

THE DEBATE CONTINUES . . .

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The Author replies:

I appreciate the opportunity to reply to the foregoing spirited attack upon my alleged confusion. In this response I shall endeavour to cover the issues raised in a constructive fashion.

My article was written in response to a widely held view within the residential care field in Australia, that group home care is able to provide experiences which could be positively compared with family life experiences. For some agencies and government departments who provide residential care for children who are socially disadvantaged and/or physically or intellectually disabled, the move into family group home care is a recent development. While this state of affairs may be deplored by those from overseas it happens to be reality.

Those familiar with the Australian scene will be aware of the conservative nature of the welfare field (as I noted in my article) and the reality is that the group home model will be with us for some years to come. I believe this is for two basic reasons. Firstly, because it is seen to provide substitute family life, and secondly, staff costs are substantially less than those of other models.

In the light of this, the Hansen/Ainsworth argument that because the model is based on a false premise it does not deserve discussion without exploring alternatives, is irrelevant and naive. Until family group homes are made redundant, every effort should be made to acquaint agencies with the nature of the model.

It is reassuring to note that Hansen and Ainsworth agree with me that group home care should not be regarded as fulfilling the role of the family. In using the word 'substitute' there is no implied qualitative judgement, but simply an indication that the group home has taken the place of the natural family home; in other words of *where* the child is living, not *how*.

My article was not written with the aim of exploring alternative care models. It was written to clarify (I use that word advisedly) the nature of the group home, and to encourage an awareness of what it was *not* able to provide. In no way am I advocating gradual reform of the family group home model to make it an acceptable alternative. If it was in my power I would begin phasing out family group homes tomorrow. However, that power is not mine and nor is it Hansen's and Ainsworth's.

I made a statement concerning the 'at risk' nature of the child in substitute care. I will concede that this statement requires elaboration for those holding a narrow view of what constitutes 'risk'. I believe the act of separating the child from his/her

natural family immediately places the emotional health of that child at risk. The longer the separation, the more serious the likelihood of permanent damage. There are valid reasons why a child requires removal from the natural family, but it is essential to be aware that in 'saving' a child we may be achieving little more than changing the nature of the risk.

However, let us be aware that direct care staff are also human beings who may react inappropriately under stress. Do we make the assumption that a child in care is *never* physically or emotionally at risk from the direct carer? One would hope for a more realistic attitude. Unless there are proven grounds for making that assumption, a system for monitoring is essential. I would maintain that there are not proven grounds for that assumption. So it seems would Hennepin County Community Services, a large agency in midwestern United States. In 1980 this agency developed a 'Protocol for the Investigation of Institutional Abuse and Neglect of Children', in response to the growing awareness of 'child abuse that takes place in any residential facility or home licensed for the care of children'. (Cavara and Ogren, 'The International Journal of Child Abuse & Neglect'). Teamwork is essential, and so is mutual accountability. The only place for the rose-coloured glasses is when we view the child. As for my moral and intellectual superiority with respect to child care staff, I claim neither. Five years ago, 24% of non-government child care

personnel possessed relevant qualifications compared with 47% of social welfare staff. This information is reported in the national survey conducted by Gregory and Smith 'Particular Care' (1982). I make no judgement on the competence, work performance or suitability of child care staff. I simply state that, compared with other members of the team, child care workers are 'traditionally less well-educated and less well-paid', while at the same time working on the frontline and under more stressful circumstances. A fact, not an opinion. From the reading of the response to my article, it would appear the confusion is the authors', not mine. My tunnel vision was deliberate, and does not indicate my loyalty to the family group home model. Familiarity with the Australian child welfare field demonstrates that there are legitimate reasons for the article to be written.

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REFERENCES

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