

# Family centred group care practice Concept and implementation

Frank Ainsworth & Richard W. Small

*This article cites the international research evidence that supports family centred group care practice. A working definition, the key assumption and an orientation to group care and family work compatible with family centred group care practice is then articulated. This is followed by a set of practice guidelines and identification of the key characteristics of family centred group care agencies.*

Considerable attention has recently been given to work with families of children and adolescents who are placed in group care programs (Ainsworth 1991; Ainsworth & Hansen 1986; Garland 1987; Jenson & Whittaker 1988; Burford & Casson 1989; Kelsall & McCullough 1989). Within the area of child welfare, there has also been a shift at a policy level towards an emphasis on family welfare (Maier 1986; Brown & Well 1992) and parental rights (Fox Harding 1991) and away from a sole focus on the welfare of the child. This shift underlines the greater recognition of the continuing importance of birth parent(s) and family members to children in out-of-home care, regardless of the events which precipitated the child's placement. It does not diminish the importance of a child's individual needs, nor does it support the maintenance of children in abusive family situations.

The recognition of the importance of birth families is supported by research evidence about the importance for adoptees of their family of origin (Depp 1982; Triseliotis 1973), and of the life long anguish of relinquishing mothers in regard to the child they bore yet gave away (Howe 1991; Wells 1993). These studies highlight the extent to which relinquishing mothers felt compelled by family and societal pressures to place their

child for adoption. They then speak of the overwhelming guilt they feel about this decision and how it is accompanied by a lifetime of uncertainty about the whereabouts and health of the child, that regardless of the adoption, remains forever theirs. Other studies have been conducted of children sent from Britain by child welfare organisations to Canada, South Africa, and Australia as unaccompanied migrants. As adults these child migrants, who were given no choice in this matter, are now engaged in heart wrenching searches for their relatives in distant lands (Bean & Melville 1989). They stand witness to, and provide monumental evidence of, the lasting significance of family ties regardless of the circumstance surrounding separation or its duration.

Further support is drawn for family centred group care practice from studies of children leaving group care without access to family networks, which they then decide to reconstruct (Stein & Carey 1986; Festinger 1983; Jones & Moses 1984). There is also clear evidence that maintaining links between children and their families is essential, as these links determine the success or otherwise of reunification efforts (Fanshel & Shinn 1978; Fanshel, Finch & Grundy 1991; Millham, Bullcock, Hosie & Haak 1986). Studies of parental visiting of children in out-of-home care also underline this issue (Proch & Howard 1986; Hess & Proch 1993). In addition, the work of attachment theorists (Bowlby 1969; Ainsworth 1982) which has been carefully articulated to form the basis of professional child and youth

care practice, especially in group care agencies, speaks to this issue (Maier 1990).

Lastly, we have evocative accounts of children's experience of separation from parents because of London's war time evacuation (Wicks 1989) which further emphasizes the ongoing importance of parents to children throughout any period of voluntary or enforced separation.

## Working definition

This research evidence leads us to a definition of group care practice that is family centred, and to a key assumption that underlies this approach to practice.

## Definition

*Family centred group care practice is characterized by institutional structures, services, supports and professional practices designed to preserve and, whenever possible, to strengthen connections between child(ren) in placement and their birth parents and family members. Whether the function of group care is to provide short term shelter, long term care or residential treatment, education or training, a primary goal is always to work towards the child's optimum involvement in family life, even in situations where total reunification is not possible.*

(Small, Ainsworth & Hansen, 1994)

Implicit in this working definition is a key assumption, which is integral to family centred group.

**Frank Ainsworth**, Lecturer in Children's Studies, Edith Cowan University, Jondalup Campus, Perth, W.A. and Senior Associate, Albert E. Trieschman Center, Needham, MA. 02192.

**Richard W. Small** Ph.D. Executive Director, Walker School, Needham, MA. 02192

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### Key assumption

*Child and family are irrevocably linked and that best long term interests of the child can only be guaranteed by ensuring that birth parent(s) and family members continue to be respected and have a place in their child(ren)'s daily life.*

### Orientation to group care

From this perspective group care is seen as child centred, in so far as it provides safe and humane care, education and treatment, and also as family affirming, as it embodies a commitment to partnership with, and the empowerment of, parent(s) and family members. This commitment includes respect for diversity of family life styles, cultural values and child rearing practices so long as they promote the healthy development of the child (Maluccio, Warsh & Pine 1993).

Group care is not viewed as the last resort or as an option only to be considered when all other options have been exhausted. Indeed, family centred group care is viewed as a desirable option, and it may be the first option in some situations (Ainsworth & Fulcher 1981; Fulcher & Ainsworth 1985; Keith-Lucas 1987). The intensive nature of family centred group care as an intervention has the potential to effect positively the lives of vulnerable families and their children at many points in the helping cycle. Family centred group care is supportive of family preservation efforts, and in fact broadens the commitment to, and the definition of family preservation with the most vulnerable families (Ainsworth 1991; Ainsworth 1993).

### Orientation to family work

In family centred group care practice, the full range of social and psychological factors which inhibit parental and family functioning receive attention. This involves an agency addressing issues such as family income, health care, housing, employment, and education on behalf of individual families as well as parent education and family living skills. Psychological factors that inhibit family and parental functioning receive attention but are not the sole focus for intervention.

FIGURE ONE: Key characteristics of family centred group care agencies

<b>Agency position</b>	Family welfare is child welfare
<b>Policy perspective</b>	Defense of birth family-parental rights
<b>Management approach</b>	Consultative, participatory, team emphasis, devolved authority
<b>Program emphasis</b>	Preservation, family support, reunification, open adoption, foster or group care
<b>Parental involvement</b>	Parents as partners, some level of direct involvement essential
<b>Key terminology</b>	Out-of-home placement, child care worker

Additionally, in family centred group care practice, family therapy or family treatment skills are a set of skills that may be utilized within a non-hierarchical framework of practice methods. These methods of family work stand with other approaches to work with families which are regarded as requiring equal skill. No one method of intervention is regarded as superior to the other. Accordingly, family centred practice in group care is conceptualized 'so that it is considered ecologically, is informed by family theory and applied from a family-centred rather than a child-centred perspective' (Brown & Weil 1992:57). The ecological perspective in this instance reflects the use of this term as a metaphor for practice that embraces person-environment transactions (Pecora et al 1992).

### Practice guidelines

From the definition, the key assumption and the dual orientation to group care and family work, flow a cohesive set of ten organisational, policy and practice guidelines that shape agency activity. These guidelines for family centred group care practice are:

#### Organisational

- the agency title and mission statement reflect equal concern for parent(s), family members and children;
- the management structure of the agency is designed to embrace parent(s) and family members as people capable of making a contribution to the care and treatment of their own children;
- the governing body of the agency acknowledges the contribution of parent(s) and family members to the

effectiveness of the agency through some form of formal representation at Board level:

- the agency management treats with respect the contribution and concerns of parent(s) and family members and willingly modifies structures, policies, procedures or practices, including fund raising practices, which undermine this respect.

#### Policies and procedures

- the agency ensures that all existing and future policies and practices are consistent with the view that parent(s) and family members have a contribution to make to the effectiveness of the agency and the continuing care and treatment of their child(ren);
- the agency provides parent(s), family members and child(ren) with a written statement which identifies the support and resources the agency will provide to ensure that their contribution is maintained;
- the agency policies ensure that parent(s) and family members receive full information and have a positive role with the power to influence all formal decision making meetings, where their child(ren) is the subject of discussion;
- the agency gives serious attention to the right of parent(s) and family members to pursue grievances regarding their own or their child(ren)'s care and treatment and has well developed mechanisms for dealing with these matters.

#### Professional practice

- in all day to day practices, the agency ensures that contact between child(ren) and parent(s) and/ or family members is always facilitated,

regardless of circumstances, and that no practice interferes with this process;

- all practice interventions recognise the importance of the parent(s) and family members to child(ren) and continuous positive efforts must be directed toward finding ways for families to provide for their child(ren) while in placement.

### Implementing family centred group care practice

In shaping agency practice to reflect family centred group care principles, several issues need to be considered. The following figure presents six important areas of agency functioning that require emphasis and which set the parameters for agency practice. The key characteristics of family centred group care agencies are shown in Figure one.

This construct shows how an agency's commitment to a family centred group care practice must permeate every aspect of its functioning. Such a commitment is much more than re-written publicity materials or new staff titles. All who shape the agency environment from board members and senior management through to the most junior support staff have to understand and accept that the agency's task is to work in partnership with families. The agency's policy orientation reinforces the position that the family is the unit of attention and actively underlines the importance of parent(s). This in turn is accompanied by a management approach that is consultative and participatory, thereby modeling for all agency personnel the approach and attitude they are expected to adopt towards parent(s) and family members. This participatory approach in turn defines the agency's service emphasis. All of these elements emphasise parent(s) and family members as partners in the care and treatment enterprise. Finally, by avoiding reference to group care as a substitute family, or to out-dated notions of child care workers as substitute parents (Hansen & Ainsworth 1983), agency terminology reinforces the collaborative, rather than competitive, premise of family centred group care practice.

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