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Noel Howard

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The Ryan Report (2009): A practitioner's perspective on implications for residential child care

Noel Howard

Retired Social Care Manager

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Abstract

This article suggests that recent abuse reports and the Ryan Report in particular are now warning signs etched in the consciousness of social care workers. Quite rightly, this consciousness will determine how social care workers approach their work with children in the care system. In many care units the incessant, ostensibly plausible, demands of bureaucracy mean that children exist in an artificial, sanitised care bubble where they are bereft of structure, empathy, spontaneity and real relationships – the very things they crave. Written in a personal capacity and based on the author's background practice experience, some of this article represents points of view rather than evidential conclusions. The article's purpose is to contribute to debate, so necessary if lessons of the Ryan Report are really to be learned.

Key words: abuse, care, professionalization, accountability, regulation

One would have thought that scandals and revelations of abuse in state run residential centres for children prior to the publication of CICA (Commission to Inquire into Child Abuse) (Ryan, 2009) would inure professionals and the public to yet another new, much heralded, report which emerged on May 20th 2009. However, the landmark publication, covering the levels and effects of abuse from 1914-2000, left church and state reeling. A litany of mismanagement, collusion and individual stories of endemic abuse littered the five volume, 2,600 pages that was to become known as 'the Ryan Report'. Commentators searched the lexicon of phrases that characterised the horrors of other historical events such as Stalin's Russia and Hitler's Germany in an attempt to describe the depths of abuse perpetrated by individuals ostensibly committed to upholding the tenets of a religion based on love, compassion, trust and care. Indeed, it did not go unnoticed that many of the individual perpetrators belonged to religious orders with appellations of Mercy, Christian, Good Shepherd, Charity and the like.

Today, we are well aware of the continuing political, social and legal fallout from the Ryan Report and its significance. Since 2009 there are reports from (and yet to emanate from) the HSE on individual or family cases where children were subject to abuse in the family home. In particular, 'The Report of the Independent Child Death Review Group' (Shannon & Gibbons, 2012) details the deaths of children in state care. In covering the years 2000-2010 it indicates quite clearly that we do not have to go back to the time period covered by Ryan to realise children in state care have been failed at a time of unprecedented economic growth and a time when the involvement of religious orders was practically nil.

In the immediate aftermath of the Ryan Report the government issued an Implementation Plan in response to the report's recommendations. In this plan the then

Minister for Children and Youth Affairs noted “The history of our country in the 20th century will be rewritten as a result of the Ryan Commission of Inquiry. As a consequence of the Commission’s Report, institutions that we held to be beyond reproach have been challenged to their core. When the 1916 Proclamation of the Republic declared its resolve to cherish all of the children of the nation equally, it was not considered to be controversial and yet today it is clear that such idealism was misplaced” (Andrews, 2009, p. xiii). Ninety-nine actions were outlined in the Implementation Plan with timelines set which one could describe as overly ambitious and highly aspirational. Many of the actions have yet to be met and the recession has affected much of what was recommended. This can be seen, for example, in the proposed provision of an assigned social worker to every child in care, something we still await.

Past developments

It is necessary to bear in mind that prior to the Ryan Report, other mechanisms were put in place to ensure that children were protected. The appointment of an Ombudsman for Children and the *Children First Guidelines* (Department of Health and Children, 1999) received much publicity. More specifically, the residential childcare sector saw significant measures put in place. These included the 1991 Child Care Act and the 2001 Children Act. Monitoring and inspection of residential services became legal requirements and inspection standards were developed and are currently being redrafted (despite the fact that redrafting began in the wake of the Ryan Report and a draft report is now two years old). This delay points, in the author’s view, to the complexities inherent in the setting of standards for the effective residential care of children and the complexities faced by social care workers.

New developments

Current on-going responses to the abuses of the past include putting *Children First Guidance* (Minister for Children & Youth Affairs, 2011), which updates the 1999 *Children First Guidelines*, on a statutory footing. Also in 2011 legislation was promised to legally require the reporting of child abuse and the covering of ‘soft information’ by the Garda Vetting Unit. The long promised referendum on children’s rights is pending at the time of writing this article. Notwithstanding these developments, the Ryan Report is a watershed in relation to how children were maltreated and abused by church and state while in their care. It stands as a reference point which will be adverted to again and again when issues around children in state care arise. Most significantly, in its wake a full Department of Children and Youth Affairs became a reality following the February 2011 general election. Frances Fitzgerald, a former social worker, became the Minister of this new department. One of her first pronouncements was that the children and family services of the HSE, which had only just had a new national Director appointed, would be moved to within her ministry and away from simply being an adjunct to the monolithic HSE system.

Regulation and care practice

Regulatory demands are essential and anyone with the best interests of children in care at heart can point to what occurred in the past when there were none.

The Ryan Report is now lodged firmly and quite rightly in the psyche of all those who work with children in care. Ever increasing demands on social care workers' time, energy, judgement and trust means that the very reverse of what Ryan recommends and what children in care need (i.e. care), will ensue. The real care these children need may be diluted to the extent that their deprivation and needs will not be addressed because more time will be spent talking about them, meeting about them, writing about them and reporting on them than caring for them.

It can be argued that the belief that a high level of regulation ensures the optimal care of children may be a misplaced one. Not only that, a highly regulated system may also be instrumental in bringing about a 'sanitising' of care which will not benefit children in care at all. Unwittingly, it may create for them another layer of neglect that will starve them of structure, affection, compassion and normal human interaction which all children need to develop normally.

In spite of this risk, (which based on the author's professional practice and experience, is real and substantial), there seems to be a marked reticence to tackle the bureaucratic, time consuming commitment to regulatory demands which tie social care workers 'up in knots' as they may have to commit practically everything around a child's day in care to paper. Very important points are made by the Independent Child Death Review Group (Shannon & Gibbons, 2012) about record keeping and documentation which was lamentable in some of the cases reviewed. I suggest that clarity and training around what is necessary to be documented (as opposed to what is merely padding, duplication or irrelevant) is now a priority. Otherwise social care workers, and indeed other professionals in this area, may well spend more and more time writing about children rather than caring for them. We cannot have it both ways.

Despite the clear indication in the 1991 Child Care Act that social care workers are *in loco parentis* (section 18.3) the natural interpretation of that highly significant phrase seems to be lost when it comes to its practical implication. This is not to suggest that we end up with a situation where nothing need be reported. Some reporting is important and sometimes vitally important, but not at the level where the routine actions of a child's day and normal staff interaction is imbued with a significance requiring every detail to be put on paper.

What also has to be understood is that residential care is messy, ambivalent, tempestuous, volatile and sometimes dangerous for children and staff. The seriousness and significance sometimes attributed to routine interactions between peers and laboriously written up as such, under pressure (to ensure one won't be taken to task for not doing so), achieves very little and takes from valuable time that might be spent with, and relating to, the children. We have come to a point where very often social care workers spend more time writing about the children in their care rather than interacting with them. One wonders what the children think about this obsessive report writing which demands that other important relational aspects of life take second place?

The real key to seeing beyond the behaviour (and not just writing about it) is sophistication on social care workers' part to be able to separate the important from the trivial or routine. Utilising that, committing it to paper, where necessary, and sharing it

with other professionals, (for example, at reviews or case conferences) extends this 'sophistication of knowledge'. Such a sophistication of knowledge can be deployed in interaction with individual children or the group as a whole when appropriate. This sophistication is not achieved overnight nor is it achieved by everybody. Some social care workers develop an enviable expertise in this area through their training, up-skilling, good use of mentoring and supervision and, dare one say it, through their mistakes. The author has had the privilege of working with many such people.

Mistakes and errors of judgement are the very stuff of family life and there is little to suggest that life in residential centres is any different. A growing perception exists that the facility and need for social care workers to be honest and say "I was wrong, I made a mistake" simply does not exist. Obviously, this does not extend to abusive situations or situations where there is continual friction and tension between individual workers and children. Rather, I refer to the arguments, disagreements and tension which are a feature of the ebb and flow of normal family life. If handled properly by competent, loving parents these occurrences can be positive learning experiences for the child and the parents. Contrast this with what social care workers are faced with in residential care settings. What is considered 'normal' in a family setting suddenly takes on a disproportionate significance. Routine incidents, for example an inconsequential argument between staff and child or a rough and tumble fight between two children that is quickly over and forgotten are often seen as requiring discussion and review at a staff level, management intervention with inevitable paperwork. The 'normal' becomes 'abnormal' and imbues what should be routinely handled with a significance that is time consuming and essentially irrelevant. The social care worker and child can learn from interactions including areas of conflict. However because of the requirement for an incident report, social care workers need to justify their actions to cover not only themselves, but the manager and the system itself. The opportunity for both staff and child to learn together from such incidents is often relegated and lost to the pressure of paperwork.

Sometimes, we give lip service to children's resilience. It takes a manager with conviction and courage to aid a staff team to develop trust in themselves and the children. Some might see this as fraught with danger but in reality it is the normality of daily living which gives children security and a sense that the adults really do care about them. One is not talking here about a *carte blanche*, *laissez-faire* attitude where anything goes but rather an understanding that normality can only be achieved and preserved by being with the children rather than writing about them. Referring to the role of the childcare worker, McPartland (2010, p. 26) offers a contextual view: "While observation is hugely important ... discipline, professionalism, insight, trust, mutual respect and consideration and the ability to predict the needs of a child in any given situation are also fundamental concepts in your working relationships with children".

Children in care will not be best served if the marginalisation, trauma and lack of proper parenting they have experienced are met in the residential setting by social care workers who are strangled by bureaucracy and paperwork and who feel the need to 'cover your back' at all costs. Doing what appears to be very important 'other things' can robotically take precedence, starving the child of what he/she really needs – someone who is there for him/her when needed. The empathic, caring worker whose *modus*

operandi is spontaneity, humanity and going the extra mile, may well have to compromise on this for the sake of completing paperwork. The Ryan Report refers to humanity and compassion that would have gone a long way toward making the lives of children in industrial and reformatory schools more bearable. Working with difficult children can be monotonous, unglamorous and wearing, but that is part of the job, just like good parenting. Providing for children's basic care needs in a dignified way is an essential element in a child's growth and development. That's what the "care" in social care is all about and should not be forgotten in a maze of jargon and expensive alternative therapies offering quick fixes. The complexity of social care work is, in many ways, in its simplicity, that is, keeping the child's life 'simple' and 'normal', meeting the child's needs in as 'normal' a manner as possible.

Experienced, compassionate social care workers have openly admitted to the author that they would think twice before responding and comforting a child who fell in the yard or had received upsetting news. While one can argue with this attitude one can understand their reasoning. They contend that in residential care we live in a world where 'the normal' can be seen as the opposite and one's most innocuous actions or words are open to misinterpretation with potentially devastating consequences. Consider the case referred to the Northern Ireland Ombudsman's office regarding an incident in 2008 when a catering supervisor who gave a biscuit to a child was warned that doing so could be seen as "grooming". After numerous meetings with school authorities the woman left the school because of being "grilled" (The Impartial Reporter, October 2010). The Ombudsman noted that an apology was due to the woman who had to endure two years of gossip and rumour. If something like this can occur in an open setting such as a school, how much more vulnerable are social care workers in the confines and intimacy of residential care work?

Social care workers are constantly told at training events about the vital importance of using their professional judgement to respond to children's needs. When they do just that and prevent a child walking out the door of a residential unit at 11pm on a Saturday night, they may well find themselves being told they had no right to stop that child and end up compiling myriad reports detailing every iota of what happened. HIQA's ambivalence on this particular matter of children leaving a unit without permission has not helped in the past. The Draft National Quality Standards for Residential and Foster Care Services for Children and Young People (2010, 14:24) ostensibly give social care workers leeway to use their professional judgment but leaves them no wiser as to what they can or cannot do. The Standards state that staff may use "... reasonable and proportional measures to prevent a child leaving the placement ...". However, this is open to as many interpretations as there are workers, managers, monitors and inspectors or even courts. Social care workers are left in limbo on this. *In loco parentis?* Hardly. It is as if confronting children's actions which are detrimental to them is seen as some sort of privacy invasion or breach of rights. Yet adults must be adults and act in the child's best interests often where, perhaps, the child may strenuously think otherwise. In other words the social care worker is simply doing what any prudent, loving parent would so that the child at least gets a sense that here is someone who does care about what I do.

Such are the challenges social care workers are faced with in dealing with situations where their moral and ethical being tells them to do something in the best interests of the child. This is not about lack of accountability. We are all accountable for what we do. What is being referenced here is that social care workers are expected to work professionally with 'one hand tied behind their back' as it were. 'Doing nothing' in certain situations, while perfectly legal, runs counter to a social care worker's professional judgement, ethical code and moral responsibility. The Ombudsman for Children, Emily Logan, notes "acts or omissions do not have to be egregious to have an adverse effect on children, and one should not underestimate the scope for careless administration and decision making - as distinct from wilful neglect or intentional harm - to have a serious effect on a child's life" (Logan, 2011).

The opposite extreme is prevalent now; the "do nothing" culture is taken to a new level, supposedly in the best interests of children. Some social care workers, surprisingly, pride themselves in working in units - fortunately few and far between - which have the grandiose sounding "no touch policy" as if this were a badge of honour in supposedly "caring" for children. It does not appear to occur to them that this runs counter to the very basic concept of care and its real compensatory implications for children who find themselves at the end of the road, having fallen through every net family and community provides and having reached the last resort, being "put into care".

Inspections

Social care workers also come under scrutiny, and quite rightly so, when the unit they work in is inspected by HIQA (Health Information & Quality Authority) or in some cases of private or voluntary provision by the HSE inspection services. In the not too distant future it is envisaged that all residential services for children will be inspected by HIQA. Inspection is sometimes seen as the jewel in the crown of the regulatory system. However this is a means rather than an end. Rather challengingly, Smith (2009, p. 46) notes when referring to the Welsh, Northern Ireland and our own Irish Inspection service, "There is little evidence that their existence has brought about service improvement".

Given the limited time inspectors have to carry out the process, inspection, of itself, cannot capture the real essence of the dynamic that may be ever changing in a residential unit. What, on the surface, may appear to be an indicator of one thing may not at all be near the reality or reflect what a child actually feels about his or her own situation. An example of this arises from the author's experience. In the centre being inspected, data around absconding and restraints, inter alia, were submitted to the inspectors prior to their arrival. This is a normal procedure. In this particular case one child was at 'the top of the table', as it were, in relation to absconding and being physically restrained. On the surface then it might easily be assumed by the inspection team (given this child's obvious problematic behaviour), that the child must indeed be unhappy, perhaps indicating a failed placement and a child who must be extremely unhappy and negative about his placement.

However, a very different outcome emerged, almost by chance, on the child's last day in the centre. In a conversation with the centre's psychologist, with whom the child had a good relationship, he was sad at the prospect of leaving. With tears running down his

face he told the psychologist that his time in the centre was the happiest time of his life. This defied all the statistical data and points up the elusive nature of really what might be the case as opposed to everything this boy's behaviour superficially indicated. Looking at the behaviour certainly would never give the impression that he was happy. However, if the very important "child's view" is anything to go by, then despite all the trouble he caused himself and others, he must have found elements of security, care and acceptance which superseded all that and led him to articulate what was a complete surprise.

One of the tasks in inspection, quite rightly, is to measure, analyse, draw conclusions and make recommendations. In the instance referred to, because of how this child's behaviour inflated statistics in two important areas, a recommendation might well and understandably have been made that the level of absconding and restraints should be reduced. A different conclusion might well be drawn from the picture in its entirety however. Maybe, the fact he could run away and come back, the fact that his dangerous outbursts could be coped with by staff who restrained him point to a trust in the adults that were caring for him. To use a therapeutic phrase, maybe in all his acting out he really felt "held".

One other point regarding inspection that needs addressing is the practice of the inspection services at HIQA and HSE level of saying they simply "make recommendations", appearing to see no responsibility for advising or giving some direction to staff teams. Such staff may have exhausted every avenue in dealing with such difficult and serious situations. Such an approach is of little assistance to staff or indeed, ultimately, to children. This appears to the author to be akin to a doctor noting what's wrong with you but telling you nothing about what you should do to recover.

Therapeutic care

Social care workers are familiar with the word 'therapeutic' from their training and practice. Some social care workers are employed in units whose ethos is described as "therapeutic". In the wake of the Ryan report, and indeed long before that, it has come up regularly in all kinds of contexts where remedies are proposed to ensure the wrongs of the past will never be repeated. For many, "therapeutic" and "therapy" are attractive words, with implications of curing, growing, healing, developing and being made whole again. Despite therapeutic care being around for many years it always suggests something new and modern and in that sense one might wonder is it one of those elusive panaceas we all desperately yearn for now and then?

But it might not be as elusive as we think. Its complexity may well be in its simplicity. Routine, structure, discipline, boundaries (none of which takes a genius to assess) are really therapeutic but perhaps they are too 'normal', not 'fancy enough', almost 'old hat' in this modern age. Perhaps greater value is placed on therapies than homely care with routines and predictable, consistent expectations for behaviour. In discussing the elements of well-designed routines Holden (2009) noted the benefit of "a predictable, consistent structure and expectations for behaviour" (p. 159).

In this context a strong case needs to be made for social care management and staff teams to create an atmosphere of order, structure and discipline. It may well be the most

therapeutic thing they can do. It's not easy perhaps because institutional care in the past suffered from negative excesses in those areas which led to abuse; the very words themselves have an uncomfortable resonance. Order, structure, discipline, boundaries, all help bring about a sense of normality which children in care crave. But if used inappropriately, such characteristics may contribute to a form of care that is too regimented and harsh.

Normality in care

Residential care is 'topsy-turvy', changing constantly for any number of reasons and the nearer social care workers get to creating that sense of normality the more positively affected a new admission adapts to a unit. What is not being suggested is something akin to the serenity of a monastery. Order and normality are moveable feasts in residential care and demand an elasticity that can allow children and staff to feel safe at times of turmoil and challenge. Social care staff have to operate a balancing act in terms of building relationships with the demands for reporting and other bureaucratic requirements. Setting down a marker understood by the children and around which staff can operate, supported by management, is a first, necessary step and is something that can be done firmly and unapologetically. Children, even children in care with the range of problems they have, feel far more secure in receiving a clear message around which staff can manoeuvre. They do not feel secure where there is a 'wishy washy' approach that tries to say everything but in effect says nothing *and* which can be manipulated, often negatively by individual children (or groups of children) with unacceptable and detrimental consequences for other children and staff.

Furthermore, where such order and a sense of normality exist, the delivery of specialist services and interventions can then be more effective. Sometimes those specialist interventions - a session with a psychologist or psychiatrist - are seen as the answer to all the child's problems and indeed sometimes the unit's problems. The seminal work, *The Other 23 Hours* (Trieschman, 1969), is all about this, establishing the 'normal' in the context of staff teams that are well managed and knowing what they are about outside of the one hour during which children see the "specialist" or "expert".

Demands raised by Ryan and other reports

This article questions certain aspects of the demand placed on social care workers, post Ryan and other reports. Social care workers for many years have perceived themselves to be at 'the bottom of the pile' or general 'dogsbody' with lip service given to their role as an integral part of multi-disciplinary teams. Due to what Ryan and others have exposed there is a perception among many social care workers that, somehow, they can't be trusted and ergo, the insistence on the mantras of requirement to report, write everything down and sometimes to carry out routine tasks where their ability, on the basis of being a competent adult with 'common sense', is called into question.

A recommendation made in an inspection report seen by the author in relation to the administration of medication in a residential unit noted "it would be prudent for two staff to administer and record the administration of all medications." Never mind the practical difficulties which such a recommendation creates, it flew in the face of the concept of 'loco parentis' at its most basic level (consider a prudent parent administering medication). It was a good example of officiousness and regulation, under

the guise of ‘ensuring nothing goes wrong’. It nurtures the view that social care workers are incapable of acting as they should and in this circumstance must have a colleague looking over their shoulder (and no doubt writing copious notes) while they undertake something as routine as giving a child prescribed medication or a ‘paracetamol’. This implies a lack of respect for a social care worker’s professionalism, never mind their common sense.

Social care and professionalization

‘Professional status’ and ‘being professional’ for social care workers has long been argued over. For example, as illuminated by Smith (2009, p. 136)

“Caring requires a rethink of what it means to be professional in the human services. In current discourse, to be professional is to be objective, rational and unengaged at any emotional level (Meagher & Parton, 2004). This version of professional confuses professional with professionalisation (Noddings, 1996). The quest for professionalisation is about the status that goes with the title ‘professional’. Actually, being professional is about getting the job done, competently and ethically. So any proper consideration of what it is to be professional needs to start with what the job is. If the job is to make intimate human connections with those we work with to help them develop, conceptions of the professional ought to support this. Assumptions that inhibit such relationships can be argued to be unprofessional; they get in the way of what we should be doing when we care for children”.

Qualification to degree level, and beyond in some cases, does not always guarantee that a social care worker necessarily has the understanding, ability and temperament for the demanding job of looking after children in care. This is not to say that individual workers must be ‘all things to all children’. One of the deficits noticeable in staff teams is poor management in developing and exploiting the particular talent and personality strengths individual staff have, as well as harnessing those to the benefit of the children. Not everyone can be good at everything in dealing with difficult children and a staff team where there is trust and good management will nurture the individual skills found among the team. The term “horses for courses” might appear somewhat crude and not be a phrase regulators use in their reports but it is one well understood and valued among social care workers in the residential sector.

Reflective practice

In our post Ryan report world another important ingredient in social care workers’ development that may well fall by the wayside is reflective practice. Reflective practice is regularly referred to as a vital component in developing worker confidence and expertise through consideration of our behaviour and work practice – the how, why and what we bring as individuals to the work we do.

In *‘I Don’t Have Time to Think!’ versus the Art of Reflective Practice* Raelin (2002) spoke of the world of business but the ideas he put forward are applicable to social care. Raelin (2002, p. 66) asked “... is it possible that the frenetic activity of the executive is a drug for the emptiness of our organisational soul; that constant action may merely serve as substitute for thought?” Reflective practice, as he sees it (in a commercial

context) "... tends to probe to a deeper level than trial-and-error experience. It typically is concerned with forms of learning that seek to enquire about the most fundamental assumptions and premises behind our practices. It is thinking about our thinking". Reflective practice, he claims, leads to "learning dialogues" which "are concerned with creating mutual caring relationships" (ibid). However, the real work - caring - is often subsumed by bureaucratic demands around everything from health and safety, to keeping records and reports up to date, having two people present to give a child a paracetamol, or doing "risk assessments" when the whole nature of residential care revolves around risk anyway.

Grandiose statements of purpose and function, constantly reviewed volumes of policies and procedures, layers of multi coloured report forms, elaborate care plans, statistics for inspection, to mention some of the perceived modern indicators of good practice, abound in residential child care centres that may on occasion be falling apart. Despite all these ostensible indicators of good practice, they may, unwittingly, be instruments of turgid irrelevance that stand between the worker and the child. They have an importance but their compilation can take up enormous swathes of staff time that might better be spent being allowed to be human so that children in care are not left alone, at arm's length and emotionally detached from their carers for bureaucracy's gain. Reflective practice may be down the order of priority for the social care worker expected to be 'all things to all children'. 'Doing' rather than 'being' is looked on as more productive and as Raelin (ibid p.65) noted, "We even perfect the art of interruption so that we can show our 'proactivity' and gain the boss's attention". Who is the real boss in residential social care settings? Is it the manager who manages to assist and support staff in the complex ebb and flow of daily residential care life or is it the myriad forms of bureaucracy far removed from the immediacy of the care setting?

Conclusion

A number of areas of social care practice in residential care have been identified where ever increasing demands (all plausible) to keep children safe and care for them in residential units has created a significant diminution in quality of care. It would indeed be tragic if, in the post Ryan world, the very abuse it sought to highlight was replicated in a different more subtle way. Children in state care, while fortunately being kept safe, may spend their time in a clinical, sanitised bubble and be deprived of the real relationships with adults which they so desperately need to compensate for their marginalisation, on which all experts are agreed. Deprivation is also a form of abuse; for which we, state and society, bear a responsibility.

The area of reflective practice is an appropriate concluding point. But perhaps there also needs to be reflection by the state as well as its professionals on what has emerged from the abuses and scandals. Their legacy and their effects have found their way into practically all approaches and attitudes toward dealing with children in state care. That is understandable and necessary. But there is a question. In redressing the wrongs of the past have we created a feverish bureaucratic culture which, superficially, makes us feel we are doing the right thing? While, in reality, real care for those deprived children who have fallen through every preventative net and ended up in state care has lost its soul?

The words of John McGahern (2006), a prescient observer of human nature, are apposite: “When a long abuse of power is corrected, it is generally replaced by an opposite violence” (p. 64).

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