

of residential programmes. Moreover, it reduces the temptation to try to artificially replicate the family unit which has in fact, an entirely different set of features. When residential programmes are viewed from this perspective it is possible to dispense with the notion of group homes or other residential programmes as constituting substitute family care. Rather, such programmes can be seen as an alternative to various forms of family living or as a supplement to such arrangements. Indeed direct care practitioners can then begin to pursue actively the growth enhancing dimensions of group living encumbered by historically outmoded conceptualizations of the task of residential care services.

Under the membership group model the task of the direct care practitioner moves to one of *shared care* with family members. The role of practitioner becomes that of *co-worker* who acts as a partner with family members in ensuring that the natural family's child is cared for appropriately. In this scenario, direct care practitioners become family support workers rather than substitute parents. As co-workers with the natural family members, their task is to ensure that as

much responsibility for the care of the child as is feasible, remains with the natural family. This is a position which is at the forefront of respite programmes for intellectually or physically disabled children (Oswin, 1984; Cohen and Warren, 1985), and which warrants wider adoption by the child welfare sector. This proposal implies that the natural family must be involved increasingly in the actual residential programme, undertaking child caring tasks alongside direct care practitioners. This involvement obviously requires agreement between natural family members and direct care practitioners, and must be the subject of clear negotiation at the point of admission of a child into care, and as a condition of that admission wherever possible. Only in this way will natural family members be sure of a continuing place in the care process and be able to engage comfortably with a residential programme.

### PRACTICAL WAYS OF WORKING WITH FAMILY MEMBERS

There are a range of practical activities in all residential programmes in which natural family members might be asked

to be involved as their contribution to the continuing care of the child. All involve working with direct care practitioners in a co-worker type role. These activities also cluster around some of the traditional areas of skill of direct care practitioners (Ainsworth and Walker, 1983), such as organisation of the care environment, use of everyday life events, and activity programming.

It is entirely practical to think in terms of a natural family member working with a practitioner around the admission of a child to care. The natural family member might assist the practitioner in ensuring that the bedroom to be occupied by the child is clean and tidy and that the child's personal belongings are carefully stored in accordance with the child's wishes. Indeed a family member might agree to help decorate a bedroom for the child, or to build a new bookshelf or toy cupboard for use in the child's bedroom. Such activities would not only help to *organise the care environment* for the child, but would give the natural family member an ongoing stake in that child's comfort.

*Everyday life events* provide the arena for promoting a child's growth in terms

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