

Adoption & Fostering journal #16 | Vol.49 Issue 2 introduction with Dr Dennis Golm and Vicky Walker transcript

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Hello and welcome to the Adoption and Fostering Journal podcast.

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This is one of those episodes where we introduce the latest issue of the journal to you.

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This is Volume 49, Issue 2, which is the July 2025 issue of the journal.

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And I am Vicki Walker, the production editor of the journal.

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And I'm Dr. Dennis Golm, the editor-in-chief.

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So we'll do our usual thing.

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And should we start talking about their editorial? Yes. So go ahead,

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Dennis, tell us about your editorial this time.

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So the kind of editorial features the article by Jenny Conrick and colleagues

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about direct-to-consumer genetic testing, and they've written a lovely scoping review on the topic.

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Kind of one of the

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themes they identified in the scoping review that was that one reason why adopted

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people use direct-to-consumer genetic testing is because they have questions

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around their health history,

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for instance, health risks.

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And another reason is kind of trying to find and birth relatives.

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So maybe for people who don't know, dairy-to-consumer genetic testing,

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it's just rolls of your tongue, isn't it? It does.

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But I'm not sure the acronym spoken, the acronym isn't much better, is it?

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It's DTCGT.

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Sounds like a horrible long drink.

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Written down, it's fine, obviously. Yeah,

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but there are kind of lots of companies that offer that service and then basically

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they send you a kit and then you can take a saliva sample,

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send it back to them and then they analyze it and they can tell you about genetic health risk.

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And they can tell you about, well, and then they upload it to kind of a website

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and then if other people upload their genetic data as well,

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it can identify birth relatives, basically.

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And also, would it flag up your...

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Potential markers of disease, things like that, kind of health history.

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Yes, that as well. So if you have a genetic risk for, let's say,

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I think there's a breast cancer gene for instance, so these types of things.

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Because I mean, the unique problem by people is that they often don't know enough

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about their health history.

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I think social services try and

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gather as much information as they can but

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then for instance if the birth father is unknown there

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simply is no information right yeah or

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the information is not disclosed fully at the time or maybe they don't even

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know and then there's kind of a gap in the history and often often gps will

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ask for your health history and then you'll sit down there and i don't know

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and then i guess the other thing is that's also mentioned in the scoping review that there might be.

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Certain times in your life where that information becomes

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particularly relevant and that might be when you may be

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thinking about becoming a biological parent yourself and then you're wondering

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so do I have any genetic risks that I might be passing on to my prospective

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child and then people might I think one of the kind of frameworks I'm citing

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the editor is the adoption curiosity pathway,

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which is kind of just outlining when people might seek additional information.

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So it could be that obviously it's curiosity driven, so you're curious about

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the topic and you also want to know more and then you're motivated to gather

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more information basically and then engage.

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And then it might be if you have been curious, but you might be even more curious

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about the topic now because there's a pregnancy or so,

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or you're thinking about a biological child and then this gives you the motivation

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to actually seek out the information and then Diogenetics to Consume Testing

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might be one of the pathways to getting answers.

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I mean, there are certain risks associated with it, so obviously it can help identify birth family.

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It also can help identify risk markers, but there have been studies finding that.

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Sometimes the accuracy of those tests is not ideal, so they could lead to false positive findings.

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Also, there might be disappointment if no birth relatives are identified.

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And what the Jenny Conrig and

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colleagues are saying, as well as that there should be genetic counseling.

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And I think my understanding is that is sometimes offered by companies,

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but basically it should be offered pre and post the genetic testing.

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And also there are some maybe more specific risks for adopted people in terms

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of disappointment when no family is found.

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So, your family members would have to have done DNA testing themselves.

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Yes. They're not going to be identified out of thin air, are they? So, that's one thing.

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And then, if I remember correctly from the review, so it's quite interesting

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in terms of the literature included, because they had some grey literature as

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well as peer-reviewed research, didn't they?

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In that case, I think there were examples of people writing up their personal

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experiences of attempting,

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but maybe not getting the reactions that they're hoping for from someone they'd

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reached out to who it did turn out was a birth relative, but perhaps didn't

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want that contact. So that's kind of risk, isn't it, as well?

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Yeah, no, it's good. So it's good practice to include grey literature, which is often.

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Unpublished, not yet peer-reviewed work, such as Master Thesis,

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Better Doctrine, It was before publication, but they might be accessible through

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university repositories or pre-prints would also fall under grey literature.

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Oh, yes, interesting, yeah.

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Obviously, they're not peer-reviewed, so they always be taken with a bit of

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caution, but it's very good practice to include.

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And I think one of the problems was that the majority of studies they found

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were from the US I think they only identified one UK study so there's some more

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work to be done within the UK and that.

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And these researchers are Australian, aren't they, as well? The team,

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Jenny Comrick and her colleagues, I think they're doing more research over there.

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But yeah, definitely a gap in the UK.

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I think it's good to know that this option exists. It's good to be aware of

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what the motivations are, but also I think that support is needed to,

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make sense of the findings, help with interpretation of the findings,

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but also help with the potential distress that could be caused by whatever results are found,

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which could be disappointment or also can sometimes obviously reveal family secrets maybe,

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you know, that someone you assumed that might not be adoption specific,

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but someone you assumed was your biological relative is not.

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Yeah, yeah, absolutely.

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So that's also a risk or that there are like false positives in the test, so inaccuracies.

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That's the other risk. So I think it should be a well-informed decision that

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is supported by professionals that kind of guide you through the process.

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I think that might be one of the criteria when looking for these services, but what do they offer?

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It's harder to gain access through the NHS because usually you would need a

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referral through your GP And if you do it through a website rather than the

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NHS, that might be a problem.

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So I think it's being aware of the risk and then making an informed decision

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what the best company for people is to go with.

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I really value that about your editorials, generally speaking,

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Dennis, that you're often thinking very much about mental health around the

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issues that are coming up and the importance of attending to mental health, broadly speaking.

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And yeah, that is something really important in this particular context that

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you might not think about necessarily.

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And it does come out of that review, that real significance of the need for

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counselling because to go in as an individual and do this, it's big,

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it's the big stuff, high stakes actually, and potentially kind of big ramifications and implications.

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So yeah, this need to support people through that is really critical, isn't it?

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I guess it's different, right? because if you grow up and you know there's a

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family history here, so you're aware of the risk, but if you're not aware,

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then you get this information all of a sudden,

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and you're acquainted with it, that's a very different situation,

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because you might not have expected it.

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Absolutely, because you're starting from,

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blank page or a page with gaps on it. And that's the title, isn't it? Mind the Gap.

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If you're editorial, you know, being mindful and careful of what it means.

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Just to mention as well, you cite another previous article from the journal,

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from Adoption Fostering.

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Is it the 2023 journal?

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Selwyn and Lewis, Keeping in Touch, looked after children and young people's

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views on their contact arrangements.

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How does that fit in relation to the direct-to-consumer genetic test?

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If you're doing singing, that might be good exercise maybe, so say it 10 times.

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It requires precision.

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I think another study I cite in the editorial is from an adoption project in the US, in Texas.

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And they've found that the amount of contact you have with a parent, with a birth parent,

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might help with the wrong word, but has an impact on whether you're seeking

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more information, right?

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So, it's basically, if you have regular contact with the birth parents,

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you might be able to ask questions or get opportunities to ask questions about birth history, right?

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But I think the article by Selwyn and Lewis found that often people are unhappy

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with the type of contact arrangement that they are, which is not enough contact, for instance.

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But that is a factor to consider that the more information you have, the better.

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And I think that's also probably something to consider with things like letterbox contact, right?

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Or maybe it could also be a task of adoptive parents that these questions might not come up when.

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When adopted people are young and when they're children, because other things

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are more important, but they might come up well into their adulthood when they're

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thinking about creating a family.

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So I think it might also be something for adopters to think about if they have

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letterbox contacts, is that something they could ask about maybe to find out?

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Because they might be thanked later for it if they gathered information,

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or it might be helpful to another way maybe to fill the knowledge gap if they

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said well you know in terms of an advocacy role kind of you know I ask in a

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letter and we got some more information that you might find helpful.

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And yeah I suppose I should say that obviously the term contact I realize is

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kind of complex and there are other terms family time for instance and yeah

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other kind of terms for that but yeah so that's keeping in touch was the article

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we were talking about from Selwyn and Lewis,

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looked after children and young people's views on their contact arrangements

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from the 2023 journal and said,

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So, shall we talk about the rest of the issue? Yeah. And the first article is

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on allegations. So, allegations of abuse in care, the experiences of South Australian foster carers.

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And that's Damien Riggs and Shoshana Rosenberg.

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Well, we've got a bit more on this, haven't we?

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Yes, we've recorded, we might have done some podcasting.

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It's difficult to get the time zone right, so that one isn't overly tired.

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In the process, but we did manage. We did manage, I think because it's Adelaide,

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the time it meant that we were, what, 9.30ish and it was 6 p.m., something like that.

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So not too hideous on either side of the pond.

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We had Damien Riggs join us for the podcast and we also had a very special guest joining us. We did.

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We had this CEO of the Fostering Network, Sarah Thomas.

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She joined us as well, which was really brilliant because she had been involved

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in an article that was published, I think it was March 2024, if I'm right.

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On the topic of allegations, there's a quote used in the title,

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which is, The Worst Day of My Life,

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and Experiences of Allegations Against Foster Careers in a UK Setting.

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And that's based on data from the State of the Nation's Foster Care Survey run

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by the Fostering Network, their kind of regular survey that they run of foster

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carers and those working in foster care in the UK.

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So it was really useful to get the two perspectives wasn't it the kind of UK

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system the Australian system I think for me what came out of our discussion

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without giving too much away was the need for support,

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of everybody well foster carers to kind of support them in these situations

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because it is not an uncommon thing to happen to have an allegation and obviously

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allegations quite broad ranging but then transparency of the process in both

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systems that seemed to be something really really key So, yeah,

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it was a brilliant, brilliant discussion, wasn't it, Dennis?

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It went really, really well. And also, I feel...

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They might have become lifelong friends.

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We weren't really needed. It's such a rich discussion. We were there to do the

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introductions and then the discussion kind of took off.

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So, one to listen to, absolutely.

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Also, there might or might not be a toolkit that might or might not be linked with the podcast.

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Because, well, you have to find out if you want to know if there's a toolkit. Oh, that's true.

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Yeah. No, a really useful practical toolkit for Fostering Network.

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So yeah, listen for more on that from Sarah.

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And we do have a core and buff. We have a book on managing allegations,

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concerns, and complaints by Laura Williams.

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So that's worth a look as well.

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But yeah, we don't need to say too much because we've got the podcast.

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The next article is a service evaluation, a reflective practice fostering group.

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So specifically for foster carers, again,

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quoting the title, which is naming the unnameable, and that's

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referring to the ability that foster carers had in this kind of setting to share

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stuff that maybe they felt more uncomfortable sharing with social workers or

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those involved in practice practitioners that felt they could share with each other.

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So it's by Laurie Preston and colleagues and yes, a really good piece, another one there.

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And I think then we're traveling all the way to Norway and have an article called
Community of Care,

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Contributions to Sustainable Care within an Arrangement Combining Residential

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and Foster Care by Inge-Lise Nygd and colleagues.

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And um yeah it's it's

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about a very interesting kind of model

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where young people enter residential care setting but then usually move into

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foster care arrangement but it's all combined or it's all under the same umbrella

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organization yeah that's the care the residential care,

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and there's also respite care in there, so I think it's an interesting concept

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and they've done a study about it, and if you want to know more about the study,

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I'm afraid you have to read the study.

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Holy Jesus today! They're making you work for it. I know, yeah.

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It's called the Blue Hill Care Arrangement in Norway, and I think it's fairly

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really similar in Ames at least to the Mockingbird project in the UK.

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But yes, that kind of offering a community and they interviewed different,

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again, I think they did interview foster carers, didn't they?

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And some of the children, but they certainly interviewed care workers in the

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residential institution at different levels as well. But yeah,

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sorry, I'm giving too much away.

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The next article is quantitative

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and qualitative outcomes of non-violent resistance

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interventions for children and adolescents with

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emotional and behavioral difficulties and their caregivers and this is a systematic

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review by Bikola Aoyemi and colleagues some of the colleagues there have done

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a podcast with us on a different systematic review so we've we've got we had

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a podcast that's published on that recently, didn't we?

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But this particular article dealing, as we say, with nonviolent resistance,

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which chimes with some of the other research that we've done,

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sorry, we haven't done research, research that we've published in the journal,

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kind of it's related to some extent to child-to-parent violence and the issues

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associated with that, doesn't it?

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Yes, and we did record a previous podcast on child-to-parent violence with colleagues

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who've We've done a study in the UK, which was very, very interesting.

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And then this ties in non-violent resistance as a possible intervention to deal

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with child-to-parent violence.

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And part of this systematic review is looking at randomized controlled trials.

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Word of caution, more research is needed and larger samples are needed.

00:19:02.201 --> 00:19:09.221

But yeah, this is a good piece to look up the kind of evidence-based for non-violent

00:19:09.221 --> 00:19:11.421

resistance prevention.

00:19:12.161 --> 00:19:17.041

So yeah, a really interesting read and highly recommend. Health notes this time,

00:19:17.281 --> 00:19:22.501

particularly noteworthy because we've, well, for the first time,

00:19:22.621 --> 00:19:23.541

we've got a podcast, haven't we?

00:19:23.961 --> 00:19:27.581

Yes, we've done it again. So this is a very podcast-intensive issue.

00:19:29.101 --> 00:19:32.901

Obviously, you're getting the podcast on the editorial and the content,

00:19:33.141 --> 00:19:38.081

and then we recorded a podcast on allegations in foster care.

00:19:38.241 --> 00:19:42.941

And for the first time ever, we recorded a podcast on the health notes.

00:19:43.141 --> 00:19:47.981

And the topic is the need for improved recognition of neurodevelopmental conditions

00:19:47.981 --> 00:19:53.821

in adopted and fostered young people by Tom Cawthorn and Matt Wilger from the

00:19:53.821 --> 00:19:56.121

National Adoption Fostering Clinic,

00:19:56.501 --> 00:20:02.581

who are both clinicians with a wealth of experience of working with care experienced

00:20:02.581 --> 00:20:05.981

children and young people.

00:20:06.141 --> 00:20:09.461

And we might also be touching on a letter to the editor.

00:20:09.841 --> 00:20:13.761

Yeah, they say the letter to the editor comes from Tom and Matt,

00:20:13.901 --> 00:20:16.581

but also Carmen Pinto and Stephen Scott.

00:20:16.821 --> 00:20:21.561

And that talks about a freedom of information request that they made to look

00:20:21.561 --> 00:20:28.301

at the Adoption and Special Guardianship Support Fund or the Adoption Support Fund, because,

00:20:29.421 --> 00:20:34.701

the Freedom of Information request kind of covered a period of time where they

00:20:34.701 --> 00:20:39.321

had both names, but they wanted to know the kind of commissioning of the services,

00:20:39.521 --> 00:20:41.381

which services were available, how they were commissioned,

00:20:42.001 --> 00:20:44.761

how the money was being spent.

00:20:45.381 --> 00:20:50.481

And again, we talk about that more in the podcast. The latter is very interesting

00:20:50.481 --> 00:20:56.441

and quite current, also in line with cuts to the Adoption Support and Special Guardianship Fund.

00:20:58.573 --> 00:21:03.773

The health notes are very important because they talk about a topic also quite

00:21:03.773 --> 00:21:09.333

close to my heart, but also generally that we often don't talk about the prevalence

00:21:09.333 --> 00:21:13.513

or higher prevalence of new developmental diagnosis such as ADHD,

00:21:13.853 --> 00:21:16.653

autism in care experience for children and young people.

00:21:16.773 --> 00:21:21.493

And it's really, really important to conduct early diagnosis that the right

00:21:21.493 --> 00:21:23.173

support can be put in place.

00:21:24.713 --> 00:21:27.693

So this is a really interesting read and comes from

00:21:27.693 --> 00:21:31.033

obviously people very very experienced with clinically

00:21:31.033 --> 00:21:34.013

working with co-experience children young

00:21:34.013 --> 00:21:39.973

people so yeah listen to the podcast read the article read the letter yeah yeah

00:21:39.973 --> 00:21:46.813

really really worth doing both things listening and reading i don't know if

00:21:46.813 --> 00:21:50.933

you would say that but really they genuinely it was a really really brilliant

00:21:50.933 --> 00:21:53.093

discussion that we had with them.

00:21:53.293 --> 00:21:56.733

Yeah, they're really, really significant pieces in the journal as well.

00:21:57.333 --> 00:22:00.233

So other than that, important to mention the legal notes.

00:22:00.913 --> 00:22:05.413

We've got legal notes, as usual, from England and Wales, Northern Ireland and Scotland.

00:22:06.413 --> 00:22:13.093

Topics are, again, broad ranging. So in Northern Ireland, it's looking at the issue of a father,

00:22:13.633 --> 00:22:18.493

a birth father in prison, not agreeing with a kinship adoption,

00:22:18.493 --> 00:22:22.793

and one that kind of went across jurisdictions and the complexities involved

00:22:22.793 --> 00:22:25.733

in that as well, in Northern Ireland and Public Ireland.

00:22:26.868 --> 00:22:30.368

That really interesting piece, revoking an adoption order.

00:22:30.728 --> 00:22:35.448

That's something that came up in a recent case in England, again,

00:22:35.548 --> 00:22:36.728

kind of really fascinating.

00:22:37.328 --> 00:22:41.648

And in Scotland, the courts have been looking again,

00:22:41.948 --> 00:22:46.668

I think this is an ongoing case about really looking at the nitty gritty of

00:22:46.668 --> 00:22:52.408

the law as to whether a permanence order could be made for somebody who's 16 plus.

00:22:52.408 --> 00:22:55.708

So that kind of thinking about the gap between 16 and 18.

00:22:56.008 --> 00:23:00.208

And yeah, that is really, really, you know, our legal notes are always really fascinating.

00:23:00.588 --> 00:23:04.548

And even though they're written by lawyers, and I mean this in the best possible

00:23:04.548 --> 00:23:07.928

way when I say even though you might think, oh gosh, it's really technical.

00:23:07.928 --> 00:23:12.528

But actually they're written in a really accessible way with great relevance

00:23:12.528 --> 00:23:15.628

to the work that lots of practitioners do.

00:23:16.188 --> 00:23:19.848

I always feel I learn something new and exciting when I read the legal notes.

00:23:19.968 --> 00:23:21.908

Because I always feel like, oh, this is interesting.

00:23:22.408 --> 00:23:25.028

Yeah. And they're quite short and sweet as well.

00:23:25.588 --> 00:23:29.028

They are short and sweet, and they're so interesting, and I think they're always

00:23:29.028 --> 00:23:34.188

really thought-provoking, and the kind of comments that are made in relation

00:23:34.188 --> 00:23:37.968

to the cases by our contributors as well kind of really get you thinking.

00:23:38.848 --> 00:23:41.868

For instance, in that kind of the Northern Ireland one, the first one that I

00:23:41.868 --> 00:23:47.248

mentioned, just across the process, his birth father mentioned some sexual abuse

00:23:47.248 --> 00:23:50.968

that happened in his childhood, and then he withdrew that.

00:23:50.968 --> 00:23:56.768

But as the contributor, Kerry O'Halloran, mentions, it never came up again.

00:23:56.928 --> 00:24:01.368

That was something that seemed quite important, was never addressed throughout

00:24:01.368 --> 00:24:04.388

the case. So yeah, really, really interesting stuff.

00:24:05.108 --> 00:24:10.808

So we have, to summarize, we have not one, but two review articles,

00:24:11.068 --> 00:24:17.808

a quite different topic, about consumer genetic testing and non-violent resistance interventions.

00:24:17.808 --> 00:24:23.888

We have a service evaluation on reflective parenting.

00:24:24.628 --> 00:24:29.408

We have articles from Norway and Australia.

00:24:30.848 --> 00:24:37.888

One on residential and, well, a combined residential and foster care setting and one on allegations.

00:24:38.428 --> 00:24:43.168

And then obviously we have the health notes on new development diagnoses.

00:24:43.168 --> 00:24:48.608

And more importantly, we have recorded not one but two podcasts,

00:24:48.928 --> 00:24:54.468

one with the Health Notes for the first time ever and one with Damien Rieks

00:24:54.468 --> 00:24:58.888

from Australia and the lovely CEO of the Foss String Network.

00:24:59.968 --> 00:25:03.028

Absolutely. So, you know, you can't ask for better than that, can you?

00:25:05.268 --> 00:25:09.528

Thank you very much for joining us and we'll see you next time. See you. Bye.