FAMILY AND PARENTING ANALOGIES IN AUSTRALIAN RESIDENTIAL CHILD CARE: A TIME FOR CHANGE

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INTRODUCTION

In Australia the family is often used as a model for provision of residential care for children. Associated with this model is an acceptance of the parent role as the appropriate one for residential child care workers. This article explores these ideas, outlining the positive and negative aspects of the family model and the parenting function. The alternative put forward is that of identifying residential child care personnel as child development workers.

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THE PRESENT SITUATION

In many parts of Australia the family model is in everyday use in the context of residential services for children. References to family group homes or cottage homes which are based on this model are myriad and in some instances represent the backbone of services offered. Often these services have been promoted to facilitate the move away from larger institutional living arrangements and are, therefore, perceived as important and progressive developments.

These family group homes may be part of a range of scattered residential services and consist of well located neighbourhood based properties of sufficient size to accommodate a small group of children and the relevant care providers. These care providers are often a married couple who may be called cottage parents or house-parents and receive various forms of support from personnel drawn from the wider agency context. Similar situations may also be found in some campus style facilities that offer residential services for children where agencies have restructured the programme, and created small units that are staffed in comparable ways. In each case the underlying notion in use is that of the family as a determinant in the design of both the campus cottage or family group home. Stemming from this model is the idea that the residential child care workers are substitute parents with this inferred role shaping the way in which the functions and tasks to be performed by these workers are viewed. A simple equation with the functions undertaken by natural parents in ordinary family situations is often drawn. The problem is, however, that this simple transposition of the notion of the family model into residential care often seems to have happened without any serious analysis of the central features of this model and without any querying of the extent to which it actually offers viable constructs around which to create various forms of services for children who need to live away from home. It is, therefore, the purpose in the following sections of this paper to lay out the dilemmas associated with the use of these analogies and offer an analysis that has been lacking in Australian residential child care up to the present moment in time.

THE FAMILY AS AN ANALOGY FOR RESIDENTIAL PROGRAMMES

Uncritical incorporation of the family model as a blueprint for revision of residential care for children produces a number of contradictions. Residential care for children is not family care for the following reasons:

— no blood ties exist between practitioners and those children for whom they act as care providers — it is not a familial situation;
— no blood ties exist (in the main) between the children in a family group home or any other residential care situation. When special arrangements are made for the care of siblings in a family group situation, it may constitute 'multiple fostering' rather than residential care. In either case, it is still not family care;
— residential care, and that includes family group homes, are specially created environments where there is a conscious and deliberate effort to promote appropriate development for children. The degree of planning and monitoring of children's development that is required is not equivalent to the usual functioning of a family;
— residential care and family group homes are not home or family — family and home, no matter how limited these may be is almost certainly elsewhere;
— a family home is owned in either a physical or psychological sense by persons who are blood related. All forms of residential care, including family group homes, can never achieve this status for the reasons given above and because the provision is almost always owned by a third party, namely an agency;
— finally, and significantly, the adults in a family situation, namely the natural parents, do not change. The composition of the family may change through divorce and similar events, but the natural parentage remains. The fact that care providers in family group homes and other residential contexts change over time and potentially on a fairly regular basis means that children in these places may be forced to engage with a series of care providers in a manner that is rarely, if ever, true of so-called normal family situations.

All these factors go to illustrate the point that residential care even when provided in a family group home if it is presented as family care is an illustion. It is an illusion that is both unhelpful and unkind to care providers and children. Not least of all because this illusion sets up expectations of continuity and the nature of relationships which can only be partially fulfilled. The relationships developed in child care have much creative potential provided that they are realistically based around other notions that do not recall family type models.

PARENTING AS AN ANALOGY FOR THE ROLE OF PRACTITIONERS

It is recognised that practitioners in residential programmes perform many 'parenting functions' which can be identified as:

'physical care (providing food, clothes, rest) habit training (personal and inter-personal hygiene), first aid (health care, maintenance and restoration), self-management in inter-personal contacts (peer and adult relationships) and the introduction of new stimulations and variations in daily life experience (planning new social contacts in the world of play, work and routine)'.
(Maier 1978)

Nevertheless, it is suggested that this analogy is limited when used as a guide for the role of these care providers. This is because:

— residential practitioners are not parents, natural or otherwise. When they act as care providers and perform the functions listed above on behalf of natural parents, they do so (or should be doing so) in order to utilise these events in the context of programmes in a deliberate and planned manner to promote child development;
— the title house-parent or cottage parents when applied to the role of care providers confuses all parties. These parties are the care providers themselves, children in care, natural parents and the public who resource and evaluate residential programmes.

As far as the children themselves are concerned, the title cottage-parent or house-parent can, if unexplained, and it often is unexplained, create some uncertainty in their minds as to what can be expected from these workers. It may also set up expectations for the children about the kinds of things their natural parents should be able to do for them which the natural parents, because of their personal limitations, may never be able to satisfy.

Furthermore, the parenting analogy and the resulting title may confuse natural parents and ensure tension between those acting as care providers and the actual parents. At some level natural parents who find their children in care must perceive themselves as having failed and experience a loss of self-esteem. If care providers then take a title that implies some assumption of the parental role this compounds the sense of diminished self-esteem. To do this creates the potential for a competitive rather than collaborative relationship between all the parties involved; namely child, natural parents and the immediate care providers.

The analogy also confuses the public because it allows them to ascribe to the work of residential care providers a similar low status to that which is typically allocated at least in Western type societies to child rearing, an issue which requires attention, not only in this context but elsewhere as well. That is to say this work, because it is generally performed by women, will be viewed as unskilled. At this point in time, the use of the parenting analogy allows the public to adopt this false idea and to deny the need for special knowledge that care providers obviously have to have if they are to work effectively with other people's troubled children.

Finally, care providers are increasingly required to demonstrate substantive knowledge of child development and the technical skills required for undertaking specialist developmental tasks with children. No such requirement is placed on natural parents.

THE NEED FOR AN ALTERNATIVE TO THE FAMILY MODEL

In one respect the emergence of family group homes which reflect early attempts to de-institutionalise the child care field are to be applauded. Unfortunately, in this process the family group as a basic model for residential care does appear to have been embraced with too little critical attention to the implications of this as a notion around which to design these programmes. Yet this model is limited for a number of reasons, not least of all because it brings with it the additional parenting analogy, an analogy which placed emphasis on the similarity between what care providers and what natural parents do. But in so doing the real differences in status and function outlined earlier are unhelpfully ignored. Indeed, together these two analogies contain serious deficiencies as a basis for service design. Moreover, what seems to have happened is that the uncritical acceptance of this model has allowed not only the positive aspects to be built into the new range of residential programmes, but the negative ones as well. As a consequence, some of the smaller family type units now in existence are as dysfunctional to the needs of troubled children as are the older institutions they allegedly replace. This is because they are often plagued by an unacceptable high level of staff turnover due to the stress the model places on care providers and are sometimes just as rigid in terms of routine as institutions. They can also be as unresponsive to the needs of some troubled children who, because they become unmanageable when placed in these programmes. are all too easily returned to the larger back-up institution. Finally, they create as far as children are concerned false notions of commitment and continuity which it is not possible to fulfil. All of these factors then result in the residential programme and the care providers becoming the equivalent of the failing natural family. However, this is not to suggest that the family as an analogy has no uses. Rather it is to argue that the need is to build programmes which whilst reflecting the positive features of family life are not exclusively or primarily based on the analogy. In this respect the positive features of family life are worth noting. These are:

— the family provides a small group living situation in which close contact between children and care providers can be maintained and care conveyed through the provision of food, clothes and similar items;
— the small group offers possibilities for continuity of contact between the children and care providers and allows the adults to model peer and adult relationships and thereby teach about aspects of self-management and inter-personal contacts;
— the small group also allows for the care providers by virtue of close contact with the children to involve themselves in habit training that forms a basis for personal and inter-personal hygiene;
— similarly the small group situation also permits recognition of individual needs, i.e. variation in temperament and allows for a flexibility of response to those needs;
— whilst finally the small group also allows the care providers to plan variations in daily routines that are stimulating and offer valuable socialisation opportunities to children.

It is these central characteristics of the family that need to be utilised in planning residential programmes rather than to use the family per se as a model. This is because not all families are ideal or able to provide the above as well as might be desired. It is worth, in fact, remembering that the dysfunctional family is as well known in professional literature as is the dysfunctional institution. Indeed to design a residential programme containing all the above positive features is a major challenge. Additionally care providers who are able to work in such a way as to ensure that all these features are maintained undertake a task which requires a high level of specialist skills.

CARE PROVIDERS AS CHILD DEVELOPMENT WORKERS

Earlier in this article attention was drawn to the requirement now increasingly placed on those who work directly with children in residential programmes as house or cottage parents for an understanding of child development and technical skills required for work with other people's troubled children. Given the fact that fewer children through the correct use of various forms of foster care are likely in the future to enter residential programmes, it is now apparent that those who do will be increasingly troubled. There is, therefore, no way in which these requirements can any longer be ignored, nor can they be assumed to exist under such historic slogans as the provision of 'Tender Loving Care'. It is essential that all those who work directly with children provide this, but it must also be accompanied by firm knowledge of child development and those refined skills to which reference has been made. This knowledge and these skills are, in fact, most likely to be acquired through various forms of in-service, professional and post-professional training rather than through the type of happenstance arrangements which now exist. In this respect the requirements outlined which are also relevant to the increased accountability that is clearly now in evidence in the residential service area implies a shift in the role of care providers with children in the direction of a more clearly designated developmental function. This function it is suggested is that of a specialist who whilst working directly with troubled children — not in the professionally defined space of an office, but actually on the floor of a residential programme, is able to use everyday life events to unleash new developments and growth in those children who are placed in care. It is, therefore, in the light of the above

suggested that the term cottage or house-parents is no longer a true reflection of the work these care providers undertake and should be replaced by a more accurate title. This title should reflect neither family nor parental models, but should instead clearly identify the profoundly important nature of this work. 'Child development worker' is the obvious choice, but in proposing this radical shift in title it is important to underline that such a shift is not simply semantic tampering. It is a way of moving the field forward into a more contemporaneous position and fashioning how the public perceive and value the task which residential care providers undertake on their behalf.

CONCLUDING COMMENT

It is therefore suggested that a review of the family group home model and the role this imposes by inference on those who act as care providers in these contexts is long overdue. The suggestion is that the challenge faced by the field is to find ways of designing residential programmes for children which will be neither institutionalising, nor based on what is viewed as an unkind illusion to family life. The positive features of family life as outlined are capable of being used as one set of guiding principles around which to construct residential group living situations, but others are also needed. These living situations need to be viewed as viable, socially engineered alternative forms of living for these minority of children who need to live away from home, probably for a limited period. Only if there is recognition of residential care as a specially created change environment are agencies likely to move these services forward so that they enter a new era of development. In the light of other service innovations which include many imaginative projects designed to promote alternative forms of service this era is likely to be very challenging. To remain with the family group home and parenting analogies is unlikely to facilitate such movements. This is because the family group home model encourages the notion that family care is always better care. This ignores the fact that for some children with exceptional needs such a placement may not be an appropriate option and that developmental work may first have to be undertaken in a residential care context where specialist skills are readily available. The family model does not help the public to understand the importance of the work done in residential programmes. It allows the public to ignore the resource requirements this demands, to support the low remuneration offered to care providers and give them a low place in the general occupational hierarchy. All of which is to the detriment of the children who need our special care. To abandon the family model and to think in terms of programme design for alternative small group living units and of care providers as child development workers may well be the first step in convincing the public that residential child care as an area of service now requires proper professional recognition.

REFERENCES

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