaries were gathered.
7. A prologue was written describing my early life experiences, particularly focussing on events relevant to the research topic. A family tree of the people in the autobiography was drawn.(Appendix A).
8. The process of braiding and weaving the two research strands forms the fabric of the thesis.

Epistemology, Methodology and Method

The relationships among epistemology, methodology and method and their application in this thesis are explained in justification of my choice of feminist autobiography, underpinned by critical feminist perspectives and feminist phenomenology. Epistemology, or the meta-theory of knowledge, delineates a set of

assumptions about the social world, “which addresses central questions such as: who can be a knower, what can be known, what constitutes and validates knowledge, and what is the relationship between knowing and being” (Stanley, 1990). The question of who are the real “knowers” about the reality of care and protection practice and how that affects their being is the basis of this dissertation. I claim care and protection work is largely the work of women, be they social workers, foster carers or kin carers, they are the “knowers” and their knowing needs validation. Women’s experiences and their own stories constitute valid knowledge.

The methodology, or the theoretically informed framework of this thesis, is firstly underpinned by a critical feminist perspective, chosen because it reveals the way in which the women’s lives exemplify how “the political is personal and the personal is political” (Hanisch, 2006)⁴. Care and protection legislations and their subsequent policies have, over time, had life changing consequences for women. Social attitudes to women whose children are taken into care, and attitudes to women’s education over time and my experience of these, are analysed from a critical feminist perspective. This also allows analysis of the patriarchal factors that have influenced my life path, my own feminist awakenings and my path of political involvement in the field of child care and protection, particularly foster and kinship care.

Feminist phenomenology is the second methodological strut utilised to gain a deeper understanding of these experiences, the “essences” of the women’s lives. I take a hermeneutic perspective that values the historical story that is part of the journeys described. The argument that contemporary feminist critique has continued to reveal the inadequacy of conventional sociological methods to understand the lived experiences of women has been made by Levesque-Lopman (2000). Levesque-Lopman claimed a feminist phenomenological analysis means “listening in stereo”... to the deeper meanings of what we hear and see, a reflective process (p. 103). The

⁴ Hanisch is often credited with creating the phrase. However, she wrote in an introduction to the 2006 republication of the essay that she did not come up with the title. She believed “The Personal Is Political” was selected by the editors of the anthology, *Notes From the Second Year: Women’s Liberation* (1970s), Shulamith Firestone and Anne Koedt, who were both feminists involved with the group New York Radical Feminists.

development of feminist phenomenology is discussed in this chapter and I argue this has enabled an analysis of the issues of power and the complex relationships existing in child care and protection.

This thesis uses feminist autobiography as epistemology, methodology and method. All feminist research comes from the standpoint of the researcher. We are integrally woven into the research process in terms of our woman to woman relationships. My experience in the care of children who have suffered trauma and disruption has multiple strands. I am, in part, a “knower”. I say, in part, because there are roles I have not had. I have not been an *investigative* Child Youth and Family social worker and I am not a kin carer. I write about these two roles from a secondary observational and relational perspective. However my other experiences of being cared for by kin, of family disruption, of being a foster parent, a foster carer and family foster care social worker, an agency manager, academic, researcher and consultant in this field places me in the centre of my topic. Therefore I have some “knowing”. My experiences are woven through this thesis.

Many theoretical perspectives can be well married with a feminist view, particularly feminist autobiography, and are used in this thesis to assist in the understanding of concepts of attachment theory, family and ecological analyses and social work practice models. “The excitement of autobiography as a category of study is that it links together many different disciplines – literature, history, sociology and cultural studies” (Cosslett, Lury, & Summerfield, 2000, p. 1). To take one theoretical stance when describing not only my life, but also the development of child care and protection in New Zealand, would be limiting and inadequate.

I contemplated whether autobiography or auto-ethnography would best serve the goals of the thesis. My study of the matter showed theorists themselves might find defining the differences complex. The differences between the two methodologies are finely drawn as the methodologies have many facets in common. Autobiography has been defined as writing selectively about past experiences, remembered moments perceived to have significantly impacted on one’s life. It is those recollections, reflections, memories, images, feelings that exist long after a crucial incident is

supposedly finished (Ellis, Adams, & Bochner, 2011). “An autobiography should be aesthetic and evocative, engage readers and use conventions of storytelling, such as character, scene and plot development. New perspectives on personal experiences – epiphanies” (Ellis et al., 2011, pp. 276-277). Ethnographers, on the other hand, study cultures, relational practices, common values, beliefs and shared experiences. The difference between the two has been described as “doing” as against writing. (Ellis et al., 2011, p. 275). Auto-ethnographers are participant observers in their research- “an eye witness posture”. Autobiographers write retrospectively and selectively about themselves in a particular situation. Autobiography may also call on texts, photographs, and recordings to help with recall and authenticity (Ellis et al., 2011, p. 274). I have used photographs to illuminate the past.

Writing about reflexive auto-ethnography and the researching of the self, Stanley (1993) used the terminology “sociological autobiography”, noting the origins of the term in the work of Merton (1988):

who argued that auto-biographers who utilise theoretical concepts and analytical procedures of social research in constructing their personal history in a broader context are engaging in a form of participant observation, where they have privileged access to their own experience. This they interrogate for its broader sociological significance and interpret in terms of the relationship between individual actions and beliefs and macro-level social and cultural structures and processes. This approach to autobiography as social research contrasts with, but is also complemented by another [feminist research] that developed from feminist practices, both as a political movement and as an academic intellectual current (Stanley, 1993, p. 43).

Finally, issues of generalizability, validity and reliability, and ethics in regard to the writing of an autobiography are discussed. It must be noted here that in the autobiographical genre these terms do not have the traditional scientific meaning applied to qualitative research. When applied to autobiography and auto-ethnography, as described later in this chapter, the context, meaning and utility of the terms are altered (Ellis et al., 2011, p. 282).

The Emergence and Development of Feminist Analyses

The development of feminism has been described as a series of “waves”. It is a useful analogy. The “waves” analogy evokes images of pushing forward, receding then coming again with yet more strength, a never-ending flow that bit by bit erodes resistance whether it be land or hegemony. Oakley (1998) described this process :

Whereas first-wave feminism focused on the question of women’s civil and legal rights, second-wave feminism is distinguished for taking up the challenge contained in Simone de Beauvoir’s famous assertion that women are not born, but made (p. 29).

Questions about the nature of the cultural processes and contexts that produce femininity and masculinity as social forms were the basis of the idea of “gender” as an essential tool of modern feminist analysis (Oakley, 1998). She argued such an analysis must engage with family and the cultural factors that shape the behaviours in those relationships (p.29). The development of feminist action in regard to families, women and children in New Zealand is described in Chapter Three.

Describing the emergence of feminist thought, Lloyd (2007) located it in the “new social movements” in the 1970s (p. 4). She maintained class politics began to recede in that decade to be replaced by “identity politics”, which operate to furnish the ground for a collective politics, women’s lives and oppressions being one of these. She argued, however, the notion of a collective for women disregards the identity differentials existing within that collective. Lloyd averred feminists in the United States began to develop a “gynocentric political theory and practice of, by and about women”. In terms of female diversity, the theory aimed to revalue feminism and femininity and to “forge a political movement that foregrounded women as women, not parasitic on male-stream theorising, structural and radical ideas” (Lloyd, 2007, p. 4). Drawing on the argument of Judith Grant (1993), Lloyd claimed such a “gynocentric focus” radically altered the feminist agenda of the time by politicising parts of women’s lives as various as sexuality and housework. This approach developed practices that enabled the production of woman-centred knowledge, radical feminism, “feminism unmodified” or deconstruction feminism (Lloyd, 2007, p. 6).

Contemporary feminist theory is critical in that it is devoted to achieving profound and

broad change in society, based on altered self-understandings arising from examination of the origin and nature of power relations between men and women. It does not argue that all women, as a group, are victims of men, but rather focuses on patriarchy and its effect on the lives of women (Smith & Nobell-Spruell, 1986; Worrall, 1996). Patriarchy, the social manifestation of male domination over women, implies men hold power and women are deprived of equal access to that power, in fact women's lives are secondary to male aspirations. There are a number of feminist theoretical positions that identify different sites of women's oppression. The critical view must render an understanding of political hegemony and its derivation, be that cultural or generational. As observed by Mason, Noble, and Campbell (1994) "There is general agreement that central to the feminist critique is the extent that the landscape of women's lives is shaped by patriarchy and capitalism, power and gender"(p. 15).

The socialisation of women and their expected roles over time, particularly that they will take caring responsibilities over their lifetime, has been the subject of feminist analyses over many decades. Butler (1988) claimed:

Feminist theory has often been critical of naturalistic explanations of sex and sexuality that assume the meaning of women's social existence can be derived from some fact of their physiology. In distinguishing sex from gender, feminist theorists have disputed causal explanations that assume that sex dictates or necessitates certain social meanings for women's experience (p. 519).

Simone de Beauvoir, in *"The Second Sex"* made the claim that "woman," and by extension, gender, is an historical situation rather than a natural fact. Simone de Beauvoir's philosophy of the process of becoming to womanhood, is described by Butler (1988) as "appropriating and re-interpreting the doctrine of constituting acts from the phenomenological tradition". Butler argued that in this sense "gender is in no way a stable identity or locus of agency from which various acts proceed. It is instead an identity tenuously constituted in time - an identity instituted through a stylized repetition of acts" (p. 519).

Awareness of my life being determined by gender expectations had its beginnings in the mid 1950s, probably as a 15 year old. In the prologue I described my father's attitude to women's education and his expectations of the limitations of marriage. At

that time I had no understanding of patriarchy and capitalism, only feelings of frustration and acute resentment. Even at that age, I knew my brother would be treated differently. When the sites of women's oppression were emerging into the public domain in the 1970s, as a young mother I recognised the call and responded. The passage of my own enlightenment and involvement in the women's movement are included in the next chapter on New Zealand feminists.

Third wave feminism (late 1980s on) identified the multiple personae women hold, and any one woman holds, their intersectionality and the sites of their oppression. Describing the diversity of women's oppression, Weedon (2010) stated "Power relations are multiple and must include class, race, location, age, sexuality and (dis)ability. There is no essential femaleness or true womanhood and woman is never one thing" (p. 16).

I add spirituality to Weedon's definition. Spirituality has been defined by Canda and Furman (1999) as "... a universal and fundamental aspect of what it is to be human-to search for a sense of meaning, purpose, and moral frameworks for relating with self, others and the ultimate reality" (p. 37).

The spiritual sense of women is to me a key attribute that cannot be ignored. The spiritual writings of Māori women, First Nations women, eco-feminists and those who draw from sacro-religious beliefs have contributed to autobiographical authenticity and to the enrichment of my own understanding of women's oppression. Sointu and Woodhead (2008) cited in Aune (2015) describe the spiritual nature of the feminine "self":

Holistic spiritualities align with traditional spheres and representations of femininity, while simultaneously supporting and encouraging a move away from selfless to expressive selfhood. By endorsing and sanctioning "living life for others" and "living life for oneself," holistic spiritualities offer a way of negotiating dilemmas of selfhood that face many women—and some men—in late modern contexts (p. 126).

However, when discussing women's spirituality, I emphasise the difference between religion and spirituality, on account of the disempowerment and subjugation of women that exists in the name of religion. The spiritual nature of woman needs

recognition in this thesis. I argue that the essence of caring for the traumatised, the unloved, the unlovely and the dying is foremost a spiritual undertaking and second an intellectual one. It is the spiritual essence that enables the carer, be it a nurse, doctor, foster mother or weary grandmother to rise above the limitations of the human self and tend. It is the spiritual thread of love that exists in attachment that is woven through the stories described below.

One of the key intellectual problems faced by all forms of feminism is “Who or what is woman?” Lloyd (2007) wrote:

Is it Woman, the singular noun with a capitalised “W”, a shorthand term for the idea that all women share an essential connection with each other through the fact of being female? Or is it women, the plural noun with a lowercase “w”, a descriptive sociological category referring to real historical women in all their variety? (p. 5).

In answer to her own question “What is woman?” de Beauvoir (1949, n.p.) earlier argued “no essence defines women once and for all”. The need to emphasise the differences *between* women was espoused by what were known as the diversity feminists. By contrast another group, known as the difference theorists, began to focus on the “indeterminacy” of woman, drawing from French theory the idea that Woman as such does not exist (Lloyd, 2007, p. 5). “Diversity feminists have pondered on not only women’s inherent differences, but how to understand the nature of the interrelationship between the different aspects of a woman’s identity - her race, colour, sexual orientation, class, skin colour, ethnicity, and age (my addition) - her professional self, and how all these fit with her femaleness – her female identity” (p. 6). The term “intersectionality” describes the relationship that exists between what can be multiple sites of oppression (Yuval-Davis, 2006).

The concepts and categories that define social identity and provide disciplinary rigour to discourses of identity, including autobiographical and critical mediations of historical subjects, have become more straitened and therefore unsatisfactory, even as they have grown complex and indeterminate (Geok-lin Lim & Kyungah Hong, 2007, p. 4).

van der Tuin (2011) argued that “feminism is becoming theoretically more and more sophisticated [and this] is accompanied by the so-called loss of feminist activism” (p. 23). She quoted Stacey (1997, p. 59) who claimed that the negation of active feminism was accompanied by the implicit claim that diversified feminist analyses were better than the illusion of “sisterhood”. van der Tuin (2011) argued that a representational

split between academic feminism and feminist activism exists and has resulted in the present era being codified as post-feminist. As a consequence there is a supposition that now we have gender equality and a flourishing of academic feminism (p. 24). This notion seems to infer that third wave “academic” feminism is not “active” but stops at analysis. I stood in the city recently, waiting at the pedestrian crossing. Two women rattled a collection box next to me asking for a donation for Women’s Refuge. “Women and children need places of safety” they said. I ask myself – active feminism? – as I drop my remnant of loose change in the box. As an academic, I argue that the polarity suggested by van der Tuin should never be – but both join in a symbiotic relationship to inform and effect change.

Feminist Phenomenology

The post-modernist critique of science consists of two interrelated arguments, epistemological and ideological, both based on subjectivity. First, the subjectivity of the human object precludes the possibility of scientific objective truth and second, from an ideological standpoint, objective science is an illusion and serves to subvert oppressed groups, including women (Salberg, Stewart, Wesley, & Weiss, 2009, p. 1).

One of the fathers of phenomenology, Merleau-Ponty (1945), claimed the whole universe of science is built upon the world as directly experienced and if science itself is subjected to a rigorous scrutiny and a precise assessment of its meaning and scope arrived at, this must begin by reawakening the basic experience of the world of which science is a second order expression (p. viii). All problems amount to finding “truth” or “essences”- the essence of perception, or the essence of consciousness, or the essence of womanhood. “We shall find in ourselves and nowhere else the unity and true meaning of phenomenology. It is a matter of describing, not of explaining or analysing”(p. xiv).

There is, therefore, no absolute scientific truth except that experienced by each individual and is idiosyncratic to each person and their understanding. Phenomenology has been defined as “getting back to the things themselves, of describing the structures of lived experience by pushing past the assumptions we tend to bring to experience” (Ryman & Fulfer, 2013, p. 1). A phenomenological analysis does not speak *about*

things, an objective view, but how they manifest themselves in people's lives and their nature or "essence" of their appearance. It questions absolute certainty and asks how appearances are "given" to consciousness and what needs to be present to enable receptivity of these (Lewis & Staehler, 2010, p. 1). It is argued by van Manen (1990) that all interpretive phenomenological enquiry is cognisant of the realisation no interpretation is ever complete, no explication of meaning is ever final, no insight is beyond challenge. It can only be pursued while surrendering to a state of wonder:

"Wonder," is the central methodological feature of phenomenological enquiry....Phenomenology not only finds its starting point in wonder, but it must also induce wonder. For a phenomenological text to lead the way to human understanding, it must lead the reader to wonder (pp. 5,7).

The development of the phenomenological tradition from Hegel's project to theorise knowledge as it appears to consciousness, and as developed further through the work of Husserl and Merleau-Ponty has been traced by Alcoff (2000). She claimed phenomenology "has itself struggled to formulate an account of knowledge and the cognitive aspect of experience without separating mind from embodiment or reifying the object world as over and against subjective, corporeal experience." Alcoff argued "feminist theory needs a better account of the relationship between theory and experience, one in which theory is understood and embodied in some fundamental sense" and that phenomenology can assist in achieving this (p. 47). She argued we should think about individual histories rather than "abstract concepts at a macro level that might exist only in textual presentation" (p. 47). I argue that surely is the intention of academic feminist autobiography.

Conversely, Ryman and Fulfer (2013) stated feminists taking a critical view of phenomenology claimed the early philosophers such as Merleau-Ponty, Heidegger, and Husserl assumed the experiences they were describing were neutral and seen as a universal subject of experience that is typically white and male. Just as early autobiographers were overwhelmingly male, so also were early phenomenologists, who made no gender-specific analyses. Therefore while feminist theory can enhance phenomenology, phenomenological perspectives can enhance feminist understandings by examining the "essence" of women's experiences as well as locating them politically.

There are multiple strands of phenomenology and the formation of feminist phenomenology or phenomenological feminism has been like a dance of courtship. The early alliance of the two theoretical concepts raised the question of which concept would enhance the other. (Buker, 1990; Fisher, 2000). Succinctly, Buker (1990) asked “can feminist social theory give direction to philosophical hermeneutics? Can hermeneutics contribute to the development of an epistemological strategy for feminist social theory?” (p. 23). Exploring the degree to which hermeneutics could contribute to the development of an epistemological strategy for feminist social theory, Buker saw it as a useful adjunct. She claimed, however:

I have greater hope for the ability of feminist theory than of hermeneutics as such to address fundamental world problems. To be sure, hermeneutics offers an especially powerful strategy for constructing theoretical understanding, but it lacks social and political substance. Feminist social theory, by contrast, even though it can profit from hermeneutics, is rich in substance and lively with the prospect of continued social praxis (p. 23).

Arguing further, Buker (1990) claimed “feminism can become even more effective to the degree that it takes the insights of philosophical hermeneutics into consideration in organizing and articulating its account of social reality”. She contended:

...modern feminists, without any self-conscious deference to hermeneutics, had begun to practice what hermeneutics preached. Because of their emphasis on the personal, feminists viewed a person's life as a story that revealed social wisdom as did texts, biblical, philosophical, or historical. Social theorists, informed by feminists, began to expand their idea of texts beyond the words of “great” thinkers to the symbolic constructions of “common” thinkers. Feminists brought the *text of a life* to its fullest implications by carrying out projects which called for women to tell their own stories as a means of political analysis and as a path to new social theory, ...and in fact “can bring a new dimension to hermeneutics – politics” (pp. 23,24).

Arguing for the use of phenomenology in feminist research, Garko (1999) claimed, “Just as lived experiences are essential to feminism, so are they similarly crucial to existential phenomenology,...therefore it is well suited to satisfy the criterion of a feminist approach to researching women’s lives” (p. 169). The natural relationship between feminist thought and phenomenology was recognised by Fisher (2011) who argued:

...gender is a fundamental component of social existence and subjective lived experience, and as such, phenomenology, as the descriptive science of subjective lived experience, must undertake and

incorporate an analysis of gendered lived experience. That is, our lived experience is not merely incidentally gendered, with our gender just a trait or characteristic among others. Rather, gender, or more importantly the situation of *being gendered*, permeates and frames that experience such that gender is more than a mere trait or property, but a fundamental conditioning feature of lived experience (p. 92).

Even so, Fisher (2000) stated some feminist scholars have decried phenomenology, and Merleau-Ponty's theory of "essences" in particular, on the grounds that to describe an "essence" of womanhood is generic and denies women's individualities, and different experiences of sex and gender (p. 22). Other feminists, including myself, take a different view and argue such "criticisms are based in part on overly narrow and stereotypical construals of structural analysis and its imputed relationship with essentialism" (Fisher, 2000, p. 19).

I argue the "essence" of third wave feminism itself is the appreciation of difference and there is no general "essence" of femininity. Each woman holds within herself her own "essences", as described above, multiple, and of various feminist hues: mother, lover, entrepreneur, teacher, crone, grandmother - each reflected against a backdrop of culture, class, gender identity and spirituality.

"Essences" have been defined as concepts which make inter-subjectively real things (including other concepts) intelligible (Haney, 2000). "As intellectual principles embodied in persons, essences serve as instruments to probe actual embodiment and to direct proper action" (Haney, 2000, p. 223). The definition of "essences" coined by Stokes (2010) is "the fundamental qualities that make something what it is and not something else" (p. 212). Therefore the "essence" is the core of something that cannot be affected by other peripheral qualities that may also exist. van Manen (1990) described the concept of "essence" succinctly as asking for what something is, and without which it would no longer be what it is, "depending precisely on the play between difference and sameness" (p. xv). The phenomenological concept of interiority is about the truthfulness or "essence" of one's existence.

The usefulness of phenomenology to provide a political analysis of women's gendered experience has been questioned by Butler (1988):

On the surface it appears that phenomenology shares with feminist analysis a commitment to grounding theory in lived experience, and in revealing the way in which the world is produced through the constituting acts of subjective experience. ... and yet the feminist claim that the personal is political suggests, in part, that subjective experience is not only structured by existing political arrangements, but effects and structures those arrangements in turn (p. 522).

There are two ways that the “political arrangements” that Butler identifies are effected. Firstly, the expected gender role of women to undertake the caring role is exploited by the State having the responsibility for the welfare of children in need of care and protection. Because women accept this role, be it through compassion or necessity, the State then produces policies that cement the practice. This was explained further by Butler (1988) claiming “systemic or pervasive political and cultural structures are enacted and reproduced through individual acts and practices”. Secondly, when the personal experience is found to be shared by many, or as she puts it, “my pain or my silence or my anger or my perception is finally not mine alone”, that collectivism enables and empowers in “certain unanticipated ways” (p. 522). As described in the following chapters, this has been my experience of the formation of both the New Zealand Foster Care Federation, and the Grandparents Raising Grandchildren Organisation, both of which have achieved policy change through such collectivism.

Phenomenology has been described by van Manen (1990) as more a method of questioning than answering, realising insights come to us in that mode of musing, reflective questioning and being obsessed with sources and meanings of lived experiences. He claimed phenomenological projects and their methods often have a transformative effect on the researcher himself or herself:

...indeed phenomenological research is often itself a form of deep learning, leading to a transformation of consciousness, heightened perceptiveness, increased thoughtfulness and tact. Whereas hermeneutic phenomenology has often been discussed as ‘mere’ descriptive or interpretive methodology, it is also a critical philosophy of actions...in that the reflection deepened thought and therefore radicalises thinking and the action that flows from it (p. 152).

Taking a hermeneutic view of the lives of women in early New Zealand has not only been descriptive, but has allowed an analysis of their powerlessness in a new country.

My reading of phenomenology is that it is more than just “describing”. It is listening to what has not been said. It is looking for the deeper meaning than what is factually presented on the page, “a reflective, philosophical thoughtfulness” (van Manen, 2014, p. 13). It sits well for me as a social worker and a feminist researcher. I have learned to interpret the silences, to ask the deeper questions, to turn over what is said to find the “interiority” of those whose problems I am being asked to interpret and assist with. The mouth often speaks one thing, the eyes another. As I write this I have in my mind the women whose lives I have shared in the course of my work. The battered woman who goes back to her husband, the alcoholic mother who has had her child removed into State care, the young woman raised in foster care who succumbs to prostitution, and I think of their “interiority” while they are judged by their “performativity”. The phenomenological “essence” of their lives without which they would not be who they are, and which joins them, is powerlessness.

The Essence of Power

Throughout the history of care and protection legislation, policy and practice in New Zealand, the issue of power and how that is employed to achieve child “safety” is a strong undercurrent. Michael Foucault’s work has been described as exploring “the relationship between power and knowledge, and how the former is used to control the latter” (Stokes, 2010, p. 187). Foucault’s post-structuralist ideas took to task foundational ideas of essentialism. Discussing Foucault’s ideas of governmentality, Nicholls (2012) claimed: “Foucault was concerned less with what we thought to be true, as to how we came to think this way in the first place - the functions of discourse” (p. 448). The overall intent of Foucault’s work, Stokes (2010) concluded, was to highlight how both what we take to be knowledge and the concepts through which we understand ourselves – such as “reason”, “normality”, and “sexuality”- are contingent, mutable and “ahistorical”, changing in response to the needs of authority to control and regulate the behaviour of the individual, or “governmentality”. Foucault asserted the use of philosophical reasoning can expose the power structures intended to control us and allow the re-examination of what we think we know in the light of the effect that knowledge has on our lives (p. 187). The concept of governmentality has been highly influential for researchers in health and social welfare. “Governmentality was

an attempt to understand how modern forms of government had developed such that people's conduct could be refined for the benefit of the state" (Nicholls, 2012, p. 452).

While Foucault did not directly analyse the effects of power structures on women, Smith and Watson (1998) identified his ideas as being influential for feminist theorists concerned with developing a materialist praxis. Particularly relevant is his analysis of the pervasiveness of "power" and how it is embedded in the discourses of everyday life and therefore functions as a materialisation of "self". Foucault saw "power" existing in all institutions, and as being "culturally pervasive" - everywhere and inescapable. He saw power as "discursive," that is embedded in all the languages of everyday life (p. 22).

This analysis has therefore required "scholars of autobiography to tackle head-on the issue of human agency" and how the subject can know itself differently and exercise any kind of freedom and the means to change (Smith & Watson, 1998, p. 23). The understanding I have of my experiences with those in control, the power-mongers, particularly those given the responsibility of putting Government legislations and policies into practice, draws on Foucault's analysis. Knowledge becomes a weapon of control. Such control affects what knowledge is gathered and why, how it is interpreted and manipulated, what is shared, and how it affects those it is written about.

In my role as a foster care social worker, I was asked by a former young person in my care to see his file notes, and what I had written about his journey in care. The young person's care history was very complex and he had experienced many moves and rejections in the first 10 years of his life. I sat with him and reviewed his case notes, much of which I had written. It was an emotional time for him and myself, as I realised what I had written, particularly for reports to the court, could have had a significant effect on his life outcomes. He queried me as to why I had written certain things, particularly about his mother and the reasons he was in care. It was humbling, and a lesson that file notes should be written as if the client is looking over your shoulder.

I do not argue against the existence of power in care and protection work. It is a

necessary function of the state to keep children safe. However it is the unbridled use of power – the way in which power is used - that is the crucial issue. The power of those in control of what social workers learn in regard to foster care practice is also a serious issue, and one needing investigation.

However, focussing on the binary nature of feminist thought, free-will versus determinism, Judith Butler (1999) in her work *Gender Trouble: Feminism and the Subversion of Identity* developed Foucault's insight that power relations not only limit but also enable possibilities of [political] action. Butler argued the gendered subject may therefore be constituted, but is not determined (Lloyd, 2007, pp. 60-61). The political actions of women and, as illustrated in further chapters, the New Zealand Foster Care Federation are examples of claiming that power.

Feminist phenomenology understands human development as "relational" - it is through relationships that the self is formed. Simone de Beauvoir in her philosophical work *The Second Sex* famously claimed one is not "born, but rather *becomes* a woman" (Stokes, 2010, p. 157). de Beauvoir argued the identification of one's biological gender serves to define her personhood. We *become* women, and what that means is culturally and socially defined, and differently defined across time, and furthermore, defined by the dominant male culture. "The female becomes one by accepting and living the role society defines as appropriate", and at times this is dependent on a particular cultural and socio-economic milieu. "Woman is determined not by her hormones or by mysterious instincts, but by the manner in which her body and her relation to the world are modified through the actions of others than herself" (de Beauvoir, 1949, n.p.). Stokes (2010) defined de Beauvoir's argument as a need for women to comprehend their enslavement in the male dominated society and recognise their potential for freedom (p. 157). Women have been "ignorant of the potential for freedom in their situation". The need is for them to recognise this, "and free themselves from the enslavement of a society whose roles and values are defined by men" (p. 157). However, de Beauvoir did temper her assertion that women can consciously free themselves from enslavement. She admitted in some cases women may be too oppressed to be able to think critically about their situation, or to see what their choices might be (Ruanokoski, 2015).

Critiquing de Beauvoir's thesis, O'Brien (1983) recognised she acknowledged primarily economic freedom, but also that she understood how women in the workforce are subject to the exploitation of all workers in a capitalist society (p. 73). Exploitation has many faces for women in the labour force: - time, unequal pay, lower positions on professional ladders, and the dual responsibilities of home and work. While de Beauvoir spoke of "potential freedom" she did not define that in real terms. The conflict between the phenomenological concepts of performativity, or culturally expected behaviour, and interiority, the psychological inner self, is an important issue discussed further in the thesis and played out in the lives of many of the women working in child care and protection. de Beauvoir is credited with being one of the earliest articulators of feminist phenomenology. de Beauvoir has been described by Lloyd (2007) as a "feminist existential phenomenologist" whose particular interest was exploring social and political phenomena with disclosing the lived experience of being a woman (p. 37).

The Place of Feminist Autobiography as a Methodology

Feminist autobiography, previously not deemed to be sufficiently "complex for academic dissertations, criticism, or the literary canon" is now an accepted methodological form (Smith & Watson, 1998, p. 4). The legitimacy of autobiography as an acceptable means of gaining understanding has been argued by many academics over the last two decades (Ings, 2011; Smith & Watson, 1998; Stanley, 1993, 2000; Stanley & Wise, 1983). In support of this, Bullough and Pinnegar (2001), cited by Ings (2014), claimed that "autobiography like self -study, represents a trend away from modernism and its assumptions about legitimate knowledge and knowledge production toward a broadening to what counts as research" (p. 667). Taking this stance, I review the literature that discusses the emergence, development and utilisation of feminist autobiography by feminist academics and how critical feminist thinkers have contributed to its development.

Women's autobiography is a comparatively recent genre, not taken seriously as a focus of study until the 1970s. Many feminist writers have identified women's

autobiographies are conspicuous by their absence in literary history (Anderson & Broughton, 1997; Brodski & Schenk, 1998; Cosslett et al., 2000; Smith, 1987; Smith & Watson, 1998; Stanton, 1987). Where these did exist they were given little credence as valid works worthy of note or critique. Writing in 1998, Stanton (1987) claimed women's autobiography "is now a privileged site for the thinking about issues of writing at the intersection of feminist, postcolonial and postmodern critical theories" (p. 131).

There was a spectacular rise of the memoir in the 1990s, which Miller (2001) claimed was not without its critics. "In academia, going public as a private subject was equally in vogue as a kind of fin de siècle gasp of self exploration with roots, only to be diagnosed by one disgruntled self-designated critic as the "nouveau solipsism"" (p. 2). The writing of an autobiography could face criticism as an indulgent self-examination. I argue it depends on the purpose for which it is used, in this case to be a partnering of self and historical fact.

A key debate in the field of autobiography is in regard to how the self is seen. Early theorists of autobiography defined it as a unitary entity with an emphasis on individuality. This concept has been critiqued by feminists as ill-defined, ignoring the fact that while women may identify as a group, there is difference within that nomenclature of sexual orientation, culture, ability and dis/ability, history and voice. Other important debates discussed in the autobiographical literature are the form autobiographical writing should take, verity or what is truth, and the validity of memory, all issues discussed further in this chapter.

Early concepts of autobiography, such as that of Georges Gusdorf (1956) were premised on a model of an endemically Western and individualistic male "self" (Gusdorf, 1980). He claimed, for example, autobiography did not develop in cultures where the individual is in an interdependent community where lives are "so thoroughly entangled", and where the unitary self is never an isolated being. Gusdorf claimed a consciousness of self as an isolated being is the basic premise of autobiographical writing (Friedman, 1998, pp. 72-73).

Feminist perspectives, on the other hand, particularly feminist phenomenology, understand human development as relational, and it is through relationships that the self is formed. This view was concurred by Eakin (1985) who saw all “selfhood” as relational, despite differences that fall out along gender lines. He understood such a proposition might well strike commentary from observers from other fields, giving developmental psychology as one of these (p. 50). My personal and professional lives have been influenced firstly by family and family circumstances, but in maturity by the collective influences of other women, women who shared my growing feminist viewpoint and subsequent railings against discrimination and constraining social roles. They have been my source of strength and inspiration.

de Beauvoir’s thesis, while focussing on the need for women to become their own persons, undefined and undetermined by social forces, also identified that we are socially integrated interdependent beings, a concept Gusdorf dismissed. Feminist autobiographical writing and theorising has placed an emphasis on collective processes and has questioned notions of the universality of a solitary self. According to Friedman (1998) the emphasis on individualism as claimed by Gusdorf, Olney and Mehlman as being the necessary precondition for autobiography, is flawed. Such a view excludes those writers who have a collective identity, a unity that is a source of strength and transformation, both for the self and the collective. Instead of seeing themselves as solely unique, women commonly explore their sense of shared identity with other women, an interdependent existence (Friedman, 1998). Friedman directly reversed Gusdorf’s androcentric depiction of the isolated self and thereby beautifully described the interdependence of the woman:

The individual does not feel *herself* to exist outside others, and still less against others, but very much *with* others in an interdependent existence that asserts its rhythms everywhere in the community....[where] lives are so thoroughly entangled that each of them has its centre everywhere and its circumference nowhere. The important unit is thus never the isolated being (pp. 74-75).

In describing how women portray themselves in their autobiographical writings compared to men, Gooze (2010) cited Jelinek (1980) who stated:

The identity image is similar throughout women's autobiographies. In contrast to the self-confident, one-dimensional self-image that men usually project, women often depict a multidimensional,

fragmented self-image coloured by a sense of inadequacy and alienation, of being outsiders or "other"; they feel the need for authentication, to prove their self-worth and paradoxically, they project self-confidence and a positive sense of accomplishment in having overcome many obstacles to their success—whether it be personal or professional (Gooze, 2010, p. 417).

The turning point for women's autobiography occurred in 1973, according to Heilbrun (1988) who cited May Sarton's 1968 work, *Plant Dreaming Deep*. Sarton was dismayed as she realised she had written this in the old genre of women's autobiography, concealing her true feelings, presenting her life in a manner she thought others would find acceptable (p. 12), or in the feminist phenomenological term, performativity. In 1973 she rewrote her experiences deliberately revealing her anguish, her interiority. Heilbrun claimed this publication - *Journal of a Solitude* - was the watershed in women's autobiography (p. 13).

As largely an academic writer, researching and writing in the field of child care and protection, I wonder how often I have done this in the past - taken out pieces of my own script - my own feelings, my own experiences, where I have felt the constraints of "performativity" in that field. I remember when writing my Master's thesis 20 years ago, wanting to write myself in the text but being told by my supervisors this was not academically appropriate. When describing the methodology in that thesis however, transparency demanded I did this because feminist research starts with the experience of the researcher, and affects both the choice of topic and the outcome, the researcher being intrinsic to the process (Brooks & Hesse-Biber, 2007; Heilbrun, 1988; Oakley, 1981; Stanley & Wise, 1983). Finch (1991) presented a strongly evidenced case for feminist interviewers to use their own experiences as a key resource in the research process, both in the interviewing process, and in the construction of theory. She argued women social scientists have to draw upon their own experiences and understandings of their world in order to reshape social knowledge (p. 201).

The feminist autobiographies Gooze (2010) reviewed share a common effort to link women's self-writing to women's identity and the development of this identity. She found they all contended paradoxically with two male traditions that simultaneously supported and undermined their efforts: First, the conventional "humanistic" view of

“man” as an autonomous unified self, and second, the postmodern view of the self as split, de-centred, or non-existent except as a trace on a page. Commenting on the use of a postmodern analysis of the autobiographical genre, Gooze warned that, while initially it may seem postmodern practice approaches the female tradition and may even merge with it, at the end of the 20th century it is apparent from the observations made by the theorists she reviewed:

...that feminists can make only limited use of poststructuralist theories without sacrificing their firm conviction that there is an inextricable and undeniable connection in autobiography between the *bios* and the *graphe*—between a woman's life and her personal written expression (p. 425).

In her review of feminist autobiography written from 1980s-1989, Gooze (2010) concluded all contemporary autobiographical writers, feminist and non-feminist alike, confront two central and interrelated issues in their work: self and form. Gooze observed traditional interests in autobiographies are usually historical enquiry rather than aesthetical form. However, scholars concerned with the aesthetics of autobiography directly confront both self and form and this approach has been the most common form of critique over the last two decades (p. 411). Arguing “...the true test of autobiography is not its truth or falsity rather that its significance lies in its own aesthetic”, Gooze (2010) claimed aesthetic criteria is informed by definitions of self and self-expression. “At the very least textually, if not actually, such representations present the self as split, de-centred or fragmented” (p. 412). According to Gooze (2010) Gusdorf glossed over this fragmentation in replacing the split self with the text itself as a unifying force.

Two aspects of Gusdorf's (1956) theory are crucial to feminist critics. The first is that the autobiographer sees *himself* and *his* (italics mine) life as important as a model for others. Gooze also commented that Gusdorf pointed out the individual autobiographer sees *himself* as an autonomous entity. The task of autobiography then lies, according to Gusdorf, in “reconstructing the unity of a life across time”. In reconstituting lived experience in the autobiography, the writer creates a “second reading of experience, and it is truer than the first because it adds to experience itself a consciousness of it” (p. 412). Such “consciousness” may better be described as reflexivity, an analytical process of looking back. I would argue for women, the

reconstruction of the life is a reflexive reconstruction of the fragmented self, fragmented by the many roles we hold. Our lives are not singular but relational and often not autonomous. Writing of them draws on our interactions with other humans and the social forces that determine who we are and what we can be.

According to Gooze (2010) the first book published on women's autobiography was Estelle Jelinek's (1980) *Women's Autobiography: Essays in Criticism*. Jelinek raised two central questions of feminist autobiography theory: the fragmentation of the self and narrative form. She argued women have been, and still are, prolific writers of diaries, journals and notebooks, in contrast to many men who write in large majority what she terms "autobiography proper". She linked women's use of these forms with the fragmented nature of self women experience (p. 414). For Gusdorf, only uninterrupted first-person narratives constitute autobiography. He eliminated from the genre journals, diaries, letters, and even some kinds of memoirs (Gooze, 2010, p. 412). This would eliminate, I presume, a critical feminist autobiographical analysis of policy and its practice, particularly in the use of textual evidence. Taking a hermeneutic argument, it forgoes the opportunity to be interpretively self-reflexive about historical texts, legislation, and media evidence of the time.

The emerging of memory when writing an autobiography was described by Smith (1998) who claimed "there is no essential, original, coherent autobiographical self before the moment of self-narrating". She argued "the very self as identity derives, paradoxically from the loss to consciousness of fragments of experiential history" and autobiographical narration begins with "amnesia" and "once begun, the fragmentary nature of subjectivity intrudes" (pp. 108-109). This idea conflicts with theories of self-expression that assume there is a coherent self, waiting beneath the surface, to materialise by pen or voice. The notion of "interiority or the psychic self that resides within the narrating subject", Smith claimed, "emerges in the process of autobiographical performativity" (p. 109). Our performativity is directed by cultural regulation of race, sex, gender and location in particular socio-economic spaces. I understand, then, that reflecting on my past, my stories will conceive a particular interiority or true self that will emerge in the process of telling the story, and be in regard to the expected performativity of the time.

In the course of examining the literature on feminist autobiography I have discovered many feminist autobiographers have found feminist phenomenological concepts aptly describe the inner reality or interiority of a woman's experience, allowing a wider view, a retrospective re-interpretation. Taking a phenomenological writer's view, van Manen (2005), argued:

...the self is affected in a fundamental way in writing. A peculiar change takes place in the person who starts to write and enters the text: the self retreats or steps back as it were, without completely stepping out of its social, historical, biographic being (p. 3).

The issue of "verity" or truth is well debated in the literature and again discussed under the issue of ethics, below. The concept of "intentionality" has persistently threaded its way through discussions on autobiography. It has been described as a particular kind of honest intention which then guarantees the truth of the writing. Gathering evidence from early critics of autobiography on the subject of authenticity, Anderson (2001) claimed it is the "intention of the writer that has provided an often unquestioned role in providing the crucial link between author, narrator and protagonist and therefore the ability to establish trustworthiness". She concluded, for the critics she reviewed, "autobiographies are seen as providing proof of the validity and importance of a certain conception of authorship: authors who have authority over their own texts and whose writings can be read as forms of direct access to themselves" (p. 35). However, this was not the perspective of Gusdorf who, according to Gooze (2010) clearly "separated both the lived experience from its recounting and the author of the autobiography from the subject of the narrative" (p. 412).

Feminist approaches have helped to revolutionise the study of autobiography. "If feminism has revolutionised literary and social theory, the texts and theory of women's autobiography have been pivotal for revising our concepts of women's life issues- growing up female, coming to voice, affiliation, sexuality and textuality, the life cycle" (Smith & Watson, 1998, p. 5).

The rise of a feminist analysis and its underpinning of feminist autobiography is a natural progression. I argue the feminist autobiographical genre must enable all

individual qualities to be woven together in such a way as to present the whole Woman and the way in which the warp and weft of the strands of her life come together, which I have endeavoured to do with my life in this thesis.

Reliability, Validity, Generalisability and Triangulation

Memory is fallible. While autobiographers do their best to achieve absolute truth, it must be recognised that others who experienced the same event will tell a different story about what happened. Consequently in autobiography the terms reliability, validity and generalisability have different meanings to scientific parlance. Referring to Bochner (1994) and Denzin (1989), Ellis et al. (2011) claimed in autobiography “the value of narrative truth is based on what a story of experience does—how it is used, understood, and responded to for and by us and others as writers, participants, audiences, and humans” (Ellis et al., 2011, p. 282).

Reliability refers to the narrator's credibility. “Could the narrator have had the experiences described, given the “factual evidence? Can what is written support the writer’s belief that what is described is her experience?” (Ellis et al., 2011, p. 283). A concept of “acceptable unreliability” in autobiography was argued for by Smith (2010) claiming what is needed is “... imaginative awareness of the strengths and failings of the remembering process as acceptable *unreliability*” (p. 5). van Manen (2014) argued phenomenological analyses also provide a different problem in regard to reliability, because while researchers may examine the same phenomenon, because of its probe for “insightfulness” different results may well occur (p. 351).

Closely related to reliability are issues of validity. Validity requires that a work achieves plausibility by its coherence, authenticity and the probability of occurrence. The author seeks “verisimilitude”. The reader can enter the subjective world of the writer, to see the world from his/her point of view, even if it does not match their own. In autobiographical writing, generalisability refers to the readers “testing” a story to see if it speaks to them about their own experience or about the lives of others they know (Ellis et al., 2011, p. 283).

An increasing recognition of the importance of the medium in which the “writing” or representation of the self occurs and growing interest in the use of images, especially photographs in autobiography, was observed by Cosslett et al. (2000). This move, they claimed, has “contributed to the view that textuality should be at the heart of the study of autobiography...” (p. 5). In this thesis, photographs, government policies and other relevant documents are used as collateral evidence to support or illustrate the data.

Triangulation is achieved 1) by comparing data from my own writing and research, 2) through review of the national and international literature, and 3) in my remembering, all of which are woven together throughout the thesis. However, as discussed above, another’s remembering of an event may be different from mine and therefore, there is an ethical necessity to respect their “truth”.

Ethical Issues

Feminist autobiographical literature, while relatively new, raises some pertinent issues with regard to methodology and ethics. On the face of it, if I am the subject under examination, there will be no ethical issues in regard to privacy. Eakin (1985) argued however, the boundaries of self and others are hard to determine (pp. 169-172), the nature of women’s relationships being a case in point. The ethics of portraying others’ lives and how I see the relationships, particularly of those who are now dead and not able to answer for themselves, seems difficult territory to negotiate (pp. 168-172). It was pointed out by Ellis (2007) that writing about people who have died will not solve the ethical dilemmas about what to write, but may make the dilemmas more poignant because of issues of implicit trust that would have existed in that relationship. Ellis argued “we should only tell what is necessary for our own healing and construction of self” (p. 25). While I take issue with Ellis about the issue of healing, as the writing is not designed to be therapeutic, I have found the writing journey does afford greater understanding of not only the self, but others and the influences in their lives that made them who they were.

Ethics of privacy in autobiographical writings are well discussed and bring to light the long-lasting effect of power relations on life stories (Eakin, 1999; Patai, 1987). Levinas

(1991) cited by Loureiro (2000) described ethics in autobiographical writing as the domain of the other, and as such, ethics intercedes ontology and politics. The self is not an autonomous self-positing entity but rather, originates as a response to, and thus a responsibility toward, the other. The issue of “silencing” and the concept of “intersubjectivity” and the unspoken (and perhaps unspeakable) personal story was raised by Cosslett et al. (2000). The narration of life can never be confined to a single, isolated subject-hood, because others are an integral part of consciousness, events and the production of a narrative. They stated, “...the narration of a self cannot be understood in isolation from another it acknowledges, implicitly, and with which it is in a constitutive relationship” (p. 4). As Smith (2010) wrote:

Characters within a personal history may well have no wish to be “existentially emancipated”. Although there will always be scope for a subjective interpretation in line with the timbre of a particular memoir, unlike their fictional counterparts such characters are not fully available for re-invention. They have the ability to read their own portrayal, so there can be no “unconditional liberty”. They warrant, and have a right to expect, a greater consistency of treatment. Although the uncertainty of memory might tend to weaken the memoirist’s position, his position is nevertheless a powerful one and power demands discretion (p. 15).

Whether the autobiographical writer has an ethical responsibility to check the veracity of what is written with other people who feature in the life story if they are living was questioned by Tolich (2010). This is problematic. Their memory may be different from mine, and raises the question of whose is the more valid or nearer the truth. I have already experienced this when recounting a family incident, which I am sure I remember well, to be told by another party to the incident that how I remembered it was different from how she did. I am sure I am right and so, equally, is she! hooks (1998) also stated that when writing her autobiography there were many incidents she would talk about with her siblings to see if they recalled them, and that how while the general outline of the incident was remembered together, the details were different for each of them. She concluded that autobiography has its limitations. It is a unique accounting of events, not so much as they happened, but as we remember and invent them. There were incidents hooks could have sworn were “the truth and nothing but the truth” but these were not as she imagined. She stated that, as she wrote, she felt not “as concerned with accuracy of detail, but with evoking in writing the state of mind,

the spirit of a particular moment” (p. 431).

It was argued by Eakin (1999) that “all experience is subjective; what really happened autobiographically is what the self perceived” (p. 115). Eakin later queried the nature of the self, whether it really is autonomous and transcendent, or contingent and provisional in that it is dependent on language and others for its very existence (Eakin, 1999). I argue it is both. The story I tell is mine. I may involve others whose recounting of the story would be different. The incidental participation in the auto-biographer’s story is often not one of choice initially. Unlike other types of qualitative research that is pre-planned, where the participants are selected and give consent to being participants prior to the actual research process, other participants in the life of the autobiographer emerge in the process of the writing. As the autobiography evolves, participatory “others” emerge, and they are written into the text. The opportunity for prior consent is not there to the extent it is in other qualitative methodologies. However, the ethical imperative remains of ensuring safety not only for those I write about, but also myself.

This raises the issue of participant consent and whether this is possible retrospectively (Tolich, 2010, p. 1600). I consider if there is any risk that what is written is likely to cause offence, that person should be given the opportunity to read what is written prior to publication and if consent is not freely given, the material withdrawn. In some instances in this thesis I have amended the material where that person is now deceased. Kristina Medford is quoted by Tolich as advising auto-ethnographers they should not publish anything that they would not be willing to show to other persons mentioned in the text. There are also issues of power to be considered. If I am writing about family members, will they consent to what is written in the interest of family politics or because they want me to succeed? The same applies to children our family has fostered who are now adults, who have a certain vulnerability because of their own life stories. I have in fact removed some material, making the decision that while it was pertinent to my argument, on reflection it was describing behaviour that arose out of trauma and something the subject of the story may well not wish to remember. I made the decision that even seeking that person’s permission to include it might re-activate those feelings of despair and that, if permission were given, it may come from

a place of feeling beholden to me.

My own professional ethics demand I take the utmost care not to increase vulnerability and I have shown the script to those persons concerned, or their relatives where possible, and amended slightly where need be. The reason for writing also needs to be examined. In this case it is to provide an inside eye, to inform policy makers and practitioners of the consequence of their actions and hopefully to advance good well-considered professional practice.

To personalise this, a well-known and well considered writer recently published her autobiography. In it she tells of a very traumatic incident that happened in my husband's family that caused deep pain and grief. The community "gossip" about the incident that is recorded is neither complimentary nor accurate. There was no consultation about this inclusion and, when I read this book, I was shocked and hurt on my husband's family's behalf. It has been a lesson.

Tolich (2010) wrote "The word *auto* is a misnomer. The self might be the focus of the research, but the self is porous, leaking to the other without due ethical consideration. Topic choice can inadvertently harm the researcher" and, I add, others in the story. He argued pseudonyms are not sound devices to minimise potential harm and suggested using a nom-de-plume (p. 1606). However, that is not possible in a thesis.

I have taken advice from the ethics experts within the university and was advised I did not need to make an ethics application. However, I have taken it upon myself to show anything of a vulnerable nature that emerges in the writing to those concerned where possible, that is if they are living or able to be found. Where this is not possible I have taken as much care as possible to make them unidentifiable.

In Summary

The writing of an autobiographical thesis requires a clear theoretical strategy and the objectives, research design and methodology have first been explained. In this chapter I have argued for the use of critical feminist theory, describing its emergence and

development. I have discussed the development of feminist phenomenology, its key concepts and how it will enable a deeper understanding of the lives of those in the care and protection world.

As I have studied and experienced the lives of women and children who have been affected by the politics and subsequent laws of child protection, I could not be constrained by the use of one strand of philosophical analysis. I have used existentialists such as de Beauvoir and Heidegger and Foucault's notions of power to offer deeper understanding of the "essence" of the lives of the women and children and the situations described. Power is a ubiquitous phenomenon that permeates care and protection and affects all those involved in the field no matter what their role. Foucault's theory has offered an understanding of this, in particular the role of governmentality to enable State control. The three feminist approaches I have reviewed in this chapter are like a braided river. They come together, enhance each other, and yet each has its own "essence", standpoints of difference.

Other theoretical perspectives are also used in this thesis to assist in the understanding of the lives of the women and children. The concepts of attachment theory, family and ecological analyses and social work practice models are used where appropriate. To take one theoretical stance when describing not only my life, but also the development of child care and protection in New Zealand, would be limiting and inadequate. My life as a woman is analysed through the lens of what that gender assignation has meant in psychological, social and political terms. While my "autogynography" (Stanton, 1998) or life as a woman will be the central focus of this discovery, the field of study require that other theoretical journeys are accommodated along that central axis of gender.

Feminist phenomenological writers have argued for transparency of the self, describing the dualities of performativity, behaving as our roles are prescribed, and interiority, the inner yearnings to be true to self. Writing an autobiography calls for truth and transparency and the writings of the women cited above have set the standard for myself. Other important debates discussed in the autobiographical literature are the form autobiographical writing should take and the issue of what is "truth" and the validity of memory, both discussed in this chapter.

All research must address issues of generalizability, validity and reliability and I have discussed how these are defined in the writing of an autobiography. Contingent with these is the most important matter of ethics, which have a particular dynamic in the writing of an autobiography. Our lives are affected and shaped by our relationships with others. This thesis addresses some very personal and sensitive areas of others lives and I have discussed my ethical responsibility both as a writer and as a professional social worker to maintain ethical integrity.

New Zealand has a long history of strong women who have fought for the betterment of the lives of women and children. The next chapter gives an account of the work of some of these inspiring women, both Māori and Pākehā, over the centuries. Women, throughout the history of Aotearoa/New Zealand, have formed a network of care around children in need and their families. Of course, men also have played a part, but it is the women who have been the “taken for granted” workforce in child care and protection.

Chapter Three: Feminist Journeys

“Women may do this and must do that: their one destiny is matrimony and their one function maternity”. So complained a writer in the feminist publication *Daybreak* in 1895 (Coney, 1993, p. 54).

Introduction

New Zealand has an impressive history of feminist activity. This chapter first describes the foundational work of our early feminists, both Pākehā and Māori, as they strove to improve the lives of women and children in early New Zealand. In the 1970s second wave feminists fought for the rights of women both in New Zealand and internationally and women’s groups such as the National Organisation for Women (NOW) argued for financial equity, abortion law reform, education for women and available contraception. The idea of mothering and housewifery as being unpaid work provoked intense debate. My own feminist journey and the life changing challenges that have made me aware of the influence gender has on life outcomes is analysed.

Early New Zealand Feminists

It is well noted that women have provided the infrastructure of social service provision in many fields in Aotearoa/New Zealand, both in an informal sense for as long as human beings have lived in the country and in a formal sense since the intervention of the State in child welfare in 1883 (Erhardt & Beaglehole, 1993; Freymond & Cameron, 2011; Macdonald et al., 1991; Worrall, 2001, 1983). The contribution New Zealand women have made to welfare provision over time was recognised by Margaret Bazley, the Director-General, Department of Social Welfare in 1993, who claimed, “at the forefront of all aspects of care and support for those in need in New Zealand, women’s vision and tenacity have brought major changes for their communities and in policies of government” (Erhardt & Beaglehole, 1993, p. 5).

Immigrant Feminists

Mary Ann Muller is credited with being the first woman suffragette in New Zealand,

arriving in New Zealand in 1851 at the age of thirty as a supposed widow with her two children. However, it soon became known she was escaping from a violent marriage. She campaigned for women's rights to own and control property and secondly, women's right to vote thirty years before it was achieved in 1893 (Dalziel, 2012). Writing in the Nelson Evening Mail, she was forced to write under the nom-de-plume, "Femina" because her second husband vehemently opposed the franchise movement. Two other women, also named Mary, Mary Taylor and Mary Colclough raised the question of women's rights in newspapers in the 1860s and early 70s. Their collective concern was to point out the injustice of the inequalities between women and men before the law and within the constitution. The Onehunga Ladies Benevolent Society, founded in 1863 by Elizabeth George, a hotel keeper, claims to be the oldest continuously active women's organisation in New Zealand. Assisting wives and children of militia men evacuated from the upper reaches of the Manukau Harbour to Onehunga in the time of the land wars, the ladies provided shelter, food, blankets, clothing and support to the needy (Tennant, 2007, pp. 24-25).

Amey Daldy immigrated to New Zealand in 1860 as a 31 year old solo woman, married a shoemaker in 1865, and in 1872 opened a ladies' seminary for girls in central Auckland. Her husband died in 1879, and at the age of 50 she re-married a widower William Daldy. Although she was too old to have children of her own, she raised eight of her husband's orphaned grandchildren (Carlyon & Morrow, 2008, p. 276). 1885 saw the formation of the Women's Christian Temperance Union (WCTU), inspired by the American evangelist Mary Clement Leavitt, who argued women had an obligation to take social and political action, particularly in regard to the control of alcohol, as well as undertaking philanthropic work. Daldy was a founding member. Following this, the National Council of Women (NCW) was formed in 1896 to press forward emancipation following the franchise victory (Macdonald, 1993, pp. 32-33).

Unlike many other New Zealand feminists of the time, Elizabeth Caradus and her husband struggled financially, so to make ends meet she opened a tiny shop in Napier Street, central Auckland and raised 15 children. She played a key role in founding the Young Women's Christian Association (YWCA) assisting working girls to find appropriate accommodation and ensuring the safety of newly arrived female

immigrants. Caradus and Daldy were foundation members of the Auckland Women's Franchise League that worked to bring women into the suffrage campaign. These outspoken women suffered much public opposition, but the historic achievement of universal suffrage in 1893 was a triumphant victory, and acclaimed internationally (Coney, 1993). The Women's Franchise League became the Women's Political League, presided over by Daldy. Their views were a mix of radical feminism and conservatism, arguing for women's rights to stand for parliament, that "old maidism" should be as highly esteemed as marriage, but never questioning traditional household divisions of labour and cautioning against "excessive social welfare" (pp. 277-279).

The vulnerability of women in early New Zealand is evidenced by the number of women's welfare organisations and the highly female gendered patterns of both those in need and those who provided relief. The Salvation Army worked tirelessly with impoverished families in early New Zealand. In particular, Annie Gordon has been noted for her work with women and children, managing a refuge for "fallen women" and women in need, who otherwise would have been driven to prostitution (Erhardt & Beaglehole, 1993; Worrall, 2001).

The Society for the Protection of Women & Children (S.P.W.C.) founded in Auckland in 1893 was set up to assist families, particularly women and children in need. Branches were instituted in Wellington (1897), Dunedin (1899) and Christchurch (1908). In 1898 the S.P.W.C. interestingly combined with the Society for the Prevention of Cruelty to Animals (S.P.C.A.) and became known as The New Zealand Society for the Protection of Women and Children and the Prevention of Cruelty to Animals. This was a very influential organisation in changing the status of needy women and children. Each of the main centres employed a woman visitor whose role was to investigate cases of domestic violence, neglect, marital strife, desertion and hardship. The value of women working with women is exemplified in Tennant (2007). Drawing on excerpts of case-notes kept by the visitors, she found a "willingness of women to "open up" to a woman and, increasingly, women and young girls coming to "talk things over" in situations of family conflict" (Tennant, 2007, p. 76). The Society was authorised by Government to collect and disburse maintenance payments to wives and children separated from their

husbands and fathers. In 1900 an important new objective was added to the Society's mandate – "To act as Trustees and Guardians of illegitimate children". Of equal importance was the Society's successful bid to include the act of incest in the Crimes Act in 1900. During the 1900s through the influence and persuasion of the Society the age of consent was raised from 14 to 16 years and Children's Courts were established.

In the 1940s the Society made progress in their efforts to improve State maternity Services and the inclusion of women in the workforce. Sustainance payments for unemployed women and the admission of women into the Police Force were policies influenced by the Society. In 1955 the Annual Report stated the Society's name was changed to "The N.Z. Society for Protection of Home and Family Inc." "The change was as a result of a shifting focus to include all matters concerned with the wellbeing of the home and family. Today under changed circumstances, the old name does not convey the true objective of the organisation. Our assistance is extended equally to men, women, and children". The report went on to say "Sometimes, men are not the cause of family discord"(p. 5).

Early Māori Feminists

Māori women have suffered oppression, through colonisation, as Māori and as women. Māori were commonly excluded from help from charitable aid boards operating under the Hospitals and Charitable Institutions Act 1885, the rationale being they did not pay rates (Erhardt & Beaglehole, 1993; Worrall, 2001). As early as 1893 Māori women of high rank took action for their own people. Across the country, Nga Komiti Wāhine, tribally based women's committees, were formed claiming authority to decide the way to ensure the welfare of their own communities. They dealt with issues of domestic violence, promiscuity, smoking, alcohol consumption and the retaining of traditional skills (Tennant, 2007). These groups ensured Māori women's voices were heard and they could influence matters that affected them directly – not always possible within a male dominated tribal structure. Ani Waaka of Ngāti Arawa, working within the traditions of Nga Komiti Te Rōpū Wāhine, focused her life on improving the welfare of those in her community in the 1930s and was followed by her daughter, Nini Waaka Naere, who was well-known for her work to assist widows and

deserted wives with their families, and fighting to ensure Māori families had sufficient income support. Nini, a traditionalist in most parts of her life, left the cooking and housework to her husband while she concentrated on what she did well (Erhardt & Beaglehole, 1993, p. 37). In 1943 the National Service Department appointed six Māori women welfare officers to work in association with tribal and executive committees throughout the country.

Māori Toko i te Ora (The Māori Women's Welfare League), was created in 1951 arising out of a desire on the part of Māori women throughout New Zealand for an organisation that would essentially be theirs – a potent force which could play an integral part in facilitating positive outcomes for Māori people through enabling and empowering Māori women and whānau. Princess Te Puea Herangi accepted an invitation to become patroness of the newly constituted League. Whina Cooper, (later Dame Whina), was elected President of the League. This was the first national Māori organisation to be formed. It was also the first to provide Māori women an audience and place before the policy-makers of the day (Māori Women's Welfare League, 2016).

Throughout history there have been numerous examples of Māori women displaying outstanding leadership, particularly during times of crisis or urgency. Wāhine stepped in to fill the leadership vacuum during the war years, while turning their hand to whatever was necessary to ensure the stability and survival of their communities. They understood the power of combined effort. During the late 1970s and early 1980s Māori women again identified their own issues of marginality and powerlessness because of colonisation, racism, sexism and patriarchy – Donna Awatere, Kathy Irwin and Te Aroha McDowell, for example. The Māori Women's Welfare League continues to work tirelessly for the rights of Māori. According to Irwin (1992) the stories of Māori women who have contributed to the welfare of Māori society have been buried deeper and deeper in the annals of time by the processes that seek to keep them invisible and out of the record.

Women from the Pacific

As exemplified later in this thesis, the exploitation of Pacific Island women in the New

Zealand community is widespread. Economic survival has necessitated that for many Pacific Island women, two or three low paid jobs have become their way of life, as they have struggled to provide adequately for their children. Both Pacific Island women and Māori women have been exploited in terms of their use as unpaid cultural consultants in welfare agencies (Tamasese, Masoe-Clifford, & Ne'emias-Garwood, 1988). So many have done so much with so little, working with their own people and raising voices about current injustices, inequities and invisibilities. The funding of community groups to develop and provide culturally appropriate services has assisted Pacific Island women to gain funding for what they have struggled to do in an informal sense, often within their churches, for decades. Two examples of such agencies in Auckland are Aiga Fanau Community Support Services and The Pacific Island Women's Health Project (Worrall, 1991). It is interesting to note the number of Pacific Island children and young people in the care of Child Youth and Family in 2015 were proportionately significantly less than those of Māori or Pākehā ethnicity.

The Re-Awakening of Feminism

During the Second World War, women donned men's clothing and "took over jobs vacated by servicemen and oiled the wheels of industry" (Wolfe, 2001, p. 107). Wolfe evidenced that thirty-five thousand New Zealand women worked in factories, and 2000 land girls tended to stock on farms. At the outset of the war, the Women's War Service Auxiliary formed to co-ordinate the many organisations undertaking war work. This organisation interviewed women registering for national service and trained them in first aid, truck driving, engineering, signalling and farm work. Women served with the air force and army in the Middle East and the Pacific attending to vital duties of nursing, map plotting and communications (pp. 107-109). All the photographs showing these women at work portray them as happy. My stepmother-in-law Ruth and my step mother Phyllis both undertook jobs that would have been done by men. Ruth was a land girl initially, working on a farm and having to learn to milk cows and pick fruit. Later in the war she joined the WAACS (Women's Army Auxiliary Corps Service). She was by nature a very feminine woman and while she complained about the rough woollen uniforms on her tender skin, particularly the trousers, she loved the life. She escaped from a family where women did not work and described living in

shearers' cottages and army barracks as the best time of her life. It was the camaraderie between the women she talked about most and these women remained life-long friends. Phyllis was a communications officer in the navy in Ceylon, working on radar and Morse Code. She came from a privileged background, but for her, the opportunity to leave home and embark in the war effort was exciting. Both these women spoke of the regret they had of having to re-enter the expected life of women after the war. The secretarial and accounting skills acquired by Ruth eventually gained her a job at Hellaby's meat works and later a bank. My stepmother married, immigrated to New Zealand and never was in paid employment again. Many women who were left to run households on their own while their men were at war found it difficult to return to the normal divisions of labour when their husbands returned home.

My Own Awakening

Like many women of my generation, there was a social expectation as I was growing up in the fifties that the ultimate and privileged role of a woman was marriage and the raising of children. "Work" in the salaried terms of the word, was something fitted in between school and attaining the ideal of motherhood. As discussed in the prologue, my first realisation of gender discrimination was my family's response to my wish to be a doctor. That desire came from my uncle who told me my biological mother wished this for me, my hospital encounters through the childhood appendectomy and TB experiences, and my adolescent religious fervour to serve as a medical missionary. To be told I would only get married and it would be a waste of money provoked anger, frustration and disappointment. Expectations of career choices for young women during the 50s and 60s were still teaching, nursing, dental nursing or office work. Few young women from my school attended University, even if they qualified by examination. My choice to be a nurse was the opportunity to study medicine, leave home and gain a qualification that would take me anywhere.

Nursing was a great experience of "sisterhood" – we matured together as women as we dealt with life and death, with joy and grief, with discipline and responsibility, sharing tears and laughter. Although we did not name ourselves as such, we were feminists, angered for impoverished women as we delivered the many babies they

neither wanted nor could afford; admiring the regal Māori and Pacific Island women relegated to cleaning and laundry through lack of education; and riling against the hierarchy and power structures that meant we worked six days a week for very little money⁵. A feminist analysis reveals the social value given to the labour of women at the time, and an unspoken (perhaps unconscious) male notion of superior intelligence to women. The hierarchical structures within the hospital were such that as student nurses, we were expected to stand if a doctor, the Matron or hospital supervisor entered the ward office. I can only remember two female house surgeons and certainly no female consultants. At the time, there were only two male nurses in the entire hospital. There was a clear gendered division of labour.

To marry was of secondary importance to me but seemingly of primary importance to my father, one of the last patriarchs and a judge to boot. No daughter of his would be “left on the shelf” and I was not to bring home someone with “no seat in his pants”! The family reputation seemingly depended on the maintenance of my virginity. If chastity belts were still available I would have been clamped. While I had a few boyfriends I was not in the least interested in any serious relationships as we nurses were all saving to go to England. We talked about it a lot. It was to be the first thing we would save up for when we started earning some decent money. However, that was not to be for me. A certain young man hotly pursued me and much to the amazement of my friends, I eventually decided to marry John Worrall and forego the trip to England. After graduation I applied for a job as a phlebotomist at a private laboratory. I felt I had interviewed well and was quite honest I wished for a “nine-to-five” job. The panel of three male doctors who interviewed me saw the engagement ring on my finger. One stated that as I was about to get married (I had not mentioned it), I would not be given the position. The agency policy was not to employ engaged or married women because of the risk of pregnancy and the agency’s investment in training would be wasted. I was shocked! Pregnancy certainly was not planned for some years! The many forms of discrimination against women were having many

⁵ Our starting rate was one pound nineteen and sixpence a fortnight, including board, out of which we had to buy our uniform shoes and stockings. Our contemporaries who went to business school and worked in offices as typists were earning six pounds a week, working five days a week.

impacts on my life and choices.

I was the second one to get married in our nursing intake and the first in my particular group of friends. At the time, John was an excellent cricketer representing Auckland and often featured in the paper on a Monday for scoring 100 not out or for his wicket keeping prowess. This was very exciting and I loved accompanying him to all sorts of functions in the role of latest girl-friend. Yes, I loved him, but on reflection, I probably needed to go overseas and then come back and settle down! Instead, we built a house and my England money went on buying a stove and a fridge. I felt, for some time, envious of my friends who would send postcards and exciting letters about the latest adventure in some exotic place.

In the 21st century marriage is a matter of choice for Pākehā New Zealand women, not at all mandatory, as it still was in the sixties. To live together and yet pursue separate lives and careers is totally acceptable, but when I married it was still the era of “the glory box”, or euphemistically, the “hope chest”, usually a wooden camphor chest that was to be filled with the best linen, blankets, fine underwear and other tools of domesticity. Relatives had started giving me fine china cups and saucers for Xmas and birthdays from when I was about thirteen. I was singularly unappreciative and would rather have had a good book! I certainly spent no time “hoping” only for marriage, and when I did marry, I found no “glory” in domesticity! Once married, pregnancy was expected and varying old paternal female relatives at family gatherings would regularly ask when I was going to start a family. I remember thinking they were nosy old biddies and being told by my stepmother once that my attitude towards them should be more respectful.

I married relatively young immediately after my 22nd birthday, at the completion of my nursing qualification. It was not expected by my family that I should work after marriage, but I did and would have gone mad had I not. We had an equal partnership in terms of income contribution for the greater part of our married life. I actually enjoyed motherhood. Raising three sons was busy but fun! My husband was a self-employed surveyor and was often away all week in some remote place in the country. He was well respected in his profession, and loved his work. However, of necessity, I

needed to work while my children were young, but this dual role in no way reduced the work and responsibilities associated with either task. I also worked because I wanted to have my own money! To go cap in hand to my husband for money for a new dress was not my style. I worked night duty as a nurse, came home tended to the family, slept a few hours while the children were asleep during the day and early in the evening and then returned to work again. My night duty assignments were as a theatre nurse at a private hospital, in an accident and emergency facility and a stint in a geriatric hospital.

Carolyn Heilbrun (1989) observed "lives do not serve as models; only stories do that...whatever their form or medium, stories have formed us all" (p. 37). Smith and Watson (1998) stated "women reading other women's autobiographies have experienced them as 'mirroring' their own unvoiced aspirations" (p. 5). Others' stories and writings began to influence me.

As in other parts of the Western world, second wave New Zealand feminist voices were strongly emerging in the 1970s to critique policy and practice. Sandra Coney, Sue Kedgley, Sonja Davies, Joss Shawyer, Miriam Saphira, Anne Else, Pat Rosier and Judith Aitken to name a few, publicly raised issues of child care, paid and unpaid work, equal pay, sexual freedom, abortion by choice, free contraception, battered wives, fertility, and education. Sue Kedgley described the growth of the feminist movement in New Zealand as initially an intellectual event that "rapidly became a personal fire in the belly, a clutching at the throat, a rage that would not go away" (Carlyon & Morrow, 2013, p. 211). Two dominant strands of the women's movement were described by Carlyon and Morrow (2013). One was radical, raising public consciousness about sexism and the oppressive nature of "traditional notions of femininity" and that motherhood and domesticity be highly valued. The competitive, aggressive patriarchal male culture was denounced and women's collective decision making processes put forward as the alternative. The other strand sought women's parity with men, equal pay and equal opportunities (p. 212). I straddled both these strands. I enjoyed my role as a mother, but had experienced discrimination in regard to my education and my employment opportunities. Along with other radical women, there were some issues I had difficulty in supporting - the right for all women to have access to safe and

legal abortions being one, which may have reflected several aspects of my own history and spiritual beliefs.

In 1972, feminist thinking about women's rights, equality and repression in the Western world was gaining credence. Encouraged by my sister-in-law, I joined a cell group of NOW, the National Organisation for Women.⁶ We met in a house in Devonport on the North Shore in Auckland and were a feisty lot, writing letters to parliament about women being paid less than a man doing the same job, the right of a single woman to get a mortgage, the right of a mother to get a working wage and having "our own money", our houses being in our husbands' names, debates about abortion rights, child care and the economic perils of divorce. And of course, the perennial of the never-ending drudgery of housework. We handed around Betty Friedan and drank in "*The Feminine Mystique*":

If a woman had a problem in the 1950s or 1960s, she knew that something must be wrong with her marriage or with herself. Other women were satisfied with their lives, she thought. What kind of a woman was she if she did not feel this mysterious fulfilment waxing the kitchen floor? She was so ashamed to admit her dissatisfaction that she never knew how many other women shared it. If she tried to tell her husband, he didn't understand what she was talking about. She did not really understand it herself (Friedan, 1971, p. 19).

I remember my husband coming home and asking me what I had done all day. What had I done? I had actually slaved all day washing, ironing, and cleaning the house. It shone – every nook and cranny scrubbed and polished. He had not noticed. I flew off the handle, got out a bag, threw a few things in and marched down the road to my newly discovered Aunt, my birth mother's sister. As I left I heard my husband say to

⁶ **National Organization for Women** (NOW), was founded (1966) to support "full equality for women in America in a truly equal partnership with men. The founder and first president was feminist leader Betty Friedan, author of *The Feminine Mystique* (1963). Through a program of legislative lobbying, court litigation, and public demonstrations, NOW seeks to end sexual discrimination in employment. The largest women's rights group in the United States, it also supports the establishment of child-care centres for working mothers, legalized abortion, and paid maternity leave, as well as adoption of the equal rights amendment to the U.S. Constitution. NOW works to elect women to office, and seeks the abolition of alimony laws. It consists of approximately 250,000 members, including men, in 800 local chapters affiliated with the main office, located in Washington, D.C. .

the boys, “Don’t worry about Mum. She’s having one of her irrational moments. She’ll be back.” Of course after a night in my Aunt’s spare bed I was.

After having my second child I felt depressed, tearful, and down a dark hole. I should have been on top of the world, with two beautiful sons, a doting husband and a nice house. When this baby was having his six week immunisations I confessed this to the doctor who prescribed anti-depressants. Well, that was worse!! Head in the clouds and feet set in concrete! They were quickly put down the loo and I pulled myself together. It was the time when the diagnosis of “suburban neurosis” was given to women who experienced the feeling of “Is this all there is?”. Friedan had described it as “the problem that has no name.” The women in my NOW group understood.

Raewyn Dalziel suggested that “NOW sat rather nervously in the centre of the women’s movement, viewing feminists to the right and left warily” (Carlyon & Morrow, 2013). I agree with that description. Many of us had toes in the water of feminism, unable to fully support the more radical views of the left and feeling that women’s groups to the right of NOW, such as the National Council of Women (NCW) were too conservative. We were largely middle class, professionals in our early 30s and we worked hard to publicise the plight of women and speak for their rights.

My feminist awakenings were not an epiphany moment as much as a gradual awakening that took place over a decade. Germaine Greer’s notions of the feminine role and sexuality was fairly controversial at the time. I did not agree with all she said (she was a bit radical for me at the time), but she probably put me on the road to thinking about what I wanted out of life. Ann Oakley’s writings about the sociology of housework and motherhood in the mid-70s were devoured with relief as she described its time-consuming nature and both the necessity and never-ending nature of the task.

My context of the 70s and early 80s was one of contradictions. I had a growing Christian faith, and yet had this rumbling feminist sense of the constraints of womanhood. Those two spheres were at odds, and when a friend passed me a “must read” Christian book about a wife’s subservient role to her husband and that she should greet him in the evenings in a pretty dress, with the house shining and the children

bathed and fed, I passed it back and for a time, left the church, which I also saw as a bastion of male dominance. I had not lost my faith, but my interpretation of a Christian woman's life was certainly not one of subservience to men, be they husband or cleric. I was a political foster mother and worked for the Methodist Mission. It was as though I was split! I had various personae that I put on according to context. (Interiority and all that. I now describe myself as a Christian feminist).

The Threads of Cancer

I became pregnant soon after we were married. It was not what we had planned as we were saving up to build our house and I had a good job as a general practice nurse. We needed two incomes to pay the mortgage. However, at 17 weeks it was decided the baby was not growing as it should and no heart-beat could be heard. I was admitted to hospital and a D&C⁷ confirmed a diagnosis of hydatidiform mole; a condition where the placenta overwhelms the foetus. I was a nurse! I knew of this thing – we had learned about it but I had never encountered it. I knew however, that it could invade the body via the blood stream and set up a malignant condition called a chorionic epithelioma. I also knew I was in for at least two years of monthly tests and stringent monitoring. The attitude of a woman gynaecologist about the necessity to avoid further pregnancy was condescending and questioned my intelligence and ability to understand. I wondered if I, a middle class registered nurse, was treated like that how it would be for those less knowledgeable and less privileged. The power held by professionals of any kind or gender and how they use their knowledge, be it of the medical or social work professions, can be used to further disempower, diminish and destroy. The next pregnancy ended in a premature still birth, however, some years later, with the help of a shirodka stitch, a technique first performed on cows in India, we had three beautiful sons. To be a mother is one thing. The invasion of privacy and submission to medical interventions and procedures is another. Most women I know loathe this side of being a woman. It seems, however, it is our lot.

I had already resigned from my practice nurse position and so was bored at home. My

⁷ Dilatation and curettage.

husband suggested I become a surveyor's assistant – or a chain (wo)man. I did! I donned the boots and back-pack and into the country I went with him. Hacking through gorse, tramping through mud, holding up sight poles and putting tension on the chain was hard work – a man's job! It was good to be out, but there were times when my feminine physique was under duress and try as I might I could not handle the slasher very well. Of course I was not paid!

My G.P. rang one day to see if I would like a private case. It was to nurse a well-known person who was terminally ill with cancer, and who needed home nursing. I jumped at the chance and private nursing paid well. They were wealthy and the house was delightfully elegant – French doors opening out on to the lawn overlooking the sea. He lived there with his sister and in between tending to the patient, it was quick swims in the sea and coffee and cucumber sandwiches on the lawn. What a contrast. I was cut out to be a woman – like it or not!

Life is a tapestry. So many threads are woven together to create the story. In 1971 aged 32 with three small boys I discovered I had breast cancer. Finding a lump in November 1970, I took the view this can't be anything...wait and see. Three months later it had increased in size and I thought a check-up was a good idea. How could I be so negligent! It was just after Christmas, doctors and surgeons on holiday and another three weeks passed before action was taken. At 10.30pm on the same day as I had the biopsy in a private hospital I had a radical mastectomy and the next day I was given the news the tumour had spread to all but one of the lymph glands. The pain was terrible and I could not raise my arm from my side. My Dad came to visit with a bottle of champagne when I went home– two glasses and the pain went! He sent a crate and every night a dose of two or three glasses and I was set for the night! Much more effective than pethidine or valium!

As a nurse, I knew the outlook was grim considering my age. The usual treatment for this diagnosis was radiotherapy and chemotherapy. These treatments were not as sophisticated as they are today, but I asked the surgeon if I would be undergoing these. He said the surgery had been very radical and as the side effects of the other treatment modes were severe we would take a wait and see approach. I was not happy about

this, but monthly checks for the first three years and then six monthly thereafter was the regime. He also warned that to get pregnant again would certainly hasten the disease and recommended a total salpingectomy and partial oophorectomy. He was blunt and said I may only have two years. I then began a daily alternative medicine regime of six whole cloves of garlic, an old Māori medicine comprising a daily infusion of kumarahoe plant leaves that was bitter tasting and hard to swallow, and several large glasses of pure carrot juice. I was not one to believe in the power of prayer, laying on of hands or anointing with oil in those days, but a friend begged me to do these things. Any port in a storm I thought, nothing to be lost and I went down that road as well. We got through those years by God's good grace and a sense of humour.

My faith at the time was fairly shallow. I believed in God, but the Anglican service was seemingly to me at the time, more of a social religious experience than spiritual. I always thought there must be more to this, but was unsure how that might be found. My belief in the Bible was of a somewhat sceptical nature regarding most of it as myth and allegory. Blind faith was not for me. Yes, I had the children christened – it was the thing to do in those days, the long white christening gown, Godparents and a party afterwards. I promised to bring them up to know God – and I did my best – Bible stories and Sunday School. Well, how could I bring them up to know God, when I had no relationship myself? I knew there had to be more than the peripheral religious experience I was having. The breast cancer situation was more than a little worrying – it was all consuming for everyone. My husband was losing weight through worry and worked harder than ever to pay the medical bills. The children sensed the anxiety and clung to me and the six year-old was not wanting to go to school. It is the little things I remember. My four year old throwing himself on my bed sobbing. "Daddy is standing in front of the fridge and doesn't know what to cook". Fear in a sentence. Unvoiced fear had taken residence in our little family.

Life seemed to make little sense. The friend who encouraged me to have the laying on of hands drove me to the Presbyterian Manse in Glen Eden. I was anointed with oil, the minister prayed and said he would put a 24 hour prayer chain in place. An amazing peace swept over me. Fear left. I was given the sure knowledge this life is but a small interlude in the whole of our existence. It mattered not whether I lived or died - my

husband and the children would be alright. For about two weeks every time I closed my eyes in bed there was a pillar of white light on my left side. "Oh God, a brain tumour" I thought! I have now read of this phenomenon occurring after the laying on of hands in other faiths as well. I never looked back. The surgeon was amazed.

Five years later, in 1977, the surgeon told me he and one of his colleagues had been treating their patients differently whereby his patients were given radical surgery and the other surgeon's patients were given radiotherapy and chemotherapy, as was certainly the common practice for cases where there was lymphatic involvement. They compared results over the five year period and the latter patients had fared better than his and he was now offering me radiotherapy and chemotherapy if I wished. I discussed the issue with my G.P. and decided I would not take up the offer. There was no sign of re-occurrence and I would leave it until or if there was! I was never sure whether this was a formal study or whether my surgeon was just set in his ways. Whatever the case, I was given no choice over treatment options.

When the National Women's Hospital experiments⁸ were exposed in 1987, I felt what had happened to me was of the same calibre. I was tempted to whistle blow, but thought about the possible spin-off of that. The surgeons were retired by then, it was 16 years later and it may have caused distress to families whose women had died. I have never publicly told of this, but discussed it with my husband and G.P. and they were in accord with my decision. However, knowing such practice would now be seen as unethical made me realise the powerlessness women have over their bodies. At the time I felt anxious about the fact I was not being given the treatment I knew, as a nurse, was standard for someone with breast cancer at the stage mine was. I should probably have sought a second opinion, but in those days I was not brave enough to challenge a surgeon who, when I was a nurse, I had scrubbed for in theatre, and had to stand for

⁸A well-known gynaecologist and University Professor had, since 1966, been withholding conventional treatment from women with cervical cancer, instead monitoring them with regular smears and biopsies, believing that, contrary to medical opinion, it would not lead to invasive cancer. Many of his patients died. The issue was disclosed in Metro Magazine in 1987 by two feminists, Phillida Bunkle and Sandra Coney. This led to a full enquiry and consequent legal changes in gaining ethical approval.

if he entered the office, hands behind my back - performativity. Twenty years later I decided to have a breast reconstruction as the radical nature of the surgery was causing problems. The medical insurance company we had paid into for years refused to accept the claim as the reconstruction was seen to be “cosmetic”.

In her post-modern analysis of the experiences of women with breast cancer, Bassett-Smith (2001) used metaphors of war as many other writers about cancer have done. She claimed:

The story of being treated for breast cancer within biomedical discourse is a story of authority and power exerted over women by medical experts. Commanding time lines and set protocols and institutional practices foster a war-like sense of haste, fear, and powerlessness on the part of women being diagnosed and treated for breast cancer. The voices heard are those of medical specialists: surgeons, oncologists, and radiologists. They wield enormous power in dictating diagnostic and staging protocols, surgical options (breast conserving or breast destroying surgery), and follow-up treatment (p. 12).

The powerlessness women feel when confronted by people who have the power to make decisions about their lives is also the experience of mothers who have their children removed. The metaphor of war used by Bassett-Smith is a very accurate description of my feeling of being under siege. It is discussed here because it was one of the strands in my life that has been influential in our decision to become foster parents and in the professional roles I have chosen since then. In my experience as a social work educator, if the history is one of trauma, that should be reconciled before entering the field. Students very often request to have a fieldwork placement or, indeed, wish to work in an area where the clients have similar life histories, such as abuse and neglect. While this may enable a degree of empathy with the client, there is also a risk of parallel process, transference and a revisiting of that past trauma, resulting in practitioner emotional distress and a professional paralysis (Ellis & Worrall, 2000, p. 105).

Arp (2000), when discussing de Beauvoir’s essay the *Ethics of Ambiguity*, argued that she always incorporated the foundational concept of the situated subject and stated that “a central tenet of phenomenology, fully validated by existentialism, is that the

living subject always finds itself in situation, that is in a particularized set of complex circumstances” (p. 71) and further, that the subject is always gendered. Whatever else defines me, I am first and foremost a woman. It has been that existential essence of self as a woman that has been the central tenet of decisions I have made and indeed, had made about me. According to de Beauvoir a woman’s role is socially defined, and defined by males. However, as I look back on my life this is for me an incomplete analysis. Life paths and by default, personhood, are decided not only by gender but taking an ecological analysis, influenced by both intrinsic and extrinsic factors. Such an analysis takes account of roles and relationships existent both within my family and extended family; between my family and the wider and political environment, a complex system of inter-relationships of economic, political and social determinants over which I have had little influence. Overlaid on these are long-held cultural and ideological influences that all contribute to who I am.

In Summary

The women named in this chapter are but some of the women who have given much, often at expense of their own lives, to achieve the extraordinary. As I read of their stories I wondered what in their lives had driven them to action. Being labelled as “feminist” was derogatory in some sections of society, and in fact, still is. There is no understanding of the quiet pain and suffering of many women at all levels of society. The sharing of my story and what has influenced my life decisions is, as previously stated, written that it might encourage other women to do the same. The chapter has described the rise of feminism in Aotearoa/New Zealand. It is included as one of the major strands of the braiding of history, government policies, women’s experience, research and my own life that forms the thesis.

A phenomenological analysis elicits themes of women’s courage and determination – to recognise the pull of interiority and stand against performativity. Women showed courage to immigrate to a strange country, courage to leave abusive relationships; courage to stand against public and family oppositions. There are themes of secrecy and outspokenness; power and powerlessness, that power sometimes wielded by professional women against powerless and marginalised women. My own feminist

awakenings, struggles and life as an ordinary young woman, nurse, wife and mother are threaded through the chapter, riding tandem with the stories of New Zealand's feminist trailblazers.

The next chapter explores the early experiences of women working in the field of child care and protection, both as foster parents and social workers from pre-colonisation, through to the introduction of English law in 1864 and its development until 1925. Themes of power and powerlessness are threaded through the history. First, it backgrounds how the wider Māori concepts of whānāu/family kept their children/tamariki safe and then the imposition of Pākehātanga/English law, institutionalisation and the move to foster care.

Chapter Four: Child Care and Protection in Early New Zealand

Introduction

This chapter takes an historical journey of how the care and protection of children deemed to be at risk has been undertaken in Aotearoa/New Zealand between 1846 and 1925, and the role of women in that time. While the primary methodology of the thesis is autobiography, I stand with Heidegger's claim that historical tradition needs to be the basis of any critique. Taking a phenomenological standpoint, Nicholls (2012) cited Foucault's (1979) contention that in undertaking historical enquiry, "one should look to "map" the terrain upon which knowledge was formulated; explore its contours, and locate its many ruptures, fissures, formations and transformations that brought about new knowledge" (p. 8). Brogan (2005) stated that Heidegger claimed true understanding is hermeneutical, that is, always found in an interpretation that is historically embedded (p. 7). Further, Brogan highlighted Heidegger's argument that "Hermeneutics not only dismantles tradition, it retrieves an authentic philosophical dimension of that tradition that tends to get covered over in the uncritical way in which tradition is handed down" (p. 6).

Leland Ruwhiu, writing about Māori development and social work claimed:

...seeking answers to questions of this nature within the context of Aotearoa/New Zealand recognises the need to acknowledge, in the first instance, the place of history in supporting the legitimacy. or perspectives of often differing, and at times, conflicting world views, philosophies or perspectives held by tangata whenua and tau iwi (Ruwhiu, 1994, pp. 127,128).

In my roles as a cross-cultural foster parent, a foster care social worker, and academic researcher I have been very aware of the disproportionate numbers of Māori children in foster care. This is but one of the effects of the impact of colonisation on Māori. To begin the story of foster and kinship care when I entered the field would be incomplete. Therefore I first examine how Māori whānau structures ensured the safety of their tamariki/children prior to colonisation. The period of 1846-1925 was one of colonising child welfare legislation and policies. There was an imposition of State control and Eurocentric notions of what constitutes a need for care and how that care is best

carried out. The effect of institutionalisation on children and their families and the role and motivation of early foster mothers is analysed.

Pre-Colonisation

Prior to colonisation in Aotearoa/New Zealand Māori children were cared for within their whānāu or extended family structures when there was any element of risk to their welfare. Children were not seen as a possession of their parents, but as belonging to the whole whānāu and it was the responsibility of all to ensure a child's well-being. When parents were under stress, children were cared for within the extended family/whānāu, often to the mutual advantage of all concerned (Bradley, 1994; Frengley, 2007; Worrall, 1996). Puao-te-ata-tu (Ministerial Advisory Committee to the Minister of Social Welfare, 1986) described the strength of whānāu/hapū and iwi networks, and the processes of social control that existed for early Māori society. Children in need of care and protection were taken as whāngai⁹ by extended family/whānāu members, usually grandparents and often solo grandmothers. This process allowed children to maintain whakapapa and whānāu links, providing the basis of identity and self-esteem. As described in the historical and key document that has highly influenced legal change, Puao-te ata tu:

The placement of children was once the means whereby kin group or whānāu structures were strengthened. The child is not the child of the birth parents, but of the family, and the family was not a nuclear unit in space, but an integral part of a tribal whole, bound by reciprocal obligations to all whose future was prescribed by the past fact of common descent. Children were best placed with those in the hapū or community best able to provide, usually older persons relieved from the exigencies of daily demands, but related in blood, so that contact was not denied. Placements were arranged to secure lasting bonds, commitments among relatives, the benefit of children for the childless, and relief for those under stress. Placements were not permanent. There is no property in children. Māori children know many homes but still one whānau (Ministerial Advisory Committee to the Minister of Social Welfare, 1986, pp. 22,23).

Child maltreatment was one reason children were placed with whānāu, but not the

⁹ Whāngai – the verb whāngai means to feed (Biggs 1981). There is no concept of adoption in Māoritanga, but a child who is a whāngai is placed in the custody of a kin member.

sole one. Whatever the reason, it was a collective whānāu decision and to be a whāngai held a special status (Atwool, 2008).

There is a story told to me by a Pākehā woman who was married to a Māori man 70 years ago. The paternal great-grandmother of her first new-born infant came to the house to stay when the new mother returned home from hospital. Her role was to watch over this new mother to assist, and if she was not deemed to be capable there was an expectation by the great-grandmother that she would take the child. This was an indication of the expected role of the elders in the whānāu and the way in which children/tamariki were seen to be held as tāonga, precious treasures to be raised in the fold of the whole whānāu. The raising of grandchildren as whāngai also gave the older people an important task and provided company. The practice of grandparents taking grandchildren as whāngai still exists and several of my Māori social work students proudly said “I was raised by my Nan”. In my recent research on grandparent custody of grandchildren, Māori grandparents referred to their whāngai children and the children taken as a result of a care and protection notification, as two separate entities. The Māori grandmothers in particular voiced a strong sense of whānāu responsibility. It was not outside normative behaviour to be caring for several mokopuna¹⁰ at one time (Worrall, 2009).

The Treaty of Waitangi, signed in 1840, was the founding document of the relationship between Māori and the British Crown. This legal agreement enabled the colonisation of Aotearoa to proceed. The Treaty included a commitment to work in partnership with Māori as the indigenous population and to protect their taonga (treasures). However, the early laws for the care and protection of children (taonga) introduced by the colonising government failed to incorporate Māori traditional ways of caring (Walker, 1990). At no time were Māori involved in the establishment of the child welfare system, and in no way were the cultural values or social needs of Māori respected. This disrespectful neglect was an obvious means of social control of Māori and as Atwool (2008) stated “a source of considerable resentment and grief for Māori” (p. 9).

¹⁰ Mokopuna - grandchild

The Early History: 1846-1925

This section focuses on the development of child care and protection law, policy and practice in early New Zealand and the contribution of women in that evolution. My interest in this history was first kindled in 1983 when, as Editor of the quarterly New Zealand Foster Care Federation Journal, I was asked to put together a centennial issue – 1883-1983. (Worrall, 1983) Trawling through papers and photographs in the Turnbull Library with the late Dr Jane Thompson revealed a history that shocked me with regard to its Eurocentricity. Early care and protection was a tool of colonisation.

The role of women in caring for children in need of care and protection in New Zealand has been an uncritical tradition. The accepted gender role of women as day to day child carers across time has been taken for granted, subsumed under the philosophy of “family responsibility” and women’s work. For me, the gathering of an understanding of how children in need of protection have been treated over time is a necessary journey. This is justified by Brogan (2005) who stated “To recover the meaning of being requires a gathering back of that which is the on-going source of tradition” (p. 7). Taking a hermeneutic and phenomenological stance, I briefly but critically review the development of the early New Zealand care and protection laws, placing them in their philosophical and political contexts and reflect on that from an autobiographical standpoint, understanding that my interpretation arises from the lens of my past experience.

The Early Colonial Period and the Role of Women: 1846-1925

My realisation of the highly deleterious effects of colonisation on Māori over many generations was gained firstly through my nursing experience in the paediatric wards at Auckland and Green Lane hospitals and secondly by my experiences both as a foster parent and a social worker. Australia has had its “Stolen Children” disgrace. New Zealand’s history of taking Māori children from whānau, based on British notions of what constitutes risk, also carries shame, and the effects are long-standing and intergenerational. Researching the child care history has made me feel grief on behalf of my cultural roots. The racist and imperial attitudes of the time about what should

happen to children seen to be in need of care and protection became part of the colonisation process.

How state care of children is carried out at a particular time is driven by a set of ideas arising out of the social milieu and customs of the era and pragmatically influenced by economic forces. Until the introduction of the Children, Young Persons and their Families Act (1989), the development of law, policy and practice in terms of care for children deemed to be in need of care and protection in New Zealand has followed British models. These paid no heed to indigenous practices.

The difference between English and Māori concepts of family and family responsibility was considerable. Māori society was described by Keretu (1990) as “collective and the child as not individuated but part of a stream of belonging that is interwoven in spiritual, genealogical and inheritance terms, which have both past and future meaning” (Frengley, 2007, p. 35). The whakapapa (genealogy) principle underpins the tribal system where all members are descended from the same ancestor and possess a common history. Responsibility for the well-being of tamariki/children was collective. By contrast, the English definition was based on a nuclear structure, where responsibility for members would, in most cases, and in my experience, not extend vertically beyond two or three generations and horizontally across first and second cousins at most.

English law, on which New Zealand law was founded, traditionally classified family relations toward the private end of a public/private continuum (Tapp et al., 1991). The Destitute Persons Relief Ordinance (1846) clearly stated that responsibility for those who had no means of support lay with “relatives and putative fathers”.

AN ORDINANCE for the Support of Destitute Families, Destitute
Persons and Illegitimate Children. [26th October, 1846.]

WHEREAS it is expedient to provide for the maintenance of destitute persons and illegitimate children by making the relatives of such person and the putative fathers of such children liable for their support:
BE IT ENACTED by the Lieutenant-Governor of New Zealand, with the

advice and consent of the Legislative Council thereof, as follows:

1. The father and grandfather, mother and grandmother, and the near relatives of children of every destitute person not able to support himself by his own labour, shall being of sufficient ability be liable for to support such destitute person in manner hereinafter mentioned.

The Destitute Persons Relief Ordinance of 1846, subsequently became the Destitute Persons Act, 1877. This Act made “near relatives” responsible for the destitute and near destitute persons. By 1910, this liability extended to brothers, stepfathers and stepmothers, grandparents and grandchildren, daughters and sisters. While the inference was financial responsibility, the patriarchal society of the time meant women carried the “caring” responsibility. The original ordinance of 1846 also enabled Justices of the Peace to levy the fathers of illegitimate children to provide for their upkeep. As Garlick (2012) noted “....Prior to 1898, provisions for public support of the needy in New Zealand were notably less generous than those in Britain, and the colonial government attempted to put responsibility for welfare on extended family and voluntary assistance” (p. 23).

In spite of the hopes of the founders of the Crown Colony of New Zealand, unemployment and destitution were not left behind in the Old World. It was the responsibility of the provincial governments, established in the 1850s, to provide for the indigent (Zander, 1984, p. 1). However, while family were legally deemed to be responsible, the State was moving toward taking a greater responsibility and until the late 1860s, care for neglected and destitute children was provided by the churches and private schools, with some financial assistance from the provincial governments of the time (Walker, 1990). In 1864 the Otago Daily Times voiced the public’s concern in regard to the welfare of children:

There are a number of children running around the streets of Dunedin, some possibly without parents, others without the control of parents, and others suffering from the vicious example of parents. If the government does not take them in hand, I fear they will become trained as members of the criminal class. It is of the utmost importance that these children should be educated in a proper manner, and if they have already fallen into crime, there should be some means of reformation in the grasp of the state (Walker, 1990, p. 31).

Following claims that many destitute and uncontrolled children were to be found on

the streets, the Neglected and Criminal Children Act (1867) was passed authorising the establishment of Industrial Schools which followed British and American models of institutionalisation. The State at that time was a harsh parent:

A child could be committed and held until the age of 21 for a relatively minor offence, or for begging or receiving alms, wandering about, or frequenting any street or public place; being homeless; residing in a detrimental environment, or associating with persons of low repute or with convicted vagrants (Garlick, 2012, p. 28).

By 1880, six schools had been established throughout the country. Designed to give shelter to children in need of care and protection, no discrimination was made between those seen as “neglected” and those deemed to be “criminal”, although by 1902 industrial schools took in neglected children only. The New Zealand Graphic of September 25th 1897 commented “Among the increase of inmates in a certain Boys Reformatory in the Australasian Colonies, tobacco smoking, bicycle-riding and the desire for fruit stand prominently forth”. The paper went on to argue that these crimes were hardly worthy of incarceration (Worrall, 1983, p. 5). There was evidence of overcrowding and insufficient resources:

The number of inmates at Burnham rose from 17 in 1875 to 80 in 1876 and 109 in 1877. Overcrowding caused outbreaks of disease...and a wave of absconding began. Caversham was suffering similar problems. Between 1876 and 1877 the roll rose from 166 to 222. Of particular concern was the number of very young children who were being admitted. Of the 227 children Caversham housed in 1879, 100 were under eight years of age and seventeen were infants. By the end of the decade the school was “in a dreadful state. Seventeen infants, four to a bed, were kept in a “nursery” sixteen feet square Babies were dying, nurses were resigning” (Garlick, 2012, p. 29).

The photo from Burnham Industrial School (see Figure 9, p. 86) illustrates how boys in care were treated over 100 years ago in New Zealand in a way that would be totally unacceptable in 2015, and seen as abusive. The boys stand naked, supervised by a woman on the left in a dark dress. As a mother of three sons I know the sensitivity of pubertal adolescents. When I view this picture I feel a stone in my heart imagining what the young boys felt - embarrassment, fear, and powerlessness. Is this just a woman’s response?

Figure 9: Image of pre-pubertal boys at the Burnham School swimming pool



Burnham Industrial School New Zealand Graphic 28th March 1896 p. 339

By kind permission of the Alexander Turnbull Library Wellington New Zealand

I find it hard to imagine that the mores of the time were such that it would be socially acceptable for these boys to stand naked around the swimming pool in any other setting. I interpret it as indicative of how children who were in need of care and deemed to be of “suspect stock” were viewed. There is evidence that many children have suffered both sexual and physical abuse in care, an issue discussed at more depth later in the thesis.

The image depicted in Figure 10 (p. 86) shows Māori children in residential care in Dunedin in the late 1880s dressed in thick woollen suits with stiff white collars. However, Dalley (1998) claimed that prior to the 1930s, very few Māori children had contact with the child welfare system and were a very tiny minority of those in institutional care in the first two decades. They were not institutionalised as the pain and grief suffered by these children in being separated from their whānau was recognised (p. 131).

Figure 10: Māori boys in the Burnham Industrial School 1896



Burnham Industrial School New Zealand Graphic 28th March 1896 p. 339
By kind permission of the Alexander Turnbull Library Wellington New Zealand

Researching early departmental policies in regard to the placement of Māori children in need of care and protection, Walker (1990) cited departmental letters from the early 1900s that clearly illustrated racist practice and little understanding of whānau systems. Although she found evidence of policy that Māori children should be placed with Māori foster parents, it was not always adhered to and when it was, a lower board rate was paid. While very few Māori children may have had contact with the child welfare system prior to 1930, it can be evidenced that Māori children were taken into care with Pākehā from the beginning of State intervention, and were disenfranchised

from all that was familiar to them (Dalley, 1998, p. 131):

The industrial school system was not necessarily seen as an imposition on an unwilling community. However, many families, mostly women, asked for their children to be placed in the institutions as a measure of welfare assistance and child control. The power of the State was paramount and “the children themselves were usually the least powerful actors” (Dalley, 1998, p. 27).

The cost of maintaining children in the institutions of the time was prohibitive and children were advertised seeking financial support. Reading the early case studies in the Turnbull library indicated that many families in early New Zealand lived in serious poverty and that many women and children died as a result of malnutrition. There was no welfare support for the many widows or deserted women who lived “in acute distress”. Many abandoned or widowed women were forced into prostitution to earn money to feed their children. However, the judgmental attitudes of society in regard to this activity resulted in the very children they worked to feed being removed from their care (Worrall, 1983). Thinking about the lives of these women brings me to the phenomenological concepts of performativity and interiority. In this case performativity describes actions performed *not* condoned by society, but done of necessity, and in conflict with their true selves, their own interiority. Deserted, be it through divorce or spousal death; in this new country without kin; having to use their bodies as a commodity for family survival, then losing the very children they were trying to save would cause unimaginable anguish. The emotional pain of being judged as filthy and unworthy of motherhood and falling to the power of the state meant the true “essence” of their lives was grief and despair.

The 1867 Neglected and Criminal Children’s Act was replaced by the Industrial Schools Act 1882, administered by the Education Department. This saw the beginnings of State foster care or “boarding out”. As Margaret Tennant suggested:

boarding out enabled intervention in two sets of families: the family with whom the child was boarded and the family to which the child, in theory, a missionary now imbued with the knowledge and skills gained through committal, would return, or which he or she would later form (Dalley, 1998, p. 45)

To what degree these interventions were successful is not evaluated anywhere. This significant initiative was attributed to the cost of institutional care, the stigma of being

committed to an institution, the growing awareness of abuse and excessive punishments occurring within institutions and a growing emphasis on the nurturing potential of family (Dalley, 1998, p. 45). Section 55 of this Act empowered school managers to place out suitable children with respectable families. They would be under the regular supervision of a local visitor – a lady, whose name was to be registered in the office of the Education Department and who should visit once a month and submit a report to the Education Department.

Early Foster Mothers

The Neglected and Criminal Children's Act 1867 and the Industrial Schools Act 1882 were made by men to be enacted by women. In 1883 some one hundred and fourteen women stated interest in fostering children from the Caversham Industrial School in Dunedin. Of this number, thirty-one were widows, ten were deserted or separated and two were single. There is no mention of men applying. Archived documents from 1885 over sixty years showed in the beginning of foster care there were a number of widows and wives of invalids or unemployed people, who tended to look after several boarded out children at once, "quite often four or five." The likelihood of child exploitation was noted (Kendrick, 1984, p. 9). Although policy emphasised that placements should be carefully supervised between the manager of the industrial school, together with "Official Correspondents and the Lady Visitors", this was not an easy task. Most of the children were placed in the country. As travel was difficult at that time, and settlement sparse, ill-treatment of the fostered children might well have gone unnoticed. Many of the children were placed with struggling farmers who put excessive demands upon their own wives and children (p. 9). While widows and deserted women appear to have earned their living by laundry work, sewing or knitting at home, many resorted to fostering and records showed it was proposed to place three boys aged two, three and four with a 70 year old foster mother (Zander, 1984, p. 4).

It was proposed by Zander (1984) that economic necessity was the primary motivating factor for many of the women with whom children were placed. In the 1880s New Zealand was experiencing severe economic depression, with unemployment rising and

consumer spending dwindling. An official wrote of one foster mother applicant, "Mrs P. wishes for three or four children, girls if possible, as many as she can have. Her husband has left her and she has been supporting herself by bringing in work". She would receive 7/6 per week for each child. By comparison farm labourers received thirty shillings a week, and brick layers twelve to fifteen shillings a day and general labourers six to eight shillings per day (Zander, 1984, p. 4). Board payments ceased when the child attained twelve years of age in recognition of their ability to assist in household duties. Many children were returned to the institution when they reached that age and sent out again to be farm labourers or domestic servants. Service relationships could be harsh and abusive both sexually and physically and Dalley gave an example where a young woman was considered "fair game" by her farm employer. She was returned to the institution (Dalley, 1998, pp. 30-31).

The relationship between women's poverty and the taking in of children in need of care is ripe for a critical analysis. Kendrick (1984) stated that these foster carers seemed to come from the same socio-economic background as the children placed in their care, and I cannot help wondering how much better off they were (pp. 10-11). Dalley's well-researched account of early foster mothers leaves no doubt that for the most part many, if not most, women took children to earn money.

There is another analysis here – one of commodification. The child in need of care becomes a method of income production that would provide a means of revenue for an impoverished family. The board payment was assessed to cover the sustaining of the child – food, clothes and other subsidiary costs. The labour of the woman in caring for the child counts for nothing. Were the child in an institution, it would be cared for by paid staff – a cost against the state. In the beginnings of foster care in the 1800s, board payments reduced as children grew and there was no recognition that as the children grew they ate more and cost more to clothe causing a drain in family finances. If unable to be of sufficient economic value to a family, for whatever reason, the child was given back (Kendrick, 1984).

A significant attraction of boarding out was its relative cheapness. Institutional care is an expensive undertaking, whereas boarding out involved minimal staffing costs and

ungenerous board payments to foster mothers (Dalley, 1998, p. 49). Economics is a strong determinant of care policies. The contribution of women is unworthy of payment because caring is part of a woman's gender role.

In 1885 the Auckland Medical Officer of Health reported to Parliament that the boarding out system was working well for many children (Kendrick, 1984). However, that rosy view was denied by other observers, particularly the women's welfare groups of the time who claimed that conditions in many foster homes were appalling, though few children were removed from their unsavoury surroundings. Public reaction to reports of severe child abuse and infant deaths, especially those associated with the practice of "baby farming", gave rise to the Infant Life Protection Act in 1893. "Baby Farming" was the name given to the practice of unmarried mothers boarding their "illegitimate" infants with other women. They did this in order to earn money to support themselves and their child and for reasons of respectability. This practice was seen as "sinister" by the public (Dalley, 1998). Again, children were used as a "commodity" for financial gain. Until the passing of this Act there was no limit to the number of children foster mothers could have and it appears that the practice could only be economically viable if several were taken at a time. The Infant Life Protection Act 1893 limited the number of children to five, and required all homes providing care for infants less than two years, to be registered with the Police, who could inspect at any time, but who were often ill-equipped for the task. These powers were extended in 1896 to include all children up to the age of four. The Infant Life Protection Act 1907 increased the age to six years. Infants could be taken from birth parents for payment for no more than seven days. The oversight of foster homes registered under the Infant Life Protection Act 1907 became the responsibility of the Education Department who appointed visiting officers, either trained nurses or women experienced in the care of young children and conversant with the current philosophies in infant welfare.

"Taken" into Care

Kendrick (1984) commented on the social discrimination suffered by children in care:

The attitude to "children of the State" was that while they may not be personally responsible for their plight, they undoubtedly came from suspect parental stock - "hereditary pauper immigrants" - "degraded

creatures from the Home Country”, as an Industrial Schools Report described them in 1875. Therefore there was “a certain amount of wonder” as to why respectable people would take such children into their homes and that if they did the unspoken corollary was that there must be “something in it for them”. Hence there was always an attitude of suspicion between state official and foster parent, an attitude that has tended to persist into modern times (p. 9).

The prevalence at the time of eugenic thought was exemplified in Education Department policy passed in 1909 that extended institutional control for life on those thought to be “degenerate” and able to be confined under the Industrial Schools Amendment Act. Public debate over the inherited nature of feeble-mindedness pointed to the “deleterious effects of morally degenerate women as sources of corruption and the role of women in society”. As previously argued, poverty drove many women to prostitution and the subsequent loss of their children who, because of their mothers’ occupation, were considered degenerate. The “undeserving poor” were childless widows, and women whose children were illegitimate or adopted who were not eligible for the 1911 widow’s pension. Asian widows, other aliens or unmarried, deserted or divorced mothers were also not eligible for the 1911 widows pension. These people had to work, or depend on their families or charity (Baker, 2012, p. 2). Ella Dick, a child welfare supervisor from Wellington, argued that it “was the children of the “girls” of the more intelligent classes of society who were worth saving as future citizens, not those sort that the Department usually assisted” (Dalley, 1998, p. 14).

In the early 1900s public opinion was still punitive and judgemental. There was no recognition of the influence of poverty or solo motherhood on child welfare. The New Zealand Times, of 2 October 1909, stated in the editorial:

The easier men and women find it to shift their responsibilities as parents on to other shoulders the more likely we are to see a spread rather than a contraction of the habit. People who neglect their children should be made to know that such conduct carries certain risks, not the least of which would be enforced labour for the support of the young wards of the state (Worrall, 1983, p. 5).

Once in the care of the State, children had little encouragement to see their families, whose influence was considered detrimental. The New Zealand Herald of November

7, 1905, poignantly described the relocating of 105 boys from Caversham Industrial School in Dunedin, in the lower South Island. Their new home was in Horowhenua, in the North Island:

More than half the squad are North Islanders, and there were a large number of relatives of the youngsters on the [Levin] railway station to speak with them for the little time available. Fathers, mothers, brothers and sisters reached their arms through the carriage windows to hold for a moment a small member of the family they had not seen probably for a couple of years. Faces were held up to be kissed, and there were tears from the women. They were all poor people, very poor they looked, in ill-assorted clothes (Hodge, 2005; Worrall, 1983).

By 1916 forty percent of children in state care were “boarded out”, largely those under 14 years of age. The stigma attributed to children needing care was also given to the foster mothers who cared for them. The Women’s Christian Temperance Union and the Canterbury Children’s Aid Society both complained about the standards of foster care, claiming that most foster mothers were ignorant about the “scientific methods of children suffering from hereditary taint and [specially] bad environment”. Foster mothers were described as “harried” and doing it for the money. (Dalley, 1998, p. 46; Kendrick, 1984). While the Education Department did not collect information on the foster carers, letters from foster mothers suggested they were not well-off financially. Ella Dick, a Child Welfare Supervisor, considered that there was a general impression that the decision to foster was ruled by the question of money and the “high and pure motives that influenced many women was not given due credit” (Dalley, 1998, pp. 46,47). The First World War led to a demand for an increase in board payments as foster mothers could no longer afford to keep the children and ten were returned in one day in Wellington. One woman stated she wanted to keep the children but her husband made her send them back as he never wanted them in the first place (p. 48). Boarding out was not only important for what it gave the under-privileged children, but as Dalley (1998) argued it was also a means of reaffirming to women the importance of motherhood and child-raising.

In Summary

The early history of how children in need of care and protection were treated in Aotearoa/New Zealand is not a rosy one. The total discounting of Māori traditions that

kept their children safe within their own whānau structures and the imposition of English law that placed children in institutions is an example of the many abuses Māori experienced in the process of colonisation. Initially the state placed responsibility for care on the extended family and then, as immigrant family systems were under stress, institutional care of children became the “modus operandi”. The poverty of many early deserted women, some of whom took to prostitution and lost their children as a consequence, and the practice of “baby farming” were symptoms of the troubles affecting early New Zealand society. For economic reasons many children were moved from institutional care to “boarding out” and the role of women in the establishment of early foster care also speaks of the commodification of care and the way in which children were seen as a means of adding to household income and for many a life of servitude and abuse. Children in care and their parents were seen as undesirable stock and the existence of eugenic policies in early New Zealand is a matter of national disgrace.

Taking a deeper phenomenological view, again brings to light the feelings of powerlessness suffered by those Māori who lost their children to the colonising State. Children who were moved from institution to institution and from institution to stranger foster care and sometimes back again, like pieces on a chess-board, were not only powerless but suffering cultural shock and grief of separation. This analysis also brings an awareness of the feelings of desperation and abandonment that many women and children would have experienced. The response of the state was to take the children from women who, for whatever reason, found themselves without any means of financial support. Theirs was a double loss – loss of spouse then loss of children. In some instances, other women benefited by pecuniary gain or, the child brought an extra pair of hands until it was unprofitable. However, it must also be reiterated that many women were motivated by compassion to care.

Reflecting on the history to this point, my overarching impressions are of pain, powerlessness, judgmentalism and the exploitation of women’s labour. The pain of mothers losing their children; the pain of women driven to taking children for money to survive; the pain of children separated from family and, in some cases, culture; the pain of unmarried mothers having to give their babies up to “baby-farms” in order to

survive and, though only hinted at, the pain and anxiety of the untrained “social workers” and the powerlessness of the children and their families. I argue that there is ethnic and class bias in those represented in child welfare statistics, and this includes not only those in State care but also those who cared. Children of the more wealthy may well have suffered abuse in all its forms, but there is an invisibility afforded by wealth as there is in domestic violence.

The fact that there was no change in care and protection legislation between the three Infant Life Protection Acts of 1893, 1896 and 1907 and the Child Welfare Act 1925 could be explained by the condemnatory attitudes of the time, a world-wide depression and a focus on World War One between 1914-1918 and its aftermath. The next chapter discusses how these factors contributed to an about face and New Zealand’s need as a society to ensure the welfare of its children. The Child Welfare Act 1925 had a primary focus on children and a higher level of state control, thought by some commentators of the time as being too interventionist. It too had a long duration, lasting until 1974, put on the back burner by the Second World War. The theoretical influences affecting changes of attitude and consequent policy changes are set out. My own childhood occurred in the latter stages of this period.

Chapter Five: Moving Towards Child Focused Legislation 1925-1974

Introduction

The previous chapter depicted the social attitudes and corresponding child welfare legislation in New Zealand from 1846-1925. It was a time of Eurocentric notions of child welfare; institutionalisation of children of destitute families; a total ignoring of the strength of Māori whānau systems and the beginning of foster care or “boarding out” as it was called in that time. This chapter now discusses and analyses the significant changes in child welfare legislation in the period 1925-1974. I was born during this period – the second to last day of 1937. My own personal journey started here and stretches from my own birth, my education, my first profession, my marriage, to the birth of my children and near the end of this period, the beginning of my fostering career. The key issues occurring in my childhood are told in the prelude, and will be re-iterated here where they illustrate my argument.

The Child Welfare Act 1925

1925 marked a change of focus in child care legislation. The 1918 influenza epidemic, the 1914-1918 World War and an economic depression left their marks on New Zealand society between the 1920s and the late 1930s. The depression exposed the deep trenches of inequality, and the effects of colonisation on Māori were beginning to be seen. The State began to take an investment interest in the health, education and welfare of children, and the complete autonomy of parents began to diminish. The Child Welfare Act of 1925 first reflected this and was an important milestone in the law affecting children in need of care and protection. The Act has been hailed as one of the more significant legislative landmarks in New Zealand welfare history, because it formally marked what had been a gradual shift in policy from an emphasis on punishment to reform and rehabilitation (Garlick, 2012). The transfer of responsibility for child care and protection from the Justice Department to the Department of Education in 1880 was the beginning. Between 1916 and 1925 the industrial schools system was fundamentally overhauled.

The legal intention of the Child Welfare Act 1925 was:

An Act to make better provision with respect to the maintenance, care and control of children who are specially under the protection of the State and to provide generally for the protection and training of indigent, neglected or delinquent children (October 1st 1925) (Hodge, 2005).

A separate Child Welfare Branch of the Education Department was instituted under the Act. The Act called for Children's Courts to be established and children could be placed under the guardianship of the Superintendent of Child Welfare, or under the supervision of a child welfare officer. An amendment to the Act in 1927 provided Child Welfare Officers the ability to report to the court and required consideration of “the child's parentage, environment, history, education, mentality, disposition, and any other relevant matters” (Tapp et al., 1991, pp. A-13).

The Child Welfare Act (1925) never had universal approval however, and in 1930 there was much correspondence in the press relating to the separating of both Māori and Pākehā children from their families:

Why do the public and the Government of New Zealand allow the Child Welfare officials so much power and scope? Why are they allowed to practically ignore the appeals of many parents for the return of the children, who are forcibly kept away for such long periods (Auckland Star, 30th October, 1930).

This call in 1930 for recognition of the consequences of the power wielded on families by the State has continued to have resonance in my experience as a foster parent and social worker. For many children deemed to be at risk, for whatever reason, the State was considered a better parent. However, for many children, growing up in care has been a miserable and insecure experience.

A concern with the health and productivity of the future citizens of New Zealand was engendered by the two world wars (Tapp et al., 1991, pp. A-13). In 1943 there were moves toward preventive policies with the introduction of the Needy Family Assistance Scheme, designed to improve social conditions for poor families. This together with an

improving economy and full employment led to a substantial decrease in the numbers of children taken into care on the grounds of poverty. That was the year I started primary school. Milk and apples were delivered to every school in New Zealand and unless there was a medical reason not to, we were forced to drink half a pint of milk, warm after sitting in the sun, with a layer of thick cream. We were observed by the teachers at morning break to ensure we drank it! The apples were edible, but the milk did not appeal to many. I also remember some teachers inspecting our lunch to see if it was adequate. Mine always was, but some children were given extra apples.

The government had initiated means-tested financial support for low income families from 1926. In 1946 universal family-benefit payments replaced this and each week all mothers received some money for children under 16, paid directly to her, to spend on her children (Garlick, 2012). However, (Garlick, 2012) claimed in the 1950s the New Zealand welfare state was firmly focused on support for married couples with young children. The goal was preservation of the nuclear family. Single, divorced and separated mothers still struggled financially and could only claim the emergency benefit that was time-limited and not designed for long term assistance. State social workers also had discretionary powers to withhold these benefits from mothers and many were heavily dependent on voluntary welfare organisations (p. 73).

Unreasonable Expectations of a Woman's Labour

In 1954 the scarcity of foster homes led the Department to trial the establishment of a family group home in Whangarei. Initially planned to be an intermediate step between institutional care and return home, they could also serve to keep large family groups together. The trial was considered successful and by 1972 there were 78 such homes in New Zealand with some homes taking up to 12 children (Garlick, 2012, pp. 62-63). They were to be staffed by a married couple with a requirement that the husband have outside employment and the woman take responsibility for the running of the home. This placed considerable strain on the women caregivers. The responsibility to provide a comfortable home and the conditions and expectations under which they lived and worked made these women the foundation of the family home system. They were virtually house-bound, had a large number of children

passing through the home and usually had children of their own. The Department overloaded them with too many children and would ask them to perform extra duties “to the point of unreasonableness” (Dalley, 1998, p. 247). As Dalley recorded, a district office complaint to Head Office in 1961 stated:

The constant movement of diversified types of highly delinquent, sexually precocious, ill-mannered, untrained and unpleasant children, mixed with normal loveable children makes for nothing more than strain on the carers. Foster mothers had been burdened with the care of “dirty, smelly children suffering from lice, venereal disease or vaginal discharges” (p. 247).

Many family home foster mothers were irritated by the fact that the board rates paid for the children, although higher than normal foster care rates, left nothing over for themselves. As Dalley described, one family home mother complained she was on duty 24 hours a day seven days a week with no salary. She had been led to believe there would be surplus left over from the board payments. She had a regular home help who was paid. The family home mother is quoted as saying “I am sick and tired of working alongside my home-help while she receives a good hourly rate plus holiday pay” (Dalley, 1998, p. 248). She received nothing for her labour and 24 hour responsibility. Because of their intended intermediary status, Family Homes were expedient depositories for traumatised children in transit and children whose difficult behaviour made them hard to place. By their very nature it was difficult to do any therapeutic work with these dislocated children in “transit”, although efforts to keep large sibling groups together was one recognition of familial attachment. My experience of Family Homes was that, while some were highly organised and well controlled, others had a chaotic atmosphere of too many dislocated children, impermanence and harried caregivers.

The Essence of Attachment

Influenced by John Bowlby’s (1951) theories of attachment, child welfare policies of the mid 1950s and 1960s stated clearly that efforts should be made to keep siblings together and, ideally, to place with kin, although practice frequently did not reflect this (Worrall, 1996, p. 16). It was suggested by Walker (1990) however, that social workers at that time did not consider placing with kin as the deficits of the children’s parents

were seen as existing in the whole extended family network (p. 3). Walker's research revealed the attitudes of the Social Welfare Department to kin-based placements. One social worker recalled:

It didn't encourage it- at times I can remember my thoughts were that the Department sees all relatives like the ones where the breakdown occurred – it didn't differentiate, it classed them all the same so there wasn't any encouragement to place them with the family because it's only "that bloody lot" – comments like that would be made (Walker, 1990, p. 104).

It should also be noted that at that time Departmental social workers were for the large part Pākehā, usually did not have specific social work qualifications, but were accepted into the role on account of their backgrounds in teaching or nursing. Lack of training was commented on as early as 1935 when John Beck, the then Officer-in-Charge of the Industrial Schools and Boarding Out division of the Education Department, stated that only people of outstanding personality and good education were appointed as child welfare officers, but asserted that there should be a specific university social work degree (Kendrick, 1984). Lack of training was acutely felt by the social workers themselves who, according to Walker (1990, p. 52), frequently admitted to "floundering and a strong sense of inadequacy".

The concept of attachment is one of the essential issues of analysis when examining child care and protection matters. Describing the relational essence of attachment, Howe (1995) argued that relationships play a key part in a human's "psychological development, social competence and personal well-being" and that "many aspects of our personality form during childhood as we experience a constant round of close relationships with parents, family and friends" (p. 1). Secure attachment relationships are the process by which children develop trust, a strong sense of self and resilience.

Early attachment theorists stressed the importance of the quality and continuity of maternal-infant relationships, or monotropism. As argued by Atwool (2008) "the early literature on attachment reflects the dominant mores of the era in which the theory originated and both Bowlby (1973, 1982) and (Ainsworth, 1979) used the word "mother", (p. 136), although Ainsworth did state that it was not necessarily the biological mother, but anyone in the caregiving role (p. 932). The attachment figure

has a crucial role in managing anxiety during the infant's period of complete dependency.

Emphasis on the essential role of the “mother” in the home was a consequence of this theory (Atwool, 2008; Tapp et al., 1991). Initially, psychoanalytical theorists, such as Freud, linked attachment to the hunger drive and the ability of the mother to feed her infant and assuage that physiological need. However Bowlby stoutly rejected this analysis and “saw attachment as a primary biologically sponsored behaviour in its own right “ (Howe, 1995, p. 50). Many feminists at the time saw this as “mother-blaming” and while the attachment concept was widely accepted, the fact that it was seen as only a dyadic relationship was however, not accepted in many quarters. As the theory developed there was recognition that multiple attachments are possible. As a consequence, attachment literature developed to give reference to parents, siblings, carers, primary caregiver and attachment figures (Atwool, 2008; Howe, 1995; McFadden, 1996).

Understanding the nature of the child’s attachment experience and having its psychological and physiological needs met through the positive and trustworthy availability of its caregiver, gave rise to Bowlby's concept of internal working models. The infant's experience of interaction with its primary caregiver will have a long-term impact in regard to how the child sees itself, its expectations of others and its ability to form social relationships and interpret reality. The concept of “sensitive responsiveness” or the ability to tune into the infant and respond appropriately to its needs, helps the infant to form a secure attachment. Once established, that secure attachment provides the child with a base from which to explore the world (Atwool, 2008 p. 138). Bowlby’s initial work was in regard to children in institutions, who had neither a consistency of caregiver nor anyone who could immediately respond to their physiological and psychological needs. In my experience of working on a de-institutionalisation project in central Asia, I saw infants who were institutionalised shut down their crying reflex because they learned it would not bring a response.

Attachment theory has had its critics. Feminists, structuralists, cultural theorists, and psychologists have argued about the fallibility of the concept from their particular perspectives. Feminists claimed attachment theory created a pathology of

motherhood, “used to castigate working mothers” and reinforce the gendered division of labour in the 50s and 60s, and that Bowlby stereotyped women to the domestic sphere (Atwool, 2008). It is useful here to reflect back on the earlier discussion on the essence of power and Foucault’s notion of its ubiquitous nature and, although Foucault did not address it, the consequential effect on the lives of women. Taking that perspective, it could be argued that how motherhood is experienced is fashioned by the State. It could also be argued, however, that, in fact, Bowlby gave women power by acknowledging the power of attachment and the ability of mothers or caregivers to affect outcomes for their children by both intrinsic factors and their pre-and post-natal behaviour. The powerful quality of the attachment bond persists even after mother and child, or primary caregiver and child suffer separation.

Citing Walkerdine and Luce (1989), Atwool (2008) argued where this was not the case, a mother who did not totally surrender her life to her baby but wanted to have other interests, could be judged as pathologically unfit (p. 163). However, hooks (2000) argued that such a view is largely that of white women liberationists and contrasts sharply with that of black women. For black women, motherhood would not be what stood in the way of freedom as women. Other issues such as racism, lack of jobs, lack of education or skills would have been top of the list, not motherhood. Those black women who did have work saw it as alienating from the family (p. 133). The concept of a singular maternal attachment figure has also been criticised by other cultural commentators where child-rearing responsibilities are shared by many in the family. Another argument raised against the idea of the mother-child relationship being the primary influence on child outcome is the influence of temperament on the dyadic relationship. The attachment relationship is two-way and both mother (or caregiver) and child contribute to the interaction. According to Belsky (2005) there is no conclusive evidence that temperament alone is a determining factor of the establishment of security (p. 80). Taking an ecological perspective places the attachment process in situ. Micro-systemic influences such as the mental and physical health of the infant or parent and partner support, mesosystemic family relationships, exosystemic environmental stressors, such as unemployment, poverty and overcrowding, and macrosystemic issues, such as cultural expectations, all contribute to both the prenatal and post birth attachment process.

Both these analyses have resonance for me. During my reproductive years in the 1960s it was expected that the infant was the total focus of the mother and under normal circumstances, it was her responsibility to ensure the baby reached its milestones. The Plunket Nurse visited and the baby's weight gain was a reflection on my capability to feed and nourish this demanding human being. I would be in tears with one child who was always well below the median graph line in the Plunket book, refused food of most types, and provoked a judgmental stare from the nurse, and comments that perhaps I wasn't trying hard enough. On the other hand, when of necessity I did go to work, that also provoked feelings of guilt and anxiety that I was not at home preparing sustenance for all and attending to my children, as their primary attachment figure.

Gaining an understanding of attachment theory and its constructs, has given me insight of my own personal development and how I managed separation from my primary attachment figures at a critical stage of my development and the resilience afforded particularly by my primary care-givers until the age of 8. It has also afforded a useful theoretical practice tool in my roles as a foster carer and a social worker, as discussed in more depth in further chapters.

Attachment, Maternal Separation, Ownership and Identity

It was during my paediatric nursing training that I became aware of the relationships between poverty, ethnicity, gender and health. Babies and young children would be admitted regularly with bronchiolitis, recurrent serious ear infections, pneumonia, heart conditions caused by rheumatic fever and failure to thrive. Issues of poverty, poor living conditions and young unsupported parents were major contributors to the health issues of these children. They would recover with treatment and hospital care only to be readmitted in a month or two. It was then that my interest in social work began. I remember being in charge of a paediatric ward at Auckland hospital on afternoon duty in my second year as "a two striper".¹¹ There were 30 babies in the

¹¹ Our uniforms had stripes on the pockets to indicate seniority. After passing the preliminary school exams, we were given one stripe, then one more every year, if we passed the exams, until we were in our final year when we had four stripes and were then often put in charge of a ward on afternoon or

ward, six in oxygen tents, and several really small infants. They all seemed to be crying at once. In those days parents were only visible during visiting hours and not part of the caring team as they are today. Issues of attachment were never taken into account. The attachment response was re-activated at visiting hour, and the children would cry when they saw their parents and again when they left. The parents handed their children over to the hospital and went home to worry! I remember feeling out of my depth at the responsibility given me with insufficient training or support. Propping bottles on pillows for sick babies, rushing from one baby to the next, I had a very strong urge to run in to the Auckland Domain and never return.

This was also my first experience of an infant being taken into Social Welfare care. The infant's mother was mildly intellectually incapacitated and the baby was not thriving and was suffering from malnutrition. It had been admitted several times before. The wailing of the mother as she was told that she would not be taking her baby home and it would be placed in foster care has stayed with me to this day. I had heard this before when Māori whānau were with their relatives when they passed away. The keening sound would echo through the ward – so different from what I saw of the Pākehā internalisation of grief. I wondered could there not be another way – somewhere where mother and baby could both be given care? There was an obvious attachment between mother and child, even if the material needs of the child were not sufficiently met. What also concerned me at the time was the judgemental attitude of some of the nursing staff and certainly the welfare officer that seemingly paid no heed to the attachment of mother and baby. I now understand that social workers doing this job of necessity appear unemotional and controlled. Later, in my time at National Women's Hospital as a social work student, I met that mother again -about to produce another child.

Writing from the perspective of an African American woman, hooks (2000) commented that for many poor and/or non-white women, parenting is one of the few interpersonal relationships where they are affirmed and appreciated (p. 135). hooks advocated for some type of community setting where there could be communal child care, and the child is given other resources to rely on if their emotional, intellectual

and material needs are not able to be met solely by their parents. While hooks writes about black communities, I am reminded of historical traditional Māori society described earlier, where a child was seen, not as the child of its biological parents, but as a child of the whānau - a communal responsibility. When parents were under stress, children were cared for within the extended family, often to the mutual advantage of all concerned and contact with parents was usually assured.

The woman at the hospital did not appear to be Māori, but Pākehā extended families in the past were also tighter and often geographically closer.

When I was a child, I never saw my family as only father, mother, brothers and sisters. My childhood experiences involved interactions with grandmothers, aunts, uncles, cousins, great uncles and great aunts, and so on. These relatives gave me as much attention as my own parents gave me. My parents, like others in the village, expected my relatives to have parental responsibility over me. If they failed to do so, they were considered “bad” relatives (Ritchie & Ritchie, 1979, pp. 27-28).

This was also my early childhood experience. For the first eight years of my childhood I was raised in a family where the related women lived no more than two streets away and hardly a day would pass without contact with one “Aunty” or another. As children, we wandered between families as we liked and were watched over, so to speak, by many relatives. I was the youngest of all the children, the only girl and the older boys were often “assigned” to take care of me. If one woman was ill, baking and casseroles would travel street to street to ensure the welfare of that extended family group.

The prologue to this thesis tells of my experience of separation from family who raised me from birth and who were my primary attachment figures. The story is told because of parallel issues of separation that exist for children entering the care system, be they placed in foster care with strangers or with kin. There is a tearing of the mother-child bond. The circumstances that have brought the child into care may well have affected the quality of that relationship, but nevertheless, it is integral to the child’s sense of self. Secondary attachments post birth can form, and often quickly, as in my case. The story also tells of the grief of separation, not only for the child, but also for the caregivers. Attachment is a reciprocal phenomenon. Breaking that attachment produces an abandonment response from the child. I remember several times in my

childhood experiencing a fear of abandonment.

The author of *"Motherless Daughters"*, Edelman (1994), has gathered stories of women who had lost their mothers at an early age. She wrote "Motherless daughters talk about empty spaces. They talk about missing pieces....and the gaping hole that sits permanently between their stomach and their ribs" (p. 170). Edelman did not include stories about women losing their mothers at birth. Perhaps it doesn't count. Perhaps it is thought there is no relationship to miss. Current attachment thinking negates that belief. The infant in utero can hear, knows its mother's voice, reacts to her adrenalin levels, her blood pressure – they are separate, but interdependent, beings. There is grief, a loss that lasts a lifetime, surfacing as a twinge, when other women talk about their mother-daughter relationships, be they good, bad or indifferent. Edelman found how, even though her participants knew their mothers were dead, they continued to search, to look for their mother's face in a will crowd, having moments of disbelief. So it is with those who have never known their mother, be it by adoption or death, fantasising that one day their mother will turn up and say "I am your mother". So it is for children raised in foster care who, if contact is not sustained, hold the hope of reunion.

The "fiction" of adoption has been articulated over many years. The human need to have children by any means has over time, resulted in many children having a fictitious identity imposed upon them by the process of adoption, whereby the child is given the surname of the adoptive parents, and treated as if it were of them, and likewise, more recently, children conceived by donor semen or ova. However, the advent of Jigsaw and the Adult Adoption Information Act in 1985 gives testimony to the fact that there is an innate need to know who we are - our biological identity. Many adoptees search for their biological parents. It could be argued that the attachment bond that occurs between mother and unborn infant (MFA) is not easily broken (Alhusen, Gross, Hayat, Woods, & Sharps, 2012). Mothers who have given up their babies for adoption at birth talk about the empty hole beneath their heart and also search for their adult child. As a social worker, I have worked with adults, some in mid-life, who have undertaken a search for their biological parents. For some it is a fruitless endeavour, for others it has been the discovery of not only biological parents, but also previously unknown siblings.

Else (1991) in her historical account of adoption in New Zealand, quoted a woman who poignantly evidenced the strength of the maternal bond:

A birth mother expressed the lifelong yearning felt by many in her position in a submission to government in 1982: "I have never stopped wondering, and I would do anything to know my daughter. I still love her very much and would like to know she has been happy with her parents. I can't undo the years, and live in the world of "if only", but if the law would change she could meet me if her feelings are like mine. I know I ceased being her mother as soon as I signed that paper but I know I could still be a friend" (p. 156).

There is no concept of legal adoption in Māoridom. The important issue for children is their whakapapa, their identity and being proud of their genealogy and that children are taken as whāngai for many reasons, as discussed earlier. Else (2014) stated that this form of customary Māori adoption had legal status in the early colonial period, however from 1901 Māori adoptions were not recognised legally unless they were registered in the Native Land Court. Else claimed that this move was the first in a long line of legal steps that undermined the status of customary adoption. This example of racist policy was furthered in 1909 when it became illegal for Māori to adopt non-Māori. Nevertheless, the reverse was not the case and Māori children were adopted by Pākehā. It was only when the Adoption Act 1955 was passed that adoption for Māori was brought under the same rules as for Pākehā. However, being treated the same as non-Māori meant that many adopted Māori children lost knowledge of their whakapapa.

The Māori attitude of collective ownership and therefore collective responsibility for children as previously described does not sit well with the nuclear family model of Pākehā society. Taking this into account, I reflect on the numbers of cross-cultural foster placements made. The Pākehā notion of family, nuclear, private, and closed would allow beliefs of "ownership" of foster children, of giving them another identity, disallowing or ignoring difference.

I am reminded of attending a Foster Care Conference in Brisbane in 1986. A very dark-skinned Aboriginal woman of about 40 years of age stood emotionless and told of how she was "stolen" from her family in the "outback" and given to a respectable white family. She described how at eight years of age she was old enough to miss all

her Aboriginal family memories that made her who she was, and that she would never feel “white”, nor was she ever treated as white, but discriminated against in the white community in which she was placed. She had spent her years “in care” yearning for her Aboriginal mother. At that time, the Australian Government were making moves to return the Aboriginal children. The woman’s speech, which left me gutted, was greeted by angry outbursts from white Australian foster mothers claiming through tears that they would not give up these children who they had loved and cared for over many years. I remember thinking was this foster care, or about ownership and white assimilation thinking? As the foster mother of Māori children I wondered what part I had similarly played in this? In New Zealand in the 70s children were taken because of serious risk factors that existed, not just the poverty of their surroundings, but it made me think of the cultural dissonance that would have existed for the children in our family care. I could understand both parties. I have grieved for children I have fostered for many years, seeing them flourish and then have them return to less than ideal circumstances, but I also understand the yearning of children in care to be with their biological families. As one child said to me “I want to go home, but I want it to be better...no fighting”.

Towards the 1974 Children and Young Persons Act

There were few if any theoretical challenges in regard to care as a concept or social activity until the 1970s (Leira & Saraceno, 2002). Determining feminist scholarship as the main driving force in research since then, Leira and Saraceno argued that there has been a progressive unravelling of the relational, symbolic, political and practical tapestry of caring relationships. They define care as a public and private responsibility being paid and unpaid, formally and informally provided, and performed in profit and non-profit arrangements. It can pertain not only to family analysis, but also to labour market and welfare state analysis (p. 56).

As previously discussed, the theoretical underpinnings that shape substitute care services to families have evolved over the years, with resulting implications for social work practice. The “discovery” of child abuse in the early 1960s resulted in a strong emphasis on child protection and the numbers of children in foster and institutional

care escalated. Families, in particular mothers, were judged irreparably incompetent and scapegoated for problems that were the consequences of macro phenomena, such as poverty and institutional racism.

Psychological theories achieved ascendance during the 70s, attachment theory being one of these. There was an emphasis on the importance of childhood experience for adult development (Mc Donald, 1978). This brought with it an increased use of psychological testing and explanations in child welfare work (Dalley, 1998). This was certainly my recollection in the late 1970s and 1980s and several of the children in our care were tested with varying results. Dalley (1998) noted that although many children were tested, this was not necessarily reflected in changes in practice. It is, however, likely that these developments influenced decision-making in the direction of removing children from families when their development was being compromised rather than working with the family (Atwool, 2008). It was a deterministic approach, and for some children a deficit label that went with them, written in their file. At the time I wondered how the effects of abuse and the children's placement traumas were accounted for in the results and how deterministic these might be if the child could experience placement stability, good care and relational security in a stable foster care placement. My experience is that high IQ readings cannot necessarily mean that these children will be able to overcome childhood trauma and achieve their intellectual potential.

It was during the 1970s that ecological theories began to be used in Social Work. Taking a psycho-social perspective, this framework of analysis places the child in situ in its social environment and enables a holistic appraisal. People both change and are changed by their environment (Payne, 1997). This was a shift away from a sole focus on the child and a move towards family-based restorative social work. It was at last recognised that when child development, child safety and family relations are at issue, the family and its ecological system should be the focus of intervention (Kufeldt & McKenzie, 2011; Peeters, 2012).

As described earlier in this chapter, my nursing experience of chronically ill children had made me aware that for some, there was a high contribution of social poverty to

their physical state. When I came upon this model it made so much sense, but also could engender a sense of helplessness. Understanding the complexity of the client's situation is one thing - being able to practice across the whole ecological milieu is another. The life model has been criticised for assuming a fundamental social order and ignoring the need for radical social change (Payne, 1997). However, I argue that ecological mapping highlights deficits in relationships within the client's system, both personal relationships and relationships with the institutions that influence life outcomes. Social work is not only about managing personal relationships. Advocacy is also a major social work task, and this requires a commitment to pushing for policy and social change.

In the 1970s, public concerns about child abuse and the effect of the economy on families, and anxieties about juvenile delinquency and youth offending were featured in the media (Garlick, 2012). This was emphasised by the hearings conducted by the Royal Commission on Social Security 1972. In 1971/72 more than 12,000 children appeared before the court, doubled in number since 1960/61 figures, and the number of children in State care or under supervision had more than doubled from 7267 in 1948/49 to 16,536 in 1971/72 (Garlick, 2012, p. 62). However, there was still stigmatisation of parents whose children were taken into care and the issues of the wielding of power by the State that concerned people in 1930 were still evident when I became a foster parent in 1972. I was most concerned, as were many like-minded people, at the fact that children placed in foster care were then separated from family, including siblings, with seemingly few plans for parental rehabilitation or family reconstitution. Foster placements were mostly of a long duration (McKay, 1981), perhaps indicative of the lack of long-term social work intervention with the families of the children who had intractable and complex problems. Long-term foster care held an assumption that this was a permanent resolution of the problem of child well-being.

Motivation to Care and Role Expectations

The motivation to become a foster parent was discussed in the previous chapter in regard to early impoverished women who were described as seeing it as a means of income to sustain a family unit (Kendrick, 1984). Motivation to care is a complex

question in my experience. If improved family income was a driver, not uncovered in the assessment process, this hope would not be realised. In my experience it costs to be a foster parent. Board payments are not seen as income therefore not taxable, the level determined by age of the child, and only sufficient for basic upkeep. There is no “salary” for the foster carer. If there was, that would be assessed as taxable income even though foster parents are under contract. There have been many debates with taxation departments over time about this – an argument that is not only financial but also moral. The notion of “taking a child for money” or using a child as a financial commodity in any way is an anathema. Society’s moral responsibility seems to be that we (in the collective sense) should be caring for and sustaining our precious children to become healthy citizens of tomorrow.

Motivation, discussed further in Chapter Six, is related to both intrinsic and extrinsic sources of influence. Intrinsic factors I have noted in my social work role are childlessness, infertility, wanting a companion for an only child, a family history of fostering or the fact that they themselves were raised in foster care. More altruistic motivation may arise through a strong sense of compassion or a desire to contribute to society, perhaps a Christian ethic. Having friends who foster or a response to media stories or advertisements are common extrinsic influences.

For our family it was a feeling that we were fortunate and could share this with a child in trouble. We had cared for a pregnant fifteen year old for 5 months and assisted her in the birth and adoption of her baby and that was a rewarding experience. Coming from a large rural family she was made to leave school at 15 and sent to town to work, living in the local camping ground. Her family would not support her through the pregnancy and her doctor arranged for her to be “sent up north” to deliver and avoid community disapproval. She entered into further education in Auckland and achieved well. Shortly after she left us, our family faced the life threatening medical crisis of my breast cancer at 32, and the feeling of wanting to do something worthwhile in our lives contributed to our decision to foster. We responded to an emotive advertisement in the paper calling for long-term foster or adoptive parents. On reflection even if I was not conscious of it at the time, I believe that my own experience of being raised by

other than my biological parents, and my thankfulness for that, also contributed to the decision. However, it was shortly after my surgery and I now wonder about the timing of that decision.

Inclusivity and Parental Contact

One of the children placed with our family was Māori and as the social worker who brought her left she stated “this child will never go home, her parents will have no contact and you should consider whether you would like to adopt her”. We had envisaged being short term carers, and as a woman I saw my role as assisting the mother in maintaining contact and regaining custody. This would be a woman to woman partnership. The attitude of the State at that time however, while perhaps not intentionally punitive, was to establish stability and permanency for at risk children. While this is essential for any child, the fact that Māori children were divorced from their culture by being permanently placed, or even adopted, by Pākehā families did not seem to be taken into account. This child often spoke of her aunties and it was obvious that at four years of age, she had absorbed some important cultural attitudes, such as not wanting to be touched on the head, that were not part of our family way of life. However, it must be said that the child was four years old on the day she arrived and we were her 5th placement. It was right that the child should have stability. For many months she recited the shocking incident that had brought her into care and voiced concern about her mother. She needed to see her but that was not allowed.

Based on the evidence of a longitudinal study of 297 children of minority ethnic origin placed in care with permanent substitute families of a different culture, Thoburn (2004) concluded that there was evidence that contact with birth family members could contribute to a more positive sense of ethnic and cultural identity and pride (Atwool, 2008, p. 53). I cannot imagine that the reverse would be the case. Two children fostered in our Pākehā family were Māori and one part Māori. Parental contact was infrequent, and for some did not happen at all. I did my best to ensure they had plenty of contact with my sister-in-law who is Māori and her whānau. There was a connectedness there that was different from the one they had with our family.

There was copious research evidence during this period and before of the long term benefits of parental contact while children are in care (Worrall, 1996, pp. 35-37). My feeling of unease about children's lack of contact with their families was later well articulated. Smith (1991) stated that "powerful ideological forces identify women who care and women who have their children taken into care as "good" or "bad" mothers respectively, in ways that militate against the possibility of having interests in common" (p. 175). Smith (1991) ascertained that the provision of foster care for children is "fruitful for feminist analysis because it raises questions about gender, class, race, money, power, and welfare" (p. 176). She observed children who come to the notice of the state usually come from the most socially disadvantaged and stigmatized families, often headed by mothers, and are placed in foster care with upper-working-class foster families and supervised by middle-class social workers (p. 176). A class analysis as to who offers foster care to whom and why showed a middle to lower class response (Dalley, 1998, p. 216). The exception to this is when children are placed within extended family structures and the issues are not about class difference between families, but financial stress and gender roles.

The experiences of 31 biological mothers in Ontario Canada whose children were placed in foster care were examined by Freymond and Cameron (2011). They looked at reasons for the marginalisation of these women and found the very process of removing the children diminishes the possibility of this being a positive experience. Many of the mothers in the study had just approached welfare services asking for help, not to have their children removed. In spite of the fact that there is a growing body of literature about the varying experiences of motherhood, there is little written about the profound impact on women of having their children placed in care. It was asserted by Freymond and Cameron (2011) that what is written is:

eclipsed by a pervasive discourse that presents an unsympathetic characterisation of these women. Within this discourse, mothers are assessed in part based on the criterion of a dominant mothering ideology, and where mothers do not fit this ideology they are described using deviancy discourses and constructed as bad mothers, whose mothering is described as deficient, potentially abusive and separated conceptually and morally from socially acceptable mothers (p. 132).

The research participants stated that their distress as mothers was intensified when they did not have information about the well-being or whereabouts of their children. The mothers described profound sadness and even suicide contemplation. The showing of empathy, where this occurred, helped the mothers to resist hopelessness and work towards having their children returned (Freymond & Cameron, 2011). In essence, it is about compassion and overcoming judgmentalism. The lives of children and mothers are intrinsically connected, as discussed earlier and for this reason, if no other, contact should be maintained wherever possible.

I have always thought that good foster caregivers, particularly foster mothers, are an under-utilised resource. As stated earlier, the ability to befriend and accept the children's mothers, and sometimes fathers, can assist in rehabilitation of the family unit, by role modelling, and consequently assist in the growth of parental self-esteem. Later, in my fostering career I was able to work with the natural parents and extended family of some of the children and this was the most rewarding experience. This concept of partnership with the birth family is described as "inclusive foster care" and argues that shifting from an exclusive to an inclusive approach is mutually beneficial for all concerned, particularly the child (Kufeldt, 2011; Kufeldt, J., & Dorash, 1989). Atwool (2008) wrote:

.....inclusive foster care can be described as underpinned by beliefs in: family life for children and young people and the unique experience it can offer; children's continuing relationships with their birth families; partnership with birth parents; a partnership between foster parents and the social service agency; continued post-placement support; and recognition of carers' professional contribution to the community through various payment structures (p. 45).

In my recent experience as a foster care trainer and social work supervisor I have observed a tendency for Child Youth and Family social workers to take a risk averse approach to foster family contact with biological parents. I have heard social workers tell prospective carers that the child's parents will never be told who the child is with or where they live. Any contact between children and their parents takes place away from the child's foster home, very often in a contact centre, under supervision. This policy decision may have arisen out of the fact that the reasons children are taken into care are more serious than previously and many parents have histories of violence and

drug abuse (Worrall, 2005, 2009). However to make this a blanket policy flies in the face of research that shows children settle better and have a greater chance of return to family when the care is inclusive.

As a foster parent, I have experienced both inclusive and exclusive foster care arrangements. I have had the parents of children in our care visit and stay for meals and take the child for outings. For the most part, this has been a good experience for all parties. The children could see that our family accepted the child's parents and that there was no judgment of their circumstances. One child's parents would ring asking for advice about different issues affecting their lives. However, for one child where serious domestic violence and abuse was the issue concerning the need for care, this was not good and when that overflowed into our environment, access was then held in the office of Child Youth and Family. I insisted that I took the child to the access. In her traumatic life to date I was her first stable entity. When social workers visited she would hide, thinking they would be removing her.

I remember as a social worker having to take children to contact centres in various parts of Auckland. One I particularly remember was bright, cheerful and there were toys and water available. A woman contact supervisor sat at a desk and ticked off the people as they entered. She had to furnish a report about how the contact went and step in if there were any issues of safety for the children. However all the niceties that existed there did not seem to help the stress associated with the purpose of the visit. For this child, like many others in care, we were never sure that Mum would turn up. She was alcoholic and somewhat itinerate. She had defaulted the last visit, saying she was sick and I would not leave the child until she arrived. The child had often had this happen and was seemingly philosophical about the fact that she might not show. The foster mother said when I collected the boy that he had told her he did not want to go. Contact was stipulated in the child's plan and there was no good reason for not taking him. She was late. I had almost given up. The child's face lit up when she entered. She was sober and brought chips and comics. When I collected him an hour later he was very quiet on the way home, in fact seemed exhausted. He was clutching the comics and often sighing. In response to the question about how it all went he would say nothing except "OK".

I have often struggled with knowing what was the right thing to do. Many children find the contact emotionally exhausting as attachment is reactivated. The foster mother has to deal with the emotional backwash that often follows contact. The biological parent also finds the pain of seeing her child and leaving it hard to experience and the stress for an addicted mother is sometimes assuaged by alcohol or drug taking.

Collective Voices

Butler (1988) stated that:

Feminist theory has sought to understand the way in which systemic or pervasive political and cultural structures are enacted and reproduced through individual acts and practices, and how the analysis of ostensibly personal situations is clarified through situating the issues in a broader and shared cultural context (p. 522).

Ninety years after the introduction of state boarding out, child care services in New Zealand had reached a crisis point (Thompson, 1984). As previously mentioned, concerns about the state of foster care in New Zealand in the seventies were becoming widely voiced, not only by aware foster parents, but also social workers and administrators themselves. In 1972 a meeting was called by a few social workers from the Social Welfare Department at the Mt Eden Tennis Club in Auckland, for foster parents and social workers to articulate the concerns and find a way forward. The room was full of women; the only males to be seen were two male social workers. This is understandable as the men were at home minding the children and the actual caring task was the women's.

The issues raised at that meeting were many and ubiquitous - children separated from their siblings; cross-cultural placements; difficult traumatised children with severe behavioural problems; no training for foster parents in caring for abused and neglected children and little social work support; no planning; no parental contact and children being moved from place to place at a seeming whim of some social worker. Standards of foster parent assessment were variable and some children had been given name changes by their foster parents. Women related stories of ringing Social Welfare in the morning to enquire about fostering and having a child placed with them the same

afternoon. No prior assessment was done! While one can imagine such practices arose out of a critical shortage of foster homes, it placed both the children and caregivers at huge risk. Insurance companies would not cover damage done by foster children. Board payments were minimal and some foster parents received none. Foster parents stated they felt they were treated as “clients” rather than partners, and often there was little information given about the children brought to them. The social workers at the meeting described how high case-loads stood in the way of good practice. The best interests of the child, although prescribed in legislation, were not always evident in practice.

It was at that meeting that opportunely I discovered two other foster carers who separately had the three siblings of our current foster child in their care. We decided that we would arrange to meet monthly so that the siblings could spend time together. The children were so happy to reunite that the three families decided to have all the children together for a whole weekend once a month. It is now known that for children where neglect is the care and protection issue, their primary attachments are often to their siblings rather than parents. This knowledge now means that social workers endeavour to place siblings together where possible, unless there is good reason not to.

The Auckland Foster Care Association was formed that night. Concurrently, foster parents in Christchurch and Wellington were also meeting. The voices of foster carers were beginning to be heard.

In Summary

This chapter has drawn the path of changes in child welfare legislation from 1925 to 1974, and the political context and theories that have been influential in those changes. The chapter describes the move toward child-centred legislation, and the influence of John Bowlby’s theories of attachment on both social work practice and the 1974 legislation. Ecological analyses also influenced practice in this era, critiqued by some as being too vague but illuminating the points of dissonance existing between the structures and policies of the state and families in need. It has illustrated the clash of

values between Māori and Pākehā in regard to adoption and cross-cultural foster care placements. The fiction of adoption and the innate search for the biological parent has emphasised the importance of keeping birth parent contact where possible. The judgmental attitudes of earlier social workers saw the whole extended family as toxic and prevented placing at risk children with their kin and little family contact, if any. Importantly it has again shown the exploitation of women as foster parents and that their expected gendered role has underpinned policies of care.

It has again identified issues of powerlessness and grief, shame, marginalization and stigmatization experienced by the mothers of the children which have stood in the way of maintaining contact. It has raised questions about ownership of children, the lifelong search for identity and belonging, and the cultural dissonance of Māori children placed in Pākehā families - the fear of strangeness and loss of familiarity. As I write of these, I acknowledge my authority to do so, as it has also been my childhood.

This chapter has also been the site of the beginning of the autobiographical journey and analysis of my own personal and professional life. My awakening of feminism and the realization of the unarguable relationship between poverty and outcomes for children is told. The birth of Foster Care Associations in New Zealand and the voicing of concerns about the care system is described. Writing the autobiographical narrative in this chapter has, as Smith (1998) observed, produced expressions of interiority through, among other things, "culturally pervasive discourses of identity and truth telling that inform historically specific modes, contexts and receptions of autobiographical writing" (p. 109).

The next chapter focuses on the period between 1974 and 1989 which saw the birth of new and radical legislation, the Children, Young Persons and their Families Act 1989. My roles of foster parent and social worker and the effect of the legislation and child welfare policy on these are the primary focus of this chapter. Research, both international and New Zealand showed that foster care was not providing good outcomes for children. Concerns were raised internationally and the International Foster Care Organisation was formed as a response to this. It discusses the political context, the rise of Māori determinism and the influence of that on legislation and child

welfare policy. The relationship between the 3rd sector and the state is described from a personal and political perspective. I argue that foster care social work is inherently stressful and the risk of worker burnout must be recognised.

Chapter Six: Journey into Foster Care 1974-1989

Introduction

As previously noted, child welfare legislative changes are driven by the ideologies and public beliefs of the time. The Child Welfare Division had been preparing revisions to the 1925 Act since 1949 (Dalley, 1998). The Children and Young Persons Act 1974, finally passed by the House 25 years later, was described by some commentators as being modest, versatile and adequate. In this chapter I argue that children committed to the care system over time, have not been afforded the stability they need to achieve a healthy maturity, confirmed by international and national research. My involvement in the New Zealand Foster Care Federation and our political push for reform is analysed, drawing on Foucauldian concepts of power and powerlessness. The duality of my experiences as foster carer and social worker are analysed drawing on phenomenological concepts of interiority and performativity.

The Best Interests of the Child

The objects of the Children and Young Persons Act 1974 (s.3) stated that the well-being of children should be promoted by assisting families and communities to overcome social problems which confronted them, to reduce disruption in family relationships, to mitigate the effects of these disruptions and to assist parents in the discharge of their parental responsibilities – a preventive approach. While emphasising that the child's interests should be paramount, it also stated the importance of family to a child's welfare, heavily influenced by the medical belief of the relationship between environmental stress and child abuse. The focus on reducing disruption in the family and improving their social circumstances and yet preserving the best interests of the child were in some instances, oppositional and as evidenced in this chapter, resulted in some children being returned to families to be re-abused.

However, the primary imperative to preserve the best interests of the child emphasised a need to establish permanent attachment relationships with caring adults. This led to a prevailing attitude that the Department of Social Welfare knew

best how to look after children without reference to family and that the Department was regarded by some as “those people who take our kids away from us” (Mason, Kirby, & Wray, 1992, p. 8). Children placed in foster care, especially if at an early age, often had links with the birth family severed. Parents who wrote to the Department asking for the return of their children did not get sympathetic responses (Dalley, 1998). Dalley also identified contradictions in practice with some children returned in dubious circumstances (p. 326). Research undertaken by McKay (1981) suggested that often little thought was given to restoring children to their original family. Permanency was the watchword. Decision-making in this era appeared to have been dominated by an assumption that once efforts to improve family circumstances were deemed unsuccessful, placement outside the family was a permanent solution (Atwool, 2008, p. 14).

The debate about the influence of social circumstance on the likelihood of child abuse is complex and on-going, as is the decision about when is the time, or if at all, children should be permanently removed from families and all contact cut. This also raises the argument of recognising early attachment and to what degree it is maintained versus the clean break theory, where all parental contact is stopped and the child’s attachment history is expunged in order for the child to attach to new carers. I had many arguments with Departmental social workers over that issue. The belief I held as a foster care social worker and a foster parent was that the parent-child attachment needs to be assessed and managed, not broken, and that this needs to be from the time the child enters care. The amount and type of contact is assessed on the degree of risk inherent in that. There is no such thing as a clean break. Attachment and identity are intrinsic to “being.” Many children cannot live in highly dysfunctional families, but they need to know the story of their natal identity, and the actors in that story. Children can manage multiple attachments. Social workers, on the other hand, often want it neat and tidy. It is not.

Moving On

The stories told in an autobiography are not only mine but, as previously discussed, unavoidably, those of others. The children we had in our care all had their stories to tell. Privacy prevents me from revealing the circumstances around those and I have

changed certain identifying characteristics of these stories to preserve anonymity as much as possible. They are told to illustrate the concepts discussed in the literature and also to put a human face on policy. One child was returned home after four years in our care, but I had good reason to doubt the ability of the parents to immediately be able to successfully re-parent their several children who had been out of their care for at least five years. To my mind it was not fair on the children or the parents. There was no gradual transition. It was just one weekend with parents then home for all the children. The child's stories of what occurred during that weekend were good evidence that all was not well. This child had, after five placements before the age of four, become very attached to our family over the time spent with us, and that was reciprocal. The parents had contact once in those four years, just prior to going home. They had not lived together during that time and were just re-united. After six weeks they realised they could not manage and we were asked to take the child back for six weeks just until the parents could get themselves organised. My reply was the child had said goodbye to friends, the neighbours, and school and now she was coming back for six weeks? I offered to care for a minimum of six months during which time the transition could be managed properly and the parents could become settled. That was refused.

We were not consulted in any way about the decision, the welfare of the child or as the caring parents for four years, how we thought the transition could best be handled. Dalley (1998) described how foster parents of the time were demanding to have more open relationships with social workers and to be seen as part of the team working for the welfare of the fostered child (p. 325). Dalley described how one foster parent described involvement with the Department as "something like a horror story...a classic piece of bureaucratic bumbling and incompetence". Dalley quotes the Director of Child Youth and Family, Bill Manchester who admitted:

We treated our foster parents very badly in not giving them any stake in the situation...they would be caring for a child to the best of their abilities and suddenly the parents would say "we can care for our child now" and the next thing the child would be going home on a trial basis to see how it made out. The foster parents would have done a lot of work and suddenly the child would be whipped away, and then perhaps would fail and then there'd have to be another placement (p. 326).

I wrote to the paper. It gained a half page in the New Zealand Herald. What drove me to do this was not just for this child and our family, but all children in care and their families. I was not popular with the Social Welfare Department. However, a footnote to the article stated that the Regional Director would meet with this “deeply caring” foster mother in his office to discuss the issue. I made an appointment to see him. He met me in the hall. He was brief. “We know what we are doing. This is the right thing. The children will all be placed together in a Department Family Home until the parents can manage. Goodbye.” I was boiling with frustration and grief. Shortly afterwards I was visited at home in the afternoon by two male social workers. I was told clearly that my writing to the paper was not appreciated. The child would not be returned to our family. Two of the children were to be returned to their parents in a few weeks, one of them being ours. The other two children would stay in the family home. I have often wondered if my stand was right. We should have taken her back.

There was another side to this. Our foster child was placed in a family home close to where my parents lived. One day while driving past in the family home van, she recognised the house. The next day she enlisted the company of several other children in the family home on promise of cakes and cordial and walked to grandma’s house. Unfortunately some of the other children were light fingered and stole money and other items from the house. My father was a magistrate in the family court. A week after this incident we went to my parents for dinner. He astounded me with his comments. It was suggested that I should give the whole undertaking up. There was an inference, I felt, that this was a class issue. I had met it before. People and neighbours who I had thought were open-minded friends stopped asking our children to play. My doctor at the time also stated his surprise that we were doing this. The school in our very middle class area stated they had no other children who were state wards. We were facing class and racial stigma.

The incident at my parent’s house had an ending that will live with me forever. My father and I argued over this. I questioned his compassion and he questioned my wisdom. We parted that night with the issue between us unresolved. I loved my father dearly but could not understand his lack of understanding on this matter. The next morning on the red-eye flight to Wellington he suffered a fatal heart attack mid-flight.

Fostering is an extended family matter. On reflection I can now see the complexity of the issue for him. He had cases like this before him in the family court every day. I think he saw how angry and grieved I was about the child going back to what I knew was an unsatisfactory situation. He may well have seen that I was conflicted about my demands that I would only take the child back if it was for at least six months, and that for the sake of the child I should have been compliant. He was trying to protect me. It may well have opened up for him the fact that I was fostered, albeit by extended family, for eight years. I am sure he never came to terms with the grief of that. He never spoke of my mother. It was in the same category as the war which he never revisited either. Men in those days buried grief.

The Personal is Political

Both feminist theory and phenomenology locate theory in lived subjective experience, and yet the feminist claim that the personal is political suggests, Butler argued, that subjective experience is not only structured by existing political arrangements, but effects and structures those arrangements in turn (Butler, 1988, p. 522).

A National Conference was held in Wellington in 1976 at which the National Foster Care Federation was formed. The following year a conference was held in Auckland and as I had been writing the newsletter for the Auckland Association, I was given the role of Federation Journal Editor. The committee had some quite influential people on it – two university lecturers, a social policy consultant, a lawyer, a social worker, a wonderful woman who fostered children with severe disabilities and myself. All except one had been foster carers at some time. Those were heady days as we lobbied, went to press, met with Ministers and Heads of Social Welfare Departments and held Annual Conferences.

My work with the New Zealand Foster Care Federation (NZFCF) has been foundational in its influence on my professional life. Although I had been involved in other organisations prior to joining the NZFCF, apart from my time peripherally involved in NOW, it was my first real exposure to radical work where policy change was the “raison d’etre” and involved personal face to face meetings with top Government department

personnel and politicians. My role as Journal Editor had the responsibility of gathering information on current issues affecting the field and informing all foster carers about the Federation's work and changes we were pursuing. It was published quarterly and the Department of Social Welfare supported its production by both funding and distribution. Five thousand journals were sent to all the district offices who in turn, posted out to their caregivers. The NZFCF became a major factor in my life as I further held roles of Vice-Chairperson, Chairperson and Education Officer and finally Honorary Consultant and Life Member. The passion of the members of the NZFCF was infectious, and the changes achieved, many of which are discussed further have been lasting.

A Concerning Picture

Not only in New Zealand but internationally, concerns were also being voiced about the state of foster care and the need for strong practice principles to ensure better outcomes for the children. Both international and New Zealand research undertaken in the mid-seventies (Prasad, 1975), showed children placed in foster care suffered multiple placements and no sense of security. The newly formed New Zealand Foster Care Federation pushed for the release of the New Zealand Department of Social Welfare study of 654 children in care between 1971 and 1976 which was withheld from publication until 1981. This showed:

- Children in care suffered an average of 6.5 placements over five years – more than one a year and that forty percent of them had between five and nine placements each.
- Forty percent of placements intended to be long-term ended within a year.
- More than half of the children experienced four or more changes of living situation before coming into care.
- Forty -five percent came into care at 13 or older.
- Māori children comprised 53% of the foster care population when Māori children represented 12.3% of New Zealand children 0-17 years and only 39% full European, when 80.9% of New Zealand children were full European in 1971 (McKay, 1981).

As Atwool (2008) pointed out, there was no mention of the ethnicity of foster parents

in the sample, but it was most likely that they were Pākehā because by the 1980s the placement of Māori children was causing particular anguish (p. 17). The overrepresentation of indigenous children in child welfare systems is still a major policy challenge for wealthy countries with colonised indigenous populations (Tilbury & Thoburn, 2011, p. 293). Māori comprise 14.9% of the population in 2015, but nearly double the number of Pākehā children in the care of the State. Latest figures published in the Report on Child Youth and Family by the Children's Commissioner now state that Māori children represent 58% of children in the care of the State (Children's Commission, 2015)

While 80% of children in the care of the state were placed in the community in private foster homes or departmental Family Homes, the 1981 research showed that 20% were still to be found in institutions. It was argued by Thompson (1984) that the only significant innovation between the 1920s and the 1970s was the introduction of Family Homes in the 1950s to care for small groups of children who would otherwise be in institutional care. The concept of these homes being “family” homes was also to keep family siblings together, and for this they were successful. However as institutions closed, they were used expediently to place children of every kind until their family situation was assessed or a foster home could be found. Unfortunately, some children, particularly hard to place teenagers, languished in these homes for years. Children came and went constantly and often there was no sense of stability for the children, as care-takers and family home assistants also changed.

A Woman's Role

While New Zealand society had undergone huge changes, there was little change in the child care and protection system over sixty years. The foundation of the old foster care system was the high value New Zealand society placed on family life and the mother's central role in that. Fostering prior to the seventies was an acceptable extension of a woman's traditional role in society where women did not expect to work for money. Adoption solved the problems of childless marriages and unacceptability of unmarried mothers, and likewise, fostering enhanced the status of mothers and helped solve the problem of neglected children (Thompson, 1984, pp. 19,20).

However, a change in the status of women was occurring. By the 1970s women's freedom was afoot and the idea of marriage and motherhood as a sole life ambition was losing its lustre. Becoming a foster mother meant sacrificing any ambition to "move outside the dreary role of wife and mother" (Thompson, 1984, pp. 19,20). That was not so for me. I worked of necessity, part-time, throughout our fostering career. The reason I worked was not only to increase family income in the face of a high mortgage, but also so I could have a little money of my own to do with what I chose. As a working mother of four children I juggled many balls in the air. The responsibility of housework and child care was still mine. On reflection however, this was a good place to be. Working brought balance to my life and allowed me to use my professional qualification. I observed that some foster mothers seemed obsessed with every detail and vagary of their foster children's behaviour and some referred to their children according to their disability –such as "the bed-wetter," "the deaf one" or the "ADHD kid".

Up until the seventies, foster care was seen as a kind of "pseudo adoption" where the children became part of the foster family and had no or very little contact with their biological parents (Thompson, 1984). As previously noted, research was showing children fared better in the long term if they maintained close ties with their original families. The consequences of this made a foster parent's task more difficult, because, as Thompson (1984) identified, they had to be parents when needed, yet retain a professional role in helping the child come to terms with his own family and its problems and with the difficulties of growing up in two families. There was a realisation at last that the child brought his own history and family with him and foster families had to manage this.

Foster parents who thought they could expunge the child's past, clone them into the ideal and totally immerse them into their family system with the best will in the world were often very frustrated and disappointed. There was often a clash of values between the two families and the children are imprinted with a different way of life and different values. For me, as previously mentioned, I hoped I could mentor the child's mother in the rehabilitation of her mothering role. Circumstances alter cases

but that hope was never realised for me. The children we cared for all brought their past experiences of one kind or another and we soon realised that if we managed to give them stability, love and some social skills we would be doing well. The relationships we had with the children's families were qualitatively different for each child. Several families saw us as a support and they sought our advice on matters in their own lives, and other families as an extension of the State that had ripped the child from their care. We tried to give them all positive regard.

Dual Identity – Foster Mother and Social Worker

In 1979 the Social Welfare Department instituted a specialist pilot scheme, the "Intensive Foster Care Scheme" in Christchurch and Auckland for children up to twelve years who had endured many placements and who were exhibiting difficult behaviour that was contributing to their placement instability. As the Auckland representative of the New Zealand Foster Care Federation I was appointed to the Advisory Committee for the Auckland project. The foster parents were to be intensively trained, attending courses initially weekly, then fortnightly as the child settled. They received double board payments. The Social Workers were to have caseloads of no more than six children at a time. The advisory committee met fortnightly with the social workers and the foster parents and received psychologists' and progress reports on the children.

It was at one of these meetings that I was asked to apply for a foster care social work position at the Methodist Mission. This was the beginning of my social work career. Under S.11 of the Children and Young Persons Act 1974, voluntary agencies such as the Methodist Mission, the Catholic Church and Anglican Social Services were able to take custody of children who were brought voluntarily by their parents asking for short term care. A report was given monthly to the Department with respect to how many children were held and the reason for entry to care. If the child was not returned to its parents then guardianship of the child would be sought and this could be taken by the State or applied for by the Director of the Social Service Agency. The Mission owned several "Family Homes" that took up to six children at a time and were managed by foster parents. The strategic plan of the mission at the time was to reduce the number of homes and build up a team of foster parents who would take permanent

care of these children under the guardianship of the Director of the Mission. My new role was to recruit, assess and train the prospective foster carers. I was soon given a case-load of my own.

The reasons that children came into care when I began as a foster care social worker in 1979 were seemingly less complex than they are today. Certainly drug abuse had not raised its ugly head to the extent it has in 2016, but death of a parent, parental mental illness or incapacity, imprisonment and alcohol addiction featured commonly. However, children were kept in long term care with minimal or no parental contact and the majority of the children in the care of the Methodist Mission at the time were there long-term. The State had guardianship and the Mission custody and in some instances, the Director of the Mission was the named guardian. There were several children who did not know their parents, had no contact at all and had stayed in long-term foster care in the “family” homes since early childhood with no plans for being placed back with their parents, whose whereabouts were sometimes unknown. Because we had case-loads of no more than 20 families, small compared to statutory social workers, I became very fond of those children. The benefit of the family home system was that the children stayed with their siblings and there was never a situation I can remember where those siblings were separated. They were each other’s attachment figures, identity and the only thing that remained stable in their lives. The family home parents saw their tenure as reasonably long-term and offered the children stability and affection. I would take the children out on picnics with my own children, bring them home for lunch and let them play in my garden. Today, this would probably not fit with the expected professional distance that social workers are meant to maintain. However, the Director of the Mission had established a family-like environment, where a high standard of professional practice was expected and with it a high degree of compassion for the children we worked with. Our ultimate aim was to find long-term foster families for the children, and for many this was the case.

All these children had suffered early trauma and prospective foster parents had to be well-trained and well supported. Because of the size of the agency, we were able to give intensive support to the children and the prospective families and manage lengthy transitions. However, because some children had been institutionalised for many

years, the transitions required much patience, tolerance and understanding. One eight year old child was referred to our agency from another city. He had been in and out of institutions since a few months old and had several unsuccessful adoptions and even more foster placements due to his physical and psychological problems. After several years in a family home he was transitioned to a new family gradually over a year and stayed there until independence. His problems disappeared.

As previously mentioned, there were several young people in care in the Family Homes who had no parental contact since coming into care and had no memory of them. Two siblings in their early teens were a case in point. While the agency had contact with their father and arranged regular contact when he was in Auckland, the young people requested that we search for their mother. I was given the task and after a few months of searching through the Salvation Army, Work and Income Support, The Housing Department and Auckland City Council Housing, I located her. I visited her in her small flat in the city. She was not well and the mental health issue that had precipitated the need for care was still evident. She had not seen her children for over ten years and to my dismay, she did not feel that she could cope with contact. How would I tell the young people that I had found her but she did not want to see them? She finally agreed to think about it and that I could call again sometime. I sought supervision on the issue. Was it better that the children should meet her and understand the reality of the situation or should they be spared that? It was decided that they were old enough to understand and I spent time explaining to them their mother's situation. The next visit was successful. She said there was not a day in her life that she did not think of her children. She agreed to see them on the understanding that this would be just once and that she knew she could not manage to sustain contact. The day we had arranged came and I collected the young people. Dressed in their best we climbed the stairs to her fourth floor apartment. The mother seemed flat, but made tea and had bought biscuits. The teenagers were shy at first, but then opened up and shared their lives with their mother. We stayed an hour and they were very quiet on the way home. A few tears were shed. However, after that they seemed happier. The mother rang me a few weeks later and said that the visit had meant so much to her. She had never stopped worrying about her children and now she knew they were well. She said she would like to see them again. I said they could decide when and if they wanted to go

again. They visited her twice in the following year, after which I left the agency. Research clearly shows that the need for children to know their identity and understand the reasons for care is essential to their on-going psychological mental health (Kufeldt, 2011).

As evidenced above, the New Zealand 1981 research highlighted the instability of foster placements and that children in the foster care system were “at drift”. The results gave testimony to the changed task of foster care and the level of difficulty of the children placed in care. These children often had severe attachment issues and subsequent behavioural tendencies that were difficult to manage (Bernard et al., 2012). No child that we fostered had experienced less than five placements and for one child we were her 13th family and she had only just turned 10 years old. This child was referred to the Intensive Foster Care scheme. I recognised her as a sibling of a previous foster child who had left us. She had drifted in care since she was 10 months old. The parents had not been willing to release her for adoption and it was rare for the Courts to over-rule a parent’s wishes, even though she left them when a few months old. She had been assessed as having a high IQ and able to be successfully fostered long term. Although it could have been seen as a boundary issue, because I was a consultant on the scheme and knew her, I was asked to take her for the holidays until a long-term home could be found. It was also unacceptable for social workers to be foster parents, but as this was just to be an interim arrangement and I was not employed by the Social Welfare Department, it was deemed allowable by the committee. No suitable family was found and she remained with us until she was 16. Earlier in that year we received a visit from the foster child who had returned home after being with us after four years, mentioned earlier. She appeared at our house on a Saturday. I was at a Foster Care Federation meeting and my husband called me wondering what he should do. My husband called the week-end duty social worker who told him to keep the child until Monday morning when they would sort it out. When I arrived home she was asleep in the bed that had been hers. She had an obvious black eye. In the morning she had gone with a back-pack filled with things of ours. She had often phoned us after she left us at aged eight. She would call us from the football club, once from the pub, and sometimes from home when she would often quickly hang up. She spent several years in residential centres for difficult young people where

we would be requested to visit. She was a recidivist absconder. We received a call one weekend when she was in the South Auckland Residential Centre. She was in isolation - a single cell-like room with nothing in it but a plastic covered mattress on the floor and one sheet, not even a chair. She had been caught trying to escape and this was the punishment. She cried when she saw us. We cried as we left.

Another time she rang "Mum, I need to see you". She asked me to meet her at Al's Sandwich Bar in Karangahape Road. I went and she was sitting at a table waiting. She had a large bruise on her face. She said she had been beaten up by a gang of girls on the street because she would not do something they wanted. She asked for money. I bought her a couple of sandwiches. Suddenly she dived under the table. She had seen a policeman – "It's the fuzz – they're looking for me". I begged her to come home with me. She said she would if I told no-one. I said I could not do that and I would have to report that she was with me. She got up kissed me on the cheek and disappeared. A few days later I had a visit from two policemen. She had been caught and placed in a family home up North and absconded again. The police were called, as is the practice for missing young people and they thought I might know where she was. What shocked me was the attitude of the police towards me. I was told that I should have better control of my "daughter". I explained the situation. The police officer leading the questioning was suspicious, and did not believe that I had no knowledge of where she was. He was very disparaging of my role as a foster mother, officious and disrespectful. I was outraged and could understand why she ran. I was even more determined to work for change in the system. She visited us many times over the next few years, turning up at all hours, sometimes in the middle of the night with older people who had driven her to our house. She was always on the run and never staying long. We would feed her, and try to persuade her to hand herself in. She could never understand why we could not let her stay without alerting the Department and saw it as a rejection.

The Politics of Necessity

The 1981 research gave the National Foster Care Federation increased impetus to push for further change. The author, Ross McKay (1981) wrote:

No longer is the fostering system comfortably taken for granted; no longer is it pronounced that fostering transforms children into “decent and useful citizens”, that the system is a great source of satisfaction to the Department, even that it is the best we can do (p. 12).

We had the bit between our teeth. We had little money as an organisation and financed our own trips to Wellington and accommodation. I discovered a radical side to my nature that had not had the opportunity to emerge before. We were passionate about what we stood for. At our meetings in Wellington we argued late into the night about what would be our best strategy and what were the most important issues to tackle. Systemic reform was on the horizon and time was of the essence. We were a force to be reckoned with as we urged politicians and made representations to the Social Welfare Department:

The Foster Care Federation wrote in the late 1970s of “clannishness” in the Department, which sometimes withheld information or failed to consult during the development of policies and proposals. For its part, the Department periodically found the Federation and foster parents difficult to approach. The Federation could be “over-demanding here or there” one social worker confirmed, “but they are really worth a lot” (Dalley, 1998, pp. 325,326).

At that time, those at the top were predominantly men. I often felt it was so easy to feel put down, after all, I was just a foster mother. The Federation not only worked for policy change but also as advocates for foster parents who were facing difficulties. We were often dismissed with a “we know best” response. I would leave feeling angry, frustrated, and amazed at the patriarchal response. Or else they would listen politely, nod, say it would be looked into and nothing would happen. The pyramid of authority consisted of men at the top, social workers, mostly women in the middle (Dalley, 1998) and foster carers at the bottom, again women having the day to day responsibility.

I remember our response to one instance of bureaucratic stonewalling in regard to our request that foster parents be involved in planning for the children in their care. We argued that foster parents were an essential part of their service, but we were not valued as the experts on the child and asked them to consider where they would be without us. Of course, we had little bargaining power. We were not paid, we did not have a union and would never have taken any action that would put the children in our care at risk.

We were like a dog with a bone. We worked tirelessly for change and we were not always popular. However it paid off. We were catalysts and many of the reforms of that time were strongly urged by the Foster Care Federation. The 1979 Intensive Foster Care Scheme; the introduction in 1981 of a system of planning and review for all children entering State care; a major review of the existing Family Homes policy; and the Maatua Whāngai scheme were some of the changes called for or strongly supported by the Federation which affected how foster care was practised in Aotearoa/New Zealand. In 1981, influenced by the principles of permanency planning, a policy of planning and review for all children in care was introduced. The NZFCF conducted training courses throughout New Zealand on Planning for Children in Care. In 1982, “special purpose” Family Homes were established, the purpose being to keep large family groups together. Women were foundational in this work, as in so many other areas of child welfare work which relied on family and community participation (Dalley, 1998).

Both international research and the 1981 New Zealand research showed sorry pictures of children in foster care in the 1970s never achieving the security they desperately needed. Margaret Craig, Training Officer of the New Zealand Foster Care Federation Executive and a foster parent commented at the 1982 National Symposium on Child Abuse:

For many children in care, foster home placement has been a miserable soul destroying experience. When the State takes absolute responsibility for the care of children whose parents have been deemed bad or socially inadequate, then subjects these children (albeit unintentionally) to multiple placements with the result of an aggravated sense of insecurity and rejection, the problem becomes one of institutional abuse, and could be seen as worse than the situation from which the children were removed (Craig, 1982, pp. 105-106).

There was therefore a move to obtain permanency for children and many foster parents being encouraged to adopt their foster child, like we were. This led to a prevailing attitude that the Department of Social Welfare knew best how to look after children without reference to family (Mason et al., 1992, p. 8). On the other hand, the law stated that the emphasis should be on assisting families to overcome their problems and the child be replaced back when this was ostensibly achieved.

The Cost of Being Political

The central methodological feature of phenomenological enquiry, van Manen (2014) claimed, is wonder. Phenomenological writing not only finds its starting point in wonder, it must also induce wonder (van Manen, 2014), the wonder that follows “not knowing”. As I have written above of my involvement in the political struggle to achieve better outcomes for children and young people in care and their carers, the feeling of wonder that has often assailed me in the past returns. Wonder is more than inquisitiveness, it is a process of slow calm deliberation. I wonder what my own children thought about this fervour of activity. I wondered at the time, and so often as a foster parent, was I, in the drive to better things for other children, neglecting my own? Was I being a good enough mother? I would get on the plane on a Friday night for a weekend in Wellington and wonder. Then there was work. One organisation was very sensitive that my activism and what I said publicly might be contradictory to the subservient role of the NGO¹² to government and funding. At that stage too, I was writing, editing the Foster Care Federation Journal, arguing against government foster care policies and practices and suggesting better ways of working. That activity actually resulted in losing my job in one agency, when a new director arrived from overseas and had no commitment to systemic change. When that happened I wondered if it was all worthwhile. I was immediately asked to work for another agency who knew what I stood for, but there is cost and pain for taking a stand.

However, Hagar (2015) found that “some feminists argue activism is in fact a social and communal extension of the maternal role”. Hagar asserted that the most persistent and recurring argument given for a special connection between women and peace is based on the “maternalist” or “motherist” position. Relative to my experience, Peebles and DeLuca (2006) claimed:

“a similar argument is used by activists for environmental justice when asserting that the identity and experience of being a mother who feels “outrage at watching local corporations and government officials exhibiting total disregard for the lives of their children, have significantly motivated many women to become politically active” (Peebles & DeLuca, 2006, p. 69).

¹² Non-Government Organisation

I argue that women's drive to work for change and say it how it is, is a feminist connection, not necessarily "motherist". Women see power and inequality from their feminist standpoint. They relate to it and work hard to change it on many fronts, often at a cost to themselves.

What Maketh a Good Foster Family?

As previously discussed, one of the primary responsibilities of my first two social work roles was to recruit, train and support foster carers. Selecting the most suitable people to undertake the role of caregiver is crucial to ensure the safety and well-being of the children and is a complex task. The ability to predict caring potential and how well people will manage a task they have not yet tried, and a task that is going to call on different skills according to the particular child needing care and the circumstances surrounding that, is not an easy one. While people may present as excellent parents to their own children, those skills may not necessarily transfer to caring for a traumatised child that is not one's own and to whom one does not have an innate attachment. As Downie et al. (2010) stated:

For the applicants and for the assessing social worker, they are trying to make sense of a future that may be radically and unpredictably different from both current circumstances and past experience...Predicting the future is an inexact science (p. 18).

Inexact it may be, but the responsibility of caring for a damaged traumatised child is profound and the skills needed are many. There are many evidence gathering instruments that will assist in social workers achieving an overall assessment of a carer's potential to be an effective foster parent. Their validity has been questioned by Luke and Sebba (2013), primarily because they have been tested on existing foster carers rather than new applicants and therefore not predictive. The assessment instruments reviewed by Luke and Sebba (2013) identified a lack of research linking the characteristics and competencies of new foster care applicants to later measures of success. I argue that no instrument in and of itself will suffice, particularly if based on Western paradigms that take no account of different cultural concepts of family, family responsibility, and different cultural norms of family living.

The motivation to become a foster carer, as has been discussed previously, is complex and

often different for each family member. In my experience, it is time spent with the every member of the prospective foster family individually and together that is the most telling. In-depth discussions about the prospective carers own childhood (Mikulincer & Shaver, 2011), their current and past relationships, how they have managed life crises to date, roles in the community, and the enthusiasm of the whole family to take on the caring role are very important factors. I have found that while initially all family members may state their agreement, only by undertaking several home visits, can the reality of this become apparent.

Key characteristics in observing the relationships between different family members are: seeing who would be the most vulnerable to family change and their place in the family being usurped; seeing how they manage conflict and the ability to be flexible and adaptive; family attitudes to sexuality, cultural difference, and offending; the ability to be non-judgmental of the child's abusive or neglectful parent; and most importantly, how well the family have realised the changes that will affect each family member when a new person enters the family circle. I have heard teenagers say "It is Mum and Dad's thing and if they want to do it that won't affect me" and husbands say "Well, if she [my wife] wants to do it that's OK I am at work all day – it'll be her thing." Unfortunately, it is not until the families are actually undertaking the task of care that it will become obvious all are involved and whether they are suitable for the task. I have also found that some families where I have had some misgivings that they may not have the stamina, have turned out to be excellent at the role.

For foster care to work well, it needs to be a whole family undertaking. The aetiology of placement breakdowns was researched by Sinclair, Wilson, and Gibbs (2001). They found a lesser involvement on the part of the male foster parent increased the likelihood of placement termination. The effect the foster child or children have on the biological children of the foster parents was another well-established factor. Foster care is supposed to provide children and young people with a familial context where they can establish good and stable relationships to foster parents and foster siblings, and living conditions that can give them a "life more ordinary". One conclusion of the study was that in order to give foster siblings such an "ordinary" life, sons and daughters of foster carers can be exposed to changes that subsequently can make their

own lives less “ordinary”. They observe and experience the results of the foster children’s previous “lives less ordinary”.

Reflecting on our family experience, different biological children were affected each time a new child entered the family. Often it was the one closest in age to the new child as that child’s place in the family was usurped by one more who is more needy. Certainly having a traumatized and damaged child in the family increases family stress. These children have different moral codes and standards of behaviour. They often steal and lie and some will tantrum constantly- all survival behaviours. As our own children matured, they became part of the decision making process and were made to feel part of the “team” that was working to give the child stability and respect. My own children modelled expected behaviour, informed the foster children of the family boundaries and rules in a way that was much more effective than if these were imposed by an adult. As they became older, they were always involved in the pre-placement decision and took a responsible role in assisting the child or young person to socialise.

When I reflect on what most influenced our ability to maintain our role as a foster family, several factors contributed. Social work support was essential. Challenges included the ability to discuss difficulties with the child’s social worker without feeling judged and come up with solutions; the support of extended family and good friends; the perception that my own children were managing the (sometimes difficult) addition to the family; the fact that my husband and I were in agreement about this outreach; the ability to meet with other foster parents who understood the “difference” of being a foster family, and if I felt that our own children needed a break from a difficult child, the ability to have a “respite” family the child could go to for the odd weekend.

Foster carers are a scarce resource. As the necessity for families to have two incomes to manage budgets, and the number of children needing care at best shows no decline and at worst, increases, new models of recruitment and sustainment must be sought. One of the recruitment models used is the advertising of children in need of families. Some countries (e.g. the United Kingdom) allow the publishing of attractive photographs of children and synopses of their unfortunate lives to date, along with

their more positive attributes. This model has not been used in New Zealand, but rather fictional but composite examples of these children have been published along with a sketch of a child with a suitcase. These are designed to provoke an emotional response from a caring adult, a childless couple or single person.

If the applicants are inexperienced in the role, and have not been tested by the reality of the complex task of caring for an abused or neglected child, respite or transition caring is an appropriate first step, even if the carer's wish is for permanent care. This allows a taste of short term care, and the opportunity to decide the role is not for them or their family without the risk of a permanent placement disruption. In my roles of social worker and latterly, foster care trainer, I have observed many different motivations to be a carer of a traumatised child in need of care and protection. Many of these have chosen to be long-term caregivers, wanting to take a child or young person into their family permanently. Some have come from the adoption waiting lists. Their motivation is to have a child that is theirs. This is unlikely with the few adoptions that occur in New Zealand.

The motivation to take some-one else's child into the family and give it the love and care as if it is your own and then let it go requires a certain mind set and magnanimity that is not universally found. The foremost issue to be addressed is that this child is not your own. It comes to you imprinted with another life, another experience of parenting and another's attachment style. Many foster parents, myself included, initially think that they will feel for this child in the same way they feel about their own children that grew beneath their heart.

Initially, this is not so. Many foster parents, the women in particular, feel disappointed in themselves if they have children of their own and this is not the case. I remember one woman telling me that she was a failed foster mother. After having a child placed with her and her family for some months she had to let him go. Her explanation was "I looked at him walking down the beach with my kids and his legs weren't the same as ours". What a metaphor! This was not my case, but how telling. They had lost a child some time previously. With the best of motivations to help a child in need of care, her own grief was exacerbated rather than assuaged by taking this child.

So what is mothering? Can I put a finger on my own emotional response to caring for another's child? Giving a phenomenological account, Schmidt (2005) described her role as a stepmother:

Robert often reminds me I am not his mother. I put on his coat and give him a small hug. "You are not my mother". I spend the afternoon cooking spaghetti sauce which Dennis, his father, says is Robert's favourite meal. When dinner is served, Robert announces "My mom doesn't make me eat this stuff". I persist in my efforts to say that I care and suggest that I read a story. Robert agrees; he loves stories. He sits rigid next to me taking care that none of him touches any of me. He giggles as my voice changes for Growly Bear and I am encouraged. As the story nears the end, he has moved perceptibly closer. The moment is broken by his quip "My mom reads better stories. I love my Mom (Schmidt, 2005, p. 118)

She was not his mother – the child was right. Schmidt asked what did she have to do to be a good stepmother? She said she tried hard and was a good mother to her own children but that did not improve her effort at step-parenting. However, she did not choose this role. She cited Rich (1976) who claimed that motherhood is earned first through an intense physical and psychic rite of passage –pregnancy and child birth. However, I take issue with Rich. Many women make excellent mothers to children who did not experience these "intense rites". It is all about attachment and many women can attach beautifully to children they did not bear. The question should be "what defines motherhood?" It is not just the physical act of bearing, but the attachment and abiding love that comes from the act of unswerving caring and nurturing. However, the love does not have to be the same.

Separateness versus Intimacy

There are many similarities in Schmidt's story to foster mothering. The children are not biologically yours. The legs are not the same. Schmidt (2005) defined the context that provided the ground for the relationship with her step-child as one of separateness. She reflected that it is the moments that hold an expected potential for intimacy which most often reveal that separateness.

Such a moment in our family was Sunday mornings. It was the time when our children

would hop into the double bed with us and listen to the children's session on the radio. When the foster children came to stay that was neither wise nor allowed. I cannot but think that the four year old would have loved it and actually needed that intimacy, but the risk of an allegation of inappropriate behaviour was too high. Separateness. It affected the whole family. We had to establish a new routine that would not make our children resent this "separate" child. We decided on pancakes in the lounge while the stories were on, (or later the television). Other example of "separateness" in intimacy given by Schmidt (2005) was attending to bodily functions - the wiping of noses and bottoms of someone else's child. She also described that she found the fact of "separateness" was evident in the irritation she would sometimes feel in regard to their behaviour and the guilt she felt when she ignored them because the behaviour was not in the context of relatedness but separateness. For Schmidt, as in foster care, there is the element of replacement that can turn into competition. The "other mother" is still there, and the child does not want you in that sacred place. My experience of having a "new mother" was like walking on egg-shells. I was told to call the "new" mother "Mummy". But she wasn't. The person that had that meaning was the attached mother. I was then to call the attached mother "Aunty". So I was terrified when I was in the company of them both I would slip and call the wrong name, and what that would mean in terms of maintaining contact. Confusion and anxiety! And so it is with foster children. They should set the pace. It can be Mrs or Miss or Aunty, or if they have had numerous "mothers" – mother it is and all that means is that she is the person who runs the house!

There is also a context of "not knowing" in foster care, a more powerless feeling than just "wonder". Not knowing whether the children have had their immunisations, or had whooping cough or measles; not knowing their abuse history; not knowing if they are allergic to anything; or how they interpret simple and normal family behaviours; not knowing their attachment history and who is important to them; not knowing their fears and what has caused their nightmares; not knowing the truth of why they left their last placement. One of our foster children fell off her tricycle and began to swell up before my eyes. I took her to our doctor who knew me well. He looked at me very strangely and started questioning me in such a way that I realised he thought I had done something to the child. I did not know that she had a familial bleeding disorder

and hence the swelling and immediate bruising. It showed up in the blood test. Schmidt (2005) related the incident of another stepmother taking her injured step-child to the hospital and on having registered the child as her “daughter” related this conversation between her and the doctor:

“When was her last tetanus shot?”
“I don’t know.”
“Has she had a tetanus shot?”
“I don’t know.”
“What kind of a mother are you anyway?”
“A stepmother”. (p. 123)

And so it is with foster care; having to admit you don’t know important information. They might have two lots of immunisations because you don’t know! The child doesn’t want it cast abroad that she/he is in foster care, so you refer to the child as either “my child”, or “my son/daughter”, or just “she/he is staying with me”. Then the question is asked for how long and the whereabouts of the parents. Your answer – I don’t know!

Getting to love a child that is not yours takes time and patience. It is done by “gifting”. Giving the child the “gift” of low expectations and acceptance of who they are; giving them the gift of hope; giving yourself that same “gift” in regard to your feelings and emotions and not trying too hard to be perfect; understanding that your own children might demand extra attention and giving it, and giving yourself the “gift” of being able to say when you need a break without guilt. Love then grows for these children who did not grow beneath your heart. The old adage that foster parents should not get too attached is nonsensical. To build the threads of attachment is what these children need.

Becoming a foster mother helped me to understand the relationship I had with my stepmother. There was a “separateness” that was denied by us all; a fiction that was played out that she loved me exactly the same as her own children. She tried and it was not easy. She did not buy into being a stepmother; she bought into being a wife. I tried, but like Robert in the example above, I did not want her to be my mother, thanks. I longed for my “attached” mother. We grew to love each other but it was a different love. I wish we had accepted it as such. The positive outcome is that I can accept and understand the “second-hand” love I have for my foster children and the

love they have for me. For all its “second handedness” it is beautiful and lasting.

Schmidt (2005) gave a phenomenological understanding of the step mother experience - mother but not mother. The difference of degrees of love is described so honestly, the “trying” to be mother, but the truth emerges that it is not and cannot be the same because the child grew under another's heart. The application of that understanding to the complex role of foster parent, or kin carer or even grandparent carer is an important factor in possibly establishing permanency for children entering the care system. On a personal level, gaining a deeper understanding and acceptance of my relationship with my step mother and my role as a foster mother allows forgiveness of myself and my stepmother.

Māori Disempowerment and a Move Toward Empowerment

The 1970s and early 1980s were also a time of heightened recognition of Māori rights and institutional racism. In 1978, a specific allegation of ill-treatment of children in residential care of the Department of Social Welfare led to a private investigation by the Auckland Committee on Racism and Discrimination (ACORD). A complaint was laid with the Human Rights Commission who upheld the findings. This led, in 1982, to a Departmental Commission of Enquiry, chaired by Archbishop Johnson. Known as “The Johnson Report”, this investigation of Auckland Social Welfare homes, in particular, residential services, identified many concerning issues, in particular, a lack of recognition of cultural values and set forward 21 recommendations which were well debated in Parliament. The 1982 Hansard reports evidenced the influence of the Johnson Report on the second version of 1982 Children and Young Persons Amendment Bill. However, Geoffrey Palmer, the Labour member for Christchurch stated in the discussion of the second reading of the Bill, that it needed to go back to the drawing board. He argued the Bill, as it stood, would result in an increase in the numbers of children and young persons being put into residential care. Additionally, he claimed the Bill eroded rights of children and young persons and “the Johnson report did not provide the whitewash the Minister apparently hoped for. [Archbishop Johnson] recommended sweeping changes, but there has been no adequate response from the Minister” (Hansard NZPD, November 1982, pp. 5080-5082). Dr Peter Tapsell,

the member for Eastern Māori stated that the Bill sent “a cold chill down the spines of Māori people in response to the clause that finding unaccompanied children and young people was sufficient cause to take them into custody” (Hansard NZPD, November 1982, p. 5089). The Second version of the proposed Bill also recommended changes to clause 10, which allowed a right of appeal by parents to the High Court.

In 1984, a group of women in the Takapuna Social Welfare Office, the Women’s Anti-Racist Action group (WARAG) claimed that institutional racism was inherent in policy and practice in the Department of Social Welfare and that this be addressed immediately. The Department’s Māori Advisory Unit concurred that the department was monocultural and therefore institutional racism was inherent in its policy and practice (Wilcox et al., 1991). It was also during this time I became aware of my own lack of understanding of things Māori and an insufficient understanding of the effect of colonisation on tangata whenua. My extended family was not racist but rather more, separatist. As nurses, we certainly did not have any Treaty or cross cultural training. We did it all by instinct. Racism was present, but the cause was ignorance rather than conscious discrimination. The constant re-admission of Māori children in the 50s and 60s was seen as parental negligence and not the result of poverty and colonisation. Another example was the insistence of Māori whānau to stay with their relatives in hospital when that was not the protocol at that time. They were only allowed to do this if the patient was near death.

In the late 1970s and early 1980s I attended several Treaty workshops. These took different forms, some were extremely heated and some calmly and logically addressed the problem, and therefore provoked mixed responses. Some people became angry and defensive, some, like me, felt overwhelmed by the realisation of the horror and pain of the imposition of power and destruction under the name of colonisation, others were moved to tears and some people could not take the hugely emotional context and left. It was not my forebears that carried the guns, but for a while I carried what might be called a collective guilt, guilt not only about colonisation and its processes, but also about my previous blindness to the problem.

Presenters at a national conference of Māori leaders in 1981 (Hui Whakatauirā)

commented on the negative effect of urbanisation on whānau kin-based systems. The high levels of delinquency among Māori adolescents and the disproportionate number of young Māori in the care of the Department of Social Welfare who were institutionalised or placed with Pākehā foster parents was exemplified. (Bradley, 1994; Wilcox et al., 1991). In 1983, the Maatua Whāngai scheme was established. This was a genuine attempt to place Māori children and youth in need of care and protection with hapū or iwi. However, Bradley (1994) claimed that by 1985 it had become clear that the scheme was not working, and reasoned one of the primary factors was Māori were treated as homogeneous, and the genealogical principles of whakapapa were not observed (p. 197).

At this time, one of our previous foster children was admitted to two institutions. She was classed as a “recidivist absconder”. As described earlier, we visited her in both, and we were actually allowed to have her home for a weekend. At 14 years old she was an angry young person, she did not abscond that weekend, but begged us not to take her back to the girls’ home.

Traditionally the role of social workers is to empower people to manage their own lives to the extent to which they are able – to become self-regulating. However, in many fields of social work the task becomes one of wielding power, care and protection being a case in point, and illustrated in the historical accounts above. This has felt to me an uncomfortable contradiction to the ethic of my profession.

“Power is a well-studied concept examined from various theoretical positions” (Holmes & Gastaldo, 2002, p. 558). The Foucauldian concept of governmentality, as discussed in Chapter Two, offers a different perspective on power, maintaining that we should not only look at it as repressive but also at its constructive (or productive) aspects. It is an explanation that offers a useful insight to the complexities of the social work role and its inherent power. Foucault claimed power includes everything from overt forms of coercion and manipulation to the subtle exercise of authority and influence and we need a more comprehensive understanding of how power is exercised in society (Holmes & Gastaldo, 2002). Foucault took a very holistic view of power and how it operates like a network across the whole of society at its multiple levels. Foucault argued the construction of the subjective “self” is linked to established

forms of knowledge and institutionalised practices. In contrast to Merleau-Ponty (1945), Foucault claimed self is not an “essence” but created by the influence of multiple forms of power. Neither Merleau-Ponty or Foucault made any reference to gender difference, however, Foucault’s analysis is similar to the thinking of de Beauvoir who claimed that we become women by the pressures exerted on us by the socialisation of gender expectations – another form of power. For Foucault, power is to be seen as:

The multiplicity of force relations immanent in the sphere in which they operate and which constitute their own organisation; as the process through which, through ceaseless struggles and confrontations, transforms, strengthens, or reverses them, as support which these force relations find in one another, thus forming a chain of system power is not an institution, and not a structure, neither is it a certain strength we are endowed with; it is the name that one attributes to a complex strategical situation in a particular society (Foucault, 1990, p. 99).

Foucault saw power relations as multi-lateral, no particular group as holding power, but a fluid entity that circulates through and among bodies, net-like. Holmes and Gastaldo (2002) explained power acts upon individuals who in turn act upon others (p.559), a relational concept. To relate that to the social work task, the power emanates from law to government to policies, to agencies, to workers, to the client, who in turn, will wield power upon the worker affecting her reciprocal response. This flow of power Foucault later described as the process of governance or bio-power, the general mechanisms of society’s governance – governmentality. “Governmentality involves domination and disciplinary techniques, as well as self-governing ethics”. In essence government is an activity that aims to shape, mould or affect the conduct of people and how people think – a process of normalisation or socialisation. The relational aspect of governmental power to the person was described by Dean (1999) who claimed “Governmentality connects the question of government and politics to the self” (Holmes & Gastaldo, 2002, p. 259).

Social work is inherently political because it deals with the control of society, and in this particular, the safety of children and people. It also influences government and its policies by the generation of knowledge about the effects of its activity on clients. It is therefore, “a constitutive element of governmentality because it takes part in this

management” (Holmes & Gastaldo, 2002, p. 259). The effect of governmental power on Māori is both historical and current. Māori, like many other indigenous colonised peoples suffer from the effect of that power on their families/whānau and life outcomes.

International Collectivity

In 1981 the International Foster Care Organisation (IFCO) was formed and New Zealand was later represented at all international conferences. In 1983 I was funded by government to represent New Zealand at the University of Leuven at an International Foster Care Organisation conference/symposium as an ambassador for our country which had been chosen for the next biennial conference in 1985. Attendance at this conference made me realise the many ways children in need of care and protection around the world were accommodated. New Zealand’s practices stood in stark contrast to many other European countries in which institutionalisation was still the modus operandi for children of all ages. New Zealand, as previously described, has had its own history of institutional care of children, but as Dalley (1998) described in the 1970s and 1980s the “climate of opinion in New Zealand and throughout the Western world had turned against the provision of residential care for young people” (p. 308). In New Zealand, deinstitutionalisation was well under way by 1983 and then only used for young offenders or habitual absconders, who were placed in “secure care”. Foster care in families was the first care option sought for children. Now, in 2016, institutionalisation of children and young people is still a global issue of great concern.

In Leuven the focus of work was the draft United Nations Convention on the Rights of the Child. It was imperative to ensure that the interests of children in foster care were included in this international Code of Practice. A strong submission of good practice principles in regard to children in foster and institutional care was sent to the United Nations from the conference. Many of the issues raised at the Leuven conference were also those of concern in New Zealand. There was a realisation of the complex nature of foster care and that it should be treated as a specialism for social workers. There was a call for comprehensive assessment procedures, training programmes for foster parents and comprehensive planning protocols for children and their families.

In 1984 The New Zealand Foster Care Federation contracted Dr Rajen Prasad to write a training programme for foster parents and social workers. The result was a tandem production that assisted both workers and foster carers to appreciate the roles and experiences of all in the foster care quadrant – children, their families, foster parents and social workers (Prasad, 1984). I was trained at Massey University to deliver the programme. It was excellent material, ecological, experiential and research based. However, those in power at Head Office Social Welfare rejected the fact that there was a social work component. The author had decided the two programmes must run in tandem and the powers that be in Head Office would not allow that to happen. We reached an impasse. The programme was run by the Foster Care Federation on limited funding, but the Department of Social Welfare never picked it up. Political power obstructed the opportunity for well-needed improved foster care practice.

Working in a non-government agency with smaller caseloads than those carried by government social workers allowed us to do in-depth work with our clients and their families. One innovative programme instituted in 1985 in the inner city agency in which I was employed was based on the concepts of Bronfenbrenner's ecological theory, which demands taking a holistic approach to client work. Fortnightly group meetings were instituted where foster parents, the biological children of the foster parents, the children in care and where possible, their parents, came together. The latter were only invited to the group when return home was likely and they had made some progress in achieving their goals. After sharing a light meal, the attendees broke in to their representative groups and received training. We used the Foster Care Federation training programme for the foster carers, the biological children and the children in care spent time both separately and together with a therapist doing art work, writing stories, making models and playing games. The concepts of care were very sensitively visited in these processes and gave the children the opportunity to reduce the isolation of their experience and articulate in the various art forms some of their emotions about being in care or being part of the biological caregiving family. The most difficult part of the programme was the work done with the parents of the children in care who had issues of grief, anger, resentment and of course shame. Some of the work was purely information giving about child development, nutrition, health,

court processes and the law, joining with the foster family, keeping to social work plans and after care support. Probably the most useful outcome for this group was the ability to share stories and reduce isolation and also an opportunity to have contact with their children and in the best of cases, the opportunity to meet with the foster families on neutral ground.

I was involved with this innovative programme for 12 months prior to leaving the agency. When it was introduced as an idea by the Director who had been newly appointed, the social workers, myself included, had many reservations about it, imagining that it would be highly emotionally charged and perhaps dangerous for some parties. For the most part, however, it worked. We had a high client-worker ratio with at least two social workers in each group. We contracted child therapists to assist with the children's groups. That ratio also enabled individual work to be done with people as the need was indicated.

Many of the issues that brought children into care in the 80s would now be managed another way than separating the children from their families. The issues that bring children into care today appear to be more severe and intractable. In my recent experience as a foster care trainer and social work supervisor I have observed a tendency for Child Youth and Family to take a risk averse approach to foster family/biological parent contact. I have heard social workers tell prospective carers that the child's parents will never be told who the child is with or where they live. Any contact between children and their parents takes place away from the child's foster home, very often in a contact centre, under supervision.

As previously discussed, the importance of children in foster care maintaining contact with their natural parents and siblings has continuously been shown in research and is well documented. It has also been shown that contact with biological families is one of the key indicators of successful return to parents and this is even further enhanced if the relationship between caregiver and parents is positive (Cleaver, 2005; Connolly & Morris, 2012; Kufeldt, 2011). Nevertheless, Atwool and Gunn (2012) stated that despite the widespread belief that contact with parents is beneficial for children in care, that there is no strong evidence that it is or is not and argued that interviews with children and their carers would show that it is dependent on the parents past and

recent behaviour to their children. It is essential that a thorough assessment before contact occurs is completed.

Social Work Burnout

My next position, in 1986, was in a South Auckland agency – a different clientele and a steep learning curve about culturally sensitive social work. I was there for three years before leaving to complete the last 18 months of my BA degree full-time. It had been a very supportive environment. The decision to leave and study full time was not only driven by my need to complete the degree. Every child on my case load had been seriously sexually or physically abused. In two instances the children were further abused by their foster parents and it was me who discovered this. Although in neither case had I been responsible for making the placement, they were on my case load and therefore I had been visiting and working with the foster families and the children. The stress of managing the complex issues was keeping me awake. I was exhausted and not wanting to get out of bed in the morning and go to work. Giving evidence to the police, making sure my case notes were accurate, seeing the distress of all involved and trying to manage this was not easy. The denial of the abusers and the disbelief of their partners, the stress on their own children, to say nothing of the courage of the children in care to tell of the abuse, places the social worker in a maelstrom of emotions, not least one's own. What was most difficult was the seeming slowness of the police to gather evidence and eventually to be told that the most serious case would be thrown out in court because of the changes in story of one of the girl's in question. In the second case, the foster parent confessed to what could be interpreted as inappropriate behaviour and the agency did not press charges, but disestablished him as a carer. I was not sure that was the right response, but the alternative, reporting to the police, results in another whole raft of trauma to the caregiver's family and a probable loss of his job. A social work dilemma!

Some cases are etched into the memories of social workers. Such a case for me is that of a four year old child I shall call Johnny. His mother had been in the agency's residence for mothers, particularly young mothers, whose children had been assessed as being at risk. Instead of taking the children into foster care, the mothers and their

children were admitted into a residential facility and under supervision, were given education in mothering skills. This is an excellent programme where the mothers are taught skills in child care, behaviour management, budgeting, and nutrition and food preparation. The mother was with us for twelve months and seemed to be well capable of caring for her child and a flat was found for her nearby. Shortly after leaving she became pregnant again and had a steady partner who moved in with her. One day when she was out shopping, the partner became angry with Johnny who had soiled himself. Johnny ran and hid under a bed. The man pulled him out by the legs and jumped on him, breaking his legs and leaving him with pelvic injuries. I visited him in hospital, his big brown eyes filled with tears on seeing me as he told me how naughty he had been and all this was his fault. Johnny was four. I cried in the car. I had been supporting the couple in their flat. While the woman's new partner was unemployed, I saw nothing that would have made me concerned that the child was not safe. The fact that the little boy blamed himself for the injury was an indication that he had been punished before. What should I have noticed that I did not?

The Social work task is complex and often stressful. Good supervision and collegial support is essential. As Schofield, Beek, Ward, and Biggart (2013) observed, "Daily, social workers face the busy and complex world of human behaviour in social contexts—a world in which relationships break down, emotions run high and personal needs go unmet..." (p. 399). The constant demand for one-sided giving by social workers to their clients can lead to emotional depletion and eventual burnout (Lloyd, King, & Chenoweth, 2002). Lynn (2013) defined burnout as a term frequently used in the discussion of the negative effects of working in a human services field where there is constant exposure to individuals with complex problems. Lynn (2013) stated that prolonged exposure to these situations frequently leads to emotional exhaustion, feelings of lessened personal accomplishment, depersonalisation with the clients they are working with and emotionally overtaxed by work (p. 3). The need for social workers to constantly take cognisance of their stress levels and their physical and psychological well-being is an issue that must be constantly addressed in social work curricula. Burnout is a very real issue not to be ignored. However, the truth of the matter is that it is one thing to learn about this in the abstract, and another to experience it. Hamama (2012) confirmed that studies on social worker burnout show

conflicting results in relation to age and length of time in the profession. Her study did however show that intrinsic work conditions, colleague and management support and professional qualification mediated the likelihood of burnout occurring. The symptoms of burnout need to be recognised and professional help sought. It should be one of the key issues addressed in supervision. Yet many social workers will not admit to their supervisors that they are feeling this way in fear of being judged incompetent or not suited to the task.

Child protection work, including foster care work, is probably one of the most demanding forms of social work. Decisions are constantly being made that will have life-long effects on the children and their families. Social workers constantly have to deal with parental anger, physical and sexual child abuse and neglect, and children and young people with severe behavioural disorders. They need an excellent knowledge of the law and to be able to justify their decisions in court. There is the very real possibility that the tender and compassionate heart that leads people into social work becomes hardened as a way of self-protection. When that happens the professional view and subsequent decision making can become skewed and the response either too risk averse, wielding the power of the position, or risk blind. Lynn (2013) stated that “knowledge gained through years of experience is often lost during turnover of staff that are burnt-out working in the field of child welfare” (p. 1). Lynn (2013) also commented on the fact that the divisions between work and home become blurred, and in my role as an NGO social worker this was the case. Foster parents were given our home phone numbers and we were expected to be able to respond 24 hours of the day, resulting in rarely feeling completely “off duty”. I remember lying on the couch after work and telling my children to say to a colleague who had telephoned to discuss a case that I was not available. It was time to take a serious look at myself! To take time out was, I believe, a responsible professional response, but not an easy decision to make. I realised on leaving how heavy the burden had become. I felt light and ten years younger.

It must also be said, that, like many other women social workers, I balanced the multiple roles of social worker, wife, mother, foster mother, food provider, house cleaner, daughter to an aging parent, and in my case, nurse and student. It might be

said that was madness and that to spread myself so thinly could have resulted in no task being done well. I wonder now what drove all that. Some of the reasons were financial, but along with that went the fact that I was having a love affair with academia. One toe in the water and I was hooked. It is also interesting to note that there were many women at University in their 40s in the 1980s who had been deprived of the tertiary education opportunity earlier, having been “drafted” into the accepted women’s professions of nursing, teaching, dental nursing or office worker.

The difference between my first profession of nursing and social work was the ability to leave it behind after work. Nursing was of the moment and I handed my responsibilities to someone else after my shift. Of course, some cases remained in my mind when I was off duty, but in social work my cases remained mine, decisions made remained with me. As Decker, Constantine Brown, Ong, and Stiney-Ziskind (2015) asserted “Many social workers are motivated to enter their chosen profession due to compassion for others, an altruistic desire to improve individual and societal conditions and that the cost of that compassion might be high”. They quoted Stebnicki (2007) who shared an ancient Native American teaching that “each time you heal someone, you give away a piece of yourself until, at some point, you will require healing”(p. 29). The practice of “mindfulness” is now taught to student social workers as a self-regulation method to deal with the every-day stress of social work. Constantly dealing with the life crises of clients requires resilience. Having a belief in a higher power, or spirituality can be important coping mechanisms (Decker et al., 2015). Twelve human service social workers, eleven of whom were female, were taken through a six week course of mindfulness by McGarrigle and Walsh (2011) who found that the participants experienced an increased ability to manage stress. The responsibility to self-manage was seen as part of professional integrity and accountability to the client. It was also found that “the work place environment played a significant role in the social workers ability to strive toward self-care and wellness” (p. 223). It was suggested workplaces should undertake staff training in mindfulness, and allow time to practice it in spite of busy work schedules. As one participant explained, “I think it would be an important message to employees that this agency values their well-being” (p. 223). It is time well-spent and results in worker retention and more effective practice.

Burnout need not be seen as a terminal state, or one that requires a permanent move to a job that is less demanding. It is the realisation that the body and mind need a break, the courage to admit it and when energy returns see it as an opportunity for embarking on a new journey. For me, it was a turning point in my life and a chance to step back and think about my life path. I actually enjoyed social work and could not see myself in any other profession. I had continued to nurse, working as a social worker during the week and a nurse at the weekends, largely to pay for my university study to gain a B.A. I realised one day in the accident and emergency clinic when I was expected to do a procedure for which I was not trained, that I had to gain post graduate qualifications in either nursing or social work and opted for the latter, eventually gaining a Master's degree in social work and teaching that at University.

Towards a New Way of Working

I remember well the debate that surrounded the proposed reform of child protection and youth justice laws during the late 70s and 80s. There were two camps with polarised philosophies about child protection. On the one hand, there were those who favoured a high level of State control and more professional influence in the deciding of matters of child abuse and neglect. Such opinions were exemplified in the report of the 1984 working party charged with reviewing and amending the 1974 Children and Young Persons legislation. Recommendations included: Child Protection Teams with investigatory and executive functions; case conferences of experts and community members; mandatory reporting of suspected abuse; a national register of at risk children, and a National Committee for Child Protection. Māori spokespersons on the other hand disagreed with a medical, highly interventionist model that placed power in the hands of experts and took no heed of those who probably held the knowledge about the children, young persons and their families under investigation (Worrall, 1996, p. 20).

I was involved in writing recommendations to the Bill in my roles as Chair of the New Zealand Foster Care Federation and also as a member of the New Zealand Association

of Social Workers,¹³ although I could see neither of those groups mentioned in the list of respondents appended to the discussion paper before the House. What is worth noting is the wide range of organisations that did submit recommendations. Represented were religious groups, women's organisations, legal organisations, medical associations; organisations representing youth and children and those with an interest in civil liberties. There were no Māori voices listed.

I remember the aforementioned reports received considerable media coverage and promoted much debate in social work circles. In particular the issue of mandatory reporting of suspected child abuse provoked much debate within social work circles. I remember attending a meeting of the Auckland Social Work Association where a straw poll was taken about the issue. The result was 48 for and 52 against! We ourselves were divided on the issue. Mandatory reporting was not included in the Act, but has remained an issue of debate. It was argued by Doolan (1998b) that the decision to abandon mandatory reporting of child abuse when the 1989 Act was reviewed in 1994 was a decision based on the belief that New Zealand is a society that values both independence from the State and the sharing of social responsibility

In 1985, the then Minister of Social Welfare, Ann Hercus, appointed a Māori Advisory committee to recommend a Māori perspective for the Social Welfare Department. Chaired by John Rangihau, their report, "Puao-Te-Ata -Tu," or "Daybreak" was pivotal in the development of the 1989 Children, Young Persons and their Families Act. My reading of the report was another major step in my understanding of the effect of colonisation on Māori whānau systems. It is a very moving account:

The central State's chosen administrators supplant traditional leaders; the State's agents impose new structures; legal-judicial processes replace the traditional tribal law; and most significantly, permanent government forces enforce the new rules....Weaving a fine bureaucratic net about traditional society, they impose regulations, restrictions and obligations upon the people....For the Māori, political modernisation resulted in a systematic and unrelenting assault on their traditional society (Ministerial Advisory Committee to the Minister of Social Welfare, 1986, p. 7).

¹³ Hereafter referred to as ANZASW

The Children and Young Persons Bill 1986 was described by Warman (1987) as “the most comprehensive review of legislation directing the operations of the Department of Social Welfare since the introduction of the Children and Young Persons Bill of 1974” and he argued “the socio-political perspectives that informed the 1974 Act had not been modified” (p. 18). The 1986 Bill described new structures: a Child Protection Team, an Independent Review Panel which would separate the jurisdiction of the courts on offence and protection and that there would be a mandatory reporting system. There were over 150 submissions that were appended to the clause by clause consideration of the Children and Young Persons Bill 1986 by the Select Committee. Warman (1987) identified three areas of concern in regard to the proposed legislation. These were the political conflict, in particular the commitment to bi-culturalism; the practice problem, namely, community development versus expert care, and the skills problem, the limits of common sense. Of primary concern was the matter of biculturalism which was not addressed sufficiently. Some Māori and Departmental staff considered it did not honour commitments inherent in the Treaty of Waitangi, particularly the need for self-determination:

It is no easy matter to wipe the slate clean and begin again. Even the most culturally aware officers of the State will be unable to effect desirable changes if there are no commensurate changes to overriding laws (Ministerial Advisory Committee to the Minister of Social Welfare, 1986, p. 19).

The development of the Children and Young Persons and their Families Act 1989 was influenced by a complexity of inter-related factors. First and foremost, the heightened voice of the tangata whenua during the 1970s was part of a “world-wide phenomenon of ethno-regional politicisation and self-determination” (Pearson, 1984, p. 205). As Māori concerns grew, so there was also a beginning willingness for the Pākehā population to listen (Worrall, 1996). The Ministerial Advisory Committee to the Minister of Social Welfare (1986) strongly stated that no child should be placed in a State foster home without a committed search for a suitable whānau placement, and advocated for a place and status of Māoritanga in institutional arrangements (p. 23). However, the preliminary drafts of the Bill were still interventionist and had an emphasis on professional power and a disregard of Māori models of kinship and community. Many Māori felt that the draft form of the Children Young Persons and their Families Bill 1989 overemphasised the paramount interests of the child and to

some extent, ignored whānau rights. As Koh (2010) argued:

As a result the Bill was redrafted to reflect a “family centred focus”, “whānau decision making” and “family oriented practice”, a philosophical shift some commentators thought could compromise the safety of the child. Since then the Children and Young Persons Service has been frequently criticised for insisting on family unity even when there was evidence of substantial child abuse (p. 188).

The 1984 Labour Government had begun a process of economic stringency that was followed by successive Governments since 1990. Previous responses to children in need of care and protection were expensive. The 1989 Parliamentary debate papers quoted a figure of \$300,000 per annum per child for institutional or foster care, a sum the State could ill afford. It was estimated the number of children who were under a guardianship or supervision order by the Department of Social Welfare at the time to be about 10,000 (Ministerial Advisory Committee to the Minister of Social Welfare, 1986, p. 16).

Therefore, while both the foster care research and the voice of the tangata whenua can be seen as primary determinants of the new legislation, it must be said that the economic and political climate at the time was most receptive to any cost-cutting measure. The fact that the Children, Young Persons and their Families Act 1989 and the Public Finance Act 1989 were passed in the same year had an inarguable influence on the operation of the former (Worrall, 1996). It was claimed by Davey (2000) that challenges and changes had beset the Welfare State over the past three decades and resulted in a “move away from universalistic, rights based approach and a reduction in Government intervention in many aspects of national life” (p. vii). There was little commentary at the time on the effect of these “New Right” policies on women. It was noted by Bunkle (1991) that “the retreat of the state is associated with a reassertion of family, that is with the role of women as providers of services,” and that “the costs to women are enormous but invisible.” She claimed such policies seem to be efficient because they ignore these costs (p. 10). Bunkle argued that the handing down of welfare provision to the community means handing down to women. “All the mentally and physically disabled, the elderly, the injured and sick are to be returned to women [families] to look after” (Bunkle, 1991), and I add, abused and neglected children. Bunkle cited a 1989 Massachusetts study that looked at the health of mid-life women

which found that most of the ill-health in these women was associated with stress of their increasing burdens of care. There was little evidence of the “empty nest syndrome”, but plenty of “refilling the nest” with elderly parents, and adult children returning home.

The Mason Report (Mason et al., 1992, p. 106) commented on the impact of government fiscal policies on the 1989 Act, and warned against a system that attempted to quantify social response in dollar terms. For several years previous to this, long-term foster parents had been encouraged to adopt, or assume legal guardianship of the children in their care. While research outcomes and principles of permanency planning were ostensibly behind such moves, the State was then able to divest itself of financial responsibility.

The Third Sector

As previously discussed, the 1974 legislation s.11 allowed NGO agencies to take children into care for short periods of time at the request of their parents. Some of the reasons these requests were made were hospitalisation of parents, contentious custody issues between separating parents, parental drug or alcohol rehabilitation or an inability to manage a child or young person’s difficult behaviour.

Garlick (2012) commented on the relationship of the voluntary sector and the State in the 1970s. He stated that as the government looked for alternative ways to deliver social services without spending much money, it encountered an expanding community voluntary sector that was increasingly seeking state support. It was, however, a symbiotic relationship (Tennant, 2008). Garlick gave the example, among others, of feminists calling for recognition of the problem of domestic violence as a public concern and that the government assist with resources to help victims. The state then, rather than provide social services itself, directed resources towards the voluntary agency sector. In 1976 the Department created a Community Services Unit “to promote and support, and where necessary maintain community organisations carrying out welfare activities or departmental functions”. Garlick (2012) also ascertained that as well as being cheap, the use of voluntary agencies “would enable services to avoid the stigma attached to Statutory agencies, which were sometimes

viewed as agents of social control” (pp. 104-107).

An additional source of frustration for me was the constraints of my role. Where the child had a legal status and was under the guardianship or custody of the state, it was the role of the statutory social worker to do the family work and the NGO worker to arrange and oversee the foster care. The issue at that time, and still unresolved, was that the statutory social workers are crisis focused and that child safety is their paramount concern, not leaving time for in-depth family work. Under this arrangement the statutory agency has the power to make all the decisions about the child, often with no consultation with the NGO social worker, who has been managing the day to day care of the child.

As inferred above, there have been times in my work in the third or non-government sector when my commitment to advocate for social change and the terms of my employment have come into conflict. Agencies who gain their funding through contracts with government are constrained in their ability to speak against government policy. My role as chairperson of the New Zealand Foster Care Federation demanded that I comment on child welfare policy and practice. I was warned by each of the agency Directors that I should make it clear that I was only speaking on behalf of the Federation and should in no way refer to my work status even if asked. Later, I was also given the word to temper my comments by the head of school at University!

In their research on relationships between not-for-profit organisations and the government, Elliott and Haigh (2013) found that individual not-for-profit agencies are sometimes reluctant to openly and vigorously challenge government policies in fear of jeopardising their contracts. When I was on the National Foster Care Federation Board, advocacy and a determination to push for policy reform was our top priority. There were many times, as previously mentioned, Government saw the Federation as a pain in the neck. Our gadfly role was not appreciated. However, we were reluctant in any way to be stifled by accepting Government funding, except that they distributed the Foster Care Journal to all their foster carers. The McKenzie Trust paid for the printing.

In 2016, the Government uses concepts of “partnership” with NGO’s to achieve its

responsibility goals, but a deeper analysis shows this to be an inaccurate description of the relationship, that in reality is one of funder and power holder, and contractor or supplier of requested services. The role of contractor also places NGO's in competition with other like agencies seeking to gain programme funding so they do not want to ruffle the feathers of government.

The necessity of Government departments to exert control over the third sector is a two-edged sword. While it is necessary that agencies funded by Government have high standards of practice and accountability, many hours are spent collating required information and reports for the funding agency that could be spent working with clients. Conversely, NGO's are often reliant on the Government agencies for referrals and if target numbers are not met, funding can be withdrawn, a catch 22. During the 1990s there was debate about how the population that social workers served should be referred to in a respectful manner. "Client" was popular, and customer was another idea put forth. Both of these free-market terms suggest an issue of choice, when most of the families we worked with were not in the relationship by choice. The "customer" in fact is the government who purchases services from the NGO sector.

Sending and Neumann (2006) analysed the power relationship between NGO's and the state using elements of Foucault's concept of power in his work on governmentality. They argued:

In this [Foucauldian] perspective, the role of non-state actors in shaping and carrying out global governance-functions is not an instance of transfer of power from the state to non-state actors but rather an expression of a changing logic or rationality of government (defined as a type of power) by which civil society is redefined from a passive object of government to be acted upon into an entity that is both an object and a subject of government (p. 652).

While Sending and Neumann's focus of analysis is of global NGO's, this can also be applied to national government strategies. It would appear that NGO's are funded "to confer legitimacy to policy-processes, to implement policies, and to monitor and evaluate them" (Sending & Neumann, 2006, p. 652).

The non-government foster care social worker is often in a powerless position in regard to outcomes for the children in their care, although working closely with the families

and children referred to the agency by the State. The State holds legal custody of the child and therefore makes decisions about that child's welfare, albeit often in order to make recommendations to the court. The NGO social worker has the in-depth knowledge of the case, but very often is not consulted before serious decisions are made by the State social worker. I often found it very frustrating that sometimes I had to comply with instructions that I did not agree with. More often than not I was not invited to the FGC that was held for the child, but heard about decisions made after it was over. The fact that it was either my case, or as manager, one of my staff's case, and that we held important knowledge about the child, was not taken into account and it made us feel like we were considered a lesser species than the government workers. We were paid less, but we were all qualified.

In Summary

This chapter has traced the development of child protection legislation from 1974 to 1989. The impact of attachment theory, permanency planning and the often contradictory emphases on child protection and whole family well-being in the 1974 legislation has been analysed. The chapter has analysed the changing contexts and influences on the path from child-centred legislation to once again the emphasis being the child in its family/whānau. Essences of power and powerlessness; racism vs self-determination; separateness vs intimacy; attachment and letting go; moving and stability and the supremacy of family vs child safety have become apparent.

My own political journey in regard to the realisation of the deficits in the foster care system, both for the children and those who cared for them, has been told. Research evidenced that many children in care did not experience the security they so desperately needed and were at risk of having a miserable insecure childhood. The complex roles of social worker and foster parent and the potential to be seen as friend or foe by the child's mother can be influential on outcomes for the children and assuage, or not, the yearning of children in care to see and know their own parents.

While setting out the social context and professional attitudes to care and protection from 1974 to 1989, this chapter is largely autobiographical. It has taken an "inside

view” of my experiences as a foster parent and social worker, and also laid out the way in which the attitudes and laws of the time affected the lives of children, both those in my care and those for whom I was their social worker. I have described the often abrasive nature of care and protection social work, and the need for self-awareness and self-care.

The relationship between the NGO or Third Sector and the State has been analysed from Foucauldian and personal perspectives, and particularly those involved in child care and protection. Relationships of power and control exist for the sector and its role as servant to the state. The autonomy of NGO’s has changed over this period and continues to do so as Government chooses to fund those in alignment with their own strategic plans.

The next chapter describes the Children, Young Persons and their Families Act 1989 from a professional and personal perspective. It locates the Act within the directives of the UNCROC agreement, to which New Zealand is now a signatory, offers a critique of the concepts of the Act, the community involvement and the Family Group Conference. The power of the State is not only carried by those who work for it, but they themselves are subject to it. It analyses the role of women and difficulties faced by statutory social workers and the power of collective professional support. It begins the discussion about kinship care. My experiences, both personal and professional are woven throughout the chapter as I have reflected on the legislation and how it has shaped my professional life. Two recent legislations, the Care of Children Act 2004 and the Vulnerable Children’s Act 2014 are analysed in regard to the effect these have on children where care and protection is an issue.

Chapter Seven: From 1989 to the Present

Engari me te nekeneke tai he arahi I runga I te ki

He aha I te mea nui

He tangata, he tangata, he tangata

Na konei te wero

Kaua e hangai he ture

I pera I te kupenga ika

He here hopo

What is most important?

It is people, people, people

We should not create policies that are like the fishing net

that snares and strangles

but like the surging tide

that uplifts and carries forward.

(Community and Voluntary Sector Working Party, 2001)

Introduction

There have been three major legislative advances in New Zealand over the last 25 years in regard to the care of children - the Children, Young Persons and their Families Act 1989, the Care of Children Act 2004 and the Vulnerable Children's Act 2014. The primary focus of this chapter is on the principles of the innovative Children, Young Persons and their Families Act 1989, offering a critique through both my professional and personal perspectives and affirmed by the literature. The Act has now been the legislative directive for 25 years, and its principles have been emulated by many countries, some to a lesser degree. I argue, however, there are issues of power, powerlessness and cultural incompatibility in the processes.

International Principles

The United Nations Convention on the Rights of the Child (UNCROC) was, after much consultation, finally adopted by the UN in 1989 and defines universal principles and standards for the status and treatment of all children worldwide. Four articles capture the general principles underpinning the Convention. These are:

- all children have the right to protection from discrimination on any grounds
- the best interests of the child should be the primary consideration in all matters affecting the child
- children have the rights to life, survival and development
- all children have the right to an opinion and for that opinion to be heard in all contexts.

(See Appendix E for further additional relevant articles). While New Zealand did not become a signatory to the Convention until 1993, these principles are inherent in the Children, Young Persons and their Families Act (1989).

The Children, Young Persons and their Families Act 1989

Things that have a long gestation period are usually worth the wait. So it is with the Children, Young Persons and their Families Act 1989. This courageous legislation has been significant, not only because of its uniqueness in the involvement of family/whānau in the widest sense of the term, but also because this philosophy has been embraced now by many countries in the Western world. The 2001 whakatauki introducing this chapter carries both a warning and a description of the philosophy of the Children, Young Persons and their Families Act 1989 – that it leave behind the snares and strangles for children and their families whose relationships were compromised under previous child welfare legislation and be uplifting and urging forward with a focus on the vulnerable people concerned.

The Children, Young Persons and their Families Act 1989 marked a decisive shift toward the greater involvement of family and community in decision-making for children and young people needing care and protection. The principles of the Act (See Appendix D) emphasise the central importance of families in the lives of children and young people and it is stipulated in Section 5(b) that relationships between children and their families

should be maintained and strengthened. Sections 5(d) and (e) state consideration should be given to the views of the child and where possible the support of parents or guardians should be obtained for the exercise of any power under the Act. Section 5(f) outlines the principle that wherever practicable decisions should be made and implemented within a time-frame appropriate to the child's or young person's sense of time. Taking heed of a child's need for stability and security and the ability to form strong attachment relationships, Section 140 of the Act which defines an extended care agreement, requires any such agreement longer than 28 days (s.139) is to be reviewed every six months if the child is under 7 years and every twelve months for any other child or young person..

The first version of the Act made provision for children's needs to be the deciding factor in disputed situations. However concerns were raised that this could place the rights of the child secondary to the family and that the safety of children could therefore not be guaranteed. The Act was amended in 1994 in s.6 to "the welfare and interests of the child and young person shall be the first and paramount consideration having regard to the principles set out in sections 5 and 13." Although the principles outlined in Section 5 are focused on decision-making about children and young persons, rather than the provision of care, they are principles to be applied in the exercise of powers conferred by the Act and are therefore key in any decisions made about the on-going care of children and young people.

Now, after almost 150 years of the State taking responsibility as parent for children and young persons in need of care and protection, the current legislation, the Children, Young Person's and their Families Act 1989, again places responsibility on the family in the widest sense, dictating family/whānau be the first option sought for care. New Zealand has come full circle from the dictates of our earliest welfare legislation. Unfortunately, no substantial follow-up research has been completed by the New Zealand Government in regard to the advantages and outcomes for children and their families/whānau under the Children, Young Persons and their Families Act 1989 (Connolly & Morris, 2012; Kanyi, 2013). Additionally, limitations in collecting information have made it difficult to obtain accurate Government data about the familial relationships of kin carers to the children for whom they have assumed custody

because of a care and protection issue. However, when relationship *is* recorded it is primarily grandparents who have taken on the responsibility (Connolly & Morris, 2012). Overseas research also has identified that in general it tends to be older women, often single, grandmothers and aunts, who take on the responsibility (Connolly & Morris, 2012, p. 99).

In November 1989 I was appointed as National Trainer of the New Zealand Foster Care Federation. My role was to offer the New Zealand Foster Care Federation Training Package to social workers and foster parents, taking into account what traditional foster care would mean under the new legislation. The course was designed to have a strong focus on the child's family/whānau and its importance to the child and how foster care might change from being long-term to an intermediary undertaking, until suitable family/whānau would be found. I remember facing a room full of women social workers and foster carers at a city in the South. A very assertive social worker stood at the beginning of the course and said she had been sent by her supervisor, but to her mind attendance would be a waste of time because foster care would be needed no longer and families would be the care option from now on. I could not share her optimism. I asked the group to think who would do the actual day to day caring and perhaps we should consider the fact that many women were, of necessity now in the workforce. Part of our work as social workers would be helping extended families to consider the impact of taking the children and how it could best be managed. I was very aware as a foster parent that caring for children who have suffered abuse and neglect was not easy and felt that it would not be made easier by virtue of being related. Extended families, grandparents in particular, would need a break and good trained foster parents could fill that role. While the foster parents in the room were nodding, I was told by a social worker respite would be sought within the extended family itself.

I had a sense of unease about the whole-hearted rather simplistic attitude of some social workers about this "new" way of working the Act would require, and the wholesale dismissing of a need for unrelated foster care. It seemed to me that placing children with extended family where possible was just good ecological social work practice, and that view was agreed to by other commentators (Else, 1991, 2014). I had

always asked parents who had come wanting care, even if it was just for a few days “Is there someone the children know?” Sometimes the response was that they did not want extended family to help. Their relationships with their extended family were not good, or they were ashamed of their current lifestyle and did not want family involved or they felt that extended family members had enough problems of their own.

Although I did not probably recognise it at the time, I wonder now whether my preference for finding family members to care was not only good social work practice, but in some way related to my own experience of being raised for a critical part of my life with extended family and the sense of dislocation I had as a child when several times in my life I had been sent to live with strangers. There were of course other influences that drove that response. Our agency rarely had sufficient foster parents to meet the need that would enable a good matching process between child and foster family. It was often a matter of expediency and where we could find an empty bed. I know that children placed in foster care suffer two types of trauma – the trauma of the abuse or family crisis that necessitated care and the trauma of separation from their families, even if those families were where the abuse occurred. Children have said to me that they did not want to leave their families, they just wanted things to be different at home. “If Dad would just stop drinking”, or “if only Mum and Dad didn’t fight all the time”. Children often also carry the blame for the fact they are in care, feeling it must be their fault as they have had to leave. It is also a well-known fact, and certainly my experience, that when young people are released from care into independence at 17 years of age, the first place they usually head for is their own family, for better or worse.

The legislative directive that kin/whānau should be first place to be sought for children in need of care and protection did not result in an immediate change of practice. Child Youth and Family Statistics as at June 2004, 15 years after the Act was passed, showed that of the 4674 children in the care of Child Youth and Family at that time only 1674 (36 per cent) were placed in extended family care (National Care Plan CYF, 2004:16,18). The statistics showed however, that there was a cultural imbalance. As at December 31st 2004, 48 per cent of all Māori children in care were placed with extended family/whānau as against 27 per cent of Pākehā children (Year End Quarterly Report,

Dec 2004 CYF). These figures did not take into account those extended families who had voluntarily assumed care without reference to Child Youth and Family or the many since 1989 who had assumed legal guardianship and therefore they had no formal relationship with Child Youth and Family and would not be in the count.

I was appointed in 1990 to the position of Northern Region Planning and Development Manager for Barnardos. This was very interesting work. Barnardos had offered Family Day Care Services and one small Family Support service in Auckland and my task was to assess the possible need for further family support services, foster care and family and child counselling services, particularly focussing on grief counselling for children, in the top half of the North Island. I was later appointed Regional Manager of Child and Family Services and set up and managed the programmes aforementioned. Working in an agency that had an integrated set of services provided the opportunity to work holistically with families/whānau at risk. Both Child Youth and Family and NGO agencies approved under s.396 of the Children, Young Persons and their Families Act 1989 were still able to take children short term under s139 of the Act, but the strict time frames cited in the Act disallow children to languish in foster care in a non-government agency as had been the case under the 1974 legislation. A s139 agreement can be taken out for 28 days, and extended for another 28 days if necessary. Should the parent not be able to resume care, a Family Group Conference, as described below, would have to then be held, and extended family sought as the first option for care.

Taking children into care should always be a last resort rather than a first response, unless the child is in imminent danger. Following the philosophy of keeping children within their own extended families, these networks should be thoroughly investigated to find suitable care givers. However, as much care should be taken with assessing these families as is done for unrelated foster carers, if not more. Interim stranger foster care may need to be sought while the extended family is prepared, depending on the existing quality of the relationship with the child.

After completion of my Master's thesis I was interviewed on radio about the safety of placing children with kin. I stated that extended family placements needed an even

more rigorous but respectful assessment and should include extended family/whānau where possible, as my 1996 study had shown that the children move around within the family without reference to Child Youth and Family. I was criticised publicly by a social work colleague who said that I was being disrespectful to whānau/family and that they would always make sure that their children were safe. This is a naïve assumption. Allegations of abuse of children in kinship care do occur, some of which are founded. Research shows family dynamics in kinship care are complex, caring for traumatised children is not easy and child safety is the primary criteria to be assured.

The Care and Protection Resource Panel

While the most significant change in the Children, Young Persons and their Families Act 1989 from previous legislation is the involvement of families/whānau, it also stipulates that the family's community be involved in the decision making process. Care and Protection Resource Panels were established under s.428 of the Children, Young Persons and their Families Act 1989. Funded by Child, Youth and Family they comprise members from the local community who have professional, community and cultural knowledge and experience of children and young people. Representatives may be from fields of education, health, social services, police and cultural groups, particularly Iwi and Pacific Island ethnicities, and family court lawyers. In their review of the Act, Tapp et al. (1991), stated that the concept arose out of the universally accepted multi-disciplinary approach to managing child abuse and designed to replace the previous child protection teams. Additionally the panels also should promote co-ordination of local services for the families, children and young persons in need of care and protection, however they are advisory bodies only (pp. A-108).

I was appointed as a panel member in 1990, in my role as Manager of Barnardos Child and Family Services. The panel met fortnightly and we were responsible for cases in the central city and its environs. Our role was to provide information to social workers, Care and Protection Co-ordinators and in some cases, the police, in regard to families we might know who were the subject of an investigation, or services that might assist. Social workers consulted with the Care and Protection Resource Panel as soon as possible after the commencement of an investigation or after a child and family

assessment as dictated under s17(1). The social worker would explain to the panel why there were issues of concern and what actions had been taken to ensure child safety. The Co-ordinator of the Family Group Conference also must consult with the Care and Protection Resource Panel prior to convening a family group conference as required in s21(a) of the Act and after the conference to report the outcome, and after any reviews.

I retired from the panel in 1994 as my University teaching responsibilities disallowed attendance. The role of a statutory Care and Protection Social worker is highly complex. My time on the panel saw the inherent dilemmas and the hard decisions needing to be made to ensure the welfare of the child was always paramount. The social workers appeared to be very willing to share their decisions with the panel and maybe it assisted in lowering their stress levels. However as evidenced below, some felt it just created more work! Perhaps the hardest decisions were those where an order had to be obtained from the court to place a child under guardianship as soon as it is born, because of the mother's mental state or unsuitable living conditions such as being a person of no fixed abode or living on the street. As a mother myself, the decision always seemed so cut and dried and while the panel would concur that the action needed to be taken, I thought of the mother, her breasts filling with milk and the emptiness and grief she would feel.

The panels were not received with universal accord and there were early doubts about their usefulness and their ability to function as designed. Strathern (1990), a Child Youth and Family social work trainer wrote a scathing critique of the panels in the New Zealand Journal of Social Work a year after the Act was in operation, questioning their utility and competency to make social work decisions. She observed: "These resource panels are loaded with well meaning, community minded people with a wealth of experience, aroha and wisdom, but who on the whole, lack a fundamental child protection knowledge base", and that they were not clear about their role (pp. 13,14). She argued they did not serve a function of making children any safer than they were previously, and were costing money. She also highlighted the fact that in the 1990-91 financial year there was a 40 per cent cut in funding for district offices and as a result some managers were facing making redundancies when the Act was demanding more

of social workers in terms of paper work and time in consultancy with community (Strathern, 1990). I was a little disconcerted when I read this in the *Social Work Journal*. Nevertheless I admired her openness and courage to write critically as an employee of the State. As mentioned earlier, this can have its price. State control in the forms of codes of conduct can suppress critical and constructive comment.

There were a number of areas in which the panels could not provide what they were there to ensure (Tapp et al., 1991). First, the time required to do the task was considerable and panellists had other full-time jobs. Furthermore, in accordance with Strathern's comments, they would not have the time to keep up with the research required to achieve expertise in the care and protection field. Tapp et al. also felt the way in which panellists could be consulted individually about a particular case would stand in the way of the ideal of a cohesive and expert team. To keep fully informed as to the context of a case at least two panel members should attend the Family Group Conference for the children and they should be able to call for a review, which is not stipulated as their role in the Act. I could not give any more time in terms of my full-time role managing an NGO team. Even though we certainly asked what we considered to be pertinent questions, at times I felt as though I was being asked to rubber stamp the work already done. It became more a reporting exercise than a consultative one, although there were instances where members of the panel had information on the families concerned. Panels are able to decide their own procedures as long as they remained in accordance with the Act, and therefore were working differently throughout the country. Had longitudinal research on the effectiveness of the Act and its constructs been put in place when it was initiated, we may be able to know whether in fact the Resource Panels and other constructs of the Act have contributed to safer practice.

Taking a phenomenological view, it is only when we can reflectively respond to the felt experience of those we work with that we can have a deeper "knowing" and act accordingly. Flynn and Harris (2015) argued that we are in trouble when there is a disjunction between theory and our values and beliefs. There is a need to be open with ourselves – to be uncritically reflective. Taking a Heideggerian approach to such a disconnection they commented that:

Heidegger saw problems arising from our avoidance of openness to phenomena, or permutations of the notion of inattentional blindness if you will. The avoidance of openness is an act of opposition to our very distinctly human capacity to be open to others. It is anxiety caused by the impulse for this openness and resistance to openness that leads to the over-reliance on technique. We are wary of confronting things directly and, instead, want to distance ourselves mentally and impose explanations, presumptions, and prejudgments to give ourselves a sense of being in control of situations. In this way, we impose a limited set of interpretations rather than allow a unique understanding to emerge from the meaning of the experience given by the particular person in context (p. 131).

If Care and Protection Resource Panels are operating in the best interests of the child, these should give the opportunity for uncritical reflectiveness. Panelists should ensure there is an atmosphere of understanding the difficult task of care and protection social work and engender a climate of openness. Only then can the panels fulfil their envisaged role.

The Family Group Conference

The primary tool of the Children, Young Persons and their Families Act 1989 is the Family Group Conference (FGC), a statutory decision making body. The Family Group Conference process is described in sections 20 to 38 of the Children, Young Persons and their Families Act and aims to address the care and protection concerns existing for the children and assist their families/whānau to decide how the children can be given adequate safe, long-term care. Section 13(d) states that families/whānau should be given all support and assistance to be able to provide care however, as evidenced in the following chapter, this is not necessarily the case. The process is based on the premise of family responsibility and that if families are given the power, information about the issues at stake and the facilitation resources, a family group can make the right decisions. Connolly and Morris (2012) stated that various reviews of evidence suggested that when provided with the opportunity the significant majority of families can come up with a safe and appropriate plan (p. 69).

The process has three stages. First, the co-ordinator will state the nature of the perceived risk to the children. Everyone who has knowledge about the family, namely other agencies, social workers, teachers, doctors, or neighbours and other extended

family members have been invited to attend by the FGC co-ordinator and given the opportunity to speak. Having heard the evidence, the assembled group must agree there is a matter of concern to be addressed. If the family do not agree, the case is then referred to the Family Court. If they do agree, the family is given time alone to discuss the issues and come up with a plan to keep the children safe. The family then presents the plan to the conference attendees. If the Co-ordinator or referring social worker has good reason to believe that the plan will not ensure safety of the children, or that universal consensus cannot be achieved, either the matter can be referred to the family court or a further conference can be called. Parents who acknowledge issues and are prepared to address them are more likely to have their children returned than those who deny this in the face of overwhelming evidence (Atwool & Gunn, 2012).

The model has now been adopted by many other countries that include the USA, Australia, Britain, Canada, Sweden, Norway and Denmark. Sharing the responsibility of providing safety and well-being for children between the State and the family through the FGC process is becoming an attractive form of intervention in this area of scarce resources and hence more countries are adopting this practice in child welfare (Kanyi, 2013, p. 35). However, Doolan (1998a) earlier commented that sometimes professional resistance relegated the process to a secondary choice used in cases perceived to be less serious, citing the example of England (p. 11). There is potential for the family to be manipulated toward the outcome preferred by professionals or strong family members. Swain and Ban (1997) argued, that the momentum of the FGC process to “sweep” participants along to a decision they may, in retrospect not be comfortable about, is very real (p. 44).

This requires an explicit commitment from statutory decision-makers to relinquish control and, in a real sense, to allow families to decide. Nevertheless, participants and facilitator alike need to be aware of the potential for the family to be subtly coerced towards a “preferred” outcome by professional staff, and of the seductive potential of a seemingly informal and “friendlier” process to “sweep” participants along to a decision which may in fact be set or directed by one or more participants - typically the statutory agency representatives - with greater real or presumed power in the situation (p. 44).

Citing New Zealand research, Connolly and Morris (2012), (Connolly, 2006a; Connolly,

2006b, p. 354) also remarked on the power differentials that inevitably exist in families and are likely to influence decision making. "Power dynamics also exist that can shift attention from the care and protection needs of the child" (Connolly, 2006b, p. 354) . I remember the FGC for one child who was in the care of the agency I worked for at the time when all the attendees were male, as it was the custom in that culture that men should be the decision makers in regard to family business and women the carers. The female experience of the FGC and the extent to which it operates as a form of gendered social control and the way in which it perpetuates and reinforces the feminisation of care has not had a strong research focus. Ney, Stoltz, and Maloney (2011) researched the opinions of FGC participants in Canada and found "participants voices were co-opted by the more forceful child protection discourse, itself shaped by legal, bureaucratized, and neoliberal discourses". Their research showed that in each case participants' experience of power was "subjugated", even though, in each instance, the case was perceived to have had a successful outcome by the social worker and FGC coordinator (Ney et al., 2011, p. 184).

My experience of the process has been both professional and personal. Professionally, as an NGO foster care social worker, I have been part of the evidence-giving group as allowed under s.22(d) of the Children, Young Persons and their Families Act 1989. In many instances there was a lag between intake of the child and the Family Group Conference. Sometimes this was because the child had entered foster care on s.139 and after 56 days it was evident the child could not return home, and often this was because there was a waiting list for FGC's. My responsibility in those instances was to report how well the child had settled in foster care; or how it had put on weight and was advancing academically, or how the asthma and dermatitis was clearing up. I also sometimes had to report that the mother did not always manage to get to access, knowing she did not have the money for the bus, or that she had a hard night before, but sometimes I knew the reason she did not come was it was too painful to see her child and have to leave it. As people spoke, I would see the biting of the lip, and in the mother's eyes, not pleasure that her child was doing well, but anger, grief, a look that said "This is *my* child. I don't want to hear how well she is doing with these "good" people, and how settled she is!" I remember so well the turning away of the face, the tears, sometimes, the wretchedness. The grandparents often had the marks of a hard

life etched upon their faces. The discussions about the child were somewhat in the abstract. Neither the foster parents nor the child were present, - I was the messenger. The other messages were not always good either. The Child Youth and Family social worker telling why the child was in care, about the neglect, or the abuse by a transitory partner, or the fact that the child's school had reported that the child was often absent and the mother unkempt and they thought possibly under the influence of drugs or alcohol. The social worker from the drug and alcohol rehabilitation programme would sometimes report good progress, but sometimes non-attendance. The softer older social worker from the Salvation Army or Barnardos Family Support reported how the mother was making a real effort to get her life in order. Then there were the extended families – the grandmothers of the child, looking older than their years, occasionally the grandfathers, leaving for a quick smoke, or sitting silently, shifting uneasily in their seats. Some extended families were well presented, quick to tell the assembled group that this mother was the black-sheep of the family and how they had washed their hands of her when she was sixteen and now how worried they were about this child. Others would direct their anger towards Child Youth and Family social workers and their seemingly unbridled use of power. Sometimes there was a lot of storming in and out of the room. When things got heated the FGC co-ordinator would periodically remind the Conference that we were here for the child to ensure that decisions made would ensure the child's safety and future well-being. While usually there is a lawyer present, known as Counsel for the Child, my experience is that the parents rarely have had legal representation. This is usually because they cannot afford it, or have been refused legal aid.

The family time was obviously not easy. People often left the room in tears; blame was dished out along with judgmentalism. Often it was the first time the whole extended family had gathered to discuss the fact that their kin child had been removed by the State – the shame of that affecting the whole family. Sometimes the families were not able to make a decision about who would or could take the responsibility of caring and the matter was referred back to court. Most often a grandparent or aunt would claim the child and the coordinator would emphasise that those offering to care would be assessed before they could take custody. Frequently, the child had already been placed with a family member, while awaiting the FGC. Both the FGC Co-ordinator

and the Counsel for the Child are able to veto the decisions made by the family if they do not agree. It must also be said that experienced statutory social workers usually do not intervene and remove children from the care of their parents or other caregivers unless the situation is serious and an established element of risk exists.

My personal experience of being part of an FGC was being asked to be the “family” for a foster daughter who left our care and had no other family she wanted at the conference. She had called us from time to time, as foster children often do. She once called me in the middle of the night from another city- “Is that you Mum, I have just had a baby – can you hear him crying?” – called me first before any-one else. Time and trouble had stopped our recent contact and I did not know of the pregnancy.

I had visited her several times in this distant city, and watched her interacting with her children. She seemed to be managing well. Now I was asked to be her “whānau” and plan an outcome for her children, who had been assessed as being at risk by the CYF social worker because of domestic violence. She had enrolled in a course at the local marae and had plenty of support from the marae social worker who was also at the FGC. I felt that if her ex-partner had a non-molestation order and she kept up her marae association and support she could cope. However I was told I had to agree there was a definite issue of risk for these children and if I did not agree the case would go straight to court. It was quite different being on the other side of the fence. I vicariously experienced the power of the state and the powerlessness of the family and my own powerlessness as a foster parent to change the course of her life. The anger of the mother that she was being judged, her hostility towards authority and her defensive attitude did not help her case. I was asked what I could do as “whānau” to assist the mother. Short of her coming to live with me at the other end of the country, I could do little. I found myself putting aside my rational professional persona and not wanting her to lose her children to be brought up in and out of foster care as she had been and yet not wanting to irresponsibly influence the outcome because of my professional status, a matter of professional ethics. The father had earlier been given a non-access order – only able to see the children under supervision.

I left the Conference with feelings of unease. What I experienced was meant to be a

culturally sensitive process that was empowering and placed the mother in the protection of her whānau. Instead the Family Group Conference co-ordinator, the social worker and the counsel for the children were all Pākehā, as am I. Except for the whānau time, the atmosphere was judgmental, authoritarian and legalistic. I feel strongly that Māori whānau need Māori co-ordinators that can hold the whānau and taonga of the children with respect and aroha. There was no karakia, or poroporoaki even though the Māori workers from the Marae were there. I was Pākehā and felt in no position to ask for that. Perhaps I should have done so. With the disproportion of Māori children in care it is even more imperative that the majority of Family Group Conference co-ordinators are Māori and assigned Māori families.

She kept her children that time, but some years later I was asked again, as I was seen as “grandmother” if I could take the children into my care. I chose not to do that because I am Pākehā, my life stage and the recent death of my husband. The children were initially placed in foster care with strangers. Would I have chosen differently if the children were my own grandchildren to whom I have a strong attachment? Would I have been asked if I had been a male? They are now with extended family, the right place for them to be.

Kyte (1996) in his dissertation on Carol Gilligan’s thesis on moral decision making discussed Gilligan’s notion of the relationship between attachment and moral reasoning. The foster daughter’s obvious feelings of attachment for me and her placement of me “in loco parentis” were mutual. He cited Gilligan (1987) who so rightly explained:

Attention to individuals based on attachment results in a distortion of moral perception because it makes it difficult to distinguish one’s own needs from the needs of others. Our own interest in that to which we are attached can make us blind to features or aspects that we do not wish to see, and thus lead to errors in moral judgment (p. 103).

In their critique of the Family Group conference, Connolly and Morris (2012) gave research evidence of the issues I have exampled above. The Family Group Conference was described by the authors as giving the opportunity for families to honestly deal with the issues confronting them, but also they identified that issues of both professional power and the power differentials in families will influence outcomes.

Taking a wider view they argued that research has shown a subtle degree of practice slippage toward professionally determined processes. This, they claim, “potentially undermines the strongly held family empowerment principles upon which the New Zealand legislation was based” (pp. 70,71). There was a degree of professional “pre-emption” with the conference becoming a process that has to be gone through in order to get to court, some social workers struggling with a shift in the power base. They also argued that the “frequent staff changes that are unavoidable in front-line practice can have the effect of weakening organizational knowledge about the aims and basic philosophy of the FGC process, contributing to ideological drift” (Connolly & Morris, 2012, pp. 70-71).

Commissioned by Child Youth and Family, Carswell, o-Hinerangi, Gray, & Taylor (2014) completed a recent independent evaluation of practice and outcomes of Family Group Conferences in New Zealand. The report sought qualitative data to inform Child Youth and Family on designing a new set of Family Group Conference practice standards and a training curriculum for practitioners, to guide interagency collaboration and joint accountability for vulnerable children. The objectives of the study were to: identify the effectiveness of facilitation in gaining positive outcomes for children, young persons and their whānau; identify culturally appropriate practices; to develop theoretical underpinnings of how FGC processes effect change for children young persons and their families and to look at how timely and regular evaluations of the FGC process could take place. The sample was small (14 whānau/families) and held bias as the participants were selected by Child Youth and Family staff. In spite of these limitations, valuable information was given by the participant families/whānau and children interviewed.

The report emphasised the importance of responsiveness to Māori, not only because the CYPF Act 1989 is designed to do that, but because of the fact that Māori children and young people are still disproportionately represented in care statistics. The results showed that having a lesser ordered family/whānau hui or meeting before the formal FGC process worked well and prevented some children from entering care. The research also showed that many participants felt that the FGC still seemed to be a CYF led decision making process, rather than whānau/family led and practice needed to

reflect a spirit of partnership between state and family. Some families felt that decisions were made by the social workers to remove the children before the conference and the FGC made no difference. Others pointed out that many family members came and contributed nothing and asked that only people who had something to contribute be invited.

Outcomes for the children in the study showed one third of them still did not have a permanent placement and would have preferred to be back living with a parent, but that was not possible. In one case, a child had experienced 10 placements pre FGC and an opportunity lost for a more permanent placement when a foster parent offered to take back a child if the family placement it went to broke down. The foster family was not contacted when the placement ended and the child had three more placements. A whānau member who also had contacted CYF re the child was never followed up. There is a need to follow-up and support the plans made at the FGC. Importantly, many participants identified that irrespective of outcomes, the process was valuable in itself as it informed other family members about what was going on, in some cases increasing family cohesion and responsibility.

Where are the women?

There is a consistent failure to involve foster parents in the FGC process. It was suggested by Atwool (2008) that the reason for this is “likely to be a reflection of the way in which their role is regarded as a service provider to the agency rather than being key people in the child’s life” (p. 228). None of the FGC reviews have identified it is predominantly women who do the day to day caring, although in the 2014 study above it was women who were cited. The euphemism of “family/kin care” hides the truth it is the role of women and as discussed in the next chapter, research shows, often Grandma.

Emotional priming, by way of activation of the caregiving behavioural system may be an important factor in a grandmothers’ response. A kin child’s need for care and protection firmly represents an attachment crisis, sending an unmistakable message to members of the kin network, namely “I need your help” (Sands, Goldberg-Glen, &

Thornton, 2005). Even before grandparents assume custody, the grandparent, if they are present in the child's ecological milieu, will become a secondary attachment figure, and as the parental crisis deepens, so the attachment system of both the grandparent child may be activated toward each other.

Several of the women in my 1996 kinship study had alerted Child Youth and Family Services or the police about their concerns in regard to the well-being of their kin children. This complicated the family dynamics and affected the processes of the FGCs.

One grandmother said:

We started noticing things. He was hitting her,[my daughter], and then one day one of the little girls came out with all this big story, about him getting into bed with them, so that was it! The mother blamed the girls, and said they weren't having a Christmas. Well we weren't having that, so we got the girls and took them to the Police station and the police pressed charges. So we got one of them, we had her over the holidays till her Mum calmed down a bit. He lived in the house for another year before the mother persuaded us to take them. All their stuff was dumped on our back lawn. And that was that. They stayed with us from then on (Worrall, 1996, p. 95).

Another grandmother also took things into her own hands:

The child was sitting on a potty watching pornographic - a little wee one - first thing in the morning, about eight o'clock, watching pornographic, she's only a baby for God's sake, it was disgusting! I don't know whether the good Lord sent me round to be there and let me know. I actually instigated it, the whole thing (Worrall, 1996, p. 96).

Alerting authorities about the concerns held for their kin children is one thing, offering to take care is another. One woman explained feeling a real sense of pressure to make what was a very serious decision, and felt that she had needed more time to consider what that would mean. She said:

Mind you, we didn't have enough time to think it through, only about a week. Suddenly, here we were and we had to decide whether we wanted him. You don't think realistically in times of stress (Worrall, 1996, p. 97).

Several families in the 1996 study also explained how at the FGC, extended family

members had promised to assist with the care of the children, but because of changing marital and family relationships the expected support did not materialise. None of the women identified extended family as being a consistently strong support, even though they had attended the FGC and with the best of intentions, promised to help in different ways. Various reasons for the lack of extended family support were given – financial, emotional and physical. Several of the married women stated that they needed their husbands to give them more support than they did, especially in regard to disciplining the children. The complexity of family relationships sometimes emerges at the FGC, but more likely it does not. Families will often present as more cohesive than they actually are in terms of offering support to those that assume care. Relatives may also be “swept along” by the conference process, when in reality, they cannot assist.

The Role of the Social Worker

The roles of statutory care and protection and foster care social workers require skill, resilience, endurance, a strong knowledge of the law and risk factors for children. The requirements for in-depth family and child assessments, preparing thorough court reports, and providing safe placements and on-going support of the traumatised child and its placement, be that kin care or foster care, is no easy or quick task. Decisions made will have far-reaching consequences for children and their families (Connolly & Morris, 2012). It is critical agencies have a reliable and well-trained foster care service. Attractive recruitment strategies, stringent foster family assessments and initial and on-going training of carers is necessary in order that children are kept safe in care. The State contracts NGO's to provide foster care for a considerable proportion of children needing care. However, the holding together of all the threads of the case and the final responsibility for the child is that of the statutory body.

Since the late 1990s public knowledge and understanding about child abuse has resulted in an unprecedented increase in the number of referrals to Child Youth and Family, which has been difficult to manage. There have been several high profile cases of children dying at the hands of their carers when they had already come to the attention of the Department. Garlick (2012) in his historical review of the Ministry of

Social Development stated that in the year 2000 many cases remained unallocated and concern was held that many children were being left at risk (p. 228). Following a high profile child death, the James Whakaruru case, the Minister of Social Welfare appointed the late Judge Mick Brown in 2000 to review Departmental procedures. I was asked to participate on the strength of my roles as a researcher and commentator on kinship and foster care and a former social worker. His report showed a Department that was overwhelmed -seriously under-skilled, and under-resourced for the huge task it had and that morale was low (Brown, 2000).

A colleague and I who were not employed by the Department and sympathetic to the plight of our colleagues, decided that we would hold a meeting of social workers with a view to hearing how it was for them and what strategies could be undertaken to bring the situation to the notice of the public. The meeting was held at the Auckland Teachers Training College in a large auditorium and it was full. Health social workers, NGO social workers from many agencies and University colleagues came to offer support. As Departmental social workers, predominantly women, stood to tell the meeting what they were facing and what their concerns were, a district manager got to her feet and reminded them of the Code of Conduct and the fact that they were not allowed to speak out and if they did there would be serious ramifications. A hush fell over the meeting and then those of us not muzzled rose to our feet and told of our experiences of Family Group Conferences being unable to be held in the time specified by the Children, Young Persons and their Families Act, children languishing in care, being unable to provide sufficient foster care placements and social workers not returning phone calls. Dr Mike O'Brien set the scene of the political policies of the day. It was a wonderful example of the social work profession standing shoulder to shoulder in support of our overworked and muzzled colleagues and concern for the children for whom they endeavoured to do their best. Statutory social workers in 2016 are still under severe pressure. While there was a 2 per cent increase of children or young people in the custody of the Chief Executive who were in out of home placement over the 2014-2015 reporting period (4,203 compared to 4,043), it is interesting to note that the number of children under guardianship or custody of the State is less compared to the number of children in care in the 70s and the increase in population since then. This is in spite of the fact that there continues to be a significant rise in the number of

notifications to Child Youth and Family.

The question about how the State should act with regard to the protection of children, while at the same time respecting the rights of the child to grow up in its own family, is an immensely complicated one. Four philosophies underpin care and protection practice in New Zealand. First, the paramountcy principle of the child's best interests being the primary consideration; second, that parents are normally entitled to raise their children without unsolicited oversight; third, the State's role to intervene when children are at risk or have suffered abuse and/or neglect and fourth, family/whānau should be the first care option sought for children at risk and involved in decision making.

Recent New Zealand Legislation

Care of Children Act 2004

In 2005 the 1968 Guardianship Act was repealed and replaced by the Care of Children Act 2004. The Care of Children Act 2004 was introduced because of a need to address different types of shared parenting; the need to recognize and support all types of family units that care for children and where possible, to promote cooperative parenting. It is particularly relevant for the discussion of this thesis because it addresses the legal status of permanency for children. It particularly pays heed to same sex parents and that the same sex partner of a birth mother is deemed to be a legal parent of that child. It also recognises a marked increase in de-facto relationships and gives de-facto parents the same rights as a married parents. The Act calls for conciliation processes in dispute issues and only as a last resort can cases come to court. The Care of Children Act 2004 is the most likely legal resolution for permanency of children placed with kin. The Care of Children Act is more closely aligned to the principles of the Children Young Person's and their Families Act 1989 than the former guardianship Act 1968. It shifts the emphasis from parental rights to parental responsibilities. It also addresses the need for sensitivity in regard to the child's sense of time and the fact that children need stability and security (Worrall, 2005).

Importantly for many grandparents and other kin carers, the Care of Children Act gives

the court a duty to seek early resolution of disputes over parenting orders and increased powers to dismiss vexatious or repeat custody or guardianship applications that are not in the best interests of the child. The Act also makes counselling available for disputing parties, in order to enhance dispute resolution.

The Vulnerable Children's Act 2014

Social concern about the growing number of children suffering abuse and neglect in our community had been growing over recent years, and child deaths as a result of abuse attracted high media attention. Many of these children or their families or caregivers were previously known to Government agencies. Paula Bennett, the then Minister of Social Development instituted a public discussion document, known as The Green Paper for Vulnerable Children, calling for feedback from agencies and individuals on ways to improve the lives of vulnerable children in our community. There were over 10,000 submissions and children and young people themselves were given the opportunity to respond. This resulted in the release in October in 2012 of the White Paper for Vulnerable Children and The Children's Action Plan. This is a multi-agency approach and stands on the belief that while Child Youth and Family Services has been seen as holding responsibility for protecting children at risk, no single agency alone can protect vulnerable children. One of the directives of the White Paper was to inculcate the directives into legislation that would ensure the responsibilities set out would be mandatorily enacted.

On July 1st 2014 the Vulnerable Children's Act 2014¹⁴ and changes to associated legislation were passed into law. Five Chief Executives of government agencies, the Ministries of Education, Health, Justice, Social Development and New Zealand Police, are jointly charged with developing and implementing plans to protect children from harm and working with families/whānau and communities. The framework provided in the legislation directs professionals from different sectors to share information and work across sectors to allow more targeted services to children and their families. The agencies must jointly develop a plan which must be reported against annually and

¹⁴ Retrieved from www.legislation.govt.nz/act/public/2014/0040/latest/DLM5501618.html

reviewed every three years. A data base, the Vulnerable Children's Information System, (VKiS) will collect information on children and families identified and be available across sectors. Agencies contracted to these agencies to provide services must also develop their own child protection policies, covering identification and reporting of suspected abuse and neglect. This mandate is wide-ranging and includes school boards and District Health Boards.

A major change in the Act is the institution of Children's Teams. These are comprised of senior professionals from iwi/Māori, health, education, welfare and social service agencies to work with children identified as being at risk and their families. Child Youth and Family will still have responsibility for the more serious of cases referred, but children and families notified to Child Youth and Family considered as being at less risk but having issues that constitute an element of risk will be referred. Each child identified will have their own individual plan that recognizes their needs. A lead professional is appointed for each child and will bring together a Child Action Team consisting of people who can assist the child and their family/whānau.

The passing of the Vulnerable Children's Act has necessitated changes to the Children, Young Persons and their Families Act 1989, in particular, in regard to ensuring the safety of subsequent children born to parents who have had a child or young person permanently removed from their care, because of abuse or neglect of that child or young person (See Appendix D). It also applies if that parent killed a child in his or her care. As noted in this chapter, many grandparents or kin carers in my 2005 and 2009 studies identified that they had faced on-going litigation in regard to custody and/or guardianship of the children placed in their care. The Children, Young Persons and their Families Act 1989 has now been amended to provide more security and stability for children entering Home for Life placements through new guardianship provisions and limiting the time for custody challenges (s.206). Unless there is good reason for the state to stay involved in a child's life most kin carers will be advised to take shared guardianship with the child's biological parents under the Care of Children Act 2004. This act also clearly limits the ability of non-custodial parents to make continuing custody challenges, in order to ensure placement stability for the child.

In Summary

This chapter has given an overview of the current Care and Protection legislation, the Children, Young Persons and their Families Act 1989, both from my professional and personal standpoints. There has not been any large scale substantial research undertaken in regard to the success or otherwise of what was a very innovative piece of legislation. Although many of its concepts of family empowerment and Family Group Conferences have been adopted by other countries to a greater or lesser degree, and many have come to New Zealand to see ours in operation, we do not have sound longitudinal data.

My experience of this legislation as a social worker, an agency manager, a foster and kinship care trainer, a member of a Care and Protection Resource Panel and a researcher is that when it is practised in tandem with good general practice principles, it is an excellent tool in maintaining the identities of children in need of care and protection. Keeping them within their own extended family structures can provide a healing environment for the child. However, to ensure the children's on-going safety and well-being, it needs to be accompanied by in-depth, strengths based family assessment, and a financial and support package that is available for as long as need dictates.

The chapter has also discussed the critiques of the community involvement in care and protection issues, in regard to the Care and Protection Resource panel, and risks of coercion and use of power in FGC processes to achieve social workers' pre-determined decisions. Writing of my own experiences has also made me consider to what degree I, as an NGO social worker have been part of the machinations of the power of the state, and how this has at times, felt a contradiction in my role as a feminist social worker. I have wanted to empower the women whose children were removed – this in both my professional and personal roles. As Foucault argued:

In many instances I have been led to address the question of power only to the extent that the political analysis of power that was offered did not seem to account for the finer more detailed phenomena I wish to evoke when I pose the question about telling the truth about oneself
(McHoul & Grace, 1998, p. 59).

Foucault's analysis that power is ubiquitous and no-one is exempt from its influence or

the execution of it is again exemplified in the chapter. Both my experiences and the cited critiques of the Family Group Conference process have identified that the families and young people involved have mixed views in regard to the process. Some felt that the State still held power and the social workers pre-determined decisions were what determined the outcomes. Others reflected that the process drew family together and enabled a united approach to the problem. However the recent research of Carswell, O-Hinerangi, Gray, and Taylor (2014) showed that Māori families in particular felt that the process still did not reflect partnership and that one-third of the children had not achieved placement stability. As recorded above, that was my personal experience. I also felt that in spite of giving the young woman the best we could while she was in our care, it was not enough to change her life.

The power of the State is not only carried by those who work for it, but they themselves are subject to it. The role of the care and protection social worker, its stressful and never-ending nature is also described and how the social work community stood beside this group when they were finding the task of working under the new legislation overwhelming and the Government Code of Conduct prevented them from voicing their concerns. The Children, Young Persons and their Families Act 1989 can be hailed as a success in keeping a good proportion of children out of the foster care system and its consequent insecurity. However, it is resource intensive and there are still many issues that need to change if children are to be kept safe and given the best chance of achieving a near normal adulthood.

Legislation is never static and reflects the social concerns of the time. The Care of Children Act 2004 replaced the 1968 Guardianship Act, in order to put greater emphasis on the needs of children instead of parents, particularly when there was to be a change or dispute of custody and/or guardianship and drawn on because it is the most likely legal recourse for kin carers and gives them protection from vexatious challenges. The Vulnerable Children's Act is also a reflection of the social focus on children's poverty and calls for interagency collaboration, as children have fallen between the cracks and died when they have been known by several agencies. This Act has also resulted in necessary amendments to the Children, Young Persons and their Families Act 1989.

The next chapter describes kinship care primarily through the eyes of my own research. It has been very illuminating to revisit this with a critical feminist and feminist phenomenological eye. Revisiting the data collected in 1996, 2005 and 2009 has been a journey of discovery of the role of women who have given up their expected life courses to care for these children, damaged by their experiences of abuse and neglect. The expectation that women will care is a well-articulated subject. The focus on those women in kinship care has not been given the research attention it deserves. The next chapter is a braiding of my experience as a feminist researcher, the lives of the women and the policies and social work practices that have determined the quality of care.

Chapter Eight: Will the Family Please Stand Up.

Financially, life is a disaster and ill health makes me a disaster! This isn't the life I would have chosen or the road I would have wished to travel. It's not the dream I had, but I am amazed to see where I have come, where I am going, where I am from! My grandchild makes life so worth waking up for. So we walk this journey together and dream new dreams together. Together life will be different (Worrall, 2005, p. 4).

Introduction

In this chapter I re-interrogate three pieces of research I have undertaken over a period of fourteen years with families who have taken custody of kin children who have been the subject of a care and protection order, from a critical feminist and phenomenological perspective. Each piece of research was driven by a different set of imperatives and employed different methodologies, as explained further in the chapter. van Manen (1990) described the phenomenological reflection as trying to grasp the essential meaning of something, a deeper interpretive sense than that acquired by analysing numbers and themes of dialogue as they present themselves. Looking again at the stories given to me in my three kinship studies, I grapple with what is the thick description? What is the deeper "essence" of the lives of these families, particularly the women, as they have shared them?

While the Children, Young Persons and their Families Act 1989 was innovative and internationally ground-breaking, the opportunity for government to establish longitudinal research from the beginning was not taken. As evidenced in the last chapter, there was a body of academic commentary in regard to the new legislation. However there was no New Zealand research undertaken in regard to the nature of kinship care exercised under the CYPF Act 1989. This gave me the opportunity to explore the topic for a Master's degree, completed in 1996. It was a qualitative study and though the sample was relatively small, the research provided rich data. The kin families, particularly single women, were experiencing financial and emotional stress. They were struggling to care for their kin children who had suffered significant trauma. They were an unrecognised and un-serviced group and were financially penalised for

being related. Nine years later I was contracted by the Grandparents Raising Grandchildren Organisation to undertake a comprehensive postal survey of 323 member families, (Worrall, 2005) and in 2009 a follow -up survey of this population (Worrall, 2009)¹⁵. Both the 2005 and 2009 Grandparents Raising Grandchildren research asked the participants both quantitative data and open-ended questions. They told of their relationships, their fears, their joys, their wishes for the children and themselves and opened a trove of data, not usually achievable in a postal survey. I have included quantitative data, because it is the backdrop to the phenomenological analysis.

In this chapter I also analyse my experiences as a feminist researcher, particularly in the undertaking of kinship family/whānau research. Finally I review changes in kinship care policy that have been implemented since the research.

Lifting the Lid

As a feminist researcher, it was imperative I examine the “essence” of my own passion to do this research. I have come to realise, both through my own experience and that of supervising students’ research work, there is usually a personal driver that influences students’ choice of research topics. A perceptive university colleague asked me what was the fire in my belly that would stop me from throwing my thesis in the sea when I was feeling overloaded with my teaching responsibilities and the necessity to complete my degree. The major driver was that in my experience of working both with Māori and Pasifika families in South Auckland I saw how natural it was for the women to be caring for extended family/whānau children, but I had not observed this in the European/Pākehā families on my case-load. I wanted to examine how Pākehā families embraced the legislative directive of kinship care.

The second driver was my experience of being raised by kin for the first eight years of my life. I did not consider this was an underlying issue until I began to build

¹⁵ Both these documents accessible on the Grandparents Raising Grandchildren website www.raisinggrandchildren.org.nz

relationships with the families in my study. I came to realise some of the stories they told had elements of my own. My story did not perhaps have the degree of pain and suffering that brought the children into care, but the splitting of the extended families, the ribbons of grief that ran through their stories seemed to be there for all kinship placements where there was a care and protection matter, whether the issues were parental death, murder, drug or alcohol addiction, domestic violence or imprisonment. A box of tissues was as important a resource as the tape recorder.

Emotional Turmoil

Re-examining the data from a phenomenological perspective highlights the difference between kin families and foster families who care for abused children. The emotions observed in kin families stand out as a key factor. Grief haunts the stories; grief of grandparents whose own children are affected by drug abuse, mental illness, offending, imprisonment, child abuse or even death and have had to take custody of their grandchildren; children who grieve the loss of their parents, who yearn to have ordinary family life with ordinary parents. The grief of unexpectedly changed lives-having to parent a second time; having unexpected poverty; having to give up work to care; and for some, having a marriage break-up because of making the decision to care are the outcomes of caring. As one woman said:

I stopped work to take the children who were abandoned because both parents are drug addicts. My daughter is now dead of an overdose and her partner, the children's father is in prison for ten years for making and selling drugs. The children have foetal alcohol syndrome, ADD, conduct disorder, are aggressive and constantly absconding from school and here. I have been to Child and Adolescent Services and a psychiatrist to get help. The children only have contact with their father if I take them to the prison. The children are angry. We just scrape by from day to day. My husband's wages go to the budgeters to pay the bills – rent, power, car payments and hire purchase for the fridge. We needed a larger house, so we are now in a state house. My health has deteriorated and I have diabetes now. I have no social activities, only school things and watch T.V. I have no support to do this. (Worrall, 2005, p. 65).

Revisiting the data emphasised for me the complexity of family dynamics in kinship care of children, particularly where there has been an element of child abuse or neglect. Issues of relationship and role changes, becoming “mother” instead of

benevolent grandmother, splitting within the family as some members agree with kin taking care and some do not. Sibling rivalry and in the case of grandparents who care, their own children feeling their brother or sister should take control of their lives and not put their aging parents under such strain, was expressed by some participants. Grandparent carers find themselves in a double bind situation. The demands of full time carers of their grandchildren in need results in them not being able to pay expectedly good enough attention to those grandchildren not in their care, who they also love. Kiraly and Humphreys (2015) postulated that this “conflict of interests is at the heart of many problems within the intergenerational family context and is experienced as both inescapable and distressing by both grandmothers and their adult children” (p. 457).

Difficulties sometimes arose when only one partner was related to the children. This affected the stability of the placement. Taking a phenomenological view identified more clearly the emotional pulling apart the women experienced as they wanted to be there for both parties. A grandmother in her 60s, who had not long been married to her second husband, told, in the 1996 research how she was not sure she could carry on. Her new husband was not keen and she said how they needed time out together without the children. She had been asked to take the children earlier but refused and the children were placed in a Department of Child Youth and Family group home. When she was contacted again by Child Youth and Family and asked to attend another FGC as the children were needing a long-term placement, she agreed to take them:

Well, there was nobody else. Well, there was the family home mother, she wanted to go for custody but that didn't work out for other reasons...We didn't want these children split up (Worrall, 1996, p. 98).

After each interview in the 1996 study, I would drive around the corner and write my observations in a small notebook, partly to process these and assist in later reflection, but also to capture nuances that would not be caught on the tape recorder. I had kept the notebook and read it again as I wrote this chapter. Seeking a phenomenological understanding I now recapture the deeper emotions I did not include in that research data. I remembered the looks passing between couples, or one suddenly leaving the room which gave me another level of understanding. There were hesitancies, or a

request to turn off the recorder while I was told of a sensitive family issue of another generation and not part of the study. At last someone was listening to them and once I had established a trusting relationship the stories flowed freely.

Almost without exception they told of their isolation. Several of the women told of having to give up good jobs to become carer and their feelings of frustration and resentment about this. This was particularly so when the child was a relative of the husband and had no biological relationship with the carer. She, as the lesser earner was expected to give up work to care. I interviewed each family twice and with only one exception, only the woman was present for the second interview, indicative of the fact that she was the “responsible” carer. I observed a “tearing”, a “pulling in many directions”. The pain of that tearing was palpable. The “performativity” of the grandmothers wanting to fulfil the roles others expected of her and not able to please everyone and her “interiority” of wanting to be a “normal” grandmother, or even a “normal” woman of her age. Bowls, bridge, chess, work, coffee with friends and even dancing were the things that meant “normal” and had to be relinquished.

The Cloak of Isolation and Shame

Other carers told of extended family members offering support at the FGC, but that did not often materialise. Once the FGC was over and the child was placed they did not see a social worker and had no government support. Very often they were unable to explain to the school what had happened to the child as it was “family business” and there was an element of family shame in all the stories. One family had the experience of having a child removed because of an allegation of improper behaviour of the males in the care family by the young woman they cared for. The effect on the whole family was paralysing. The husband had holed himself up in the shed and only came in at night to sleep. The stress was so debilitating he had to leave work. I heard stories that as a social worker concerned me greatly. I had opened a minefield. I found that I was using all my social work skills in not only assisting in the flow of stories, but also showing empathy and giving information about avenues of assistance they might access.

Maryanne¹⁶, a solo mother took three out of four of her sister's children when her sister was killed by her husband. The police brought the children to her in the middle of the night. Everyone was in shock. There was a history of domestic violence and children's behaviour was very disturbed. The extended family struggled to cope. Maryanne said:

Originally the eldest and the two youngest came to me, and the second eldest went to one of my sisters. Then the youngest went to my brother and sister-in-law. When things got tough the youngest was shared between them and my mother. Then the youngest came to me. Then the second eldest went to his paternal grandmother for a bit. Then they all ended back with me. Then the second eldest went back to my sister (Worrall, 1996).

Children placed in stranger foster care are not permitted to have overnight stays with people who have not been assessed by Child Youth and Family, even if these people are relatives of the foster carers or close friends. Many children in foster care complain about this and say the policy sets them apart from their friends, and disallows the ability to attend "sleep-overs" reinforcing the stigma of their "abnormal" status. For children in kin care, the issue is again one of family responsibility versus State responsibility and to what extent the State continues to hold responsibility for children where there has been an issue of risk, and to what degree the State should interfere with family decision making. The same element of risk exists for all children who have suffered neglect and abuse.

I argue for children placed with extended family, moving around within the family is not as traumatic as it is for those moving from one stranger foster family to another, where the children experience rejection and dislocation. In my 1996 kinship study all but one of the 13 children in the study had moved around within the extended family. In all but one case siblings of the children were living with other family members. The issue of concern is one of safety for the children. There is no oversight from Child Youth and Family and no assessment or police check of wider extended family members. However, the contentious question is should there be oversight or should families/whānau be trusted with keeping the children safe?

¹⁶ Pseudonym chosen by participant

Many of the caregivers in my studies stated a need for respite care, time to themselves now and again. Nearly all the children had significant physical and/or psychological problems as a consequence of abuse and neglect. The ability to have a break from the stress of managing these, combined with the age of the carers, particularly for grandparents, could enhance the likelihood of placement stability. Following the publication of my thesis I was asked to give several radio interviews and conference papers both nationally and internationally. However, nothing changed in terms of policy.

The Dilemma of Feminist Research

I argue the underlying agenda for all feminist research must be the enlightenment of women and society to the socio-political context of women's experience, the ideologies that sustain their exploitation, and the identification of emancipatory action. That certainly was the methodological agenda of all three of my kinship care studies. Oakley (1981) stated there is no intimacy without reciprocity, and the researcher is put in the position of sharing communal ties of experience to enhance not only the relationship, but also the flow of data (p. 49). This involves a sharing of stories that reduces distance, allowing the commonality of experience to increase empathy and a feeling of being understood. This certainly was the case in my relationship with the women in my 1996 study.

The issue of sharing of the self in research is well discussed (Jarldorn, 2014; Lewis & Staehler, 2010; Oakley, 1981, 2005; Ribbens, 1989). I did this, in particular mentioning my own kinship care experience. I felt I had to say I had been a social worker, although I was aware that role brings with it an inherent issue of power and control that could affect the research relationship and be counterproductive. I made it clear that I had no statutory role and now worked in a university. I explained why I had chosen this field of research. In every case I was quickly accepted and the stories flowed freely. Often one open-ended question was all it took. It was common for the women in particular to say "At last someone is listening" or "No-one can understand how hard this is". Re-examining the research data evoked the feelings I had when I was with the

women in the qualitative study and the comments shared in the two postal surveys. When I sat with women in the process of an interview and when all that was being given was sobbing or quiet tears rolling there were no questions needing to be asked. Knowing that I had precipitated the grief by my wanting to know, was humbling and provocative of my own emotional response. Feminist research is a spiritual experience (Cozart, 2010).

However, I also had another feeling that I had to wrestle with. I felt like I was an intruder, taking these very emotional stories for my own ends, and that it was exploitative. I was gaining a Master's degree on the strength of their grief and misery. The small tokens of food or flowers that I took were hardly recompense. I am not alone in this and my experience is echoed in other feminist research writings (Jarldorn, 2014). When the research was published I sent them a copy. It was the least I could do.

I was faced with several concerning ethical issues. I sought clinical supervision and also took the issues to my thesis supervisor. The vulnerability of my participants and by association myself, was perhaps greater than I had realised before undertaking the research. As with any qualitative study, my ability to make a trusting relationship with the participants was essential. It was not difficult. I had strong feelings of empathy and privilege that they were willing to share their very private family stories with me. . Ribbens (1989) described the dilemma of a feminist approach to interviewing and the establishing of an empathic stance (p. 587):

The particular paradox that is worrying about in-depth interviews is that you give the interviewee the power to control the interview itself, and yet as a result they put themselves very much in your hands by exposing themselves in a one-sided relationship. When you come to depart you take their words away, to be objectified as an interview transcript. In the end you are very powerful in this style of interviewing, and the absence of the questionnaire may obscure this all the more (p. 587).

I consoled myself that this research was taking the lid off what was a hidden social problem. The information sheet stated that any information received would be completely confidential. However, there was another code of ethics that I had to observe, my professional one. Several times, after I had turned off the tape, I was told of concerns that made me worry about safety issues of family members or the children

in their care. The interview process consisted of two visits, first to gather the data and that was followed up with a second when I took the transcripts to the participants for them to read and agree that they were accurate and could be used. It was at this point that I was told of issues that had I been a statutory social worker I would have had to follow up. But this was a trusting research relationship. I did not say in the information sheet that I must report anything of concern. I did say in my University Ethics application that I would refer people to counsellors should they need it. At the time I stated that what I had been told was serious and that they should raise their concerns with the family members concerned or seek counselling advice. However, because of possible ramifications of disclosing their concerns, I could not be sure that they would. I resolved my dilemma by asking the participants concerned if I could request that a social worker pop around to see how they could get help with the issue. Some agreed – one did not. There was a general consensus that they in no way wanted any further contact with Child Youth and Family.

While I was well known to Child Youth and Family social workers in my own city, I had chosen to do the research in another city to achieve a greater degree of anonymity. I visited the office in the area concerned, stated my relationship with the families and said I thought a visit was required as the families were under stress and needed support. For several of the families they had asked for this but it was not forthcoming. One situation I encountered did not fit the criteria for the study and I reported the issues of concern to an NGO social worker to follow up who had initially referred this case to my study. While I had to leave it at that, the matter has stayed with me.

Taking the data back to the families to read was not an easy experience, either for them or me. One woman, on reading what I had written got very distressed, asking if she had really said all this. I offered to post her the tape recording which she refused. We talked for some time and she said seeing her comments in print just brought vividly back the tragedy of what happened and the awfulness of the result of that for all the family and the children in particular. I asked her if she would like me to withdraw her statements or change them in some way and she said not, and that on reflection, it actually was good people would understand perhaps what her life was like.

As a social worker committed to taking a feminist standpoint, I admit to often finding it difficult to take what might be seen as “the professional distance” requiring me to divest myself from my feminine emotional response to what confronted me. Oakley (2005) stated that “a feminist interviewing women is by definition both inside the culture and participating in what she is observing” (p. 230). She argued that:

A feminist methodology of social science requires abandoning the mythology of hygienic research with its accompanying mystification of the researcher and the researched as objective instruments of data production. Personal involvement is more than dangerous bias: it is the condition under which people come to know each other and admit others in to their lives (p. 231).

Edith Stein’s writings on the essence of “woman” and her emphasis on the “epistemological clout of the emotions” is a cogent theme for me. Emotional “clout” is a good descriptor for what I experienced. Haney (2000) in her dissertation on Stein’s philosophical writings on woman and essence stated that for Stein, “emotions are indispensable for the life of wholeness because they are a unique source for experiences of value”. Haney also quoted the feminist philosopher Alison Jaggar (1993) who observed: “Women’s work of emotional nurturance has required them to develop a special acuity in recognising hidden emotions and in understanding the genesis of those emotions” (p. 231). This is the essence of feminist social work and, by relationship, feminist research.

Arp (2000) compared the ideas of de Beauvoir and Carol Gilligan’s work *In a Different Voice*, (1982). In contrast to de Beauvoir’s perspective of the ethic of care being inter-relational, Gilligan took a developmental perspective and described a process of moral evolution that women undergo in their understanding of care and their ethical responsibility. She identified three stages, the first an egocentric phase where we primarily are concerned with our own survival. Coming to see this as primarily selfish, we move to a stage of “goodness”, where we “equate morality with the feminine posture of self-sacrifice”. The final stage is described as one of truth, when we develop a mature understanding of the interrelationship of self and others and care becomes a matter of choice (Arp, 2000, p. 76).

If I examine Gilligan’s theory through the lens of my experience in foster and kinship

care, it is incomplete. The motivation to become a foster parent, as argued in Chapter Four has varying aetiological explanations. For some it is driven by compassion, an ethic to care for children in need, for some it is to gain a child because of infertility and for others, it is a way of gaining an occupation in child care if unable to work outside the home, and perhaps add to family finances. Whichever it is it remains a matter of choice. Kinship care, on the other hand, particularly when grandmothers take custody, is an emotional, perhaps attachment driven response. The prioritising of family/whānau placement is a requirement under the Children, Young Persons and their Families Act 1989, and becomes less a matter of choice, but one related to the prevailing ethic of family responsibility (De Maeyer, Vanderfaeillie, Vanschoonlandt, Robberechts, & Van Holen, 2014). There is also the factor of how one is judged if one chooses not to take on the care work and prioritise other matters when the call is for vulnerable kin children.

Making it Public

In 1999 the Grandparents Raising Grandchildren Trust was established and an article about the issue was published in the local newspaper. I contacted the convener, Diane Vivian who had taken on the permanent care of the children of her ex-foster child. The link was made and I was immediately asked to be a member of the Board. The constituting of a national organisation for grandparents and other kin caregivers and the rapid establishing of 36 self-initiated support groups nationally, under the umbrella of the Trust, was testimony to the fact that grandparent and other kin caregivers have particular difficult issues that need support. While the Trust primarily focuses on the needs of grandparent caregivers, other kin caregivers are also included, as some of the issues experienced are common no matter what the relationship to the children, and taking a kin child is qualitatively different from taking an unrelated foster child.

To this day there has been no comprehensive longitudinal data collected in New Zealand that has examined long-term outcomes for these children or their kin caregivers, nor any comparative studies of outcomes for those in kin care and those in unrelated foster care. However, the voices of the grandparents and other kin carers were beginning to be heard and given some media attention. Individual stories do not, however, change policy. The Grandparents Raising Grandchildren Trust employed me

in 2005 to do a large scale survey of their members in order to gather stories and collect quantitative and qualitative data that would make the issues visible and that could be put before government. As I am an honorary research associate at Massey University, the research proposal was passed through the Massey University Human Research Ethics Committee.

A random sample of 790 was drawn from the 2700 members of the Grandparents Raising Grandchildren Trust. The research was completed in 2005, 323 families participating, representing 526 caregivers and 429 children in total. Participants were sent a 36 item questionnaire collecting demographic and qualitative information in regard to the children and their biological parents, support received, legal issues, employment, financial status and health and well-being, including participation in leisure activities. A postal survey puts the researcher in a “one step back” position. However, while the personal sharing nature of the previous qualitative study was not there, the comments still had an effect on me, and certainly on a research assistant I used to produce the graphs. The issues were the same. I worried about the effect on them of writing their feelings down and not being there to support them. However, the quantitative data produced the pictures we needed to hopefully promote policy change.

The questionnaires were predominantly completed by women. Of the sample of 323 kin carer families 37.4 per cent were single (Worrall, 2005). Of these, 17.9% were divorced; 10.5% were widowed; 6.5% were separated and 2.5% had never married. Forty per cent were aged between 50-59 years and 34 per cent were between 60-69 years. The remainder were at either end of the age continuum, 16.5 per cent being between 40-49 and 8 per cent between 70-79 years of age. Seven caregivers were great grandparents of the children for whom they cared. The effect of age on energy levels and physical fitness was commented on by the participant grandparents.

The total family income for 37 per cent of the sample was under \$20,000 (see Figure 11, below). The average family income in New Zealand at the time was \$30,000 - \$40,000 per annum (Statistics New Zealand, 2006). The grandmothers told stories of having to go to foodbanks, second-hand clothing shops and not being able to afford to

go out. Revisiting the data, thirty-one solo women caregivers of working age left work to care for the children and had then to rely on the Domestic Purposes Benefit (DPB):

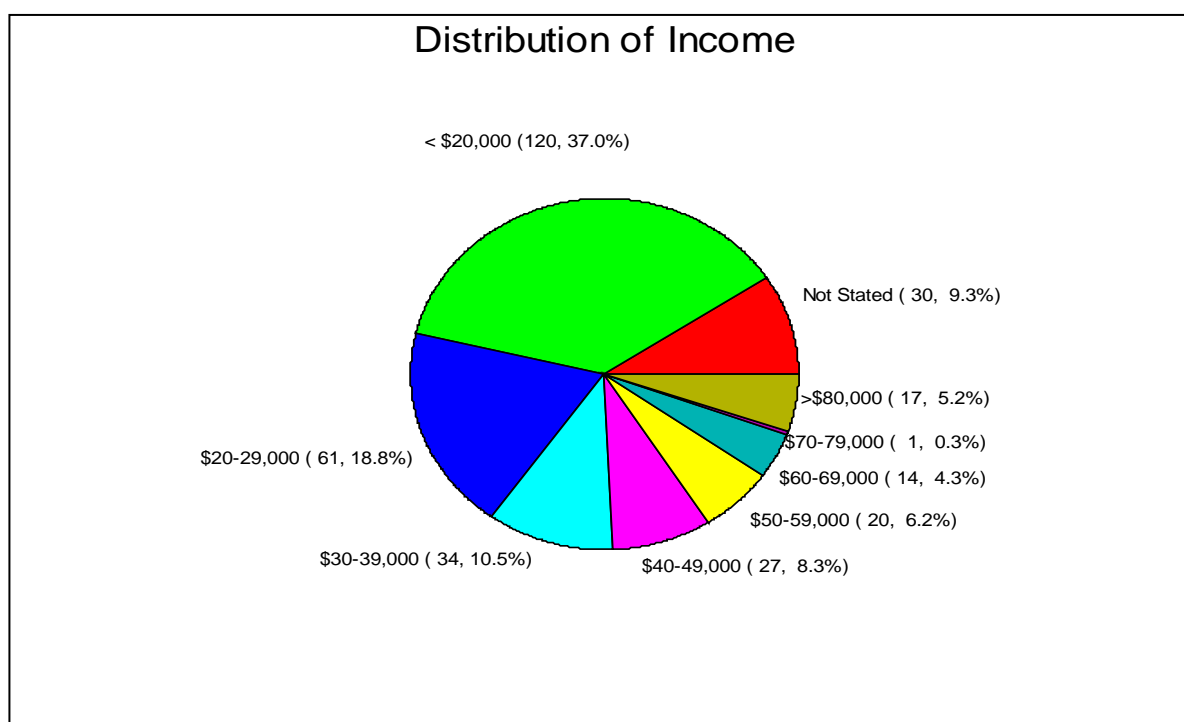
Since taking the children I have gone from working 42 hours a week and earning \$650 weekly just for myself, to \$200.00 per week to keep three of us.

Being on the DPB, my entire lifestyle has changed. I was working and now am constantly battling financially.

I am on an invalids benefit and care for two special needs step-grandchildren. It is pretty hard to manage on what I get.

The Unemployment Benefit supported six caregivers, but that benefit holds an expectation that the beneficiary would be still seeking work.

Figure 11: Income Distribution of Grandparents



(Worrall, 2005).

Leaving work has a secondary effect of loss – loss of status, loss of colleagues and community. This is even more critical for solo women. Women described how their community connections had diminished:

We have very few [social activities] now as we would need a baby sitter. Friends don't ask us out for dinner anymore because of the children.

The 2005 study showed caring for abused and traumatised children within the extended family is complex, and many carers stated feeling unsupported and at times, struggling

to fulfil the caring role. This was due not only to the difficulties around the children's physical and psychological health, but also their diminishing finances and their own deteriorating health and age issues. As I re-interrogated the data the emotional complexity became even more obvious. Trouble and anxiety presented itself on many fronts. I remembered how at the time I felt it eating away at the grandparent's energy. Concomitant with that for many grandparents however, was joy and satisfaction as they saw their grandchildren begin to recover with the giving of constant care and on-going security.

Trouble in the Family

Respondents were asked to name all major contributing factors to the need for care. Neglect, cited in 149 (46.13 per cent) of cases was co-morbid with many other variables, however in some instances, it was cited as a sole reason.

Excluding neglect, drug abuse was the major contributing factor, cited in 130 cases (40.25 per cent), followed by alcohol abuse (n.94, 29.10 per cent), child abuse (n.92, 27.86 per cent), mental illness (n.87, 26.93 per cent) and domestic violence, (n.86, 26.83 per cent). Imprisonment was the key factor for 24 families, and 16 cited parental physical illness. Abandonment was cited in 72 cases (22.29 per cent) and this was frequently abandonment at birth, although some respondents described how the children were taken for a short agreed period of time and the parents absconded or failed to collect the children. Death of a parent was cited in 23 cases (7.12 per cent) and this was described variably as due to drug abuse, domestic violence, suicide or illness. Other reasons given were intellectual disability of the parent, inability to cope, rape of the mother, teen-age pregnancy, another baby on the way, new step parents not wanting the children and gang association. Re-visiting all this again brought into sharp focus the difference between kinship care and unrelated foster care. This was family business. The causative factors that led to the need for care affected the grandparents emotionally. They described feelings of grief, anger, shame and remorse about the state of their own children. However, the task of caring took precedence and the grandparents stated that they were given no opportunity to resolve these (Chamberlain et al., 2006; Worrall, 1996, 2005).

Making it Legal

The establishment of legal status for kinship carers had not had research attention in New Zealand, however it has been seen by international commentators as problematic and sits in the complexity of family dynamics and the need to establish permanency. Options such as adoption, guardianship and even formal custody can distort family relationships. These are Western legal concepts that should not necessarily be imposed on Māori or Polynesian families where cross generational caring is taken for granted. Conversely, the issue is one of maintaining safety and stability for the child, particularly in instances of unstable biological parents who challenge custody in the courts. Anecdotal evidence from the Grandparents Raising Grandchildren support groups was showing that a considerable number of caregivers had faced constant legal challenges, and this was causing significant financial and emotional stress, and jeopardizing the stability of the placements. The question was therefore included in the research. Results showed that 32.57 per cent of the sample had experienced challenges, with some people stating they had gone to court ten times, and had to re-mortgage their house, and 22 people stated they had a lien against their house because of seeking legal aid (Worrall, 2005, pp. 49,50,58). At a time when they should be mortgage free and stable they experienced fear and instability.

This House is too Small

Housing was a problem for just under half of the sample as a result of taking the children. One single grandmother took on the care of two of her grandsons and she also cared for her 21 year old intellectually disabled son. She explained:

We do need a bigger house, but I can't afford it, so we all live in my 2 bedroom cottage. I first had to sleep in the lounge, now I share my bedroom with my IHC 21 year old and the boys have the other bedroom (Worrall, 2005, p. 58).

One couple in the 1996 study shared how they had recently moved into a one bedroom unit and suddenly had four children in their care. The woman was in a wheelchair. They bought a caravan and put the children outside in it. She then worried all night in case they were not safe. They eventually were allocated a very run-down four-bedroom state

house. When I made the second visit to share the research they were scraping the very dirty and sticky kitchen floor.

The Grandparents Raising Grandchildren Chairperson, Diane Vivian and I went to Wellington and personally presented the 2005 research to the Deputy Chief Executive of Child Youth and Family. It was given back to us on the spot and ignored. We were devastated.

Five Years On – women to the fore

I was asked to undertake a follow-up study in 2009 (Worrall, 2009), with a view to gaining an understanding of how well these families were faring over time. Understandably it was not possible to retrieve all the previous participants, but 205 families responded, all who had been caring for at least four years. As in the 2005 study, most of the questionnaires were completed by women. Of the 188 respondents who gave their marital status, 38.8 per cent (n.73) were single. Of these, 21.8% (n.41) were divorced; 10.1% (n.19) widowed; 4.8% (n.9) separated; and 2.1% (n.4) never married. Women accounted for 62/73 single persons, predominantly grandmothers, four great grandmothers, two aunties and a great aunt. The gender of the eleven remaining respondents who identified as single was unrecorded. However, as at the time there were only two lone male carers belonging to the Grandparents Raising Grandchildren Trust, which was the data source, it could be assumed that a high proportion of these eleven were women.

Respondents were asked if their marital status had changed since taking care, and had caring contributed to this. While there were several reasons given for becoming single, such as death of a spouse, or committal to rest home or hospital care, 28 women (13.7 per cent) stated that a change in their marital status had occurred as a result of taking custody of the children:

Caring for our grandchildren was definitely a factor in our separation. My husband of 36 years had no patience with the children so it was either him or them and I chose the children as they have a lifetime ahead of them that need loving and caring and to be taught all the facts. It was hard but there was really no choice (what they had come from). After 6 yrs I know I did not make the wrong decision they are a pleasure. Hard work yes, but all the good points out do the hard work. Love the 3 of them.

My partner and I have separated. Caring for my grandchild was a factor but I see this as a positive. If she was not here it may have been difficult to end the relationship, which was right to end.

Just recently, after 38 years of marriage we separated and caring for a grandchild may have partially contributed to this.

My husband said that he didn't want a baby in the house and if I didn't like it to leave, so I did. He is older than me and very grumpy so it was [for] the best (stepfather to my daughter).

Before caring for my grandchildren, I cared for my ex-husband's brothers/sisters children. He didn't want the kids around and became abusive (Worrall, 2009).

The 2005 research did not inquire as to any possible relationship between taking the children and single status. However, one grandmother described the stress she was experiencing as a result of taking one of her grandchildren, inferring that taking the child had resulted in her parenting alone:

I was asked to take a second child and it broke my heart to refuse but I could not cope with the financial pressure and loneliness of being an older single parent. It is difficult to continue a marriage while having an unexpected child mid-life. I would not change my decision but feel tougher measures on parents would assist in [stopping] children being in this state (Worrall, 2005, p. 65).

Additionally, re-interrogating the 2009 data for this thesis I discovered that ten women who had rightly registered their marital status as married, indicated that the caring task was theirs alone as they also cared for husbands with serious disabilities, the most common being Alzheimer's or some other form of dementia. As if this were not enough, several women carers also stated that they had other caring responsibilities such as elderly parents or their own children who had physical or psychological problems or who were solo parents and needed support. The caring responsibilities of one grandmother, who classified herself as married, wrote:

I [not]only take care of 2 grandchildren, but also my husband with a long term bone cancer, a son with a head injury (36yrs), 2 sons schizophrenic (35 and 31 years) and IHC niece (52 years). I have had her since the age of 16. Thank you for allowing me to take part in this survey (Worrall, 2009, p. 66).

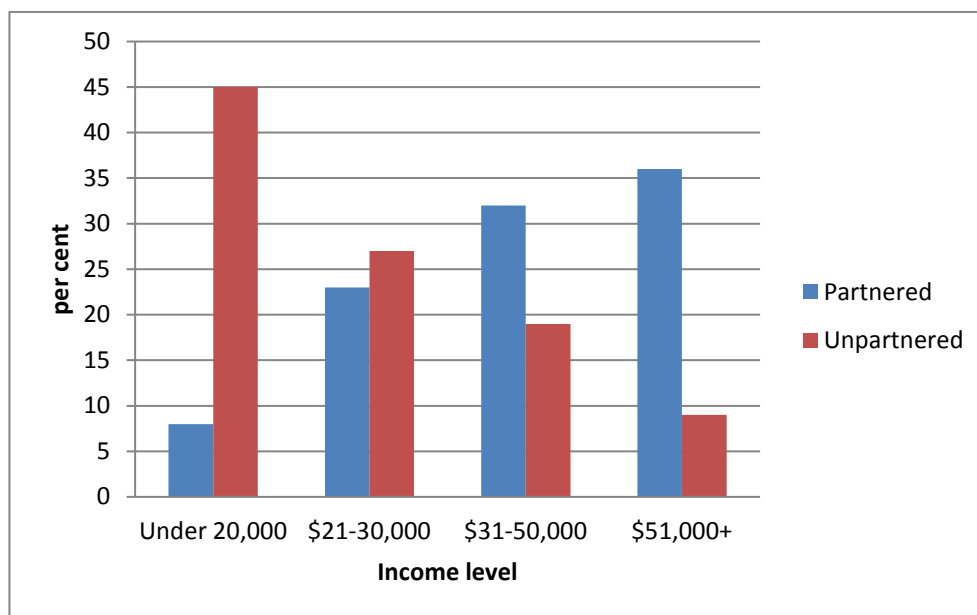
The gratitude of this grandmother to be able to give voice to her situation was echoed

by several respondents and emphasised their felt invisibility.

Making Ends Meet

Both international literature (Connolly & Morris, 2012) and the 2005 and 2009 New Zealand kinship research have shown a high number of women who are caring single-handed for relative children who have suffered neglect and abuse. The additional evidence of their financial stress is evidenced both by the New Zealand and international studies. It would seem therefore that this particular population would merit a higher level of fiduciary and community support. The graph in Figure 12 below shows the inverse relationship between income levels and marital status of the 2009 participants.

Figure 12: Partnered and Un-partnered Carers by Income Level



Worrall, 2009 p. 64.

Many grandparents had retired and after taking the grandchildren, had to resume work to cover the increased cost of the children. A change in employment status because of assuming the caregiver role was cited by 57 per cent of the respondents in the 2009 research. Of these, 20.6 per cent took early retirement; 25.2 per cent went from full to part time; 9.3 per cent from part to fulltime; 10.3 per cent from retirement to full time or part-time work “My husband had retired, he is 72. Now he works at the gas station pumping gas 3 days a week and also mows lawns to make ends meet” (Worrall, 2005, p. 17). Those on less than \$20,000 income per annum were more likely

to have experienced a change in employment status because of assuming care. These were without exception women and predominantly single.

Overall, the 2009 follow-up research results in regard to income were more favourable than the 2005 research, with 61.3 per cent of families earning under \$40,000 per annum, compared to 75.7 per cent in 2005 and 38.7 per cent earning over \$40,000 per annum compared to 24.3 per cent over \$40,000 in 2005. However, when the cost of living index was added to this computation for those families whose income was less or the same over the four year period under examination, the struggle to manage was evident. Retrospective CPI Index figures published by Statistics New Zealand showed that the Consumer Price Index had increased by a total of 17 per cent over the six year period from June 2002 to June 2008. There were marked increases in food costs, housing and household utilities, and electricity. While some retirees may be mortgage free, those who are not may be facing high accommodation costs in the form of mortgage repayments or rents. My research has shown that several grandparents were forced to move to larger accommodation, some from a retirement village, and those who had separated from their partners because of taking care had moved to rental accommodation with the children.

Kin carers are able to access the Unsupported Child Benefit or Orphans Benefit, whichever is applicable, to assist in the cost of care. However, this was, until 2013, considerably less than the board payments paid to unrelated foster carers. The Grandparents Raising Grandchildren Trust had made several appeals to Government to have equity with unrelated foster carers and at last these were heard.

Re-interrogating the 2005 and 2009 data again reminded me that kinship care must be seen in the context of the whole extended family. The re-viewing revealed that 30% of the grandparents in the 2005 study and 23% of the 2009 cohort did not have any legal custody status and had no contact with Child Youth and Family. These grandparents were therefore not able to access the Unsupported Child Benefit. If the biological parent of the child still had custody of other children and was receiving the Domestic Purposes Benefit, their income would be reduced. To receive the Unsupported Child Benefit, the grandparents would have to apply for child support

from the child's parents. The grandparents did not want to "rock the boat" and perhaps lose care of the grandchildren.

Both the 2005 and the 2009 research evidenced that the children cared for by grandparents had considerable and serious physical and psychological difficulties, and it was argued that these were no less than those experienced by children in the foster care system, as they had all experienced abuse and neglect with its associated outcomes.

Physical and Emotional Well-being of the Children

In the 2009 research physical problems were cited by 52.6 per cent (n=91/173) of the sample, many of which were serious and complex:

[The eldest child] has cerebral palsy, global delay, and twisted feet, as a result of shaken baby syndrome. The second child was also shaken as a baby and has cortical blindness, is developmentally delayed with a left arm/hand hemiplegia from a stroke.

As I re-read through the responses and accumulated the data I realised that what I was seeing was in some cases, the results of child abuse and neglect, and also evidence of the strong attachment the kin carers had for their grandchildren, even when the level of need was extraordinarily high. The children's problems were also a financial drain on the grandparents as they had to frequently access medical assistance for the children. In the 2005 research several grandmothers cited money problems as a reason for not seeking health care for themselves, stating that the children's health needs were costly and came first before their own. As can be seen, had these children been in stranger foster care they may have qualified for triple Board payments and have regular respite care. One grandmother took her grandchild from the hospital after birth:

He had his bout of pneumonia at 7 weeks old, followed by 5 more hospitalised bouts he was diagnosed at Starship¹⁷ with bronchiectasis and aspiration of fluid into the lungs.

¹⁷ The Children's Hospital, Auckland New Zealand

At several of the meetings I have had with grandparents both in New Zealand and overseas whose children were disabled as a result of being shaken by a parent, they described the grief experienced when that damage was executed by their own children. They felt regret that they had not realised the stress of the children's parents. One solo grandmother in her late 70s was trying to cope with a heavy child in a wheelchair who had severe cerebral palsy and had no communication. She looked so tired and she said, in tears, that her greatest grief was that "my daughter did this to my grandchild".

The effect of stability and commitment resulted in 83.7 per cent (n.87) of the 2009 respondents to the question stating that in spite of the seriousness of the issues, the problems experienced by the children had improved since coming into their care:

The joy has been watching this sick wee boy grow and learn and get better. Each day is a day filled with love and laughter, learning & growing – he truly is a special boy and I think we were blessed with him for a reason.

To see her go from a tiny babe not able to swallow to a grown 12 year old that has been a blessing for me. It is a blessing that her health has been the opposite to the prognosis and the opposite to what I was told she would never do.

....the two boys we have had since babies, one was not supposed to live but has beaten the odds including that he is not a vegetable but is in fact top of his class at school.

The grandparents also described the psychological problems the children had and the difficulties of managing these.

Eleven children were diagnosed with Autism; 15 with Attention Deficit Disorder; 26 with Attention Deficit Hyperactive Disorder; 11 had dyslexia; 29 with diagnosed Conduct Disorder; 7 with Dyspraxia; 27 with Post Traumatic Stress Disorder; and 29 with severe violent aggressive behaviour; 41 were described as destructive; and 33 with other psychological conditions, namely: cutting; sleeping disorders; eating disorders; nightmares; sexual panic attacks; faeces smearing; lying and stealing and drug taking:

When I first took the 3 children into care they had trauma, stress,

depression, insecurity, [and were] unsettled. Had been abused by a “P” addict mother who also took ecstasy, alcohol and had mental health problems

Many (n.30) of the children had attachment disorders, and one grandmother described how her grandchild had a fear of being left by herself, and another isolating and unable to socialise. A teenager with bi-polar disorder also had high anxiety, sexual playing out and self-injury.

Again, the effect of stability and committed caring had a marked effect on the psychological problems of the children with 86.5 per cent of the participants (n. 83/96) stating that the children had improved since coming into care. The 2009 research showed that since coming into the care of their grandparents, the difficulties experienced by the children had almost without exception, improved considerably over the five years, a result of the stability afforded by the care, and again reducing costs to the state in on-going health care.

Re-interrogating this data phenomenologically, has meant immersing myself deeper into the lives of these grandmothers. The grandmother above, who described the care of her disabled, fragile grandchild as a “blessing” is an example of the selflessness of these grandmothers. The statistics and naming the conditions do not show the “essences” of these women: committed, loving, selfless and resilient in spite of weariness and pain. Without these they would not be who they are and could not do what they do.

Injury to Carers

The effects of child abuse and neglect and living with domestic violence are long-standing. In spite of the care given by their grandparents, many children exhibited aggressive behaviour towards their caregivers. The Grandparents Raising Grandchildren Trust had received calls from desperate grandparents and asked that a question be included in the 2009 research to gauge the extent of this. Thirty-six people admitted that they or other members of their families had received physical injury and 72 respondents described verbal abuse; pushing, slapping, and even threatening to kill:

The physical abuse got very close with her threats to kill us and grabbing of knives to do this-both to her older sister and me (grandmother). This happened on a regular basis. The cat did suffer physical abuse, she punched it many times; as a result the cat is a nervous wreck

Outbursts of verbal abuse; slapping my face; pushing me around [I] became unsafe in my own home. Time for CYPS to take over

Kicking my pregnant daughter in the tummy and plenty of verbal abuse to myself

(Worrall, 2009, pp. 38,39)

The grandparents stated they felt unsupported and abandoned by Child Youth and Family who had placed the children with them. Considering the instability of foster care and the difficulty of these grandchildren it would appear that the attachment system of grandparents and grandchildren is a critical factor in achieving stability of the placements (Connor, 2006). This is a topic needing further research.

The Support of Like Others

One of the most generally described feelings of the women in all pieces of research was isolation and loneliness. They experienced isolation from their peers, isolation from community and former activities. They have shared their fears of losing the children, of managing drug or alcohol addicted parents (their children), and fears of not being able to cope because of their own increasing frailty:

I have never felt so alone and alienated from family and friends. My life has become a merry-go-round of school visits, problem solving, police courts, counselling, lawyers, family group meetings, the ADHD parenting course and Child Health visits. Family has been divided over CYPS involvement and therefore we have parent's arguments on the doorstep and the family taking sides. So you could say "life is a ball"! (Worrall, 2005, p. 61).

The collective nature of women has been well discussed in Chapter Two. My personal and professional experiences have shown me that women are drawn together in many ways, and collectively can achieve many things: support, validation, personal growth and community development. One of the first and most important things that the Grandparents Raising Grandchildren Organisation has accomplished is setting up local

support groups. I have attended several of these groups across the country. In my experience they are attended predominantly by women. In some instances the grandfathers are still working and the groups are held during the day, but many of the women I have met are single, most often widowed. The honest sharing of stories that happens between the women affords mutuality and serves to reduce the feelings of difference, isolation and stress. The women share children's clothes, children's furniture, information about allowances and community resources. They share transport, child-minding and organise children's activities. The women also become involved in critique of policy and support the organisation in lobbying government.

The Grandparents Raising Grandchildren mutual support model has helped many grandparents sustain their caring role. Telephone support is available nationally, and 27 support groups meet weekly throughout the country. When asked what support participants were able to access, in both studies the Grandparents Raising Grandchildren is cited as being the most effective form of support. "If it wasn't for GRG I would have given up". "GRG meetings have been my lifeline. It is good to know others are going through what we are and we are not alone."

The emotional and physical problems suffered by children who have suffered abuse and neglect are not easy to manage and can lead to placement disruption and carer burnout. It is essential therefore that carers receive training on gaining an understanding of the aetiology of abuse and its results and how to manage the behaviour. Unrelated foster parents must undertake pre-service training and are offered a comprehensive curriculum of in- service training that is not mandatory. Kin carers, on the other hand, are not expected to undertake any training, even though the children have the same abuse histories. Initially some kin carers, grandmothers in particular, were resistant to the idea they would need training to care for their own grandchildren. However, through the Grandparents Raising Grandchildren Trust newsletter, they are invited to the foster care training.

I have until recently been a facilitator of the Fostering Kids foster care training programme and had kin carers in my classes. The curriculum content does not always match the need of kinship carers. They sit uncomfortably when, for example, the

material about the biological parents of the children is addressed and judgmental attitudes from the foster carers are voiced. Metaphorically, they sit outside the circle. In collaboration with an employee of the GRG Trust, we have written and delivered some workshops especially for Grandparents. Moving away from the notion of “training” these are called SALT workshops – Sharing And Learning Together. These are experiential, where grandparents (almost invariably women) share their stories, their feelings, learn about grief, theirs and the children’s, do ecological mapping, draw family trees, plot family dynamics and do resilience exercises. Some grandmothers have sat through the whole course weeping. Others have said that at last they have something for themselves and the self-understanding gained was invaluable. Resilience, courage and strength is shown in the grandmother’s stories. They negotiate what are always complex, sensitive and in some instances horrific family situations at much cost to themselves. Facilitating these courses is both humbling and satisfying.

I Wish....

In the 2009 research the participants were asked what they might wish for themselves and the children in their care: As I re-read their responses, I became aware of the issue of age and their sense of impending mortality. They could not spend these last years in peace but were worried about what would happen to the children if they died:

To see the children reach puberty before I die

That I remain alive long enough to see my granddaughter achieve anything she wants with dignity and that the cancer treatment works

That I live long enough to see my granddaughter able to lead an honest happy and well-adjusted life; that I can retain my vision and mobility for as long as possible; that I am not a burden to anyone”.

For others it was material issues that were worries:

Not to go to bed hungry, clothes that fit, money to survive on, not to constantly worry about WINZ [Work and Income] and my daughter as well.

A Housing Corp home, where stability is a certainty. My biggest fear is if something happened to me my littlies would not have a home as \$300.00 per week is out of reach for my younger daughter to care for them.

To be able to pay off my mortgage, \$250.000 (I can dream)...

The most frequently declared wishes were for time to themselves and occasional respite care to gather energy or to follow an interest for themselves:

to get some compatible adult company now and again.

Joy

Because most international research has focused on the difficulties of the caregiving task, in the 2009 study grandparents were asked to think about the joy they experienced. It opened a floodgate. These comments alone would have filled a book. Eighty per cent of the participants expressed the way the children had contributed joy to their lives. They told of the joy of being able to heal fragmented and injured children; joy in seeing them grow and learn new things about life; the joy of playing and exploring together; seeing the children develop love and trust; and seeing them achieve and develop relationships with other children. Some expressed the joy of companionship; joy in the knowledge that the children are safe; and the joy of having a second chance to raise good citizens; the joy of laughter, kisses and cuddles and being together through good times and bad:

...When you are feeling that the world is against you, a little hand goes in yours and a little voice tells you they love you and you are the best Nannie is something you cannot get anywhere else. It makes all the hassles of the court cases and disappointment worth it. (Worrall, 2009, pp. 74-75).

After reading and analysing all the sadness and stress, I too felt joy.

Making a Difference

Once again, in 2013 the Grandparents Raising Grandchildren Trust approached the Minister of Social Welfare, Paula Bennett with the research evidence. She was receptive of the issue and parity with the Foster Care fortnightly board payments was granted in 2014, as long as the child had come to the Grandparents through Child Youth and Family. However, the difference this increase has made for low income families/whānau and the children in their care is considerable. Additionally the Government has also made available to kin carers an annual age related payment from

the School Start-up Fund. This is available to all those receiving the Unsupported Child Benefit or Orphans Benefit and ranges from \$400-\$550 dollars and should be used for school fees, stationary, camps, uniforms and pre-school fees. Total parity has not yet been achieved as children in Foster Care receive pocket money, all on-going education, health and activities costs, a clothing allowance, school uniform costs and a birthday and Christmas present allowance. Taking into account just the annual clothing and Christmas /birthday present allowances equates to kin carers receiving up to \$1685.00 less p.a. than unrelated carers, depending on the age of the child. A new fund, the Extraordinary Care Fund enables kin carers to apply for an extra \$2000.00 per annum if the child is showing extraordinary promise in a particular field, or disadvantaged in any way. The Government has now agreed that it will pay a clothing allowance to kin carers but this will not come into effect until 2018. From late 2014, if the child is taken by kin under the Government Home for Life programme, they are given a one off \$2500 set up grant. In addition a baby care package is available for children under the age of two years placed under the Home for Life policy.

However, children assigned to the Home for Life programme have often had an unstable care history, and if the child is placed with kin at the first FGC they will not be in the Home for Life programme. Additionally, where kin have moved in and rescued children from situations of risk or abuse without reporting to the police or CYF they will not qualify for any of these payments and will only qualify for the Unsupported Child Benefit if a family breakdown can be proved. A family meeting is called by WINZ to verify the situation. However, it is very heartening when research ultimately results in improvement of circumstances for the participants and others in the same position.

The Grandparents Raising Grandchildren Trust had 5756 members in October 2014. However, at the November 2014 New Zealand Grandparents Raising Grandchildren Conference, the then Minister of Social Welfare, Paula Bennett, stated that it could be confidently said that there would be in excess of 12,000 children in New Zealand who were cared for by kin as a result of a care and protection issue. Additionally, my New Zealand research on grandparent caregivers undertaken in 2009 found that 35.1 per cent of a sample of 203 families initially took the child through an informal agreement

with the child's parents without any intervention from Child Youth and Family, but had taken care voluntarily because of parental incompetence or death (Worrall, 2009). Sometimes this was to be initially a short term arrangement, but went on to be permanent. Although extrapolation to around 16,000 is obviously an assumption, the figures show that the issue is of significance in care and protection care statistics, an issue for many older women and currently politically invisible.

In Summary

The primary focus of this chapter has been the experiences of kinship/extended family/whānau caregivers in New Zealand who have taken custody, formal or informal of their relative children at risk. I have re-interrogated three pieces of research undertaken over a period of fourteen years with kin carer families and particularly grandparents with a particular focus on the experiences of the women through critical feminist and phenomenological lens. The drivers of the research were both personal and political and the autobiographical methodology has brought me to examine my own journey in the care and protection field.

My re-interrogation of the 2009 data of married couples revealed 10 women who had rightly classified themselves as married, but in fact had sole responsibility of the care of their grandchildren. Their partners were invalids and needed care themselves. These women had multiple caring responsibilities- their partners, their own children, and their grandchildren, all with serious physical and psychological needs.

Another new discovery was the level of attachment the grandparents had for their grandchildren before taking care and the need to protect. Because attachment styles and experiences are transmitted cross generationally I realise this is a protective factor for these children's own adult parenting . It is also important emerging knowledge in the practice of foster and kin parent assessments. (Chinnery & Worrall, 2015; Chinnery, 1999).

Revisiting the data again was an emotional experience, perhaps because I am now a grandmother. The shattered dreams of what would constitute retirement, the

responsibility thrust upon them by the law, and society's expectations of familial responsibility was there in sharp relief. The subsequent weariness of some as they again took on the care of young children are "essences" that set these women apart from like others. There is a ribbon of grief that runs through their stories: grandparents grieved for sons or daughters lost to drugs or alcohol, imprisonment or even death. They grieved for the fact that they were parents and not grandparents, or aunts to the children. The children grieved for lost parents, and a normal childhood.

The large percentage of single women grandparents who are caring for children was a surprise finding both in the 2005 and 2009 research, but one that is repeated in international research. The research confirmed grandmothers, great grandmothers, aunts and great aunts will step up and take the day to day responsibility of their kin children in need of care and protection at cost to themselves. The solo women in the study suffered financial hardship, some having to leave employment to care. The complex family dynamics were again brought into sharp relief and the decisions some women have had to make to put the children's needs above those of their partners means they have left relationships and their homes to care singlehanded. Re-interrogating the data not only uncovered new information but also quickened my sense of the sacrifice these grandparents, particularly the women, had made to keep their kin children safe.

Unplanned life changes, financial stress, universal grief, caring across the life-span and complex family dynamics constitute the essentially different nature of kinship care and stranger foster care, and therefore they should not be treated the same. Having said that, the need for carers to be treated the same in terms of financial and social work support still remains. The fact that financial support is now greatly improved is the result of the research evidence and the political strategies employed by the Grandparents Raising Grandchildren organisation.

Taking an ecological view, the decision to care has affected all parts of their lives. Within the microsystem it has affected the relationships within the family and extended family/whānau, for some better, for some, worse. The mesosystem of links and relationships outside the core of family become tenuous as friends are lost and

their former community activities no longer able to be followed. The exosystem relationships with Government agencies is described by many as fraught as women seek assistance, particularly from WINZ in terms of benefits and certainly with Child Youth and Family, as they described the feelings of powerlessness of that relationship. Macro system influences of culture, religion and social attitudes all affected the way life was for them.

The 2009 research also captured the joy of caring. The grandmothers told of the joy of being able to heal traumatised children ; joy in seeing them mature; seeing the children develop trust; and seeing them able to develop loving relationships. The joy of companionship; the joy of laughter, kisses and cuddles and being together through good times and bad were comments of gold. Most international research focuses on the trials and tribulations of kin/whānau, care. This aspect of joy needs further research.

The next and final chapter is a drawing together of the many threads that have formed the thesis. In phenomenological tenets I discuss the experience of writing an autobiographical thesis, particularly one that has feminism as its watch word. The braiding together of autobiography, phenomenology, other theoretical explanations and history has been a journey of discovery. I have seen history re-inventing itself, and have learned much about myself.

van Manen (2014) explained that writing a phenomenological text is a reflective process of attempting to recover and express the ways we experience life as we live it with greater thoughtfulness and tact. He argued that “phenomenology aims to grasp the exclusively singular aspects (identity/essence/otherness) of a phenomenon or event” (p. 27). The quality of a phenomenological enquiry hinges on the question, a matter of “wondering”. What is the experience of a particular phenomenon as described by a particular person? While it is qualitative in nature, it requires a deeper reflective understanding, a looking back, a grasping of what is not said as well as the said.

Chapter Nine: Drawing the Threads Together

Introduction

An autobiographical thesis calls for two styles of writing—the free flow of remembering and the rigour of academic reference. This thesis is a braiding together of history, law, research and autobiography. The prologue tells of my early life, written to understand my standpoint in many aspects of this thesis. Although it lay unrecognised for many years, my interest in child protection work and foster care in particular had its genesis in this story. My developing interest in feminism, male power and female subjectivity has also been seeded by some of these experiences. My autobiography is threaded throughout. In the early part of the thesis the voice is silent, only there in assisting the understanding of early New Zealand women. In the later chapters it runs parallel to the historical data. The phenomenological concept of “essence” is woven throughout the thesis. The concept of “essence” was described succinctly by van Manen (1990), as asking for what something is, and without which it would no longer be what it is, and that it was a play between difference and sameness (p. xv).

Foucault’s thesis of power and its ubiquitous nature, its impact on the women’s lives is revisited in this chapter. Finally, I examine the experiences of writing autobiographically, the digging down, and the emergence of the several selves that constitute the “I”, the whole woman.

The Historical threads - A Woman’s Role

The role of New Zealand women since 1846 as they have rescued, cared and advocated for children and young people in need of care and protection is the centre pole of this thesis. It has examined the unique experiences of women as social workers in care and protection and foster care, foster mothers and kin carers, particularly grandmothers, and the birth mothers of the children. The world traversed that is not my own is the historical story of child care and protection in early New Zealand. I have shown how the threads of historical sociological contexts and their subsequent child welfare legislations have formed the foundations of current legal philosophies and their subsequent policies and practice. The circular journey of legislation from family

responsibility to state control and now again, family responsibility has been drawn. The earliest relevant legislations, the Destitute Persons Ordinance 1846, followed by the Destitute Persons Act, 1877, called for “near relatives” including step parents and grandparents, to be responsible for any destitute kin. Women would have borne the day-to-day brunt of this, but are subsumed under the nomenclature of “family”. The expectation that women will care over time is so ingrained in patriarchal thinking that to this day they are invisible in legislation and policy.

The making of laws to protect children who are at risk of abuse or who have suffered it, cannot ensure their well-being. The early institutionalisation of children because of poverty or minor misdemeanours, baby farming, and children being used as commodities and cheap labour, is a history that carries no pride. This interventionist approach implied State control was best for destitute children. Eugenic attitudes towards the extended families of children in care denied them the opportunity to care for their kin children. In the early 1900s unrelated foster care became the most usual care option for these children. However both international and national research undertaken in the mid-1970s confirmed that foster care could not assure these children of the stability and security they required to heal. The publishing of New Zealand research in 1981 gave further impetus to the New Zealand Foster Care Federation to push for change. As evidenced in the 2015 Children’s Commission report *“The State of Care”*, many children in state care are still experiencing an unacceptable number of placements.

As described in Chapter Four, Māori family traditions of caring in a community for children were threatened by the government, paternalistic and racist attitudes and practices. Māori had access to extended whānau to assist with care; children were a communal responsibility. It was frequent practice that young children were “adopted” as whāngai by grandparents or older kin, to keep them company and to assist them in their old age. The cultural practices of whānau were ignored until the passage of the Children, Young Persons and Their Families Act 1989. The change in law encouraged a change in practice so that in 2015 there were more children in whānau placement than in stranger foster care.

Now, the philosophy underpinning the Children, Young Persons and their Families Act 1989, is family/whānau is the best placement option for children in need of care and protection. Family is again asked to take responsibility for their kin children/tamariki deemed to be at risk. My New Zealand kinship research shows that model offers the greatest likelihood of achieving stability and a healthy maturity. However, it is still almost without exception, women who carry that burden of care; many who do it alone; most are grandmothers; and many struggle financially.

The Theoretical Threads

Feminist autobiography is the central plank of the methodology used in this examination. As I have reviewed the history of child care and protection in New Zealand over time, and my experience of it in the different roles I have played, the numerous influences that have determined how it has evolved and operated have become apparent. I am part of the story, as are other social workers, foster mothers and educators.

Both attachment theories and ecological models began to affect child welfare practice in the 60s and 70s. The importance of family to the child was beginning to be understood, and also the importance of community and the effect of racism that was inherent in child and family policies and social work practice. These theories were especially important for the development of my foster care and social work practice, and particularly so in kinship work. The use of both these theories in identifying key people in a child's network can enable effective work with families and children towards the goal of keeping children with their whānau/extended families and identifying extended family and community support for the children and their families. The drawing together of autobiographical and feminist phenomenological approaches throughout the thesis uncovered power relationships and how they have operated within the child care and protection system.

The Feminist Phenomenological View

I have become aware as I have written, of the symbiotic relationship between autobiography and phenomenology. van Manen (2014) claimed that:

Personal experience is often a good starting point for

phenomenological inquiry. To be aware of the structure of one's own experience of a phenomenon may provide the researcher with clues for orienting to the phenomenon and thus to all the other dimensions of phenomenological research (p. 313).

van Manen (2014) also argued that the patterns of meaning of one's own experiences are also the possible experiences of others and therefore may be recognisable by others (p. 313). As identified in Chapter Two, many feminist autobiographers have found feminist phenomenological concepts aptly describe the inner reality or interiority of a woman's experience. van Manen (2014) as cited in Chapter Two, went on to explain that the self is affected in a fundamental way in writing phenomenologically in that the "self retreats, traversing a world that is not one's own" (p. 3). In contrast to van Manen, I have argued that in the writing of a feminist autobiography and using a phenomenological view, the self emerges, not retreats.

Caring, whether as a professional woman, a family member, a mother or a friend is not necessarily prescribed. Today, there is an element of choice, however having said that, there is also an element of ethic. For me, in the personal Family Group Conference situation described in Chapter Seven, personal and professional ethics were somewhat in opposition – not the only time in my life. This has confronted me in both my nursing and social work careers. Matters of the heart cannot take precedence. Additionally, intrinsic and extrinsic factors also limit the freedom of others. As in the case of the foster child whose FGC I attended, and for many people I have worked with, extrinsic factors that have led to a traumatised insecure childhood has affected their intrinsic psyche and future decision making processes. Gender has not been the only factor of influence.

Levesque-Lopman (2000) maintained that feminist phenomenology has enabled a deeper understanding of the care context and motherhood. I argue that this extends to all types of motherhood, explained: foster mothering, stepmothering and grandparent "mothering". As Fisher and Embree (2000) argued:

In a basic sense, phenomenology undertakes the descriptive analysis of lived experience, in particular the essential structures of that experience; moreover, such inquiry is focused additionally on the structures of conscious experience. Feminism, on the other hand, including feminist philosophy, tends to be socially and politically

motivated, indeed is inherently political". (p. 20).

The blending of feminist autobiography and feminist phenomenology and the underpinning of these with a critical feminist standpoint has enabled a different and more sensitive analysis of the lived experience of the women who have cared, and of my own political stand for policy improvement.

Existentialists such as de Beauvoir, and Heidegger, and Foucault's notions of power have assisted in a deeper understanding of the "essence" of the lives of the women and children who have been affected by the politics and subsequent laws of child protection. van Manen (1990) described phenomenological research as a "search for what it means to be human." He emphasised the way in which history, and the sociocultural structures have shaped the lives of women in today's society. He also argued that using a "hermeneutic phenomenological method does not offer a procedural system [of inquiry]; rather its method requires an ability to be reflective, insightful, sensitive to language and constantly open to experience (p. xi). This method calls for a digging down to the depths of experience and finding the "essence". Even so, I realised that striving for commonality of theme revealed individual differences. My experience has been that in taking a deeper perspective of the lives of others, I have an enhanced view of self. I am placed in a type of parallel process. While my experiences are not those of all the women portrayed in the thesis, there is a familiarity, a sharpening of the senses, a dipping into my emotional reservoir that enables insight into their world. In addition, I bring my professional skills to the encounter, in fact the entirety of my epistemology, the "how do we know what we know?"

"Essences"

The goal of writing phenomenologically has been to uncover the lived experiences of the women in such a way that "listens" to the deeper meanings, not just the experiences as they appear at face value. Themes have emerged that are consistent across the years from the stories told and the data evidenced. The "essences" of experience of the women are captured and given voice.

Power and Powerlessness

Foucault claimed self is not an “essence” but created by the influence of multiple forms of power. The outstanding theme that emerges from writing of the lives of the women over time, no matter what their role or culture, is that of the power of the State and powerlessness of those who receive its ministrations. It runs like a ribbon throughout. Foucault’s thesis of the nature of power, as described in Chapter Two as existing in all institutions, and being “culturally pervasive” - everywhere and inescapable is pertinent to this discussion. However there are also stories of strong New Zealand women, their victories and overcoming.

“Failed” Mothers

I have written of my observations of women that have lost their children by the power of the state. The “essence” of that experience that sets them apart from other mothers who lose their children for other reasons is shame and anger. Along with grief of their loss, they receive blame, judgment and punishment. The early history of women widowed or abandoned by their husbands who turned to prostitution of necessity to feed their children and then lose custody because of that is a terrible example of powerlessness, as is the single mother of decades ago who had no choice but to give her child up for adoption. Both these examples speak of lack of state support at the time.

The most common reason for taking the children in to care in both the 2005 and 2009 Grandparents Raising Grandchildren research was parental drug abuse, followed by alcohol addiction. While it could be imagined that the loss of the children would be an impetus to rehabilitate, these substances also work as an opiate against pain and the grief of loss -loss of dreams, loss of self-esteem. Shame can work against mothers turning up for access with their children and social work appointments, further reducing the likelihood of return of custody.

Whatever the reason for care, with perhaps, the exception of physical illness, the shame also works against the foster parent’s ability to make a relationship with the mother. The dichotomous roles of good and bad mothers stand in the way of

rehabilitation when research shows that the likelihood of return home is enhanced when these relationships are positive (Smith, 1991). Grief and powerlessness also provokes anger- anger at the system, anger at the child's current carers and anger at themselves and a drive to assume power in whatever way it takes. They are then seen as uncooperative and unsuitable for rehabilitation. As earlier argued, Child Youth and Family social workers take a risk averse stance over contact between foster parents and biological parents, keeping the whereabouts of the child secret and never the twain shall meet. While that can be understood in the case of highly drug addicted or violent parents, such practice can stand in the way of reunification and should be managed on a case by case basis. Models of foster care which embrace inclusivity and parental empowerment in early detected at-risk situations may be one of the solutions to keeping children out of care. Foster parents in this model become therapeutic team members.

Social Workers

Social workers hold power that can be used wisely or wielded indiscriminately. The very name holds inferences of power, even if the role is not statutory, but as an NGO employee. The power to make decisions about people's lives, to remove children from parents, even when necessary, and place with foster families or in institutional care; and to make recommendations to the court is not to be taken lightly. Chapter Four has described the judgmentalism and eugenic attitudes of early state social workers of the time, when reasons for taking children into care were often flimsy and on-going oversight of the children almost non-existent. Social workers in earlier years were unqualified and yet held responsibility for children's lives. That power is still held and can have life changing influences on those concerned, for better or sometimes for worse (Frecklton, 2009; Kennedy, 2009). The power to approve or not approve families wishing to foster or adopt; the power of an opinion before the court; the power to direct people's lives or be an advocate, seeking the resources they need are such examples.

However, conversely, social workers also experience powerlessness. As argued in the previous chapter, Child Youth and Family social workers are under on-going stress to effectively manage the growing number of referrals and undertake good quality

assessments and effective work with families. Non-Government Social Workers also experience powerlessness as they work with the foster children placed in their care and their families, but have no legal right to contribute to decision making. NGO Social workers also work in organisations that are under contract to the State to provide services. If targets are not met the organisations risk losing State funding, yet conversely, the organisations rely on those same funders for referrals. State social workers are also under budget restrictions that are controlled by not referring cases to the NGO sector. On the other hand, social workers outside Child Youth and Family have voiced their discontent with the current impossible working conditions in Child Youth and Family and stood shoulder to shoulder to support their colleagues and influence those in power.

Children and Young Persons

Children in care also feel they have no control over what happens to them in their care journey. One young person, mentioned earlier, who suffered many placements in his early childhood described his life in care to me as “feeling as though a big hand comes and picks me up and drops me down and I don’t know where I will land”. His powerlessness manifested itself in acute anxiety and physical and psychological problems. Other young people whose placement had broken down took it as a matter of life. “Where to now?” with a shrug of the shoulders. The inconstant nature of placement in care at critical times of children’s development have affected their attachment styles and left a life-long legacy .

In 2013 I attended a Youth Hui where young people recently discharged from care at 17 told their stories; stories of struggle to survive, loneliness and stress. They told of their unsatisfactory care history, multiple placements and drifting in care; their inability to keep contact with family and their powerlessness to have any control over their lives. Their stories cried out for careful well-planned and well-managed transitions for children and young people in and out of care and between placements and sustaining family contact.

Foster Mothers

There were many times in my life as a foster mother that I have felt powerless to effect

change or achieve what I have felt was best for the children in my care. My first experience of going to the media about what I saw as poor social work practice, as described in Chapter Six, knowing I was right and being stone-walled was an experience of grief and frustration. My experience was not singular. In Chapter Six, Dalley (1998) identified the lack of consultation with foster carers and recognition for a job well done. Foster carers were often over-used and women in particular taken for granted and under-valued, working twenty-four hours a day for no financial recompense. Lack of consultation is still a matter of concern for foster parents, who feel they have the most knowledge about the child, particularly when a decision is made to move the child without prior discussion (Kufeldt & McKenzie, 2011; Rosenwald & Riley, 2010). As identified in Chapter Seven, I have also felt powerless to change the life outcomes of many of the children who have spent years in our care.

The story of the New Zealand Foster Care Federation is one of taking power over powerlessness. Foucault's insight that power relations not only limit but also enable possibilities of (political) action holds true in this example. Both social workers and foster carers knew in the 70s and 80s that outcomes for children were not good and that foster carers were being taken for granted and being asked to do a very complex and demanding job without recognition or support. The struggle for change, to be consulted, to be educated for the task, to achieve planning for the children and be recognised as intelligent caring people was achieved. Within the Federation ranks there were divisions. There were some who thought that the fight should be for better conditions for foster carers as the primary goal and others that we should push for the rights of the children. To me, we needed to fight on both fronts, and we did. Personally, that was my first experience of being a gad-fly – at times very frustrating as we hit against the bulkheads of power and at times elating as we made progress and were a catalyst for policy change.

Kinship/Grandparent Carers

The role of a kin or grandparent carer is “essentially” different from that of an unrelated foster carer. The placement of children deemed to be at risk with extended family where possible is now dictated in law. The “essence” of the care that sets it

apart from other forms of caring for children at risk is “relatedness”. Some grandparents in particular, feel that the fact their own children are found to be incompetent to care reflects on themselves and they too carry some shame. Powerlessness is felt that they were unable to change the course of events. As evidenced earlier, the processes of the Family Group Conference are not always empowering for the family, even though that is the intent. The necessity of the State to ensure child safety means the caring family is now subjected to assessment and invasion of their privacy. Making the decision to care for their kin child, particularly if they are grandparents, means a change of life style, and particularly if single, probable financial stress.

The participants in the grandparent studies I have undertaken, confirmed by international literature, describe “essences” of experience that sets them aside from unrelated carers of these children: grief, isolation, alienation from previous social contacts, loss of jobs, becoming poorer, feeling judged or stigmatised, guilty and splitting within the extended family, who they need for support (Dunne & Kettler, 2008; Worrall, 2005, 2009). Anecdotal evidence obtained from the participants in SALT workshops and Grandparents Raising Grandchildren conferences gives evidence that many grandparents have been unable to obtain the Unsupported Child Allowance from income support, even if they can produce court custody papers. They stated feeling powerless against the workers at Work and Income Support (WINZ) who deny them what they need and are legally able to claim. Now, as a result of research evidence and media publicity, kin carers are paid the same weekly rates as non-related carers if custody has been held by Child Youth and Family or it can be proven parents cannot care. The attachment process between grandmothers and their grandchildren is a resilience factor that assists in the children achieving stability in grandparent care of their abused and neglected grandchildren.

As it was for the early Foster Care Federation, so has the Grandparents Raising Grandchildren organisation exerted power. This organisation has lobbied government, undertaken two large pieces of research to gain proof, gained much media coverage and supported grandparents and other kin to achieve better conditions for themselves and the children they raise. Achieving parity between foster care payments and the

Unsupported Child Allowance has been a long struggle, as a neo-liberal Government hold to policies of family responsibility. Those who have rescued their grandchildren and have not involved Child Youth and Family do not qualify for this. This is particularly so for many Māori grandparents who have been told that the child is seen as a whāngai child. The only way financial support can be achieved for this group is to blow the whistle on their own children and that they are loathe to do.

Writing the Self into the Text

This next section examines the experience of writing an autobiographical thesis, including the risk of self-disclosure and the ethical dilemmas encountered. This journey has been one of self-enlightenment and knowledge acquisition. As van Manen (2014) observed about writing phenomenologically, “The research is the writing”, and argued that “theme formulation is only part of the analysis. True analysis occurs and is contained in the reflective writing of the phenomenological text itself”(p. 375). I would add that the reflective process of autobiographical writing also gives birth to a retrospective analysis of the lives of other women and oneself in context and relationship.

Smith (1998) described how knowledge of oneself emerges in the process of autobiographical writing, and claimed “there is no essential, original, coherent autobiographical self before the moment of self- narrating”(p. 109). As I have written the memories have flooded back in all their colours, including the emotions felt at the time, the people involved and the familial and sociological contexts. The notion of “interiority or the psychic self that resides within the narrating subject”, Smith claimed, “emerges in the process of autobiographical “performativity” (p. 109). Undertaking an autobiographical analysis has revealed how my life’s performativity has been directed by the cultural regulation of race, gender, family mores and location in particular socio-economic and professional spaces. Zuss (1997) captured the complexities of autobiographical writing, locating the remembered gendered self in the changing social and political contexts of a life. He observed:

The autobiographical act works to double the self as an object of awareness and intentionality through the author’s engagement of a complex conjuncture of cognition, affect and memory. It also works as

an often complexly played, coy dialectic of private and public subject positions. The particularities of place, gender, ethnicity, race, sexuality and national affinities are woven into expressive texts, affording a sense of contingency of what otherwise might be reduced to demographic, socio-economic or autonomous internal mental states and ascriptions of identity (p. 658).

The process of reflection has brought about a critical understanding of the influence of my own personal history on my professional life path. While I have always known this, writing the chronological story has given a deeper understanding. Everyone has a unique life story and its particular set of “essences” – those things that make it what it is without which it would not be. Mine can be traced from a childhood, with three mothers and several parent figures; experiencing a disjunction of attachment relationships; experiencing discrimination because of my gender; maturing as a nurse as I dealt with crisis and death; in marriage, the loss of a baby, overcoming breast cancer at 32; becoming a foster parent and growing in the many roles I have held in my social work career. As a social work educator I have emphasised the need for students to engage in critical self-reflection and how their life stories will affect the way in which they see the world and the consequent possibility of parallel process destabilising their clinical practice. Constant supervision of the interiority or true self is a professional “must”. Without this burnout is a strong possibility.

Reflecting on these personal and professional paths has engendered a realisation of how often there has been conflict between the behaviour demanded of me, life’s performativity and my interiority or true self. Both feminist autobiographical and phenomenological theorists have argued that there is no single self, that we are complex entities, determined and differed by culture, age, class, education, ability and disability and the gender expectations of all of these (Larrabee, 2000). Writing autobiographically has allowed the many “selves” to emerge. There is the personal self, known in its entirety only by me – the life that has straddled the concepts of performativity and interiority, these differing according to the context of the moment. There is the professional self – the paths chosen, influenced by gender roles, social norms of the time, childhood experiences and opportunity. There is the spiritual self, the inner core of being and my relationship with the world and the divine, and the

feminist self, that which has emerged through seeing and experiencing gender inequity and powerlessness. This complexity of the self makes it a difficult task to divide in terms of analysis. There is a weaving together, and a braiding, two terms used in this thesis which need differentiation. Weaving denotes how the different selves are tightly integrated in life's fabric; braiding is when the self runs alongside others, at times intersecting, taking some of the spirit of the contact into one's life, then running alongside again, like a braided river. In this thesis, theory, law, and history are braided with the autobiographical self, giving knowledge and understanding of context retrospectively. My intimate life with others, my family, past and present; my extended family; my foster children; my close colleagues and friends and those I have marched with to achieve change is alike to weaving. Their influence has become part of the fabric of who I am.

The Ethical Self

I imagined writing autobiographically would be easy. It is not. The decisions about what to tell and what to keep silent have not been easily reached. hooks (1998) confessed these difficulties she faced, the secrecies and silences, about staring into "the solitary space of paper" not wanting to be a traitor to family or others. hooks claimed that to *talk* about one's life is easy, but to write about it and leave a trace was frightening (pp. 429,430). How much of the story should be divulged? It all seems important, but the necessity to keep to the topic and how my life has experienced it, and also the need to pay respect to those I have written about has meant a slash and burn of the writing and a commitment to write the full story elsewhere for my family. The thesis is not about my life. It is about the parts of my life and the people in it that pertain to the care and protection of children and have contributed to my personal and professional paths. Even so, I am aware that a certain vulnerability exists in self-revelation when the writing will enter the public domain (Ings, 2014).

My sensitivity in regard to the ethics to be observed in the writing of this autobiographical account has been constantly present, from both a professional and research perspective. It has been one of my greatest concerns. My family stories are not all to be shared in respect to those who have died and those who are still living

who share the keeping of family integrity. The children who have shared our family in their times of need also have their integrity to be kept. There are so many more stories that could be told which exemplify or give testimony to the effect of abuse trauma and separation on children and the circumstances around that. The stories are theirs not mine and therefore kept in silence. The privilege of authorship is not taken lightly and, as with many other privileges, brings with it a heavy responsibility.

The Personal Self

The prologue in this thesis tells the story of my early childhood. It tells of love and separation within two families. It is given because the threads of broken attachments and strangeness of people and place have provided some empathy with the children, parents and foster parents of whom I write. My two families were very different. Although the life I left and the new one I entered had no issues of abuse or neglect as did the children who came into our family and who I worked with professionally, the experiences of my childhood have given me some insight into the magnitude of separation from parents in childhood and the importance of attachment.

I have written about the “essence” of never having a biological mother, and what that means in terms of “otherness”. I cannot deny a feeling of loss at times when I hear other women talk about their mothers, their influence, their times together, their sameness or not, and their responsibility for that person as the parent ages. van Manen talks of the importance of “wonder” in phenomenological writing. There is some “wondering” that remains a wondering. This has had a strong influence on my drive as a social worker and foster parent to observe the sacredness of attachment and the loss felt by mother and child when it is broken. I have also revealed issues of a personal nature that pertain to the subject in hand. This has not been easy.

The Feminist Self

The feminist streak seems to have been present in my life as long as I can remember. I wonder where it came from. My Jewish great grandmother who made the decision to marry out of the faith, losing family and moving countries as a consequence, or my Scottish grandmother who also lost her mother in early life? To coin de Beauvoir’s argument, is it that one is not born but becomes a feminist? Having strong opinions

and standing up against the unbridled use of power has caused me trouble both in my childhood and later. As a young woman, as a nurse, as a mother and foster mother and a social worker there have been times when my gender has determined my life chances, and times when performativity has won over interiority. I wish I was as strong then as I am now.

I have located the description of my own feminist journey after the stories of those strong women who have blazed the trail long before. In the light of their courage, I have an awareness of the way in which earlier, my passage was more covert than it should have been, again a matter of performativity. There was an era when feminists were seen as strident, aggressive and unfeminine. Both parts of my family and my Christian community were not sympathetic to my growing feminist politics. I was once invited to a family Christmas dinner on the understanding that I would not raise the subjects of racism, feminism or religion. I went, and at the time took the line of not “casting pearls before swine” and vowing to keep my politics to those who shared them. I am now freed of those constraints.

To be a feminist means to me to stretch myself to understand the lives of other women, particularly those I have had the privilege to work with in my professional careers. The street women when I was an inner city social worker; the mothers of children I have placed in care and fostered myself; the grandmothers who have put their dreams of retirement aside and have stepped in to raise their grandchildren; the families that have cared for difficult children and suffered an allegation of abuse that was not substantiated, and women, who have lived the foster care existence, now grown, but still marked by the experience of insecurity and early trauma. The responsibility of understanding, as a feminist means that we have to become political in the sense of publicly raising their problems; and as a feminist academic, researching with them to gather enough evidence to change policy.

Women have not yet received equality in the work place in many fields of practice. Women who care are particularly disadvantaged, as shown in the kinship research. Board payments are designed to cover expenses of child maintenance and in no way a financial reward for the 24 hours in the day “on duty”. In my professional life, nurses,

responsible for people's lives, were poorly paid compared to stenographers. As a senior university lecturer I was asked by a male colleague how much I earned. He was shocked and said that he earned almost twice as much and certainly had no higher a teaching load than me! He had his doctorate, and I was to all intents and purposes a practice teacher, but my experience is that of many university women. By then I had almost reached a "so what is new" state. My surprise was his element of surprise!

The Professional Self

There is no static professional self. My professional path has run parallel with the other changes in my life, influenced by those happenings. My decision to become a nurse was driven by my time in hospital with T.B.; a fascination with medicine; my inability to study to be a doctor and nursing being the next best thing; a convenient way of achieving independence and one of the few professional choices for girls at the time. It served me well. My social work career was probably influenced by my childhood events; my feminist awakenings, my political work with the Foster Care Federation and an envisaged opportunity to effect change. It also has served me well, taking me to work in many places including distant countries with courageous women. There have been times of performativity and times when my interiority, my true self has been challenged and I have had to step back and reflexively consider my emotional health and the extent of my capability to give of myself. Both career choices have been gender driven. I would do the same again.

The Spiritual Self

I have described myself earlier as a Christian feminist and some of my spiritual journey. I am fortunate that I have been aware of a strong spiritual thread woven throughout my life, in various forms, Christianity being one of them. My concept of spirituality is my connection to a higher being, and all things living – my sense of place. I am in this world and of it in an ecological spiritual sense. Attachment is a spiritual force, not only biological and psychological. The taking back of my Māori foster children to the tūrangawaewae of their ancestors, and the urupā or burial ground where their bones now lie was a spiritual experience not only for them, but for me. The rituals that went with that, the karakia or prayers, the sprinkling of water over ourselves and the

movement between tapu and noa were new to these children but should not have been. Connections of wairua were made between their whānau and myself as carer. I have taken children on journeys around Auckland to see various houses where they have stayed in their short unstable lives and share their stories, their tears and their silences. Finding the mothers of children who have “lost” them to the care system or adoption and reuniting them has again been an experience that has been “spiritual” in nature, a going back, a finding and a re-joining, even if just for a day.

It was my role to teach social work and spirituality to the first year social work class. One year, when I announced in class that this would be the topic of next week’s lecture three women came after class to say they would not be attending as they did not believe in God and in their opinion such discussions had no place in the curriculum. After a brief explanation the lecture would not be a proselytising session and my own beliefs would not be aired, I asked them how they would deal with the sudden death of a child on their case-load, a young father dying of cancer, or the elderly facing death. As social workers we tend to all parts of the person and while they are free to have their own beliefs they also had to learn to sensitively respect the beliefs of their clients and what underpins their lives culturally and in their times of deepest need. Birth, death, loss, and grief are faced daily as a social worker in whatever field we find ourselves working and each of these have their own cultural paradigms. In my experience even those who profess no faith in life look for answers within the spiritual self when faced with life crises. It was their job as social workers to understand this and if they could not have this conversation with their clients, to find those people who could help their clients best. They turned up. The necessity for social workers to understand the concept of spirituality was reasoned by Dillard (2006). She raised two key points. Firstly, that students in social work need to understand their own inner lives, in order to sustain the work and this entails engaging with the spirituality of life. Secondly that academia is often hostile to such discussions, and our personal spiritual journeys are not shared amongst academics themselves, or with their students. Paradigms of spirituality should have as much legitimacy as any others taught in academia (Cozart, 2010).

In Conclusion

Women, in all their different roles, with their different motives and their very different lives, have upheld care and protection legislation in New Zealand. Their contribution has been essential and for the most part, unacknowledged. There were the early New Zealand women who fought for the rights of women and children and offered aid to abandoned women and their children. Māori women collectively ensured the well-being of their whānau, young mothers and tamariki. There are women who have cared for hundreds of foster children over many decades; there are women who care for fragile infants born prematurely to drug addicted mothers; there are women who have worked as care and protection social workers, daily facing angry families, despairing women and traumatised children. There are women who take in mothers and their children in a bid to keep the families together – a mentoring, non-judgmental role. There are grandmothers who give up their end of life plans to take custody of their abused or abandoned grandchildren, often tired and concerned about their own mortality.

These women carry this responsibility at great cost to themselves. Foster mothers do not get paid for their 24 hour responsibility; women social workers get paid less than their male counterparts and are financially penalised if they take maternity leave; kin/whānau carers take in traumatised siblings, sometimes several at a time, and though now paid the same weekly board rates as foster carers, do not have health and clothing assistance. My_research shows many are single and struggle to make ends meet. Some have chosen to care for the children at the expense of losing their partners.

I have been privileged in my personal and professional life to work with the women and children whose lives I have analysed in this thesis. Their stories are ones of resilience, tenacity, courage, strength and compassion. However, the most important work to be done is to work with the families of children at risk and attend to the social issues that lead to parental-child separation.

WOMEN

We are a network
Woman to woman
Strong connected fibres
Holding our children and families together
For the most part, invisible

Like any net
At times, the stress of holding on
Becomes too great
The fibres weaken, break, - she lets go
And the children fall

Now other women on this great network
Must reach out
Gather up
Gather the children
And their mothers
Who, for the most part,
Have tried gallantly to hold on

We must bring them back
Into the network
Mend the net
By holding, nourishing, guiding, teaching

It is not our role as women to judge
To take away
To pillory
But to understand the stress
That broke the net
To become healers
Menders of the net.

Jill Worrall 2016

Post Script: A Time for Change

Child Youth and Family Services has been restructured many times over the last thirty years, most recently 14 restructures between 1998 and 2008 and reviews spanning 1988 to 2015 but “not one has produced sustained positive changes in the lives of our young people” (Ministry of Social Development, 2015, p. 3). Ensuring safety and caring for children and young people who have suffered or are likely to suffer the trauma of abuse and neglect is a complex task. In spite of best efforts over time, it can be shown that for many children, entering the care system still does not provide them with the security, love and psychological and physical care that is needed to allow them to overcome their trauma and achieve a well-adjusted maturity. Today it is realised that meeting the immediate and on-going needs of these children and young people demands skill, dedication and an on-going co-ordinated professional team response, coordination across disciplines and a community response. Anne Tolley¹⁸ described the care and protection system as broken and that life outcomes for children in care are abysmal. She also said “CYF’s is gone-finished”.

- **Modernising Care and Protection Services**

In April 2015 an expert panel of business consultants were appointed by the Minister of Social Development, Anne Tolley, to draw up a business case for the modernisation of Child Youth and Family in order to improve the system and achieve better outcomes for children and their families. Days before the planned submission of this thesis, the report was released “*Investing in New Zealand’s Children and their Families*”.¹⁹ The Report gives disturbing data about outcomes for children and young people who have had contact with Child Youth and Family, but confirms the issues and many of the conclusions raised in this thesis. Major reforms have been proposed that will result in a complete overhaul of Child Youth and Family. It is a courageous and radical broad spectrum approach to ensuring better outcomes for children and young persons at risk

¹⁸ Interview with Katherine Ryan – Nine-to Noon, Radio New Zealand, April 7th 2016.

¹⁹ Released April 7, 2016. Hereafter referred to as The Report.

and their families. As the report has been discussed during the two weeks since its publication, there seems to be a widening gulf between the philosophy in the report and the Government reaction. Issues raised in relation to the content of this thesis are discussed hereunder:

- **Early Recognition of Family Vulnerability**

The principles of the Children, Young Persons and their Families Act (1989) s.13 make it clear that relationships with the child's family/whānau, hapū or iwi must be preserved where practicable, and the necessary assistance and support be provided to enable the child or young person to remain in his/her own family. The CYPF Act (1989) makes it clear that severing the parent child relationship is a last resort. The 2016 Report strongly promotes early intervention in families where there is an element of risk in order to reduce the likelihood of children entering the care system. However, there is also strong emphasis in the report that children need safety and stability and that where there is serious risk and a family is not showing signs of rehabilitation, that child should be placed in a permanent stable loving home as soon as possible. Anne Tolley made it clear in an interview with Corin Dann²⁰ that where the child was in serious danger, that child would be removed instantly, placed in a stable loving family and left there.

The Report also gives evidence of the pain, misery and frustration of mothers who have lost their children to the system (Ministry of Social Development, 2015, p. 6). This thesis has emphasised the importance of attachment of children and mothers and maintaining identity and family whānau links. The families of children who enter care usually have multiple issues needing rehabilitation and as stated in the report "families move up and down the vulnerability scale" (Ministry of Social Development, 2015, p. 8). My concern is that the door to re-integration of the child with its biological family may be closed too early. It is recommended, therefore, that the Health Visitor programme in the United Kingdom is adapted. It should be compulsory that all new

²⁰ Corin Dann is a TV Journalist who regularly comments on political issues. This particular interview was made in TVNZ Q+ A programme on April 11th 2016

mothers are visited for the first year of a child's life. This would be one way of identifying at risk situations early, and supportive strategies to be actioned.

Parent and Child Foster Care

The provision of specialist foster care to both mother (and in some cases father) and child to enable them to stay together is a model that is emerging internationally, and one that has been practised to a very limited extent in New Zealand. This is particularly appropriate for vulnerable families in the community where custody of their children is under threat. While it is recognised that there are parent and child assessment residential services, the parent and child model is an option that provides both support and assessment on a one to one basis in the normal atmosphere of a family home, woman to woman. It is suitable for young or teenage mothers, particularly those who have been in the foster care system²¹, and situations where there may be issues of lack of support, neglect or intransience. The provision of parent and child fostering does not disrupt parent child relationships, and can help to establish good attachment processes. The model is also useful to assist in the re-integration of parent and child after a period in foster care, particularly for fragile infant foster care where baby is now sufficiently stable to be cared for by its mother. It can also assist the parent to gain resources in the community, such as housing. Relationships forged with the supportive foster family can continue after the placement has ended and can remain a source of support, even to the extent of offering respite care when needed.

A literature review to identify the current state of knowledge about parent-child fostering in order to identify what strategies are effective in achieving good outcomes has been undertaken by Luke and Sebba (2014). They claimed that this model is effective in producing post fostering outcomes that are in best interests of the child (p. 4). These outcomes might include an increased likelihood of parent and child staying together, promoting skills in independent living and increased understanding of children's needs. Equally, the care may assist in a clear decision that the parent will

²¹ According to The Report, women with some level of childhood contact with CYF were nearly three times more likely to be parents before 25 and as parents, three times more likely to have children referred to CYF.

not achieve parental competency and therefore permanency can be achieved early for the child.

The specialist training of mother-child foster carers has a strong focus on attachment issues and the impact of disrupted and damaging attachment relationships on children. The foster carer is a therapeutic partner in a “team parenting” model of care. Accessible social work support is essential for carers who are undertaking this type of care, and the mutual support of other parent-child carers. It must also be said that many kinship placements also include the mother or father of the child.

Arguments against this model are its cost and limited applicability, in that it is not suitable for drug addicted or violent parents. However, the cost of keeping a child in care over a considerable period is greater, and even more so when long term outcomes for children in the care system are taken into account. The stated longing of young people who have gone through the care system to at least know and at best remain in their own families, make this model worthy of serious consideration.

Inclusive Foster Care

Research holds that where a relationship can be forged between foster carers and biological parents, the likelihood of return home is increased (Cleaver, 2005; Sinclair, 2005). If return home is not viable then the child will settle more easily in the foster home, knowing the parent, and knowing that the parent knows where the child is (Cleaver, 2005). As previously identified, there are instances where this is not safe, but where the context of care allows this, the relationship should be pursued (Kufeldt, 2011; Kufeldt et al., 1989). This way of working has been stymied until now by risk-averse approaches that keep the two parties apart. It requires a shift in attitude from judgmentalism to respect and empathy. “Clean Break” theories that hold children need a new start and that all biological parent contact cease have lost favour and are not effective in the long term (Atwool, 2008), as evidenced by the young people in the thesis, the 2016 Report, and adoptees seeking their biological parentage.

- **Foster Care Recruitment, Training and Retention**

The Report states the necessity to recruit and train quality caregivers. As evidenced in this thesis the recruitment of foster carers is difficult as, of necessity, more families have two working parents. This situation is not addressed in The Report. In 2014, 69.6% of all mothers with dependent children were in the workforce, there being a significant increase in solo mother paid work participation, up 23% from 1994 (Flynn & Harris, 2015). Caregiving must then be seen as an alternative to outside work and caregivers must be paid commensurately for the work they do and the 24 hour responsibility they hold. Models of “professional foster care” have been successfully implemented internationally. Caregivers are expected to undertake extensive and on-going training and are paid according to their level of competency.

Currently, attending in service training is not mandatory. If the early intervention model proposed in the Report is successful, fewer children will be admitted to care. Therefore, it could be assumed that those entering care may likely need a high level of professional care. Caregivers are constantly facing new challenges and the necessity to continue learning is essential and a retention factor. The Report refers to loving and caring foster parents who will take the child for life. It must be recognised, that in spite of the best of intentions, foster placements, including Homes for Life, do break down, an issue discussed in Chapter Six of the thesis.

- **Abuse in Care**

The Report raises the issue of children in care suffering further abuse. Allegations of abuse of a child in their care being laid against foster or kin caregivers, or their family members is of international concern and an all too common occurrence in New Zealand today.

As at the end of November 2014 there were 3,384 children in CYF care and protection placements outside of their homes. The 2012/2013 Ministry of Social Development Annual Report stated that in that year 37 children were found to be abused by their caregiver (Ministry of Social Development, 2013). The report does not reveal the

number of unsubstantiated allegations. However, the Allegation Support Team of Fostering Kids New Zealand supported 66 cases from June 2014 to June 2015. Of these cases, the allegation was founded for 18, unfounded for 18 and for eight there was no further investigation. For the remainder investigation was on-going. Thirty-eight per cent of the children were removed from their carers. The carer status was revoked for 13 of these families; 25 were allowed to continue caring and four were instructed to take further training. The police were involved in 42 per cent of cases. Twenty-one per cent were kin/whānau carers and 77 per cent were caregivers for Child Youth and Family.

The Fostering Kids data revealed several issues of concern:²²

- Thirty-three per cent of the children had been assessed as having high needs.
- Seventy-one per cent of the caregivers had received no induction training.
- Between 70 and 80 per cent of carers had not undertaken in-service training.
- Sixty per cent had not received the Care Givers Handbook.
- Seventy-nine per cent of the caregivers did not have a copy of the child's Care Plan.
- The average years of caregiving of those receiving an allegation was 10.2.

This evidence confirms the need for mandatory preparatory and in-service training for caregivers. I have not seen the word mandatory in the report in relation to caregiver training. It must be in the new "Mandatory National Care Standards" to be written. Additionally, the evidence also shows that abuse can occur when caregivers are well-experienced. The data does not show whether the abuse affected children in long-term or short-term care.

• **Kinship/Whānau Care**

In an interview with Corin Dann,²³ Anne Tolley stated there would be a shift away from

²² This data was kindly provided by Fostering Kids, November 2015.

²³ Corin Dann is a television journalist who regularly comments on political issues. This particular commentary was made in the NZ TV1 Q + A programme on April 11, 2016.

the reliance on family and wider family to look after the children in need of care. This statement is contrary to the Report. While it must be recognised that extended family/whānau is not always the most suitable care option and that abuse can be intergenerational, to move away from that philosophy is concerning and ignores Māori principles of whānau care currently in the legislation. The Report, in fact quotes a young person who said “My Nan was like my favourite caregiver. Like I wanted to stay with her, but we weren’t allowed for some reason. I don’t know why. They didn’t tell me” (Ministry of Social Development, 2015, p. 9).

Between June and September 2015 there was a decrease in the numbers of approved non-family caregivers (n.17) and a marked increase of family/whānau caregivers (n.120). As can be seen in Table One below over the 2014 and 2015 reporting years there is a trend towards kin/whānau care and a subsequent decrease in non-family care.

Table 1: Approved caregivers, by care type

	June 2011	June 2012	June 2013	June 2014	June 2015	September 2015
Non Family/Whānau Caregivers ¹	1,634	1,579	1,633	1,581	1,465	1,448
Family/Whānau Caregivers	1,863	1,827	1,801	1,933	2,011	2,131
Total Approved Table Caregivers	3,497	3,406	3,434	3,514	3,476	3,579

(Child Youth and Family, 2016)

As described in Chapter Eight of this thesis, the kin/whānau carers did not always find the caring task easy. There was a call for more support to care for their traumatised kin children, but they also described the joy of the role. Many studies have shown that children in kin/whānau, care are more likely to experience a higher degree of placement stability and continuity of care than children in unrelated foster care (Chinnery & Worrall, 2015; Grossman, Grossman, & Waters, 2005; Kortenkamp & Ehrle, 2002). The 2009 Grandparents Raising Grandchildren study of 205 families showed 33 percent of the children had been in the care of their grandparents for ten

or more years, 49 percent for six to nine years, and eighteen percent for up to five years (Worrall, 2009, p. 27), in spite of not receiving the support afforded unrelated care placements. These kin/whānau, placements were “Homes for Life”!

The very different nature of extended family/whānau care and the incumbent stressors is well explained in this thesis. However, that difference is not addressed either in the Report or by the Minister. It is therefore essential that kin/whānau, specific in-depth assessments occur, placement support is available, and specific appropriate preparation and training courses for the task are given. The SALT workshops offered by Grandparents Raising Grandchildren have been very successful and could be further expanded.

- **Further Research**

Much comment has been made by both international and national researchers in regard to the lack of national research data (Grossman et al., 2005). As previously mentioned, when the CYPF Act was passed a longitudinal research project was not instituted. There have been many research projects on certain aspects of the CYPF Act 1989, but no data that informs how well this legislation is keeping children safe. The radical reforms planned give opportunity to reverse this. Rigorous, ethical and well-funded process research needs to be implemented from the beginning of these changes to provide evidence and inform practice.

- The number of Māori children in care is unsustainable. Māori researchers should be funded to establish what care and protection processes are currently not contributing to best outcomes for these whānau and appropriate policies implemented, for example, Māori Family Group Conference Co-ordinators for Māori whānau.
- Research on factors that contribute to placement breakdown, both for kin care and unrelated foster care could inform practice and increase placement stability. Alongside that, knowledge of vulnerability factors that increase the likelihood of

carers receiving an allegation of maltreatment of children in their care is critical.

- There is little research on the experience of mothers who lose their children to the care system. The Report refreshingly focuses on this. Researching the lived experience of this population in New Zealand, using feminist methodology, could reveal better ways of working and keeping children and mothers together. The attachment process between grandmothers and grandchildren is also an unexplored issue, and pertinent to kinship/whānau care.

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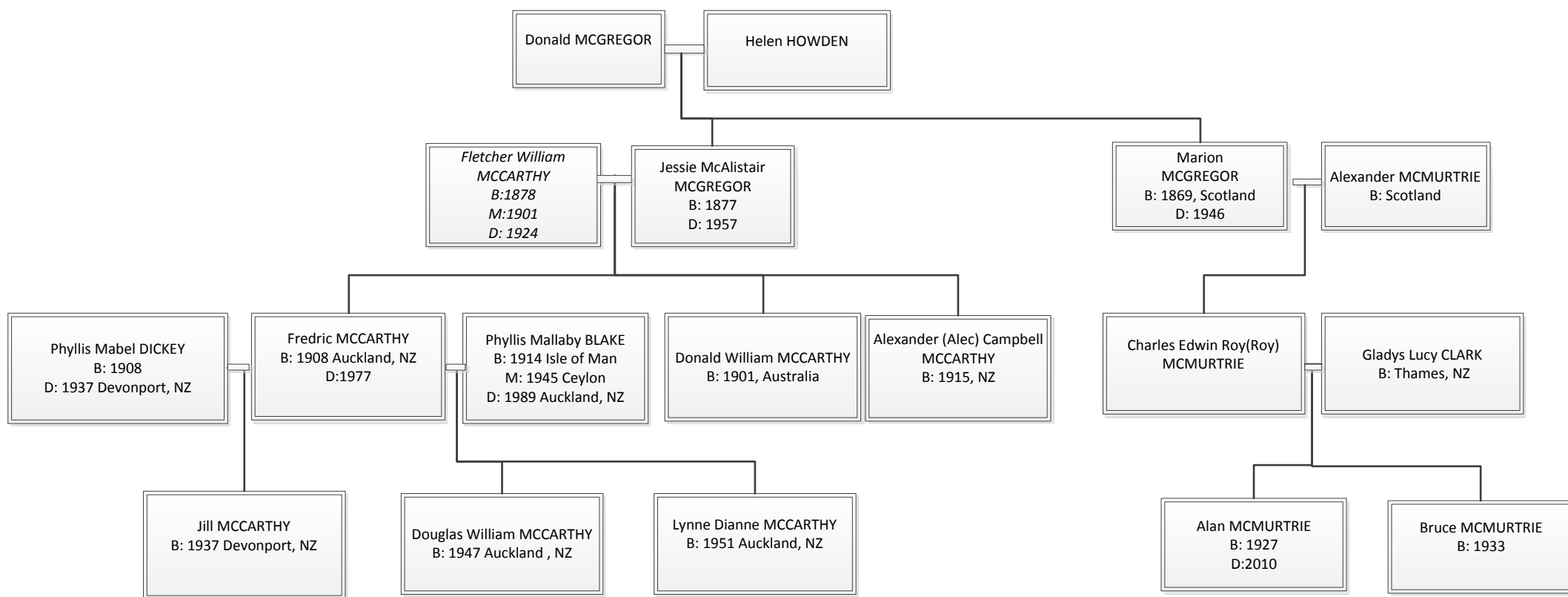
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Glossary

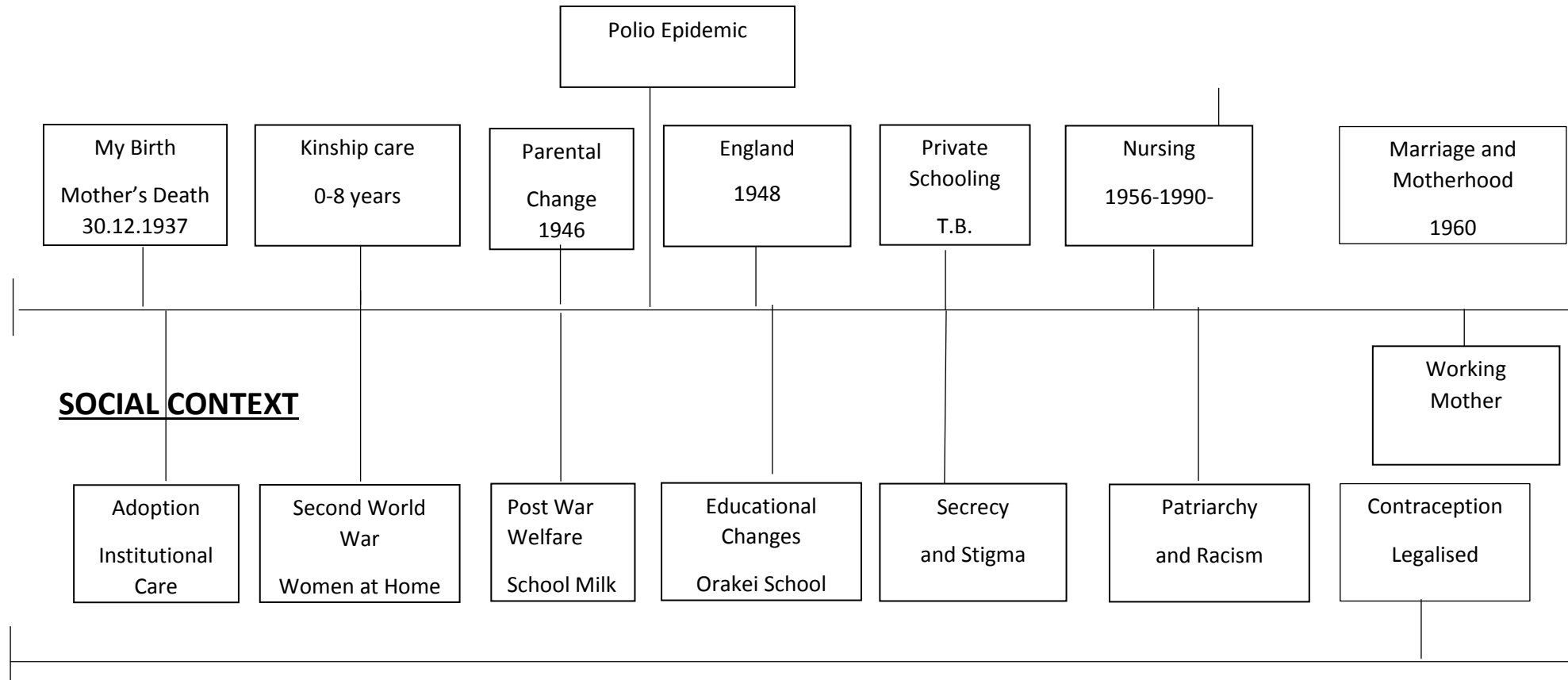
Aiga	Family (Samoan)
Aotearoa	New Zealand
Fanau	Family (Samoan)
Hapu, hapuu	Sub-tribe
Iwi	Tribe
Kumarahoe	Native Plant/shrub
Karakia	Worship, prayer
Māori	Indigenous people of Aotearoa/New Zealand
Māoritanga	Māori culture
Mokopuna	Grandchild
Nga Komiti Wahine	Māori Women's Committee
NGO	Non-Government Organisation
Noa	Free from tapu
Pākehā	Foreigner (usually applied to white people)
Pākehātanga	European/English culture
Poroporoaki	Farewell speech
Puao-te-Ata-Tu	(Daybreak) /Rise of the morning
Takaranga	Raised mound
Tamariki	Children
Tangata Whenua	People of the land – Māori people
Taonga	Sacred treasure/valuable
Tapu	Sacred
Te Rōpū	The group
Tūrangawaewae	Standing Place or birth place
Urupā	Burial ground
Wairua	Spirit
Wahine	Māori Woman
Wāhine	Māori Women
Whakapapa	Lineage/genealogical table
Whāngai	'Adopted' relative child
Whāngai	the verb whāngai means to feed (Biggs 1981). There is no concept of adoption in Māoritanga, but a child who is a whāngai is placed in the custody of a kin member.
Whānau	Family/extended family/offspring (Reed & Karetu, 1984)

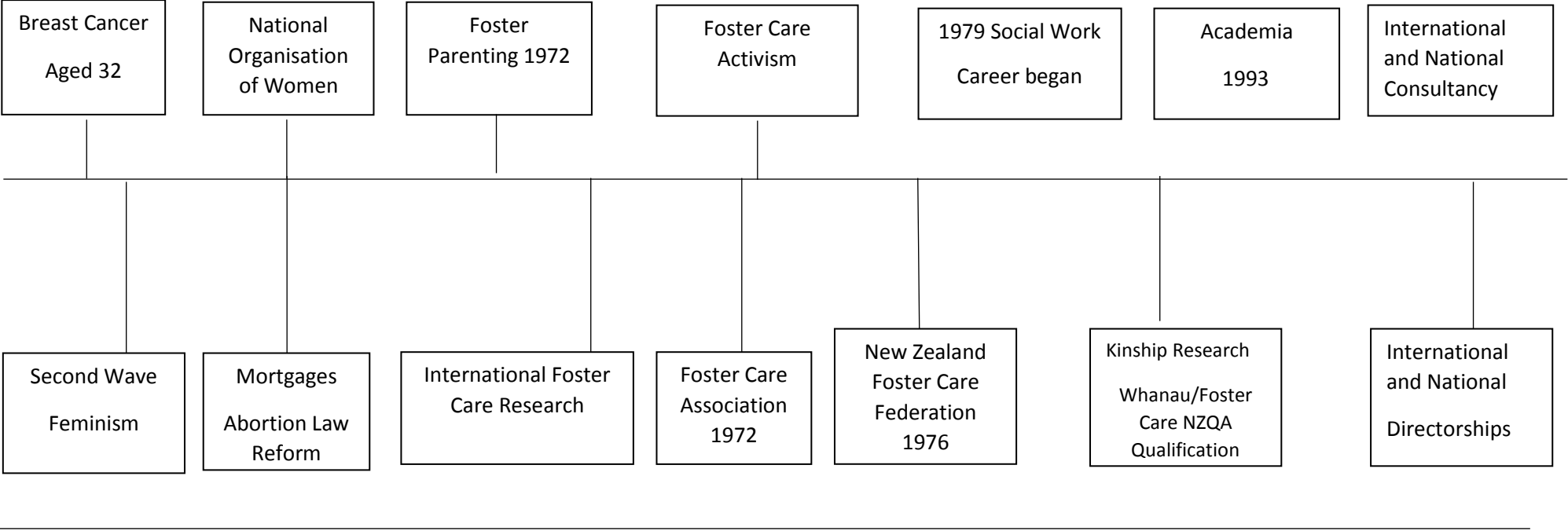
Appendix A - Family Tree Jill Worrall



Appendix B Personal Lifeline and Social Context

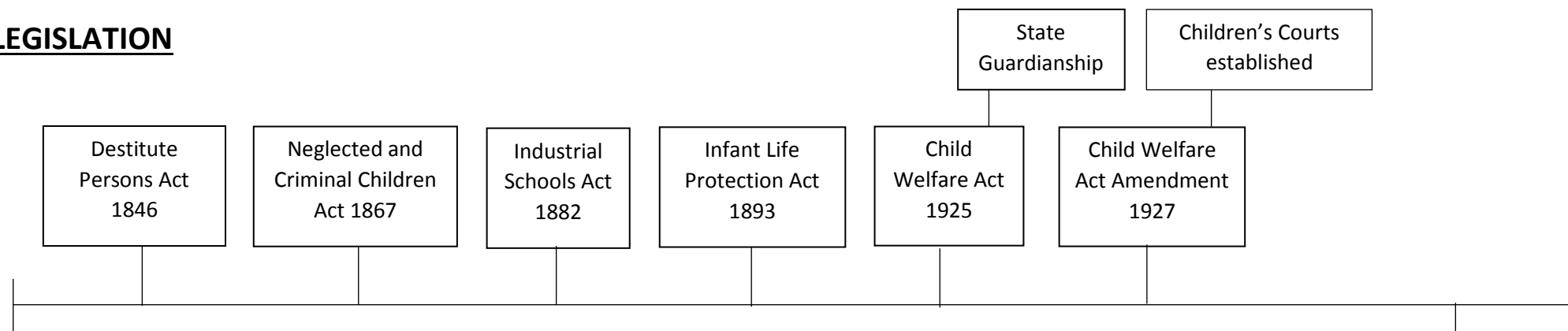
MY LIFELINE



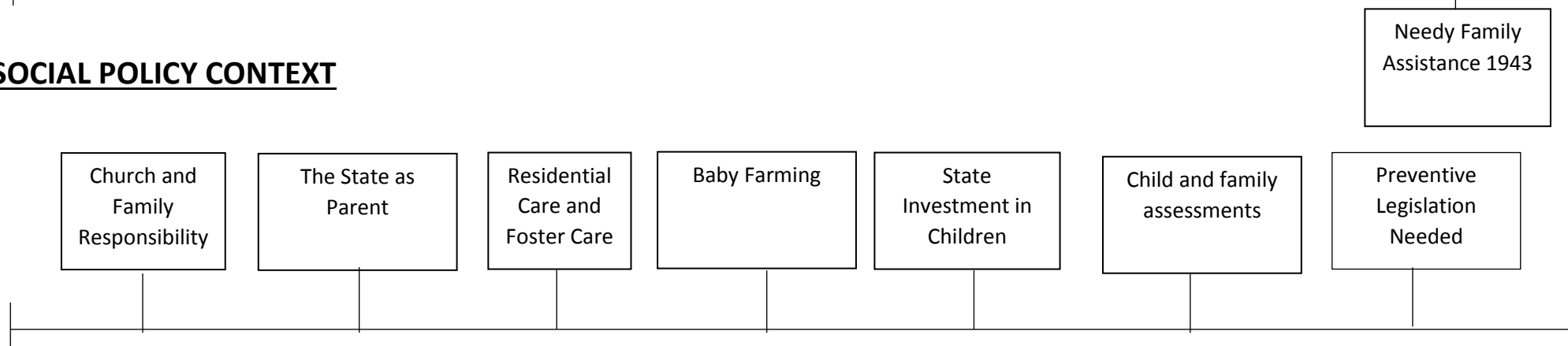


Appendix C. Child Protection Laws and Policies Development

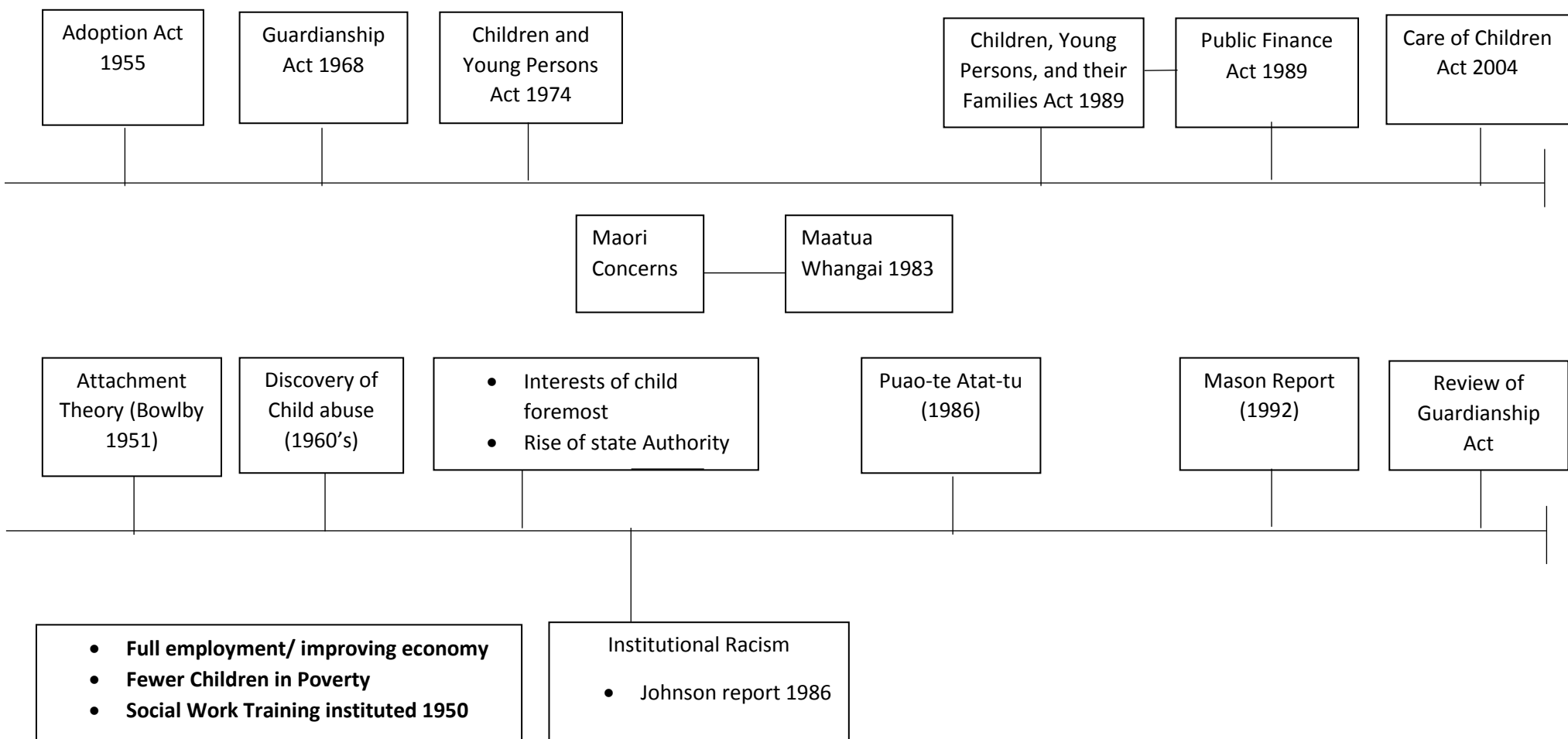
LEGISLATION



SOCIAL POLICY CONTEXT



- Public outcry re children being separated from families (1930)
- Call for Social Work Training (Beck 1935)



Appendix D: Relevant Sections of the Children, Young Persons and their Families Act 1989

S. 4: Objects

- The object of this Act is to promote the well-being of children, young persons, and their families and family groups by—
 - (a) establishing and promoting, and assisting in the establishment and promotion, of services and facilities within the community that will advance the well-being of children, young persons, and their families and family groups and that are—
 - (i) appropriate having regard to the needs, values, and beliefs of particular cultural and ethnic groups; and
 - (ii) accessible to and understood by children and young persons and their families and family groups; and
 - (iii) provided by persons and organisations sensitive to the cultural perspectives and aspirations of different racial groups in the community:
 - (b) assisting parents, families, whānau, hapu, iwi, and family groups to discharge their responsibilities to prevent their children and young persons suffering harm, ill-treatment, abuse, neglect, or deprivation:
 - (c) assisting children and young persons and their parents, family, whānau, hapu, iwi, and family group where the relationship between a child or young person and his or her parents, family, whānau, hapu, iwi, or family group is disrupted:
 - (d) assisting children and young persons in order to prevent them from suffering harm, ill-treatment, abuse, neglect, and deprivation:
 - (e) providing for the protection of children and young persons from harm, ill-treatment, abuse, neglect, and deprivation:
 - (f) ensuring that where children or young persons commit offences,—

- (i) they are held accountable, and encouraged to accept responsibility, for their behaviour; and
- (ii) they are dealt with in a way that acknowledges their needs and that will give them the opportunity to develop in responsible, beneficial, and socially acceptable ways:
- (g) encouraging and promoting co-operation between organisations engaged in providing services for the benefit of children and young persons and their families and family groups.

S. 5: General principles

- Subject to section 6, any court which, or person who, exercises any power conferred by or under this Act shall be guided by the following principles:
 - (a) the principle that, wherever possible, a child's or young person's family, whānau, hapu, iwi, and family group should participate in the making of decisions affecting that child or young person, and accordingly that, wherever possible, regard should be had to the views of that family, whānau, hapu, iwi, and family group:
 - (b) the principle that, wherever possible, the relationship between a child or young person and his or her family, whānau, hapu, iwi, and family group should be maintained and strengthened:
 - (c) the principle that consideration must always be given to how a decision affecting a child or young person will affect—
 - (i) the welfare of that child or young person; and
 - (ii) the stability of that child's or young person's family, whānau, hapu, iwi, and family group:
 - (d) the principle that consideration should be given to the wishes of the child or young person, so far as those wishes can reasonably be ascertained, and that those wishes should be given such weight as is appropriate in the circumstances, having regard to the age, maturity, and culture of the child or young person:
 - (e) the principle that endeavours should be made to obtain the support of—

- (i) the parents or guardians or other persons having the care of a child or young person; and
- (ii) the child or young person himself or herself—

to the exercise or proposed exercise, in relation to that child or young person, of any power conferred by or under this Act:

- (f) the principle that decisions affecting a child or young person should, wherever practicable, be made and implemented within a time-frame appropriate to the child's or young person's sense of time:
- (g) the principle that decisions affecting a child or young person should be made by adopting a holistic approach that takes into consideration, without limitation, the child's or young person's age, identity, cultural connections, education, and health.

Section 5(g): inserted, on 1 July 2014, by section 5 of the Children, Young Persons, and Their Families (Vulnerable Children) Amendment Act 2014 (2014 No 41).

S. 6: Welfare and interests of child or young person paramount

- In all matters relating to the administration or application of this Act (other than Parts 4 and 5 and sections 351 to 360), the welfare and interests of the child or young person shall be the first and paramount consideration, having regard to the principles set out in sections 5 and 13.

Section 6: replaced, on 8 January 1995, by section 3 of the Children, Young Persons, and Their Families Amendment Act 1994 (1994 No 121).

S. 13: Principles (Care and Protection)

- (1) Every court or person exercising powers conferred by or under this Part, Part 3 or 3A, or sections 341 to 350, must adopt, as the first and paramount consideration, the welfare and interests of the relevant child or young person (as required by section 6).

(2) In determining the welfare and interests of a child or young person, the court or person must be guided by the principle that children and young people must be protected from harm and have their rights upheld, and also the principles in section 5 as well as the following principles:

- (a) [Repealed]
- (b) the principle that the primary role in caring for and protecting a child or young person lies with the child's or young person's family, whānau, hapu, iwi, and family group, and that accordingly—
 - (i) a child's or young person's family, whānau, hapu, iwi, and family group should be supported, assisted, and protected as much as possible; and
 - (ii) intervention into family life should be the minimum necessary to ensure a child's or young person's safety and protection:
- (c) the principle that it is desirable that a child or young person live in association with his or her family, whānau, hapu, iwi, and family group, and that his or her education, training, or employment be allowed to continue without interruption or disturbance:
- (d) where a child or young person is considered to be in need of care or protection, the principle that, wherever practicable, the necessary assistance and support should be provided to enable the child or young person to be cared for and protected within his or her own family, whānau, hapu, iwi, and family group:
- (e) the principle that a child or young person should be removed from his or her family, whānau, hapu, iwi, and family group only if there is a serious risk of harm to the child or young person:

- (f) where a child or young person is removed from his or her family, whānau, hapu, iwi, and family group, the principles that,—
 - (i) wherever practicable, the child or young person should be returned to, and protected from harm within, that family, whānau, hapu, iwi, and family group; and
 - (ii) where the child or young person cannot immediately be returned to, and protected from harm within, his or her family, whānau, hapu, iwi, and family group, until the child or young person can be so returned and protected he or she should, wherever practicable, live in an appropriate family-like setting—
 - (A) that, where appropriate, is in the same locality as that in which the child or young person was living; and
 - (B) in which the child's or young person's links with his or her family, whānau, hapu, iwi, and family group are maintained and strengthened; and
 - (iii) where the child or young person cannot be returned to, and protected from harm within, his or her family, whānau, hapu, iwi, and family group, the child or young person should live in a new family group, or (in the case of a young person) in an appropriate family-like setting, in which he or she can develop a sense of belonging, and in which his or her sense of continuity and his or her personal and cultural identity are maintained:
- (g) where a child or young person cannot remain with, or be returned to, his or her family, whānau, hapu, iwi, and family group, the principle that, in determining the person in whose care the child or young person should be placed, priority should, where practicable, be given to a person—
 - (i) who is a member of the child's or young person's hapu or iwi (with preference being given to hapu members), or, if that is not possible, who has the same tribal, racial, ethnic, or cultural background as the child or young person; and

- (ii) who lives in the same locality as the child or young person:
- (h) where a child or young person cannot remain with, or be returned to, his or her family, whānau, hapu, iwi, and family group, the principle that the child or young person should be given an opportunity to develop a significant psychological attachment to the person in whose care the child or young person is placed:
- (i) where a child is considered to be in need of care or protection on the ground specified in section 14(1)(e), the principle set out in section 208(g).

Section 13(1): inserted, on 1 July 2014, by section 6(1) of the Children, Young Persons, and Their Families (Vulnerable Children) Amendment Act 2014 (2014 No 41).

Section 13(2): amended, on 1 July 2014, by section 6(2) of the Children, Young Persons, and Their Families (Vulnerable Children) Amendment Act 2014 (2014 No 41).

Section 13(2)(a): repealed, on 1 July 2014, by section 6(3) of the Children, Young Persons, and Their Families (Vulnerable Children) Amendment Act 2014 (2014 No 41).

S. 14. Definition of child or young person in need of care or protection

- (1) A child or young person is in need of care or protection within the meaning of this Part if—
 - (a) the child or young person is being, or is likely to be, harmed (whether physically or emotionally or sexually), ill-treated, abused, or seriously deprived; or
 - (b) the child's or young person's development or physical or mental or emotional well-being is being, or is likely to be, impaired or neglected, and that impairment or neglect is, or is likely to be, serious and avoidable; or
 - (c) serious differences exist between the child or young person and the parents or guardians or other persons having the care of the child or

young person to such an extent that the physical or mental or emotional well-being of the child or young person is being seriously impaired; or

- (d) the child or young person has behaved, or is behaving, in a manner that—
 - (i) is, or is likely to be, harmful to the physical or mental or emotional well-being of the child or young person or to others; and
 - (ii) the child's or young person's parents or guardians, or the persons having the care of the child or young person, are unable or unwilling to control; or
- (e) in the case of a child of or over the age of 10 years and under 14 years, the child has committed an offence or offences the number, nature, or magnitude of which is such as to give serious concern for the well-being of the child; or
- (f) the parents or guardians or other persons having the care of the child or young person are unwilling or unable to care for the child or young person; or
- (g) the parents or guardians or other persons having the care of the child or young person have abandoned the child or young person; or
- (h) serious differences exist between a parent, guardian, or other person having the care of the child or young person and any other parent, guardian, or other person having the care of the child or young person to such an extent that the physical or mental or emotional well-being of the child or young person is being seriously impaired; or
- (i) the ability of the child or young person to form a significant psychological attachment to the person or persons having the care of the child or young person is being, or is likely to be, seriously impaired because of the number of occasions on which the child or young person has been in the care or charge of a person (not being a person specified in subsection (2)) for the purposes of maintaining the child or young person apart from the child's or young person's parents or guardians.

(2) The persons referred to in subsection (1)(i) are as follows:

- (a) any person who has custody of the child or young person pursuant to the order of any court, whether or not that court is a court within the meaning of this Act:
- (b) any person who has the child or young person in that person's care—
 - (i) pursuant to an agreement under section 139 or section 140 or section 141 or section 142; or
 - (ii) for the purpose of adoption, and the requirements of section 6 of the Adoption Act 1955 are being complied with:
- (c) any person who is caring for the child or young person in—
 - (i) any residential accommodation provided for children or young persons attending a registered school within the meaning of the Education Act 1989:
 - (ii) a hospital care institution within the meaning of section 58(4) of the Health and Disability Services (Safety) Act 2001.

Appendix E: Relevant Articles of the International Convention on the Rights of the Child

Article 1

For the purposes of the present Convention, a child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier.

Article 3

1. In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.
2. States Parties undertake to ensure the child such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her, and, to this end, shall take all appropriate legislative and administrative measures.

Article 5

States Parties shall respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child, to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the present Convention.

Article 8

1. States Parties undertake to respect the right of the child to preserve his or her identity, including nationality, name and family relations as recognized by law without unlawful interference.
2. Where a child is illegally deprived of some or all of the elements of his or her identity, States Parties shall provide appropriate assistance and protection, with a view to re-establishing speedily his or her identity.

Article 9

1. States Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child. Such determination may be necessary in a particular case such as one involving abuse or neglect of the child by the parents, or one where the parents are living separately and a decision must be made as to the child's place of residence.
2. In any proceedings pursuant to paragraph 1 of the present article, all interested parties shall be given an opportunity to participate in the proceedings and make their views known.
3. States Parties shall respect the right of the child who is separated from one or both parents to maintain personal relations and direct contact with both parents on a regular basis, except if it is contrary to the child's best interests.
4. Where such separation results from any action initiated by a State Party, such as the detention, imprisonment, exile, deportation or death (including death arising from any cause while the person is in the custody of the State) of one or both parents or of the child, that State Party shall, upon request, provide the parents, the child or, if appropriate, another member of the family with the essential information concerning the whereabouts of the absent member(s) of the family unless the provision of the information would be detrimental to the well-being of the child. States Parties shall further

ensure that the submission of such a request shall of itself entail no adverse consequences for the person(s) concerned.

Note: State parties are obligated to report on UNCROC every five years. New Zealand last appeared before the Committee in January 2011. The Committee's concluding observations about New Zealand were that we should:

- withdraw reservations
- establish a permanent mechanism to ensure high-level and effective coordination of the implementation of the Convention
- take urgent measures to address disparities in access to services of Māori children and their families and take affirmative action for the benefit of children in vulnerable situations
- raise the age of criminal responsibility
- intensify efforts to render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities.

Guidelines for the Alternative Care of Children

AS an annex to the UNCROC agreement, this comprehensive document sets out a code of practice for all children not in the care of their biological parents. It addresses both unrelated foster care, formal and informal kinship care, adoption and residential care²⁴ The document consists of 167 articles and emphasises firstly, the need for support of families to care for their children and when separation unavoidably occurs, and that children are raised in a family setting,. All efforts should be made to sustain contact where possible with children's biological families, friends and previous communities.

²⁴ Article 154 d) states that there should be no further construction of residential facilities for large groups of children.