FAMILY–CENTERED GROUP CARE PRACTICE: CONCEPT AND IMPLEMENTATION

Frank Ainsworth
> Children's Studies, Edith Cowan University,
> Joondalup Campus, Perth, Western Australia and
> Albert E. Trieschman Center, Needham, MA

Richard W. Small Ph.D.
> Walker School, Needham, MA

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

Introduction

Considerable attention has recently been given to work with families of children and adolescents who are placed in group care programs (Ainsworth, 1991; Ainsworth and Hansen, 1986; Garland 1987; Jenson and Whittaker, 1988; Burford and Casson, 1989; Kelsall and 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 and Weil, 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 the 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, remain forever theirs.

Other studies have been conducted of children sent from Britain by child welfare organizations 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 and 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–centered group care practice from studies of children leaving group care without access to family networks which they then decide to reconstruct (Stein and Cary, 1986; Festinger, 1983; Jones and 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 and Shinn, 1978; Fanshel, Finch and Grundy, 1991; Millham, Bullock, Hosie and Haak, 1986). Studies of parental visiting of children in out–of–home care also underline this issue (Proch and Howard, 1986; Hess and 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–centered and to a key assumption that underlies this approach to practice.

Definition

Family–centered group care practice is characterized by institutional structures, services, supports and 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 toward the child's optimum involvement in family life, even in situations where total reunification is not possible.

(Small, Ainsworth and Hansen, 1994)

Implicit in this working definition is a key assumption.

Key Assumption
The key assumption integral to family–centered group care practice is that 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 centered, insofar 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 and 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–centered group care is viewed as a desirable option, and it may be the first option in some situations (Ainsworth and Fulcher, 1981; Fulcher and Ainsworth, 1985; Keith–Lucas, 1987). The intensive nature of family–centered 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–centered 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–centered 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.

Additionally, in family–centered group care practice, family therapy or family treatment skills are a set of skills that may be utilized within a nonhierarchical 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–centered practice in group care is conceptualized "so that it is considered ecologically, is informed by

family theory and applied from a family–centered rather then a child–centered perspective" (Brown and Weil, 1992, p.57). The ecological perspective in this instance reflects the use of this term as a metaphor for practice that embraces person–environment transactions (Pecora, Whittaker, Maluccio, Barth and Plotnick, 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 (10) organizational, policy and practice guidelines that shape agency activity. These guidelines for family–centered group care practice are:

Organizational
- the agency title and mission statement reflect 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 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 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 recognize 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-Centered Group Care Practice

In shaping agency practice to reflect family–centered group care principals several issues need to be considered. The following figure presents six (6) important areas of agency functioning that require emphasis and which set the parameters for agency practice. The key characteristics of family–centered group care agencies are as follows.

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

This construct shows how an agency's commitment to a family– centered group care practice must permeate every aspect of it's functioning. Such a commitment is much more than rewritten 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 a 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 emphasize 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 outdated notions of child care workers as substitute parents (Hansen and Ainsworth, 1983), agency terminology reinforces the collaborative, rather then competitive, premise of family– centered group care practice.

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