

GROUP HOME CARE

— an inside view

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INTRODUCTION

Every child is entitled to share in, and be part of family life. Where the child's natural family is unable to offer that family experience society is obligated to provide a substitute family. Family group home care should not be regarded as substitute family care. However, if agencies conducting family group home programmes are aware of the limitations of this model, the positive aspects of family group home care may be optimised.

This article seeks to reach two groups of people. Firstly those involved in the conduct of a family group home programme, and for whom the major content of this article will be familiar. For them the paper aims to clarify certain aspects of the nature of this residential model and encourage a realistic appraisal of that which it may offer a child. The second is those who may occasionally find it necessary to place a child in residential care without a thorough knowledge of the available options and their suitability. The critical nature of their decision to place a child outside the natural family and the doubtful reassurance from a residential agency that long term family group home care offers a 'family' experience and on that basis is in the best interests of the child, should be recognized as such.

The demand for residential care for socially disadvantaged children is diminishing. The traditional residential care service has become a less significant component in family welfare services and this trend is to be applauded. It presents significant implications for voluntary agencies whose *raison d'être* was or still is residential care. The choice confronting these agencies is to reduce their services and their financial viability or make directional changes in response to other welfare needs.

Family group home care, well supported by government and voluntary agencies, has traditionally been regarded as the ultimate in substitute care. Participants in case reviews will be familiar with the attitude that if a family group home placement could be found the worker need search no further. It has also been regarded as acceptable to allow children to remain in family group home care for the remainder of their childhood if return to the natural family was not possible.

The young sibling groups, once the major consumers, are now making up less of the residential care population. Instead, older age children in the pre-adolescent and adolescent age group are being admitted for the first time throughout Australia.

Agencies need to examine the appropriateness of the family group home model for these children. A future development may be that family group home care provides accommodation for special needs children and large sibling groups after attempts to secure integrated care has failed.

However, future is the operative word, as the residential child welfare field is cumbersome, and slow to take new directions unless forced to do so by changing funding arrangements.

Some government departments in Australia have in fact begun to do this and some resources used for residential child care in the past have been and are being moved to fund family care services. Some voluntary agencies have taken the initiative themselves and encouraged this government action.

There is, however, no reason why the children who remain in traditional residential care should wallow in a backwater of stagnant services. Ways to improve the quality of services should constantly be pursued until a new or improved model comes into operation.

There are significant numbers of children at present in family group home care. Figures to hand indicate that last year there were approximately 2,000 children aged from 0 - 18 years living in government and voluntary family group homes in Australia.¹

There is a paucity of literature concerning family group home care, and that which is available more often originates from overseas. Many comfortable words have been written about the concept of the family model as the basis for a residential care unit. It is as if the word 'family' ensures success in binding a number of mostly unrelated adults and children into a cohesive, loving pseudo-family group. For example, to quote the First Draft Principle of scattered Family Group Home units of D.C.W.S. of Victoria,

"the provision of a 'family like' 'home like' substitute care environment for children with as many normalising life experiences and as



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few 'institutional' characteristics as possible."

Vague reference to 'family' and 'home' tends to provide unjustified reassurance.

The development of the 'family group' as a model for residential substitute child care was developed in response to the knowledge within the child care field that the needs of most children were better met within a small group. It was also recognised that constancy of the caring personnel was significant if the children in care were to learn or maintain their ability to form meaningful relationships. Over the past thirty years many agencies have responded to the pressure for change and have moved into the family group home model.

Some agencies providing large-scale institutional care took the intermediate step into on-campus care and one would hope that these units disappear with alacrity.

Other agencies established so-called specialised treatment programmes. The sceptical observer is tempted to enquire whether this was in response to the needs of 'disturbed' children or the need of the agency to find a use for otherwise redundant welfare plant.

The term 'family group home' indicates a model based on the structure of the family, that is, a mother and father figure, 4 - 6 children living in a house within the community.

There are two main reasons for providing residential care for children. The first is to provide it as a temporary support for the family under stress. The second is to provide it as a substitute for a family that has failed and will be unable to provide care for the child in the long-term. It is common for the one family group home to care for children in both these categories.

The agency conducting substitute care based on the family model needs to examine carefully what it is aiming to achieve.

What are the elements of the natural family that we seek to reproduce within the family group home? Physical comfort, acceptance, affection, opportunities for personal achievement, security and well-adjusted adult models are the most important.

What do we wish to achieve for the child? A sense of personal value and an opportunity to relate positively with another adult and through that relationship to learn how to relate to other adults and children, including the child's natural family.

The pitfall is that having set up a family model, the expectation is that the residents will behave as a family.

It is important to understand the nature of family group home care. Here we have a care-giver paid to care, who takes annual leave away from the children, who lives in a house owned by the agency, who is not financially responsible for the care of the children and who may leave the employment and the children altogether. The child care worker may take days off each week in which case another person will move in for that time. We have therefore, a model ostensibly based on the family that has, in fact, many aspects that are the antithesis of natural family functioning.

Let us examine a typical family group home. A married couple, one child of their own, two siblings and three single children. Six children placing demands upon the model. It is essential to include children of cottage parents when examining the dynamics of the unit and the ability of that unit to meet the individual needs of the children. It is doubtful that a unit containing a group of children larger in total than five will be able to adequately provide for individual needs.

It is not valid to compare a large number of children in the natural family to the equivalent in a family group home. A number of critical elements are missing.

The first, of course, is that the parental figures are not the natural parents. It is almost impossible to recreate the natural parent/child relationship unless the child has come into the care of that adult at an early age. The difficulty for the child to feel he is 'special' to the

cottage parents as is a natural child has wide implications on the child's self-esteem and consequently on his general behaviour and emotional development. Secondly, the child will most likely be living with other children not his siblings.

Children in substitute care often share similar family backgrounds. Inadequate, impoverished parenting often arising from the parent's own similar experience, physical violence between parents and parents and children, alcohol and drug abuse, lack of adequate stimulation, single parent, and domiciliary mobility are common factors in many families of children in care. Because of it, these children come into care with many special needs and compete with each other for them to be met. They also come into care with a history of damaged relationships and rejection from adults. They come into care fragile and vulnerable. They require a sensitive, non-competitive, accepting and secure environment to make some

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progress towards recovery. I believe many family group homes are not able to provide this because of -

- lack of skills and insight of the cottage parents,
- too many children,
- overloading of children with similar needs,
- agency policy that attempts to mould the child to fit the system rather than the reverse.

In aiming to provide a family based model the agency needs to be aware of the in-built limitations mentioned. The agency needs to carefully examine its expectations of cottage parents and the cottage parents need to share these expectations. It is folly to expect cottage parents to behave like natural parents. It is essential that the cottage parents be aware that they are the direct care arm of a team, with the agency

being ultimately responsible for the welfare of the child on behalf of the State or the natural family.

Living together in a family group home setting enables both child and caregiver to share in a very personal relationship, negative or positive. Because of staff changes the termination of this relationship may precede the child's own departure. If it is a negative relationship the child will have suffered further damage to his ability to establish worthwhile relationships, confirmed his view that people are there for what he can get out of them, and be pleased to see them go.

Alternatively, he may be required to conclude a relationship that offered comfort and security and in which he was able to find emotional growth and confidence given the limitations of the model.

Many workers involved in residential child care have observed a child grieving over the conclusion of a relationship, and anxiously awaiting for the commencement of the next. Children in longterm substitute care are usually required to make a number of such relationships, and gather along their way a large number of people who know them intimately, compared to their peers living with their natural families.

This process in itself has implications for their expectations and behaviour in relating to others.

The relationship between the adult and child is the most significant element in the success or otherwise of family group home functioning.

It is of some comfort to learn from the survey conducted by the Children's Bureau of Australia, that within the voluntary residential child care field the lowest staff turnover is in family group homes. (Gregory, G. & Smith, N.).

However low, for the individual child involved in staff changes, the effect can be damaging. To quote from 'Particular Care'

"... the lack of continuity in the substitute parent/child relationship (which) may, in some cases, be as emotionally harmful as the situation from which the child was removed." (Ibid, p. 123).

This characteristic of substitute care presents a paradoxical situation. On the one hand the child is placed in a 'family' type situation to learn to establish meaningful relationships and on the other hand, he soon learns to protect himself from making too great an emotional investment in case the cottage parents leave before he does.

In family group homes it is usually the woman who is employed by the agency as a child care worker. There is an assumption (by most men and some women) that women have inherent mothering skills, and that these skills

are sufficient to cope with children from dysfunctional family backgrounds. This is not often so. Cottage parents need to acknowledge that there is always something more to be learnt. If they do not, the agency can expect from that family group home, an inadequate, barren service and the child in care deserves more than that. So much of the functioning of the family group home depends on the personal resources of the cottage parents, their willingness to attempt innovative ways of working and on their level of commitment to the individual child and on the quality of agency support given them.

What becomes obvious is that the traditionally less well-educated and less well-paid child care worker has more contact with the child than any other worker in the agency. It is essential that the agency provide an active training programme for cottage parents. It is also essential that the agency provide a 24 hour support system to the family group home. Cottage parents, although selected because of their strong personal resources, should never feel abandoned by the agency in time of crisis.

It is of serious concern that within the D.C.W.S. of Victoria family group homes, nearly one-third of cottage parents do not have access to after-hours (presumably office hours) support

(D.C.W.S., "Review of the family group home programs operating in Victoria," Victoria, 1981, p. 49).

Supervision is a critical element in the management of the family group home. The agency must recognise the serious responsibility it takes upon itself in employing staff to care for someone else's children. In the family group home situation the child is extremely vulnerable and the agency needs to be constantly vigilant to prevent violation of the rights of the child as a result of intentional or unintentional actions or attitudes of the direct care staff.

There are many conflicts in supervising the family group home, while attempting to maintain a natural atmosphere. From the child's viewpoint the supervision needs to be unobtrusive. For the cottage parents, the supervision needs to be obtrusive, to achieve an awareness of the part of the cottage parents that the child's welfare is closely monitored.

Most of the supervision needs to take place when the children are not present. The agency needs to allow the cottage parents enough power to function effectively in areas of discipline and decision making. However, the children need to develop a relationship with at least one other member of the agency sufficient to provide a refuge in case of

genuine unhappiness through unresolved cottage parent/child conflict through to emotional and physical abuse and neglect.

Beware the cottage parent who regularly says that there are no problems. This may indicate a person reluctant or unskilled in teamwork and who resists agency involvement. It rarely indicates there are no problems.

One would hope that the staff selection process would produce cottage parents very well suited to the task they are expected to do. Unfortunately this does not always occur and I would suggest that every agency, if they are honest, can recall some dismally unsuitable staff selections.

Identification of the motives of cottage parents applicants often indicates their future performance potential. A cottage parent who sees the primary responsibility to be keeping house and cooking meals may offer a well organised, shiny family group home with little awareness of the children's needs and little enthusiasm or ability to implement any team decisions.

A couple unable to have children who see cottage parenting as instant family may well become possessive and perceive agency involvement as a threat to their parental position. Submissive, compliant, non-initiating staff are easier



to supervise than those who are creative and assertive, but the latter offer so much more to the children in their care.

The following issues need to be discussed with the cottage parents:—

- the role of cottage parent in relations to the child and to the agency,
- the role of the supervisor,
- discipline and child management,
- practical care of the child,
- identification of special needs and management,
- the place of the cottage parent's child within the group,
- the implementation of individual programmes for the child,
- the development of teamwork,
- the administration of the family group home.

Successful teamwork requires acknowledgement by the agency that the cottage parents are on the frontline and require regular support to implement team decisions.

The relationship of the supervisor and the cottage parent is important. Over a period of time a friendly 'social' relationship will most likely develop which can cause two things to happen. The first is that the supervisor may unconsciously be less vigilant in supervision. Secondly, upon discovery of something serious requiring discussion and action, the supervisor may experience unease at the thought of doing so. Somebody has to play watchdog. Within residential care there needs to be diligent monitor to ensure the rights of the child are not violated. Just as the child was considered 'at risk' in his natural family (else he should not be admitted to care) he is also 'at risk' while in substitute care. It is essential to establish a strong working relationship between cottage parent and supervisor.

The supervisor should be aware of the following issues at each supervisory session:—

- the physical welfare of the child
- the emotional welfare of the child
- the educational welfare of the child
- the ongoing relationship with cottage parents
- the ongoing relationship with natural parents
- the ongoing relationship with other children in the family group home
- the social needs of the child
- the identification of stresses within the family group home and their management
- the relationship between cottage parents,
- the relationship between the supervisor and the cottage parents.

In the light of this current information the following questions should be asked:—

Is there any infringement on the rights of:

- the child
- the other children in the family group home
- the cottage parents
- the natural family
- the community?

It is a wise agency who seeks to encourage the cottage parent to be involved with the child in decision making for the child's present and planning for the child's future.

This process avoids risking a feeling of alienation on the part of the cottage parent and encourages interest and teamwork.

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Family group homes need to be seen as part of the range of welfare services for children. For some children it may be the most appropriate alternative.

For most children it is not the most appropriate alternative. Family group home care should be seen as part of the family support system and not a threat to it.

There should be good reason why a child is removed from his family. There may be as much at risk in making the decision that a child remain in care rather than return to the natural family. There should be equally good reason why he is placed in long term family group home care.

In theory, agencies and government departments are required to justify why a child should remain in long term family group home care. In practice, agency obstinacy may prevent a child from taking advantage of a more appropriate placement, e.g. foster care. There

may be valid reasons why a child should remain in long term family group home care. However, the agency needs to examine closely its reasons for supporting this course of action, and not be guilty of using children to aid its survival as an agency of residential care.

A child is entitled to a place in a family and to share in family life. For the child who is unable to live with in his own family society has an obligation to provide a substitute. For the child that substitute is second best to nurturing care in their own families. In proposing a place within a family group home let us be aware of exactly what we are offering and respect its many limitations. Only in this way can we optimise the positive aspects of family group home care.

NOTES

- 1 These figures are the result of information from the Annual Reports listed at the conclusion of the list of references, as well as telephone calls to Tasmania, South Australia and New South Wales to determine the voluntary agency population.

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