St. Anthony's: *an alternative service*

INTRODUCTION

Many people comment on the recent dramatic change of image of St. Anthony's. But we have in fact opted to continue to provide for the same client group, children in need of care and protection.

When St. Anthony's was at Kew, the main focus of attention was so children who needed to be offered residential care apart from their families. Geographically and environmentally, Kew was indeed "apart from the families". Psychologically, however, strong bonds were sometimes forged with parents as well as with children and so the needs of the total family came sharply into focus.

Concern for the welfare of the whole family and not simply for the child in care led the St. Anthony's workers to consider the frequently destructive effects for both parents and children of taking children away from family and community. During the 1970's, we established a number of small family group homes in various western suburbs, hoping to provide residential care for western suburbs children closer to their own families and in familiar neighbourhoods. There are now six of these residential settings.

By the mid 1970's it was believed that the building in Kew which had been in use for more than 50 years, was still suitable for some purposes, but **not** the care of dependent children whose families lived elsewhere. When the Australian Government set up the project on **Alternatives to Residential Care** it was an opportune time for St. Anthony's to test the feasibility of offering services to families as an alternative to considering taking children into residential care. This feasibility study led to the re-location of the agency and the setting up of a western suburbs community-based program, side by side with the western suburbs residential program.

Colleagues have shown close interest in this transition, some being mainly interested in the community program, some being interested in the residential care now offered in very small settings, most being interested in the process of change from one style of care to another.

THE PLANNING PROCESS.

— 1969 After consultation with the Social Welfare Department and colleagues in residential care we reached the decision to halt any expenditure on improvements to St. Anthony's main residential care building.

— 1971 After weighing the fact that the Sisters of St. Joseph (the religious order responsible for St. Anthony's) is and has been for more than 100 years heavily involved in teaching in the industrialised western suburbs of Melbourne, we reached the decision to experiment with family group homes in the western region.

— 1973 1974 After a thorough analysis of the case histories of families with children placed as wards of the state with St. Anthony's, we recognised that before the break down of the families concerned there had been a time of severe physical, financial and/or emotional stress during which reliable, accessible support may have averted permanent breakdown.

— 1973 1974 Child care workers on St. Anthony's team were helped to consider their previous experience and skills in relation to 'at-risk' children living with their own families. They made follow-up visits to families where children had been discharged from their care. They reached the conclusion that it **could** be possible for a child care worker to be a useful resource person for a failing family.

— 1975 It was agreed that action-research was needed to provide clear information on the way in which at-risk families might wish to use resources which St. Anthony's could make available in a local area. A small action research grant was accepted from the Children's Commission. We accepted this grant because we believed that our efforts to come to grips with the factors involved in change would yield

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knowledge which would be valuable both to St. Anthony's and to other agencies.

— 1976 Action-research phase commenced in March when 4 Sisters from St. Anthony's, two child care workers, a contact-person--receptionist and a social worker, began to live in Footscray and to become known to the local referral network. This small pilot program accepted commitment to 15 families and analysed and published the outcomes of intervention.

It is difficult to describe the very gradual change of attitude and approach as child care workers experienced in residential care of children became involved instead in friendship with families whose children were not yet in care, in listening to the needs of these families and shaping St. Anthony's resources so that some of these needs could be met.

To tell this story fully, many other stories would also need to be told — the story of adaptation and renewal in the Sisters of St. Joseph, the Order of Sisters responsible for St. Anthony's, the story of the talents and contributions of those who came to work at St. Anthony's, or contribute on committees and planning groups — the story of the gradual development and change in the residential care St. Anthony's can offer.

Before the end of 1976, we decided that St. Anthony's would accept responsibility to offer a close, practical relationship to families in situations where children were actually in danger of being placed away from their parents. St. Anthony's would accept responsibility for obtaining (probably providing) resources needed by these families to avert long term separation of children from their parents, to improve family functioning and facilitate child development. A limited number of families would be provided with close and reliable involvement.

In opting for this model of working we hoped —

i. to offer to a number of families a service which is sensitive and responsive, which respects their dignity and develops their strength.

ii. to increase our knowledge of failing families so that more effective means of helping, might gradually be developed by ourselves and others.

THE EXTENDED KINSHIP MODEL

St. Anthony's present approach to families is homely rather than formal. We have come to believe that while certain skills and background are essential, most of the families whom we see do not respond well to the traditional client/worker relationship of the helping professions. When playing a client role they are often manipulative. Furthermore, the worker who sees the 'client' is apt to see one individual or one family rather than to experience the impact of the complicated interdependent networks within which many at-risk families known to our agency live. We have opted to express a professional responsibility in clear case planning, contracting, recording, reflecting and evaluating, but the approach to families is indigenous.

Social workers, child care workers or support staff allocated to a family have spent time sharing the enthusiasms and worries of the family. In a sense they have 'entered' the family and have, to some extent, become accepted as part of the pattern of the family. They have tried to meet the family on its own terms, listening, learning the language, the interactions and the situation. They have been supported to become part of the family's world rather than expect the family to enter into a new world in order to obtain help. Most contacts, especially the initial ones, have been in the family's own home. They have commenced with the presenting request of the family. When family members eventually come to St. Anthony's house, it is to share hospitality, to meet others or perhaps to help in some way.

A large proportion of families referred to us have no effective kinship ties. Families in the program tend to form a kinship type relationship with the worker; she acts as a friend who has knowledge and some resources available to her, she accepts friendship and sharing. Given this style of relationship it is generally impossible to organize formal appointments or to restrict contacts to conventional office hours.

In order to sustain this model, case loads for the child care workers are kept very small; each worker is allocated between two and four families depending on the complexity of the situations.

Each family has **key** contact with one **child care worker** and one **social worker** but is probably friendly with several or most members of the team. St. Anthony's services are shaped as responses to the needs of a family or of families having similar needs. Thus we are not at present seeking to develop a number of service programs. Rather, within the limits of our resources we shape responses according to requests or needs of families for whom we have accepted commitment.

Support to the family is expressed by —

- friendship (spending time) with mother,
- friendship (spending time) with father,
- close relationship with the children, subsequent to establishing a secure relationship with the parent,
- outings with the family,
- outings with mother and children,
- outings with mother,
- sharing household chores,
- shopping,
- assistance with laundry,
- baby-sitting,
- drop-in hospitality at Commercial Road,
- caring for children overnight,
- pre-learning experiences for children, planned play, play groups,

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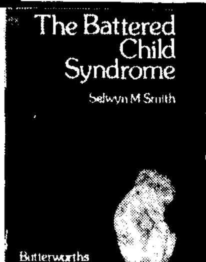

For all those who deal with baby battering. This comprehensive book critically reviews the extensive literature and traces in detail society's attempts to manage the problem. Based on a research study conducted by the author and his research team of the psychiatric, psychological and social aspects of baby battering, it provides greater depth in its special study than has previously been described. The author's recommendations are the result of a fresh and pragmatic approach to the problem based in his special experience of its scope, its socio-economic and radical implications. Guidelines are presented for the prevention of ill-treatment, the after-care of the child and the treatment of offenders.

Contents:

Maltreatment of Children: An Historical Perspective — Modern Period of Medical Recognition — Clinical Manifestations of the Battered Child Syndrome — Demographic Characteristics — Incidence — Psychiatric Aspects: A Review of the Literature — Treatment Aspects — Court Procedure — Medical Reporting of Child Abuse: The American Experience — Battered Children and their Parents: A Controlled Study — Clinical Characteristics of the Children — Case Reports and Clinical Illustrations — Psychiatric Characteristics of the Parents — Social Characteristics — Child-rearing Practices and Difficulties Experienced with the Child — Management Aspects and Characteristics of Identified Perpetrators — Interpretation of the Findings — Discussion — Conclusion — Appendices — Glossary — References — Index.

- learning experiences for children (St. Anthony's Special School),
- live-in at beach house with child care worker for mother and children,
- live-in at beach house for children,
- assistance in use of other community resources (e.g. infant welfare, health, legal),
- planned temporary care for children,
- emergency accommodation for children,
- loan,
- gift of furniture, clothing, food,
- transport.

Typically, contact would be maintained several times a week during a normal ups and downs of the family but much more frequently in crises.

In cases where the family has become motivated to use more structured intervention 'family therapy' sessions have been offered in the family's own home or at St. Anthony's. A small bungalow at the back of the Commercial Road house is reserved for 'play therapy' with individual children. Both of these styles of worker-client interaction are being adjusted to fit within our total pattern of relationship with the families.

Group events — learning experiences, outings, working bees are starting to emerge as useful interventions. These are beginning to develop naturally as parents and workers meet together at Commercial Road over cups of coffee or play groups with the children.

AN AGENCY STRUCTURE TO SUPPORT THIS MODEL OF RELATING WITH FAMILIES.

St. Anthony's has made a deliberate attempt to involve all workers in a team approach, spending time providing for communication and support. Both the residential and community programmes are the responsibility of the Director and Deputy Director and two full time social workers are heavily involved in both. The small administrative staff, accountant, receptionist and maintenance man, are also involved with both the families in the community, the children in residential care and the residential staff (married couples in suburban houses). The community child care workers spend most of their time with the families who make up their case load, but they tend also to know well the children in residential care. It is likely that children coming into our residential care in future will do so after efforts have been made to sustain them in their families. This trend has started.

A new community case is accepted by the agency if, after a thorough intake process, there is enough indication that a child care worker and a social worker who 'match' with the family have time available and the capability of making a contribution to the family functioning. Review meetings with the child care and social worker, the director and any other relevant team members provide for evaluation, support and on-going adjustment of goals.

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In some families crises occur from time to time but the members can function independently between crises. In time of independent functioning, we maintain and encourage friendly contact. Consequently, impending crises may be responded too early.

A number of families who receive help suggest that they in turn could help others in some way. Provided parents' own basic needs are met, it seems likely that they will be able to help others. We recognise that initially, we are dealing with some families whose self image is extremely poor. All of their energies seems needed to support their own precarious functioning. Furthermore, while we work towards independent functioning, we accept that many of the people with whom we are working need to experience the security of dependence before they can grow to independence.

Resources available to the team include drop-in facilities at Commercial Road for mothers and fathers to relax and children to play and learn, a switchboard which can stay open 24 hours a day, an emergency care house for children and mothers, a beach house, a mini bus.

However, the personal resources of team members are proving to be of key importance. Social work time is spent in developing skill and confidence for child care workers to function creatively in their new roles. Social workers are supported to seek innovative approaches in making their skills available to depressed disorganised families. We hope that, supported by the team, and by a purposeful theoretically sound approach, workers may be enabled to sustain intense positive involvement in problem-ridden situations.

"Sharing Experience"

VALUE-BASE UNDERLYING THESE PROGRAMS

Residential care is based on removal of children from difficult situations. The goals of community work with children and families who are at risk are not so clear.

During the first year of operating our team has experienced conflicts of attitude and opinion.

A central issue is recognition of the point at which remaining with a failing family is more harmful to a child than is his removal from the family. As our experience and knowledge is built in working and reviewing together, sharing responsibility for decisions and evaluating outcomes, these conflicts are tending to diminish. We have watched 10 children move from a family situation we knew well, into longer term residential care and have remained in contact with both children and family. We have reviewed and reflected upon the development and adjustment of 68 children with whom we have remained involved as they stay with their families. We have planned and shaped experiences to enrich the lives of those children and their parents and have also assessed these attempts. Twelve months ago we sought means of recognising when parents and their children really do need to separate. Where separation was indicated we sought ways of making it a constructive step for both. Where, in the majority of cases, the child's own family remained the least damaging alternative for him, we have searched for ways of making the family situation as positive as possible. This accumulating experience is shaping attitudes different from those we held when offering residential care only.

While this first year has brought confusion and conflicts in attitude, the trauma of radical change also brought the most basic elements of our shared values sharply into focus. We have found that, at the level of gospel values, we are closely in accord. Readiness to respond to contemporary needs, particularly the practical needs of the poor, in a way which is sensitive, which respects the dignity of persons and develops their strengths is a basic motivation underlying our approach.

THE FUTURE

During 1978 we will incorporate a volunteer program and a more fully developed education program into the service we offer. Both of these programs have been planned to contribute in an innovative way to the total pattern. Two community child care workers (not Sisters) will be recruited and employed. An on-going evaluation will be written.

We hesitate to share our experiences at this time. As our knowledge of failing families and their dilemnas strengthens we are faced with more questions rather than with answers.

Among the tasks for the future are recognition of the components of a successful intervention, generalising from the knowledge we have gained, sharing experience with others, continuing to be taught by the families.

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