

# the passing of an era . .

Sister M. Agatha Rogers, Dip. Ed. (Maladjusted Children) London.

Sister Agatha was appointed to Director of St. Catherine's in 1972 following twelve months overseas study as a Churchill Scholar.

Her study focused on alternative types of care for children and she was the prime mover behind the re-evaluation of the St. Catherine's program of which the new Treatment — Rehabilitation complex is a part.

On the eve of closing the doors of a large congregate institution, I look around and see remnants of furniture which must be disposed of, a broken toy here and there, the deserted garden. I miss the sound of the children's voices and still feel some of the warmth that lingers around the place and I stand and consider what madness has forced me to do this yet a second time.

It all seems so right when you think of the needs of the child, his right to live with his family or at least to live in a family like atmosphere within the community, his right to grow in an environment where there are male and female influences and in an environment that will not call for tremendous adjustments when he moves on to another setting.

It also seems right when you consider the special services he needs to enable him to succeed in school, to enable him to relate to others and it seems more than right when this enables the old to be replaced with services that could be a model for providing for the future needs of children who are increasingly becoming a burden on the system — the emotionally disturbed.

Then it all seems so wrong in the eyes of the people who regret the passing of the era of the institution, who are nostalgic about that lovely building, who fear the forces that have influenced you. It is fruitless to explain that this building has served its purpose and is no longer meeting the needs of the children. They point to other institutions that are valiantly maintaining their original identity. How wise they are not to be braving the cold winds of public reproof and not to engage in the struggle for finance for a new idea. There is no precedent and furthermore it is spending so much money on so few children. There is no time to think of the future, only the present and the hundreds of children that are requiring basic care now. Rehabilitation is an idea that can't be entertained.

Gisela Konopka, professor of Social Work Minnesota U.S.A. believes that a "changing culture asks for changing services". There is no doubt that we are experiencing great cultural changes in our society, but it is nothing but a strong conviction arising out of a deep concern for children that would enable one to

work through the obstacles that stand in the way of making those changes that are needed to provide for the new demands on existing services.

It has always been a matter of concern to know that whatever the needs of the child in our care they had to be met within one set of facilities and this was high-lighted when we reviewed the children in care at St. Catherine's prior to making any changes.

We looked at the circumstances that contributed to their institutionalisation, the length of time they had been in care and what changes had occurred in their parental situation in that time. Many of these children had been in care for long periods up to twelve years with spasmodic contact with parents. In some cases the family had disappeared altogether from the scene.

It became evident that one of our first needs was a Social Worker. If the Social Welfare Department was not able to follow up the parents we would have to do it ourselves. Further work with parents meant that some children were returned to their families and then it was a matter of looking at what choices remained for the others.

The effects of institutionalisation over a long period were seen only too clearly in the adolescents in their lack of social skills, their poor self image, their very real fears of facing the world on their own. Their frustrations and inability to cope with constant failure in the school system was expressed in anti-social behaviour both at home and at school.

Previous changes from dormitory care to the more personal living in self contained flats had done much to increase the girls self confidence but it was difficult for staff to function well under these conditions and many of the former aspects of the large institution still remained.

Whilst this review of individual children was in process a study of the finance revealed that the major part of the finance was being poured into the building and grounds with little real benefit to the children.

This led to the sale of the property at Highton and the search for a position that would enable us to bring our ser-

vices closer to the people who were likely to use them.

Our original planning centred around two areas — a Foster-Care programme and an Educational Rehabilitation programme. Many hours of discussion, testing out of theories and planning for children's individual needs enabled us to develop a programme which slowly grew. This created the need for additional staff.

In 1972 we began with a part-time Psychologist and a Remedial Teacher. Towards the end of 1972 we were able to obtain a Social Worker and with this small team we began to develop our present programme.

It was evident from the start that our rehabilitation or treatment programme was to be the core of our whole activity. The type of child being referred to us was calling for something more than loving tender care and we needed skilled staff to understand this child's needs and to support and help the Child Care Worker to develop like skills so that the daily living programme may be in itself, therapeutic. Much that is gained in a therapy session could be lost if this were not the case.

A team consisting of all those in close contact with the child, the Child Care Workers directly responsible, the Remedial teacher, Play Therapist and Social Worker involved with the family is set up for each child.

This team pools all the information gleaned from family history, child's experiences before and after coming into care, school reports and Child Care Workers reports and then with a conscious effort to isolate the child's most immediate needs begin to plan individual programme for him e.g. it may be seen —

- i) that he needs one mother figure and one member of staff undertakes to be that mother figure making him her special concern.
- (ii) that he needs remedial help in reading and mathematics. Remedial sessions are arranged.
- (iii) that he needs help in gaining emotional control. Sessions with the Play therapist may be arranged.

Following the first meeting the team holds regular monthly reviews, but during the month there is a great deal of informal communication in which any relevant information is exchanged. Failure to respond to the treatment may call for some adjustment to the plan. Close observation and recording of information enables the team to learn a great deal about the child and his responses. In some cases behaviour modification techniques are used, but everything is aimed at helping this child to grow in the ability to handle his frustrations and in the ability to make a meaningful relationship with an adult figure.

The child's progress may be slow but any steps towards emotional control and self determination are encouraged and used to build his feelings of self confidence.

When the therapeutic team feels that the child is ready to move out of the programme there are several alternatives or outlets.

As the goal of the whole programme is to enable the child to function satisfactorily with his natural family in his own home, this is given first consideration. Other than this there is Foster-Care or a Family Group Home or in the case of an older child where there is need for continued treatment, the community adolescent programme may be used. This is another section of our programme known as Candover Place which was designed for adolescents with special needs.

It is felt that the success of any of our programmes would depend on the continued support or after care that is available, but this is particularly so in the case of children being returned to their families.

The work with the family is initiated by the Social Worker in most cases before the decision to take the child into care is made and while the educational or rehabilitational team is working with the child he is working with the family,



The former St. Catherine's Children's Home, Geelong (Victoria).

developing their strengths, making them aware of and enabling them to use community facilities and support services that will help them to improve their functioning as a family. He is the liaison between the team working with the child and with the family. He is able to interpret to them the child's unusual behaviour patterns and explain how they are being handled. In short he is helping them to develop new insights and a greater understanding of their own child. In the early stages of this programme an experiment in working with a group of parents was conducted and it is hoped to conduct more parent discussion groups as time goes on.

Much of what has been said in this article has related to children in residence but when one looks at the reasons for referrals to our programme it is evident that for many children there is no reason to actually come into residence. Continued requests for admission for children who have been excluded from school or who are disruptive and unable to learn in a normal classroom point to the fact that while a great amount of work has to be done with the parents in developing understanding and right attitudes toward the child his essential need is to overcome his sense of failure and lack of self confidence, by experiencing success in the basic skills of learning.

With this in mind a skilled Remedial teacher is seen as the first priority. This teacher has her own team consisting of a Play therapist and Child Development teacher. They are also supported by a consultant Psychologist and Psychiatrist who attend on a regular basis.

Apart from learning limitations many of these children are lacking in social experience and are lagging behind in other areas of development. It will be the work of the Child Development teacher to provide experiences that will fill out their general background of living and through the use of specialised play equipment both indoor and outdoor will help them to develop their powers of concentration and co-ordination.

The Play therapist will be used very much in a diagnostic sense but also in on-going treatment for children who are unable to relate to adults or their peers.

Detailed records are kept of every child's progress and regular Staff conferences provide an opportunity for sifting information and assessing the value of the individual programme for the child.

Added to this it becomes a valuable means of education for all Staff both in child development and in recognising and understanding problem behaviour.

Several outlets from this programme were mentioned and these have not been developed here as they in themselves would comprise a volume of their own but each are important as allowing for further alternatives at different stages of development.

The whole programme developed as stated originally out of concern for the individual needs of children but it has become possible only through the acquisition of skilled staff with a similar concern who have enriched the programme with their personal gifts and individual background of training.