Discrepancy and Loss in Parenting:

A comparative study of mothers and fathers of children with and without intellectual disability

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An assumption commonly found in the literature on parents of children with disabilities is that discrepancies between their perceptions of their children and their 'ideal' children are greater than those of parents whose children are nondisabled. Another assumption relates to their parenting experiences, which have been regarded as being different to that reported by parents of children without disabilities. Given that there is little empirical evidence to support these assumptions, a comparison of 58 mother-father dyads of children with intellectual disabilities and 24 mother-father dyads of children who did not have disabilities was undertaken. The findings of the present study revealed that parents of children with disabilities (a) perceived significantly greater discrepancies between their children and their ideal children, (b) perceived significantly greater limitations on their family, (c) reported significantly more worries concerning their children's development, (d) reported significantly more frequent disappointment in relation to their children's development, and (e) reported significantly greater impairment in emotional and physical well-being. In contrast, there were no significant differences in levels of reported happiness in parenting their children during the previous year. Furthermore, there were nonsignificant differences in the perceptions held by mothers and fathers. The findings have relevance to both counselling and service provision.

Prior to birth, most parents are described as fantasising an 'ideal' child (Ellis, 1989; Lax, 1972). The ideal child will involve personal ideals, impressions, and expectations of what their child will look and be like (Ellis, 1989; Leon, 1990; Worthington, 1989). Fajardo (1987) suggested that the loss of an ideal child is a common experience for parents. As Darling (1979) pointed out, 'most parents do not come close to having what they would define as the perfect child' (p.111). Thus, according to Bristor (1984), a fundamental task of parenthood in general is to resolve any discrepancy between an ideal and an actual child. Benedek (1959) saw this process as continuing throughout the years of childhood and part of the parents' own development. Parks (1977) argued that the birth of a child with a disability is likely to 'increase the discrepancy dramatically' (p.54). Moreover, not only is the child less than these parents' ideal, but their 'fantasised normal child' has been denied them (Leon, 1990).

Darling (1983) stated that because the majority of parents have little past experience with birth defects a pre-xisting conception or expectation is to parent a normal, healthy child. Along these lines, Wikler (1981) identified normal developmental progression of the child as one of the most widely shared of parental expectations. Such progression has been regarded as providing a frame of reference which continues to define the losses of parents of children with disabilities over the lifecycle (Bruce & Schultz, 1992; Harris, Gill, & Alessandri, 1991; Howard, 1978; Vines, 1985; Wikler, 1981). Expectations of age appropriate development and behaviour provide an ongoing basis for comparison (Neuren feel when their child fails to reach developmental milestones (p.278). At the same time, developmental discrepancies have been considered as depriving parents of a 'normal' parenting experience (Bruce & Schultz, 1992; Harris, Gill & Alessandri, 1991). Deprivation has been identified in terms of family lifecycle arrest (Farber, 1960), role stasis (Vines, 1985), role perception (Meadow & Meadow, 1971), an altered quality of life (Birenbaum, 1970), affecting life-goals and basic approaches to the world (Ikeler, 1990; Roos, 1963), and 'chronic sorrow' (Olshansky, 1962, 1966).

Parenthood in general provides a range of dissatisfactions and satisfactions, rewards, concerns, and restrictions (see Hoffman & Manis, 1978; Huyck, 1989). It is clear that even the normative transitions through which a family passes are potentially stressful (Carter & McGoldrick, 1980). However, few studies have compared parents of children with and without disabilities on their subjective impressions of

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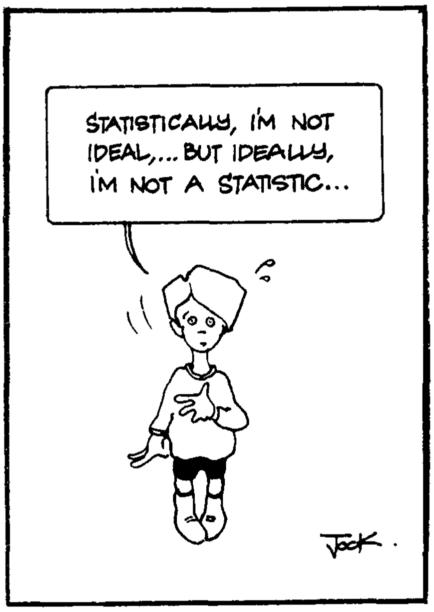
ability. More often studies have focussed on the psychological well-being of both sets of parents (ie, depression, anxiety, stress). Such studies have suggested that parents whose children have disabilities are more depressed (Cummings, 1976; Cummings, Bayley & Rie, 1966), report higher levels of stress (Friedrich & Friedrich, 1981; Kazak & Marvin, 1984; Tew, Payne & Laurence, 1974; Wilton & Renaut, 1986), and display more problems in terms of health, time demands, family integration, family opportunities, and occupational choice (Friedrich & Friedrich, 1981). It has been suggested that it is particularly the mothers who are subject to stress (Bristol, Gallagher & Schopler, 1988; Goldberg, Marcovitch, MacGregor & Lojkasek, 1986; Kazak & Marvin, 1984).



To recapitulate, the perceived discrepancy between their child and an ideal child is often assumed in the literature to be greater for parents of children with disabilities than for parents of children without disabilities (Parks, 1977). Furthermore, it has been conjectured that the parents of a child with a disability have lost aspects of the normal parenting role and that they experience repeated disappointment in their child's development (Howard, 1978; Wikler, 1981). However, these assumptions have not been tested empirically. Nor have the differences between parents of children with disabilities and without disabilities been empirically demarcated.

The present study was undertaken to establish whether there are differences between parents of children with and parents of children without disabilities in terms of their perceptions of: (a) their children; (b) their parenting experiencies; (c) their levels of emotional well-being. It was predicted that there would be significant differences between the two sets of parents in: (a) the degree of discrepancy perceived between their child and an 'ideal' child; (b) the degree of discrepancy perceived between their child and 'most other' children; (c) their perceptions of the frequency of happiness experienced in parenting their child in the last year; (d) their perception of their parenting experience (ie, the limitations on the parent and family, disappointment in the child's development, and in the number of parental concerns related to their child); and (e) their perception of their levels of emotional well-being. As well, it was hypothesised that there would be significant differences between mothers and fathers.

Method

Subjects

The subjects were 58 mother-father dyads of children with intellectual disabilities, and 24 mother-father dyads of children who did not have disabilities. Parents whose children had intellectual disabilities were obtained through a range of outlets including parent associations, local councils, and special educational organisations within metropolitan and regional areas. The criteria for inclusion was that their child had turned 3,6,9,12,15, or 18 years in 1989. Parents of children with disabilities were asked to nominate families who had a child without a disability of the same age. These families comprised the comparison group.

For parents whose children were disabled, the mean age of fathers was 41.9 years and 39.5 years, respectively. Forty-two percent (n=49) had completed tertiary education and 29.3% (n=34) had completed secondary education. Sixty-four percent of fathers (n=37) were employed professionally, whereas 22.4% (n=13) were administrative or clerical personnel. For mothers, 32.8% (n=19) were employed professionally, 13.8% (n=8) were administrative or clerical personnel. Thirty-eight percent of mothers (n=22) described themselves as homemakers. Eighty-three percent of fathers (n=48) and 21% (n=12) of mothers were employed full-time. Religious affiliation was reported by 57% of fathers (n=33) and 57% of mothers (n=33) as Protestant. In comparison, for parents whose children did not have a disability, the mean age of fathers and mothers, respectively, was 40.8 years and 38.4 years. Forty-four percent (n=21) had completed tertiary education, whereas 27.1% (n=13) had completed secondary education. Sixty-seven percent (n=16) of fathers were employed professionally, while 12.5% (n=3) were administrative or clerical personnel. Thirty-three percent of mothers (n=8) were employed professionally, 20.8% (n=5) were administrative or clerical personnel. Thirty-eight percent of mothers (n=9) described themselves as full-time homemakers. All fathers (n=24) and 8.3% of the mothers (n=2) were employed full-time. Sixty-three percent of fathers (n=15) and 50% of mothers (n=12) described their religious affiliation as Protestant.

In regard to the children with disabilities, 55% (n=32) were male and 45% (n=26) were female. Their ages ranged from 10.1 months to 21.4 years, with a mean age of 8.6 years (SD=5.4). Seventy-one percent (n=41) had been diagnosed as mild to moderately intellectually disabled, and 29% (n=17) had been diagnosed as severely intellectually disabled. Thirty-one percent (n=18) were also epileptic. In terms of their reported diagnoses, 14% (n=8) were autistic, 28% (n=16) had cerebral palsy, 33% (n=16) had Down syndrome, and 21% (n=12) had nonspecific diagnoses, and 5% (n=3) were categorised as 'other' and included specific syndromes (eg, Lennox-Gastaut syndrome). The mean age at time of diagnosis was 15 months. The mean age of children without disabilities (n=24) was 8.8 years (SD=4.9), and ranged between 2.5 to 18.7 years. Gender was equally distributed across the two experimental groups.

Procedure

Data were collected in the homes of subjects by means of prior appointment. Mothers and fathers were interviewed separately by one of the present investigators (E.J.B.) or a postgraduate psychology student, both of whom have had extensive training and experience in counselling and interviewing. Interviews lasted approximately two hours.

Measures

The measures are grouped to reflect three aspects of parenting: parents' perceptions of (a) their children (in terms of an 'ideal' child, and 'most other' children), (b) their parenting experience (rewards of parenting, disappointment related to the children's development, concerns and problems related to their children), and (c) their emotional well-being.

a) Parents' perceptions of their children.

The Trait Measure (TM) was developed by Worchel and Worchel, (1961) and includes 40 traits (eg, aggressive, sensitive, well mannered). Parents rate on a seven point Likert scale ranging from 'Never' to 'Always' how often each adjective describes their child. The procedure is repeated twice to obtain the parents' perception of their child in relation to their ideal child and most other children. Rating differences for each adjective are computed separately with the sum providing an absolute discrepancy score. Worchel and Worchel's (1961) original findings showed the tool to demonstrate significant differences in parental ratings of my child and my ideal child for children with and without disabilities. The investigators regarded the discrepancy in scores as a measure of parental acceptance. In the present study, the two discrepancy scores were used as an indicator of loss.

The Wishing Scale (WS) was developed specifically for the present study and measures the discrepancy between parents' perceptions of their own children and what they might have wished for their children. In relation to 'the feelings and wishes parents have for their children' and using a five-point Likert scale ranging from 'Never' to 'Always', parents respond to the question 'Do you sometimes find yourself wishing your child was more like other children?' The intensity of five items relating to their children's behaviour, abilities, appearance, and temperament are rated. Scores on the WS have been shown to discriminate in the predicted direction between parents of children with differing diagnoses (ie, parents of Down syndrome scoring highest on questions relating to appearance; parents of autistic children scoring highest in relation to behaviour). As well, intercorrelations among questions revealed moderate correlations with the TM for discrepancies between their child and an ideal child, $r=.47$, ($p<.001$), and with the QRS-F Factor 1 (Friedrich et al., 1983), $r=.65$ ($p<.001$). The standardised alpha reliability coefficient for this measure was alpha=.77.

b) Parents' perceptions of their parenting experiences

The Questionnaire on Resources and Stress (QRS-F): Factor 1, Parent and Family Problems, was developed by Friedrich, Greenberg, and Crnic (1983) and assesses the parent's perception of problems for themselves and the family in relation to their child (eg, limitations imposed by a child's condition on the parent and family). A true/false response is recorded to questions, such as 'The constant demands to care for my child limit my growth and development'. The QRS-F Factor 1 has been shown to discriminate between parents of children with or without disabilities (Friedrich & Friedrich, 1981; Friedrich et al., 1983). As well, Freidrich, Wilturner, and Cohen (1985) reported significant correlations ($r=.52$, $p<.001$) with independent professional ratings of parenting abilities.

In addition to the QRS-F, parents' perceptions of their parenting experience were further explored by means of the Child-Related Happiness Scale (C-RHS), a Developmental Disappointment Rating Scale (DDRS), and a Worry Checklist (WC). The development of these measures was considered important for the present study, in the absence of appropriate standardised instruments to tap underlying concepts.

On the C-RHS, parents rate the happiness their child had brought them in the previous year on a five-point Likert scale ranging from 'Never' to 'Almost always'. On the DDRS, parents rate on a five-point Likert scale ranging from 'Never' to 'Almost Always' whether they had felt disappointment with aspects of their child's development over the last year. The WC was developed to establish a profile of parental concerns. The checklist comprises 52 items covering issues relating to caregiving, the child's behaviour, interpersonal conflict, issues related to the child's education or work, physical development, and the child's emotional and physical well-being. Parents indicate on a five-point Likert scale, ranging from 'Has caused no worry' to 'Has caused a great deal of worry', the degree of concern experienced in relation to their children over the last year. The higher the summed scores the greater the parental worries indicated.

c) Parents' perceptions of their emotional and physical well-being.

The scaled version of the General Health Questionnaire (GHQ-28) developed by Goldberg and Hillier (1979) measures the psychological components of ill-health and reflects the psychological impact of events expected to influence stress (see Goldberg & Williams, 1988). The GHQ consists of 28 items, and using a four-point Likert scale ranging from 'Not at all' to 'Much more than usual', parents rate their health in 'general over the past few weeks'. The split-half reliability coefficient was reported to be high ($r=.95$). Additionally, the construct, content, and criterion-related validity of the test has been well-established (Goldberg & Williams, 1988).

Statistical Procedures

Given the moderate correlations between variables ($rs<.6$), the concern to assess the separate effects of each dependent variable, and that predictions had been set a priori (Tabachnick & Fidell, 1989, p.52), the data were examined with 2 x 2 mixed model ANOVAs with repeated measures on one factor (Gender). However, to account for the inflated familywise error rate associated with this procedure, the Type 1 error rate was adjusted to alpha =.01.

Results

Group comparability was first established by a series of chi-square, Mann-Whitney, and t-tests, which revealed nonsignificant differences between the two groups on all demographic variables.

a) Parents' perceptions of their children.

Mean TM discrepancy scores and mean WS scores obtained by the two groups are shown in Table I. Analysis of parents' perception of their children in relation to their ideal children on the TM revealed a significant group effect [F(1, 58)=13.73; p=.0001], but nonsignificant gender [F(1,58)=5.24; p=.03] and interaction effects [F(1,58)=1.02; p=.32]. Analysis of parents' perceptions of their children in relation to most other children showed a significant group effect [F(1,55)=21.48; p=.0001], but nonsignificant gender [F(1,55)=1.99; p=.164] and interaction effects [F(1,55)=.83; p=.37]. Analysis of parents' WS scores resulted in a significant group effect [F(1,80)=115.96; p=.0001], but nonsignificant gender [F(1,80)=1.19; p=.28] and interaction effects [F(1,80)=.49; p=.48].

b) Parents' perceptions of their parenting experience.

Mean QRS-F Factor 1 scores and mean WC scores obtained by the two groups are shown in Table 1. Analysis of parents' QRS-F Factor 1 scores revealed a significant group effect[F(1,76)= 28.08;p=.0001], but nonsignificant gender [F(1,76)= .36;p= .55] and interaction [F(1,76)= .94; p=.34] effects. Analysis of the WC scores resulted in a significant group effect [F(1,80)= 49.73;p=.0001], but nonsignificant gender [F(1,80) 1.68;p=.20] and interaction effects [F(1,80)=.11; p=.74].

Median scores on the DDRS (combined mother and father scores) and the C-RHS for the two groups are shown in Table 1. Mann-Whitney U tests on parents' DDRS scores resulted in significant differences between the groups [z=-6.01, p=.00001],but nonsignificant differences between the groups [z= -2.26 ; p=.02] on parents' C-RHS scores.

c) Parents' perceptions of their emotional and physical well-being.

Mean GHQ-28 scores obtained by the two groups are shown in Table 1. Analysis of parents' total scores resulted in a significant effect for group [F(1,75)=6.47; p=.01], but nonsignificant gender [F(1,75)=.91; p=.34] and interaction effects [F(1,75)=1.11; p=.30].

Discussion

As predicted, the findings of the present study demonstrate significant differences between parents of children with intellectual disabilities and parents whose children are nondisabled. However, there are no significant differences between the mothers and fathers in the sample. In terms of the first prediction, parents of children with intellectual disabilities (a) perceive greater discrepancies between their child and their ideal children, (b) compare their children less favourably with most other children, (c) experience more limitations

TABLE 1

Means and Standard Deviations on the Trait Measure (TM), the Wishing Scale (WS), Questionnaire on Resources and Stress (QRS-F) Factor 1, the Worry Checklist (WC), the General Health Questionnaire (GHQ-28), and Median Scores on the Child-Related Happiness Scale (C-RHS) and the Developmental Disappointment Rating Scale (DDRS) for Mothers and Fathers of Children With and Without Disabilities

Measure	Parents of children with an intellectual disability		Parents of children without an intellectual disability	
	Mothers	Fathers	Mothers	Fathers
Trait Measure				
Ideal child	58.91(31.35)	46.02(26.83)	33.11(17.14)	27.40(19.74)
Most children*	-4.98(31.88)	3.54(23.88)	32.82(25.30)	30.16(19.07)
Wishing Scale	9.95(3.99)	9.74(4.46)	1.86(2.49)	.91(1.82)
QRS-F Factor 1	9.07(5.33)	8.00(10.63)	2.55(2.67)	2.86(2.97)
Worry Checklist	53.22(28.10)	49.24(31.83)	9.82(8.19)	7.46(8.71)
GHQ-28 (Total score)	21.89(12.37)	18.87(10.71)	14.55(5.84)	14.70(6.17)
DDRS	2	2	0	0
C-RHS	3	3	3	3

Note: On the TM, the WS, and the QRS-F Factor 1, the GHQ-28, and DDRS, and the C-RHS respectively, higher scores indicate greater discrepancies in parents' perceptions between their children and their ideal children, between their children and most other children, and greater discrepancies between their children and their wished-for children; more family problems; more concerns related to their children; lower levels of emotional and physical well-being; reports of more frequent disappointment in relation to their children's development; and more frequent child-related happiness in the past year.

*Positive discrepancies indicate favourable comparisons.

on their family imposed by the child, (d) report more frequent disappointments with their children's development, (e) indicate greater amounts of parental concerns related to their children, and (f) experience greater impairment of emotional and physical well-being. In contrast, there are no significant differences in reports of happiness in parenting their children over the previous year.

The comparisons made by parents of both groups between their children and most children, and between their children and ideal children on the Trait Measure, are consistent with those reported by Worchel and Worchel (1961). That is, when compared with parents of children without disabilities, parents whose children are intellectually disabled perceive greater discrepancies between their actual and their ideal children, compare their child less favourably with most other children, and more frequently report wishing their child was more like other children.

However, it is noteworthy that, in support of previous literature (Darling, 1978; Fajardo, 1987), both sets of parents perceive discrepancies between their child and their ideal child. As Darling (1978) pointed out, ideal qualities might not be realistic expectations and most parents do not 'expect' to have an ideal child (p.111). At the same time, highly significant differences between comparison groups on the WS suggest that, for parents of children with a disability, even realistic expectations may not have been met.

The present findings lend support to the prediction of Howard (1976) that disappointment with the child's development is a feature of the parenting experience when the child is disabled: highly significant differences in frequency of disappointment were found between the groups. As well, the parents whose children are intellectually disabled reported significantly more child-related concerns and perceived their family as having more problems and limitations. This finding supports previous research (eg, Bristol, Gallagher, & Schopler, 1988; Kazak & Marvin, 1984), whilst also providing some empirical evidence for the suggestion that this group of parents is deprived of aspects of a normal parenting experience (eg, Bruce & Schultz, 1992; Harris, Gill,& Alessandri, 1991; Vines, 1985).

As predicted, the results of the present study suggest that parenting children with disabilities is associated with reports of reduced emotional and physical well-being. Despite inconsistent findings in the literature, considerable support for the current findings can be found in those studies which have involved parents of children rather than infants (Cummings, 1976; Cummings, Bayley, & Rie, 1966; Kazak & Marvin, 1984; Romans-Clarkson et al., 1986). The present findings do not concur with those of Bristol et al.(1988), who found nonsignificant differences between parents of children with and without developmental delay. The focus on depressive symptoms and the difference in ages of the children in the two studies might account, in part, for the contrary findings.

> *...parents of children with disabilities appreciate their children's attributes and derive rewards from their parenting... Biographical accounts by parents reveal a range of rewards in parenting a child with a disability.*

The present findings suggest that parents of children with disabilities appreciate their children's attributes and derive rewards from their parenting. Of particular note is the nonsignificant difference between groups in their evaluations of the happiness provided by their children over the last year. Consistent with previous literature, parents of children with disabilities express feelings of happiness with their children. Biographical accounts by parents reveal a range of rewards in parenting a child with a disability (Featherstone, 1980; Swarc, 1990). Such findings for parents of children have often been regarded with scepticism and described as a method of coping (eg, Laborde & Seligman, 1991; Michaels & Scuchman, 1962). However, it may also be an indication of the universality of love for one's child. As Darling (1979) noted, 'children were valued in spite of their limitations'(p.101).

At the same time, it is evident that parents of children with disabilities in the present study perceive their child's limitations realistically. In itself, this is an important finding. Much of the literature is concerned with parents assessing their child's abilities realistically (Berry & Zimmerman, 1983; Stokes, 1976). Often, overestimations of the child's abilities have been interpreted as manifestations of denial (Baum, 1962; Opirhory & Peters, 1982).

The nonsignificant gender and interaction effects indicate that mothers' and fathers' perceptions of their children and their parenting experiences, and their reports of emotional and physical well-being, are similar. These results are contrary to a number of comparative studies (eg, Gath, 1977; Goldberg et al., 1986; Gumz & Gubrium, 1972), in which fathers reported feeling less tired, having fewer disruptions in their daily life, and experiencing fewer symptoms of distress.

The findings of the present study should be viewed within certain limitations. Generalisability is limited, owing to the self-selective nature of the sample. The study relies on parents' perceptions and definitions of normal and ideal children. These perceptions are difficult to measure. As Darling (1978) pointed out, 'any measure that employs a list of traits forces respondents into defining their children in the terms provided by the instrument' (p.87). Obviously, characteristics of an ideal child are subject to personal ideals (Baum, 1962; Ellis, 1989). Parental expectations, changing perceptions of the disability (Bruce & Schultz, 1992), and a tendency to idealise what has been lost (eg, Baptiste, 1987; Brickman, Coates, & Janoff-Bulman, 1978), will mean that parents' perceptions of their children, of what might have been, and of their parenting experience will vary. Employing measures with predetermined definitions will not reveal all dimensions of these ideals. The study could also be criticized for its use of nonstandardised measuring instruments in addition to the three established measures. However the conceptual consistency emerging from the results across all measures is noteworthy.

Notwithstanding these limitations, the results of the present study indicate that there are differences between parents of children with and without intellectual disabilities in the perceptions of their children and in their parenting experiences. It would seem that for parents of children with disabilities, the loss of an ideal child, more particularly the loss of the fantasised normal child, contributes to loss of aspects of a normal parenting role. As well, there may be implications for their emotional and physical well-being. It would appear that this is equally so for both mothers and fathers of children with disabilities.

For those who are called upon to support and provide counsel, an important theme of loss should be considered. Tomko (1983) described the 'dissolution of a dream' as a concept which refers to the 'loss of what might have been, to what had been planned on, or wished for' (p.391). The particular relevance of this concept to the counselling of both mothers and fathers of children with intellectual disabilities is apparent. Similarly, the findings lend support to those policies which recognise the special needs of these families in the distribution of services. ◆

The above study is a component of the research project, "Grief and the Parents of Intellectually Disabled Children: Lifetime Implications for Health and Well-being" supported by the Victorian Health Promotion Foundation, Public Health Research Project Grant No. 89-0510. The participation of parents and interviewing assistance of Harry Zable is gratefully acknowledged.

A version of this paper was presented at a symposium conducted at the Fourth Australian Family Research Conference, Sydney, 1993.

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News from our place... SNAICC

Letter from Brian Butler, Chairman of SNAICC to the Hon. Michael Lavarch, Federal Attorney-General

Dear Mr Lavarch

I write on behalf of the Secretariat of National Aboriginal & Islander Child Care (SNAICC) seeking a meeting with you to discuss the matter of Federal legislation that will restore the rights of Aboriginal & Torres Strait Islander people in relation to their children.

Our organisation has since its inception in the early eighties been calling for legislation that places responsibility for the welfare of Aboriginal children with their communities and tribes.

In the early eighties the Minister for Aboriginal Affairs had called on State and Territory Ministers responsible for child welfare to implement appropriate measures in relation to Aboriginal children or he would consider national legislation. In retrospect this appears to have been a mere threat to evince some form of response from State and Territory Governments to update their procedures and legislation.

Despite the passing of over ten years, the situation has not changed significantly. Aboriginal children are still over-represented in the child welfare and juvenile justice statistics and the level of state intrusion in the lives of Aboriginal families continues.

Whilst federal legislation will not be a universal panacea for the ills of a system that has the inertia of years of racism and colonialism within it, I have no doubt that it would nevertheless go a considerable way towards restoring the rights of Aboriginal families, clans and tribes to do as they see fit in relation to their families and children.

You are no doubt aware that in Canada and the United States of America, the indigenous child welfare system has gone a long way in addressing the demands of Indian tribes to control this field.

I am convinced that the present system of child welfare that has seven or eight different laws in all the States and Territories is a long way from satisfying the desires and demands of Aboriginal communities. Many tribes have multiple jurisdictions to contend with. All communities certainly have to deal with inappropriate systems that are not of their own making and do not incorporate their concepts of child and family welfare. Moreover, the system that this legislation shores up is intrusive, authoritarian in its relations with Aboriginal families and children, and racist in its methods, failing to recognise kinship systems that exist in all Aboriginal communities.

The Aboriginal Child Placement Principle does not adequately address these problems as they are systemic as well as legislative. There are fundamental differences in concept that are also involved that have been violated by legislation, policy and practice.

Rather than the present modus operandi which is based on non-Aborigines making mistakes and committing abuses – Aborigines suffering and protesting, would it not be better to change the emphasis so that it is Aborigines who make the decisions and the mistakes? How long does the paternalism have to go on?

The principle of self-determination in relation to the field of child and family welfare is not being served by the Aboriginal Placement Principle in individual pieces of legislation in eight different locations, often subject to the whim of government in those areas. It is in fact being subverted.

We are talking here about Aboriginal family lives that are being experimented with. The consequences of inappropriate decisions by state welfare authorities are not felt by the ones who make those decisions. They are experienced by Aboriginal people daily.