ings of an inter-generational kind. Much of the motivation emerges from a feeling of anxiety about the stability and health of the family unit. But it is much more than that. Health, in the total sense, is rather the gift of a supportive network of people who recognise the uniqueness of each member of their primary reference group. To the degree that neighborhoods exist in this extended sense and where the subtle membrane of "community" remains intact then there are resources within the hands of ordinary people-in-community to do much of that "cure of souls" which has become, under the impact of welfare history and professional mythology, the exclusive province of Care agencies. If it is true that all of life hangs on the thin thread of

families within familiar neighborhoods oriented to receiving individuals into their shared life as part of their normal expectations? Without the weight of professional expertise and multitudinous other responsibilities, such groups could more readily spend time and take responsibility for those included in its circle.

As a consequence those committed to community health would find their task re-defined. The task would be that of encouraging extended family groupings as an alternative to institutionalised care whether day centres, family welfare or residency programmes. In other times "tribal" responsibility has provided the genuinely therapeutic centre for most people who ad-

find ourselves significantly affirmed. That is the argument that underlies the move to alternative Life-Styles. In the end, however we may dislike it, the case seems unanswerable.

Whether we have the will or the capacity to fashion creative alternatives is the question that remains. It seems from the perspective we have been considering Welfare Agencies the most critical question of all. Child care programmes have not moved far enough. In the last decade we have seen a move from the focus on the child to a concern for the family unit. That movement now points further, . . . to the family-in-community and to the creation of familial communities. The next step needs to be taken.

"The cure of souls and professional Mythology"

conversation as Peter Berger claims, then an intimate social environment in which a nomic conversation is possible, a conversation that creates, reinforces and assures identity, needs to be a prime focus of the action of concerned human beings of any religious, political or social persuasion.

Such a value stance requires an accompanying mode of operation which is directed not to a further atomisation of the units of social commerce, divided by such variables as age, sex, status or education, but rather the recovery of an organic sense of community sufficiently open to embrace within its warmth all those who by circumstance or need fall within its care.

The Alternative: Realistic or Idealistic?

From this perspective some implications for child care services can be drawn.

Firstly why should those regarded by the police, courts or medical services as being either culpable or at risk be referred as a matter of course to institutional forms or care? Is it not possible to have de-centralised units, such as small circles of

justed, as the community absorbed their hunt and pain, readily, creatively and permanently. Why not now?

If this "counter-culture" proposal seems naive, idealistic and unrealistic, the problem may be not that it is so but that our educational support-systems and professional hubris has lead us to conclude that it is so. The structural fundamentalism which afflicts us all leads us to distrust the healing processes resident within an open gathering of average human beings. To the degree that psycho-social environment is taken seriously, in the end we must trust it to do what our ventures in care never do, support the individual's growth into wholeness for the majority of his life. In the end if there is no essential community which gives life to the people of a particular culture, the social structures will never prove an adequate substitute. However efficient, co-ordinated, de-regionalised or available services may be, in the end they fall helpless if there are not voluntary associations of people, living out of an affirmative view of human life who provide the continuing network of contact in which we

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