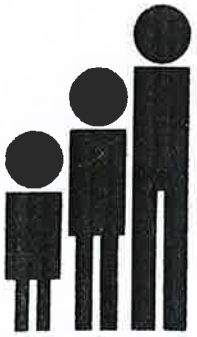
The Parental Role

Conference Papers



nal Children's Bureau

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The National Children's Bureau is an inter-disciplinary organisation concerned with children's needs in the family, school and society.

Parental and other roles in residential care

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Residential child care - the changing scene

The past twenty-five years have witnessed a significant shift in our thinking about residential care for children. The trend has been away from the notion of *total substitute care* to that of *planned alternative provision* - according to which a residential placement for a child ought ideally to be the provision (or treatment) of choice, preferred after careful assessment to other available alternatives, and provided for a limited period in an open community, with frequent access (unless there are compelling reasons against it) to the child's own parents. Inadequate residential resources - and all too often the lack of alternatives - mean that this ideal is seldom realised in practice; but the Children and Young Person's Act of 1969, by setting up an integrated system of community homes and by transferring from Courts to Social Service Departments the responsibility for decisions about residential placements has at least placed the ideal firmly before us.

Substitute care and substitute parenting

During the fifties and sixties the transition described above went through an important intermediate stage which is not only still with us, but is in fact doing much to hold up the transition itself. By a curious paradox, this intermediate stage was initiated by the very researches which cast doubt on the appropriateness of using residential establishments for total substitute care. The work of John Bowlby and his predecessors - reinforced recently by the remarkable series of films made by John and Joyce Robertson - vividly revealed to us the damaging effects on very young children of impersonal institutions which starved them of essential 'continuous mothering' experiences, and of appropriate environmental stimulation. It seemed to follow from this, *first* that children should whenever possible be kept out of residential homes altogether; *secondly*, that if they had to be admitted to such homes as a last resort, then the homes themselves ought to be places where 'continuous mothering' could be undertaken by suitable staff; i.e. they should be small and they should as far as possible resemble a family unit. Thus, family group homes, as they came to be called, so far from attacking the concept of residential provision as a 'total substitute', sought rather to replace substitute *institutional* care by substitute *parental* care.

Despite increasing doubts, it is still thought by many people (including some residential staff) that substitute parenting is the central role of the residential worker, and that the family is a good model for a residential unit. Such a concept tends to emphasize such personal qualities as warmth, 'common sense' and domestic competence (admirable in themselves), at the expense of professional knowledge and skill; and if there were no other objections to the idea of substitute parenting, we would have to note the part it has played in denying professional status to

residential staff and delaying the advent of adequate training.

Substitute parenting: a critical analysis

But there are several other objections to conceiving of residential care as substitute parenting. In the first place it is primarily the very young parentless child, whose sense of identity is endangered by the lack of continuous mothering, that stands in essential need of substitute (replacement) parents - particularly a surrogate mother. With the best will and management practices in the world, it is almost impossible to provide such a child with a relationship of the desirable uniqueness, continuity and intensity in a residential setting. (The child suffering from severely impaired ego-development as a result of defective early mothering - the 'frozen child' in Dockar-Drysdale's memorable phrase - may be helped to live through missed primary experience in a highly specialised residential environment: but, as she herself points out, this is a skilled professional task which bears little resemblance to 'mothering' in the ordinary sense).

Fortunately it is now becoming much rarer than formerly to plan permanent or very long-term residential care for a pre-school age child whose relationship with his own parents is irreparably severed, whether through death or total rejection or abandonment (though it can still happen too often because of the scarcity or neglect of alternative resources, especially adoption). Although there are undoubtedly too many children in *long-term* residential care who ought to be receiving total substitute care from adoptive or foster-parents, by far the majority of children in community homes (for whatever reason), still have their own parents, maintain some kind of relationship with them, however neglectful or inept they may have been, and expect eventually to return to them. Even when there is little or no expectation of returning home at the end of the placement, the children are usually at least in minimal touch with their parents, who continue to matter to them emotionally. Whatever the reasons for the reception into care of these children - temporary family crisis, emotional disturbance, delinquency, or mental or physical disability so severe that their family finds it impossible to undertake full-time responsibility for them - their needs are neither for total substitute care nor for replacement parents. As Dr. James Anthony wisely says in a recent address to child care officers and residential workers, 'they are not our children, and we cannot and should not try to substitute completely for the parents'. In residential care (and for that matter in temporary foster-care placements where parent-child relationships are still intact and it is likely the child will return home after a period), it is poor professional practice, and unfair to the child, to confront him with two competing sets of adults, one of them his real

parents and the other trying to outdo them in the same role. Not only is there a real risk that children will become confused or manipulative but the more deprived will tend to idealise the absent real parents and displace their anger and resentment onto the 'substitutes', who become safe 'bad objects' for them. This form of splitting can have considerable therapeutic potential if handled by a skilled adult who does not saddle the child with the burden of dealing with another (and preferably better) parent. But if he (or she) does try to act as a rival parent, then the possibility of therapy disappears - for the child's internalised parent is almost invariably too strongly entrenched to permit a second person to occupy an equivalent position. As Dr. Anthony says later in the address already quoted: 'You cannot have two mothers without having a disturbed child - especially if the substitute is the better one, as is usually the case'.

To put the matter shortly, the role of substitute parent will not work for those children in residential care (as we have seen, the vast majority) who have parents of their own, however unsatisfactory we may judge these parents to be. The child will not, because he cannot, recognise more than one mother or more than one father - and *reciprocal* recognition is the essence of a successful role-relationship between two people, (e.g. child and residential worker). By the same token, however carefully a small residential unit is structured to resemble a family, the children in it know perfectly well it is no such thing; and the adult pretence that it is may unhappily prevent a small group home from becoming a helpful temporary *alternative* to family life rather than a phantom *substitute* for it. No one doubts that such homes are an improvement on the vast and impersonal institutions so devastatingly characterised by Erving Goffman, but it remains true that no child can experience any residential situation as 'his' family, and the purposes of residential care are defeated rather than served by claiming otherwise, however laudable the motives.

The roles of 'stand-in' parent and 'stand-in' relative

None of the above is intended to deny that residential staff do many things for the children in their care which parents do for their own children. Wherever children are, they have basic physical needs - food, warmth, clothing, sleep, shelter - which must be met if they are merely to survive. Partly mediated through the provision of these essentials, but more importantly for their own sake, the child also needs to experience relationships characterised, in Trasler's words, by 'dependability, warmth and exclusiveness'. He needs them not as substitutes for his parents' love, but because he is a human being with a hunger for continuous assurance of his own worth - even if this continuity is shared between his real parents and those who at times 'stand in' for them. His Uncle Jack, or a friend's

parents with whom he happens to be staying, are as much under an obligation to provide physical and emotional nurturing care as are residential staff: but we do not ordinarily invest the child's uncle or friend with the portentous title of substitute parent.

The notion of the 'stand-in', rather than the substitute, not only provides the residential worker with a viable role which the child can accept and recognize because no rivalry with his own parents is implied, but also frees the residential worker from the impossible burden of being a false parent for the possible, though still difficult, task of *representing (not* copying or outshining) the real one.

Foster-care may, of course, be appropriately used to provide total substitute care for a child, and, in such cases, the foster-father and foster-mother are legitimately substitute parents. Short-term fostering is another matter altogether, and residential care practice might well benefit here from Trasler's useful study on short-term foster-care. He notes that some of the most effective foster-mothers in his sample had established not a parent-child relationship but an aunt-like or even grandparent-like relationship with the foster-child. Applying this finding to residential situations he comments: 'in some circumstances this is much more appropriate to the child's needs. The most obvious case is when he is in constant contact with his own parents; it is important to avoid a direct clash of loyalties in the child's mind. He must be able to show affection for his mother and for the house mother without feeling he is betraying either of them'. The point to note is that residential staff performing parent-like or relative-like roles need to develop exceptional sensitivity to the particular style of role-performance that seems to be called for at any given moment, and to practise their ability to switch without strain from one to another. Children will often cast a particular member of staff in a role which (usually unconsciously) meets a need for intimacy or distance, closeness or detachment. Occasionally such role-casting of staff (particularly in parent roles) may reveal deep pathology in the child: and the worker will then need to call on all the professional skill and support at his disposal.

Summary

This paper presents a discussion of 'parent-like' and 'relative-like' roles performed by staff in residential establishments. (Other professional roles undertaken by residential workers, though scarcely less important, are not considered here as they do not fall within the scope of the conference theme).

It is argued that current thinking about residential work with children has rendered obsolete the old (yet persistent) notion of residential care as a form of total substitute

care. By a paradox, the research which provided ammunition for attacking residential homes as total *institutions* left intact the concept of *substitute* care in residential settings, and it is still widely believed that the chief role of the residential worker is to act as *substitute parent*. This seems unsatisfactory because:

i. most children in residential care have their own parents.

ii. it is psychologically difficult for children to acknowledge simultaneously two mothers or fathers.

iii. residential staff who try to perform substitute parent roles can never adequately compete with the child's real parents.

It is suggested, therefore, that residential care is properly seen as a form of *alternative* caring 'sui generis' rather than as *substitute* family care. As *stand-in* parents or relatives, residential staff have a viable and acceptable range of roles to perform, unhampered by the unrealistic demands imposed by the notion of substitute parenting.