



When will my child be cured?: Challenges of social workers supporting African children with intellectual disabilities and their families.

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Story behind the work



- Research inspired by a question from practice: “when will my child be cured?”

Implications of the question



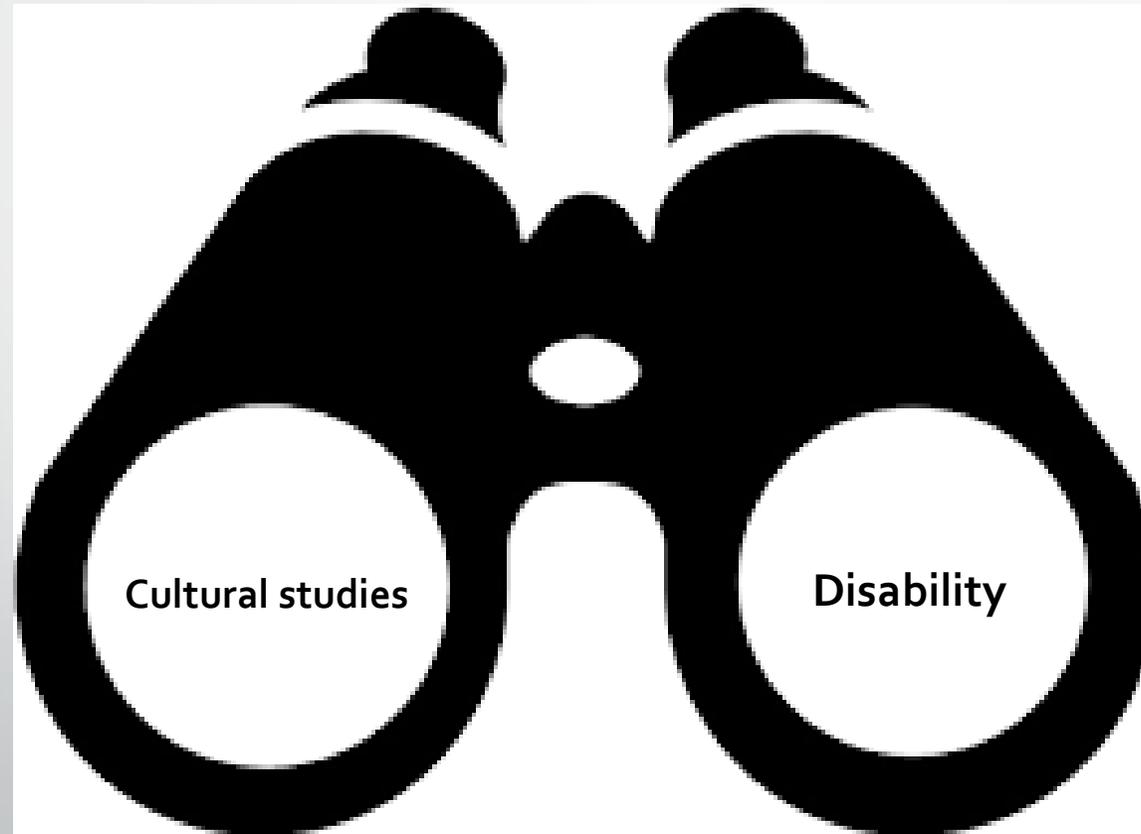
Lack of understanding?

Misunderstanding?

Aspiration of a father?

Wish or hope of a (every) parent?

Perspectives of the studies



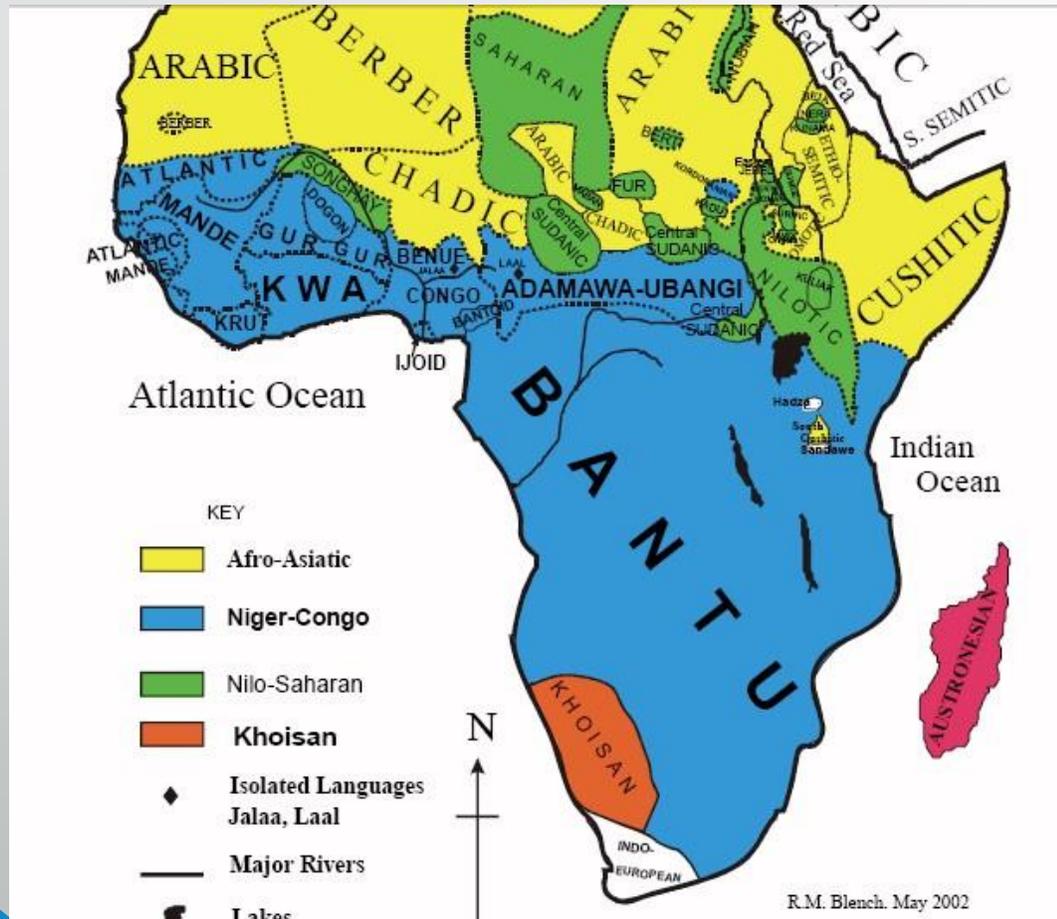
Demography: Immigration

- ❑ 3rd factor of population change, after fertility and mortality (UN, 2012):
- ❑ Immigrants constitute 10% of European population.
- ❑ Ireland's population → 12% (593,600) "non-Irish nationals" from over **200 countries** (CSO, 2016; 2017).
- ❑ Africans in Ireland:
 - 57,850 and majority between 25 and 39 years
 - 28,336 children
 - 54 countries of African represented, except 4 (Comoros, Djibouti, Gabon, Sao Tome and Principe).
 - Mostly urban and semi-urban residents with highest concentration in Dublin's surrounding areas, especially Drogheda (CSO, 2017).

Demography: Intellectual disability

- 28,388 people in Ireland
 - 59.1% men and 40.9% women
 - 10,032 children
- Sligo has the highest prevalence while Leitrim the lowest.
- Africans represented (but no figures available)

Africa: scope of the study



Black Africa

Bantu people

Religion

➤ Christianity

➤ African Traditional Religion

Any commonalities?

The Study/Research

□ Aim:

- Challenges encountered by Social Workers supporting children with intellectual disabilities from African background and their families.

□ Objectives:

- Construct of intellectual disability among Africans.
- Impact of acculturational factors (migration and religion) on those constructs and beliefs
- Impact of children's intellectual disability on their families.
- Certain approach used in supporting children with disabilities and their families.

Overall and study design

☐ Qualitative research method used:

- Qualitative research method.
- Appropriate to study human experiences, beliefs, perceptions, intentions and behaviours.

Sampling

□ Sampling frame:

- Social workers working with African children with intellectual disabilities and families within the last 5 years
- All CORU registered and practising in Ireland

□ Approach/technique:

- Purposive sampling

□ Access:

- Head of Social Work Departments of the organisations
- Members of Senior Management Teams of Tusla and HSE

Sampling

□ Sampling size:

- 8 Social Workers based in two major Irish cities
 - 4 Africans and 4 Irish
 - Gender parity: 6 women and 2 men
 - Practice experience: 2 to 25 years.
 - Age: Ranged from mid 20s to mid 50s.
 - Education: Level 9

Data

□ Collection method:

- Face-to-face interviews using semi-structured questionnaire
- Duration of interviews: Between 30 and 45 minutes
- Audio recorded and later transcribed.

□ Analysis:

- Thematic analysis

Findings

- Making connection: Cultural and linguistic references
 - Families' residency in Ireland: Variable (from a few years to 15 years).
 - Parent(s)
 - Consider Ireland as home at the same time strongly to their African roots.
 - Bi- or multi-lingual (speaking at least one African language).
 - Knowledge of spoken and written English varied.

Findings

☐ Making connection: Cultural and linguistic references (Contd)

➤ Children with intellectual disabilities:

- All born in Ireland.
- Use Lámh sign language or speak English, but no African language.

➤ Siblings of the children with Intellectual disabilities

- Born either in Ireland or other countries
- Speak English (all) and Irish (very few) but no African language.

Findings

☐ Quest for meaning

➤ Understanding of medical diagnosis of their children:

- Ignorance
- Difficulties in accepting
- Refuse to name
- Change the name e.g. sickle-cell
- Understand

Findings

☐ Cultural perspective:

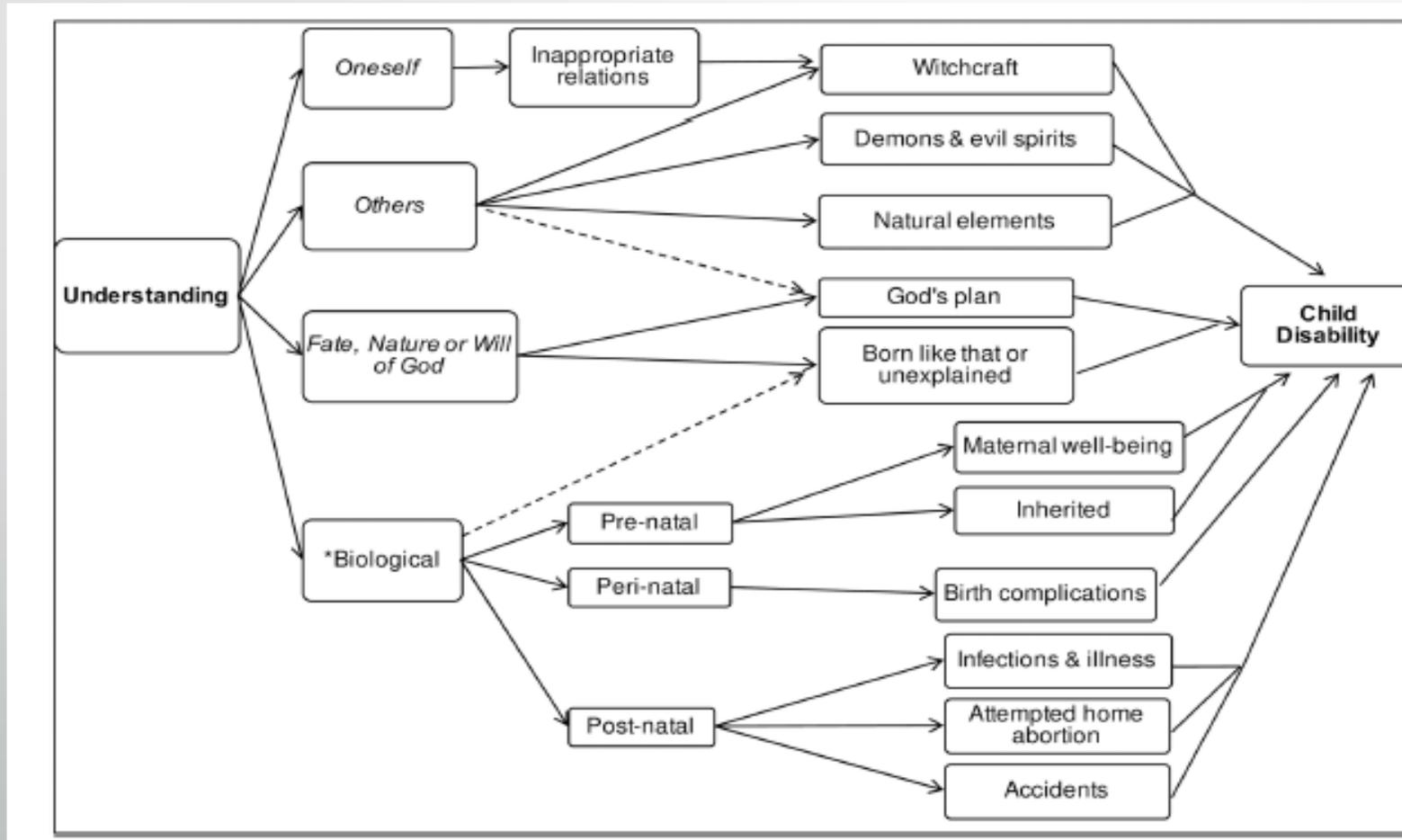
➤ “Others-like-me”

- Hereditary
- Ritual practice by a enemy of the family
- Witchcraft.

➤ “Others-higher-than-me”

- Evil/spirit/ancestors
- God (curse)

Findings: Map summarising quest for meaning



(Bunning et al., 2017, p. 7).

Findings

☐ Attitudes of the families:

➤ “Others-higher-than-me”

- Spirituality, prayers and miracle-seeking response

➤ “Others-like-me”:

- Internalised (psychological) response → self-blame, guilt and fear.
- Sociological response → “shielding the young person, shame, isolation and avoiding contacts with other people. For example, a family preferring the placement of their child in Irish rather than African family.

Findings

Coping mechanism/skills:

-  Family (including those outside Ireland) and social network
-  Formal support from local communities and professionals
-  Religious personalities and communities

Findings

☐ Revisiting some approaches

➤ Person-centred approach

- Individualistic verse Community oriented cultures.

☐ Training needed

➤ For professionals

➤ For families (parents)

Application to Practice/Policy change

☐ Practice prejudice:

- Considering all members (generations) of an African family as being culturally at the same level.

☐ Implications of “shielding” of a child with disability by their family

- For example, preference for placement in an Irish to an African family.
 - This questions literature and research promoting “same-race placements” for African children as the ideal practice (Goldstein & Spencer 2000; Rabun, 2018; Selwyn & Wijedasa, 2009).
 - Those advocates overlook the differences and prejudices existing among African cultures themselves (Robinson 2016; 2017).

Application to Practice/Policy change

□ Quest for meaning and the risks involved

- Diagnosis as human fault (often input to mothers in patriarchal society) → Human Rights issues
- Evil or God as origin of diagnosis:
 - Reinforced by retributive justice commonly present in the theology of many Pentecostal churches.
 - Risk of stereotyping people with disabilities and exploiting their families (Amanze, 2013; Kalu, 2008; Kangwa, 2016).
- Conflict with Irish legislation (Gol, 2000; 2004).
- Need for a policy on vetting and training of religious community leaders in human sciences, human rights and Irish legislation → such initiatives considered/attempted in Belgium, France and Netherlands (Husson, 2007; Peter, 2003; 2006; Sözeri, Altinyelken & Volman, 2018)

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