ONCE MORE WITH FEELING

Frank Ainsworth, Head, School of Social Work, Phillip Institute of Technology, Bundoora, Victoria 3083

Patricia Hansen, Deputy Chief Social Worker, Austin Hospital, Victoria, 3084

INTRODUCTION

This response to Oakley's article 'Group Home Care – An Inside View (1984)' arises from our concern about the confused thinking and contradictory positions that are to be found in that article. These confusions and contradictions relate to the purpose of residential care, how it should be constructed, the role of direct care providers and the tasks of their supervisors. The article, whilst clearly drawing on some of the ideas that we expressed earlier (Hansen and Ainsworth, 1983), also shows that the content of our writings has been less than understood by Oakley and possibly other readers. Our purpose in this response, therefore, is to adress some of Oakley's statements and thereby explore further some key issues in residential care for children. In so doing we also want to make a heartfelt plea for greater clarity of thought. This clarity is, in our view, of immense importance if children, both present and future generations, are to receive the assistance they deserve from residential care services.

FAMILY GROUP HOMES CANNOT BE SUBSTITUTE CARE VENUES

Oakley commences her article by stating categorically that family group home care should not be regarded as substitute family care. This is a position with which we totally agree. The only real forms of substitute care for children who cannot live with their natural parent(s) are fostering and adoption. This is because only those types of services are capable of offering a child the opportunity to share in, and be part of family life, which Oakley indicates society is obliged to provide. Unfortunately, at a later stage in the article the purposes of residential care are stated in a way that re-embraces the notion of substitute care. This occurs when Oakley writes:

> 'There are two main reasons for providing residential care for children. The first is to provide 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.'

This is just one illustration of contradictions presented throughout the article.

RESIDENTIAL SERVICES AS FAMILY SUPPORT SERVICES

One way to break away from the inadequate categorisation Oakley provides in regard to the use of residential care, and in particular the inaccurate emphasis on substitute care, is for the valuable uses of these services to be made clear. In this respect the newer emphasis on residential care as alternative or supplementary forms of service (David 1981) is helpful. Residential care viewed as alternative or supplementary service implies that such services are designed to preserve and promote the strengths of the existing natural family, no matter how this is constructed. Under such arrangements direct care providers view themselves not as substitute carers replacing natural parents, but as members of a support network that exists to bolster family life. (Whittaker & Garbarino, 1983). They do not seek to replicate the existing family or to assume parental roles. Rather they seek to identify and occupy roles that are more akin to those that occur in informal support networks that surround most families (i.e. neighbours, friends). Indeed in most families this network supports the parent(s) and provides the essential supplementary and alternative services that makes 'good' child care possible. Within this approach, residential services and direct care providers seek to replicate those networks where they do not already exist or are underdeveloped. Even when children require placement in very specialised settings because of unusual behaviour or developmental problems the services provided remain as supplementary or alternative to the natural family.

THE IDEALISED FAMILY IS NOT A MODEL FOR RESIDENTIAL SERVICES

Once the notion of residential care as a supplementary and alternative form of service is adopted, the idea that these services should be framed around the family as a model, becomes untenable. Indeed to use that model is a major error in analysis and conceptualization which locks residential services and direct care practitioners into past practices.

In that respect what we regret most of all in Oakley's article is the attempt to find ways of ameliorating the problems which are inherent in the family model. The family model as a framework for service design is based on the notion that it is possible to replicate the natural parent/child relationship in a residential setting and between children and care providers who are not related. Oakley acknowledges this when she states:

> "It is almost impossible to recreate the natural parent/child relationship unless the child comes into care at an early age."

We would go further and state emphatically that it is not *almost impossible* to recreate this relationship, it is *totally impossible*. Moreover, direct care practitioners should not even be attempting this task. To even suggest such an aim takes us back to the idea of residential care as substitute care. Once again Oakley's confusion on this issue is evident.

All of this means that the family model is incapable of the gradual reform that

Oakley proposes. It must be abandoned in favour of more constructive alternatives. Indeed models for the creation of residential care environments that can meet the teaching, treatment, nurturance and control needs (Ainsworth 1985) of children (and adults) do exist (Canter and Canter, 1979; Moos, 1980; Kennard 1984). We would suggest that it is time that the field began to pursue these approaches with more vigor.

TRAINING AND SUPERVISION OF DIRECT CARE PROVIDERS

From our comments it must be obvious that we regret that Oakley finds it necessary to stay loyal to the family model rather than move to a more contemporary service scenario. However, even when with some effort, we stay within the narrowness of her conception of residential services for children, we find ourselves at differences with her. This is particularly true when her remarks on training and staff supervision are considered. Our objection is that in spite of references to the need for team work and delegated decision-making powers to direct care providers, what she actually does is place this key group of practitioners in a sub-servient relationship to all other agency personnel. She does this whilst acknowledging that direct care providers are the most powerful agents of change, as far as children in care are concerned. She states:

> "Just as the child was considered at risk in the natural family (else he should not be admitted to care) he is also at risk while in substitute care."

Thus she equates direct care providers with inadequate, failing, abusing, natural parents from whom the child must be protected, if not saved. It is exactly this attitude, which when adopted by direct care providers, makes co-operation with natural parents so difficult, and explains why so often natural parents fail to visit children in care (Millham et al. 1984; Fanshell and Shinn, 1978). If the same attitude of moral and intellectual superiority is adopted by supervisory personnel then the agency will also fail to gain the necessary co-operation between supervisors and direct care practitioners. Yet Oakley falls into this trap when she refers to direct care personnel as 'the traditionally less well educated and less well paid child care workers' and when she says in referring to the supervisory role 'somebody has to play watchdog'. Because of this the guidelines for the supervisory role that Oakley presents, which are based on such false premises, simply lead us in the wrong direction.

Of course, it is more than self evident that direct care practitioners require more assistance with the difficult tasks they are asked to perform. A positive way of achieving this would be for the views and opinions of direct care practitioners themselves to be given a central place in any development in supervisory practices or of training programmes.

In the end we wondered if direct care practitioners reading Oakley's article would see it as 'an inside view'. From our reading it seemed more like a view from 'on high' because it conveyed an undervaluation of the capacities of direct care personnel. But perhaps this is an inevitable consequence of embracing the idealised family as a model for residential services for children.

REFERENCES

Ainsworth, F. Residential Programmes for Children and Youth: An Exercise in Reframing; British Journal of Social Work, Vol. 15, No. 1; 1985.

Canter, D. & Cabter, S. Designing for Therapeutic Environments; John Wiley, Chichester, U.K.; 1979.

Davis, A. The Residential Solution: Tavistock Publications, London; 1981.

Fanshel, D. & Shinn, E.B. Children in Foster Care: A longtitudinal investigation; Columbia University Press, N.Y.; 1978.

Hansen, P. & Ainsworth, F. Family and Parenting Analogies in Australian Residential Child Care: A Time for Change; Australian Child & Family Welfare, Vol. 8, No. 3/4; 1983.

Kennard, D. (with Roberts, J.) Introduction to Therapeutic Communities, Routledge.

Millham, S. Bullock, R. The problems of maintaining links between children in care and their families; Dartington Social Research Unit; Totnes, Devon, U.K.; 1984.

Moos, R.H. Evaluating the Environments of Residential Care Settings. International Journal of Therapeutic Communities, Vol. 1, No. 4.; 1980.

Oakley, L. Group Home Care – an inside view; Australian Child & Family Welfare, Vol. 9, No. 2, 1984.

Whittaker, J.K. & Garbarino, J. Social Support Networks: Informal Helping in the Human Services; Aldine Publishing Co., N.Y.; 1983.