BLOCK 3 PRIVATE TROUBLES AND PUBLIC ISSUES

UNIT 17 IMAGES OF DOMESTICITY: THE WORK OF THE FAMILY CENTRE
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AIMS AND STUDY GUIDE

Aims
1. To examine an example of contemporary social welfare practice – family centres
2. To gain an understanding of family centres within a broader context of social welfare provision
3. To apply research on social work to this field of intervention
4. To appreciate the varying models social workers and community workers may use in work with families
5. To discover some philosophical and ideological roots underlying family policy and views on family problems
6. To consider assumptions as to the role and duties of women underlying social welfare policies and family projects

Study guide
This unit is intended to be one week's work. There are no additional readings associated with the unit, but it is accompanied by Television programme 9, 'Family Centres'. You will find an activity associated with this programme linked to Examples Two and Three between Sections 3 and 4.
Family centres have been developed by voluntary welfare organizations and by local authority social services departments since the mid 1970s. Some are specialist centres where families are referred by social workers and health visitors if they have abused or neglected their children, or if there is thought to be a risk of this. Others are open, neighbourhood centres, which have a range of activities for children and their parents, ranging from créches, clinics, playgroups, sessions for handicapped children, youth clubs, adult education classes, therapy groups, welfare rights and health advice. All however have a common focus on the family with young, pre-school children, and share a commitment to enabling parents under stress to care better for their children. Prevention of reception into local authority care, and the strengthening of families are common aims. Underlying these aims are different views as to their meaning – by professionals, by voluntary organizations’ leadership, by social services department managers, by pressure groups, by users, by the Department of Health and Social Security and by government ministers. This unit will therefore present family centres as arenas in which different and competing combinations of view and approach may be observed. Family centres are not fixed entities but represent an area of welfare work which will be used to illustrate some of the major issues in social work: control of women, rationing of welfare services, child protection, and the limits of self-help.

**EXAMPLE ONE**

**Beech Place**

This family centre is run by a local authority social services department. It is in a pleasant modern building, originally designed as a day nursery for the inner city estate in which it is placed. Like many social services department family centres it has evolved from a day nursery. It used to have sixty places, but recently there was a policy decision to place babies with childminders, and to begin to involve parents of 2–5 year olds placed in the nursery, so that there are now fewer children and more adults on the premises. Families referred to the family centre are thought by their social workers or health visitors to need something more than day care for their child or children; they are considered to need support, therapy or training in parentcraft. This is referred to as ‘family care’: the aims are to avoid unnecessary separation of parent from child, to encourage the parent to enjoy the child, to avoid ‘deskilling’ the parent by consigning child care to the experts, and to prevent the depression and isolation common among young mothers. The family centre is part of the department’s strategy for reducing the numbers of young children in care, and for preventing future child care problems.

The centre is mainly staffed by young nursery nurses and is managed by a social worker. It was formerly headed by a matron, and many of the staff left when the new regime began under social work leadership; they disliked working with parents they considered unfit, and they were uncomfortable with the new style of work. Health visitors, social workers, a speech therapist and psychologist visit the centre to see children and take specialist sessions. Each family has a key worker who will have visited the home and who liaises with the referring social worker, co-ordinates the care of the child, plans for treatment and reviews the work carried out with the family. She (all of the staff are women) encourages the child’s parents to attend, but does not force this issue except in a minority of cases where children have been clearly identified as at severe risk due to incompetent parenting.

The parents have been allocated the former babies’ room to use as they wish. There is no pressure on them to involve themselves in the activities of the centre and it is centre policy to allow parents to use the room as their own refuge or haven. They make coffee, chat and smoke, and the more active of them have joined a parents’ committee which organises jumble sales, outings and parties. As places are allocated until the child reaches school age there is time for parents gradually to settle into the centre, and there are groups for those who have left.

Virtually all the parents who attend are mothers, the majority young, single and unsupported. About one third are from ethnic minority groups, and the centre is committed to a multi-cultural approach in its playthings, diet, books and staffing. Some of the mothers are very young indeed and have a session with the centre’s social...
worker each week on their particular problems. A few grandmothers or other female relatives are welcomed, as are the small number of fathers who drop in. The mothers all have chronic problems: low incomes (few work), poor housing, poor health, few social contacts or helpful relatives and an impoverished environment, with poor play facilities. Many suffer from domestic violence or racial harassment.

The staff are aware of these social factors in the mothers' lives, and are helpful with welfare and legal rights advice. They try to provide a sympathetic and welcoming environment, offering company, advice, good facilities for the children, and resources such as those for bathing, dressmaking and a toy library. They do not see psychotherapy as appropriate for women with such material problems, but aim to strengthen them as much as they can. The centre also acts as a base for other community activities. To discourage outsiders from seeing it as a place for 'problem families', something the mothers are aware of, the local tenants' association and youth club are invited to use the premises, and older children to drop in after school. The centre thus allows the mothers to decide how to use what it can offer: some want respite for themselves, others like the company of the centre. However, there are other external pressures on the centre.

1. The social services committee on the local council considers the centre has too much of a psychotherapeutic bias and that it stigmatizes families by concentrating what some see as 'bad' parents in one place. It proposes less pressure on parents to attend and more places allocated to less stressed parents.

2. The social workers in the social services department who refer children at risk (from poor parenting or a poor environment) often want clearer monitoring of parents, and a definite result in the shape of therapy and training in child care. Other social workers are interested in family therapy, a form of therapeutic counselling involving the whole family, and they would like the centre to become a centre for this specialism.

The staff have constantly to negotiate their position with the social services department management, the social services committee, social workers and other professionals. They reassert that their primary responsibility is to the child, and that they prevent deterioration in young mothers' problems by offering resources and a supportive environment. In this way, they claim, they enhance family life, preventing the separation of child from home, and strengthening the mothers.

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Now that you have read through this example, you should try to answer the following five questions. Your answers to these will be useful for drawing comparisons with other examples of family centres later in the unit.

1. Who runs the centre?
2. Is the centre 'treatment oriented' or 'community oriented'?
3. What is the centre's view of family problems?
4. What part do the families play in the centre?
5. What are the main pressures on the centre?
2 CHILD CARE AND PREVENTIVE SOCIAL WORK – THE STATUTORY SECTOR

2.1 Background

The 1980 Child Care Act places a duty on local authorities to diminish the need for children to be received into care. Family centres embody the expression of that duty and concentrate their work on two broad aspects. Firstly, they use psychotherapeutic or educational methods to work with families who have placed their children at physical or emotional risk, to try and change such families' patterns of care and control. Secondly, they attempt the wider aims of enhancing the environment within which poor families live and parent by offering a range of resources and activities that could be used by all families in the neighbourhood. Family centres, then, work with children at risk, whether this risk is seen as deriving from incompetent parents or from parents forced to live in unsatisfactory circumstances.

The 1980 Child Care Act was by no means the first piece of legislation to stress prevention of reception into care as the keystone of social service, but it does reflect a concern that the rhetoric of prevention was belied by the reality of the high numbers of children in care since 1948. You may remember this from Unit 15.

The 1948 Children Act, which established local authority Children’s Departments, had a clear family focus: A Home Office Circular of 8 July 1948, quoted in the Report of the Ingleby Committee, states ‘To keep the family together must be the first aim, and the separation of a child from its parents can only be justified when there is no possibility of securing adequate care for a child in his own home’ (HMSO, 1960, para 19). The 1963 Children and Young Persons Act further emphasized this approach, by allowing child-care officers (social workers) to give financial help where this would prevent family breakdown or reception into care. The distribution of this money, which is still used by social workers, for instance for food in an emergency, or for help with heating bills in exceptionally severe circumstances, is highly discretionary, and some consider that this is ultimately not to clients’ advantage as it increases the powers and leverage social workers hold over them (Handler, 1973, Jordan, 1974).

The Ingleby Committee (whose report had led to the 1963 Act) also stressed the emergent consensus of the post-war era, that delinquency is symptomatic of family problems: ‘It is by now so widely accepted as to be a commonplace that the problem of the neglected child as of the delinquent child is more often than not the problem of the family’ (p 10). This view of delinquency originating in unhappy homes was shared by both political parties, at a time when apparent affluence had undermined the class explanation. You can refer back to Unit 14 to remind yourself of these debates, which reflect not just post-war affluence, but also the influence of psychoanalysis on child care, for instance through the radio broadcasts of D W Winnicott, who stressed the necessity of the ‘ordinary, devoted mother’ for the healthy physical and emotional development of the child. The family (rather than class) variable was reflected in the recommendations of the Seebohm Committee on Personal Social Services in 1968. As a result, in 1971 children’s departments were amalgamated with local authority welfare departments and parts of health departments to form much larger social services departments, whose social workers no longer specialized but became ‘generic’ – working with the whole range of welfare problems, and with the whole family.

Very soon there was serious concern about the adequacy of the social work method known as casework, a form of supportive counselling, loosely based on psychoanalysis. This concern was increased by:

1. the deaths of several children while under supervision by social workers, starting with Mana Cotwell in 1973, and the subsequent public enquiries (as discussed in Unit 16),

2. the critique of casework from within the profession by younger, often graduate, social workers,

3. research on social work and fostering
All three of these issues relate to the work of family centres. It is in the field of child protection that social services departments have been most publicly and severely criticized, and many local authorities have established family centres as places to develop expertise with abusive or incompetent parents, an aim which can conflict with that of providing facilities for families in general.

2.2 Radical social work and the rediscovery of poverty

During the 1960s, the welfare state came under fire for having failed to eradicate poverty, inequality, stigma and squalour. This ‘rediscovery’ led to the establishment of a range of pressure groups, notably the Child Poverty Action Group. The CPAG was able to show that children of the poor, and children in one-parent families, are over-represented in the child population in local authority care (Holman, 1976). They argued that poverty, ill-health, educational failure and family breakdown were linked to poor welfare services.

Radical social work developed in the late 1960s. Its criticism of social work practice paralleled the critiques in other fields (education, psychiatry, health care), in the growing women’s movement, and in community work. Radical social workers argued that casework, as a form of individual psychotherapy, mystified and privatized welfare clients’ common problems of poverty and deprivation. The old social work principle of ‘self-determination’ was now interpreted to mean being on the client’s side, acting as advocate, mediator and broker within the welfare state to get improvements in clients’ circumstances. It meant helping parents to care adequately for their children and attempting to gain material resources to make this possible and prevent the separation of children from parents. Here then we find a major strand of family centre work, the community development model, with the family centre as a neighbourhood resource, offering welfare rights advice, attempting to combat the isolation of many impoverished mothers by running créches, clubs, classes, social activities, and encouraging co-operative ventures such as bulk buying of food, sharing household machinery, and starting toy libraries.

Part of the radical social work critique of the welfare state was a critique of its institutions. The psychiatric and mental handicap hospitals, the prisons and children’s homes. Goffman’s (1961) concept of the ‘total institution’ was a powerful one. His research into mental hospitals described how patients were degraded by role-stripping, labelling and general hospital practices carried out by staff who had become institutionalized as the patients themselves. Scull (1984) has shown how the counter-cultural movements of the late 1960s and early 1970s took up these critiques, not only campaigning for the civil rights of prisoners, mental patients, and delinquents, but also romanticizing the deviant as a rebel against a sick society. Financial reasons initiated the process of decarceration of the less dangerous individuals in the 1950s, but pressure from these critiques and civil liberties groups speeded up the closure of institutions and effectively led to the abandonment of many former patients in decaying urban neighbourhoods. ‘Community care’ has come to mean care in the family by women (Finch and Groves, 1983), or a struggle for survival on the streets or in cheap boarding houses, as good quality local community services are on too small a scale (Community care will be discussed in more detail in Unit 18).

2.3 Substitute care

Decarceration influenced child care policy too. Despite the clear statement in 1948 that as far as possible children should be with their families, high numbers continued to come into and remain in care (see Unit 15). This was forcefully pointed out by the Association of British Adoption Agencies, whose report in 1973 estimated that 7,000 children could be placed with families rather than drifting between care and unsatisfactory home circumstances (Rowe and Lambert, 1973). While most children in care at that time were in residential care, a spate of research during the 1960s and 1970s showed that, since 1948, around a third of children in care had been fostered or boarded out and that this, too, was unsatisfactory. This research...
2.4 Preventive social work for Separated Children

were imaginative Pringle, whose views of family problems we will be investigating. Investment used to prevent problems getting worse while working with children, and that while resources for children in these departments were problematic, we need to ask those that 'succeeded', a process of what George (1970) called 'fosterization' took place, as the situation developed into something like adoption. George, and Holman (1975), both showed how natural parents were excluded, partly out of a reluctance by social workers to jeopardize the foster placement. Although social workers paid lip service to rehabilitation and the blood tie, the reality was the alienation of the natural parents from their children.

On the other hand, the National Children's Bureau showed that adopted children did better than children who remained in unsatisfactory circumstances or who had changes of placement, a finding used by those who considered better planning, for permanent placements, to be the key to better social work. While permanency was stressed by some in the 1970s, other work has reinforced the value of social work with parents in child abuse cases. Kempe's influential work on child abuse in the USA (see Unit 16) stressed psychotherapy with parents as the way forward, work with the whole family rather than the separation of the child from the family. By the mid 1970s, social services day nurseries were moving towards greater involvement of mothers in nurseries, considering that separating a child from its mother, while perhaps protective, could undermine their relationship, and waste the opportunity of teaching better child care. In some cases this moved closer to Kempe's family therapy approach, in others to the community centre model.

Family centres are, then, at the interface between care and natural parents and they work at different levels on that interface, ranging from general supportive work, to parent-education, to family therapy, with the options of planning for natural parental care, substitute care, rehabilitating children to natural parents, or providing access to children in care by natural parents.

2.4 Preventive social work

We need to ask what family centres are preventing and how they set out to do this. Some writers have suggested that 'prevention' has become too vague a term to be of meaningful use in policy analysis (for instance, Bilis, 1981). Cohen (1985) and Donzelot (1980) see preventive work, or work with those 'at risk', as ways in which the state may expand its 'control net', the numbers under surveillance, and Graham (1979) suggests it is a means of emphasizing maternal duties in child and family health care. Thus the methods of preventing social problems are in themselves problematic, as are the levels at which preventive policies aim. The Seebohm Report (which preceded the amalgamation into social services departments in 1971) distinguished between general preventive policies, which include an effective health service, sufficient and decent housing, full employment, adequate incomes, and an imaginative and well-developed education system, and specific preventive services. Specific prevention means getting resources to families and individuals already in distress or likely to become so, through changes in their life cycle or life events, through disadvantaged circumstances, or through lack of resources.

The Seebohm Committee also used the public health analogy of primary, secondary, and tertiary prevention, a distinction built on in Parker's influential report on Caring for Separated Children (1980), the committee of which included Holman and Kellmer Pringle, whose views of family problems we will be considering in Section 3. Parker's report emerged from a concern that the absorption of the old children's departments into the larger, generic social services departments had meant a loss of skill in working with children, and that while resources for children in these departments were increasing, they were going to the older, delinquent children, rather than younger pre-school children. The committee did not envisage an increase in resources, and therefore stressed prevention. Expenditure was thus seen as an investment used to prevent problems getting worse. Primary prevention refers to general support services to families to keep up good standards of health and well being. Secondary prevention is more specific in that a remedy is provided to prevent a problem getting worse (for instance, a day care place, or a 'section one' payment of discretionary funds). Tertiary prevention aims to prevent the worst consequences.
of, for instance, being in care or an institution. It would mean working for rehabilitation or finding a suitable substitute family to prevent further harm being done to the child.

In this view, local authority social services become, not services in their own right, but instrumental in controlling the types of family problems which could otherwise get worse. Parker's report argued that:

In considering the contribution of day care to prevention (rather than considering its general purposes) two questions must be borne in mind: First, how and in what ways does it directly benefit the child, and secondly does it enable parents to cope better when they resume the care of the child? An affirmative answer to the second question may depend upon the involvement of fathers and mothers, for day care can then potentially engage them in a learning, integrative and sharing experience. Where this happens there is an opportunity to convey some of the skills of parenting to those who are uncertain or inept and to build up confidence where it may be at a low ebb (Parker, 1980, p 48).

Day care is not a service in its own right but a strategy:

preventative policy must devote as much attention to adult relationships within and around families as to those between children and adults. That places marital counselling and marital social work squarely within a framework of preventative services (p 58).

Prevention can also be a means of manipulating the consumption of welfare services. Social workers are the gatekeepers to social services, and as these services are not universally available, have a rationing role. Many local authorities have argued that family centres should be used in the short-term only, to achieve specific goals in relation to child care, after which families should use cheaper alternatives such as playgroups. High consumption of social services has always been seen as evidence of pathological 'dependence', which family centres often aim to prevent, as shown in this statement from a local authority family centre:

The aim of prevention should be the provision of the minimum services necessary to enable a family to cope, and to avoid the need to remove the child.

While there may be management pressure to control welfare consumption, family centre workers often have broader and more client-centred views on prevention. Prevention of child abuse and neglect are always a priority, as is the prevention of reception into care. Prevention of loneliness and depression in mothers, countering low self-esteem, illiteracy, lack of facility in English, or ignorance about health and illness, tend to be stressed in their own right, as well as representing parts of a contribution to better child care and thus prevention of breakdown in that care. Work with 'bed and breakfast' homeless families and with single parents are also priorities.

It is important to hold on to this broader view of prevention. For Packman (1986) notes that in some social services departments:

Rather than seeking to prevent disruption, stress and harm to children and their families - to which admission to care may, in some cases, be a positive and appropriate response - the term becomes equated simply with prevention of admissions. Success is measured by how many children can be kept out of the public child-care system rather than placing emphasis on improving poor standards of public care - a form of secondary or even tertiary prevention - the temptation is to strive to keep the children out 'at all costs' (p 195).

Q: Now refer back to our first example of a family centre. In what ways can it be seen as 'preventive'? 
2.5 Family centres and social work

A look at the range of problems which family centres seek to prevent indicates that they can work at very different levels, engaging in intensive work with abusive families or in general neighbourhood development. But although we can distinguish in theory between therapeutic family centres and neighbourhood family centres as offering the two contrasting types of approach, reality is less well defined. Therapeutic family centres might offer facilities to local groups, such as toy libraries and meeting space, and some neighbourhood family centres might organize special groups for 'at risk' families.

Family centre practice has developed out of contributions from a mixture of sources—social and community workers, academics, managers and politicians. These groups often have conflicting ideologies holding widely different views on such issues as the significance of family stress and the rights and duties of women. This diversity of views illustrates how social policy and practice emerge from competing interests; we cannot assume a monolithic imposition of either professional or state policy.

So far, I have stressed that the creation of family centres was a reassertion of the policy enacted in child care legislation since 1948 that children should wherever possible be cared for in their own families. I have also emphasized that families themselves are increasingly seen in a social context, a view which grew from the poverty programmes and community work in the 1960s and 1970s, and later from family therapy. Yet the lobby for permanent substitute care was also strong. These differing views about social work and children have already been described in Units 15 and 16. The outcome of these debates during the 1970s for family centres was a focus on better planning, with definite decisions being made as to whether children under social work supervision should be supported at home, fostered or adopted. Alongsde a more interventionist approach by social workers and greater willingness to use compulsion, we also find the development of preventive measures to support families with young children.

Sociologists such as Donzelot or Cohen see most welfare services as aspects of state surveillance of the troublesome poor. Feminists have argued that it is women who are controlled by institutions such as family centres, which reinforce the idea that the mother must be the primary caretaker (e.g. Graham, 1979). Parton (1985) has argued that in the mid 1970s, deviant families were under close scrutiny lest they transmit their pathological behaviour to their children, an old view which resurfaces in Sir Keith Joseph's 'cycle of deprivation' thesis (You may remember the account of this theory given in Unit 16). Thus family projects become the means of scrutinizing deviant families' behaviour and controlling family relationships.

Before we go on to examine two contrasting views on family problems, make a summary of the points in this section. See if you can devise your own definition of 'preventive social work' with families. What levels of prevention do you feel most strongly about and why?
Now we need to dig a little deeper, to go beyond lists of family stresses and problems, to discover underlying views about the relation between family, society and deviance, and the reasons for concern about child care and maternal stress. In doing so, we will be contrasting two views about the family which have been influential in shaping social work responses.

3.1 Mia Kellmer Pringle – mothers’ responsibilities

Mia Kellmer Pringle was Director of the National Children’s Bureau and has been an influential campaigner for children, respected by the DHSS, for whom the Bureau has undertaken a good deal of research. Sir Keith Joseph, then Minister for Social Services, in his speech to the Bureau’s conference in 1972 remembered that he had increased their grant in the previous year as he greatly respected their work, and said that their links with Bureau take the equally important form of close and friendly understanding between myself and my officers (at the DHSS) and your staff. I have had fruitful discussions with Dr Kellmer Pringle, and I think she knows that the Bureau has good friends within the Department.

Sir Keith Joseph went on to elaborate his twin themes – the cycle of deprivation, and preparation for parenthood – which rely a good deal on Kellmer Pringle’s work and on which much family centre work is based. Sir Keith’s proposals included a request to Kellmer Pringle to produce a comprehensive account of the needs of children, material as well as emotional. In his foreword to the subsequent book he stated:

I know there are some who see the solution simply in terms of alleviating material deprivations – poverty or poor housing. I applaud and share their urgent desire to do this. But I am not shaken from my view that there is another dimension to the problem and that one of the ways of tackling it is likely to be by promoting wider understanding of the emotional needs of children and of the importance from the earliest years of the quality of the relationship between a child and those who are responsible for his care.

In the book Kellmer Pringle looked at children’s intellectual, emotional and social development, noting that rising standards of living and health had not reduced childhood disturbance, and that ‘vandalism, violence, drugs and crime are causing widespread concern’ (p 30). Like others in this field, she related a crisis in the family to a consequent collapse of the social fabric. She argued that the idealized picture of fulfilling motherhood needed to be replaced by a more ‘daunting image’. If children’s needs for love and security are not met then the consequences can be disastrous later on, both for the individual and society. Prisons, mental hospitals, borstals and schools for the maladjusted contain a high proportion of individuals who in childhood lacked consistent, continuous and concerned care, or, worse still, were unloved and rejected. Their number is high too among the chronically unemployable and among what I have called the ‘able misfits’ (Kellmer Pringle, 1975, p 81).

This is indeed a call to action, perhaps what Becker (1963) would have called a moral crusade, a picture of the chaos that could result from inadequate parenting. Others have drawn the same picture, for example Professor Bronfenbrenner at the DHSS seminar on Dimensions of Parenthood in 1974, and the speakers at the National Children’s Home conference on Family Life in 1978. Kellmer Pringle went on to underline the duties of parents. There needs to be a shift from stressing the importance of family rights to an emphasis on parental duties, and from the child...
being regarded as a chattel to a recognition of his right to loving care' (p 70). Rights which were being fought over at that time included the rights of natural parents in care proceedings (the Family Rights Group), abortion reform, protection of women in situations of domestic violence. But Kellmer Pringle was concerned that while it may be 'politically fashionable' among 'adult-focused social workers' to emphasize parental rights, a substitution of the concept of 'parental duties' could free children for adoption and fostering, and bring about a 'much needed change in attitude' (p 135)

Parents should receive services and education only in the context of their duties as parents

Hence a long-term policy for children must be based on improving the quality of family care and of education from the cradle through adulthood. To do so requires two wide-ranging changes: a different attitude to parenthood and child-rearing and a willingness to provide more adequate services for families and children, if only for the sake of the latter (Kellmer Pringle, 1975, p 155)

Kellmer Pringle's work can be set in the context of the debate on the 'crisis in the family'. During the early 1970s there was mounting evidence of the extent of child poverty, but there was also a re-emergence of the view that child neglect and abuse, as well as delinquency, have their roots in moral weakness, divorce and parental inadequacy. The National Children's Home seminar on family life in 1978 was one such forum for this debate at which Patrick Jenkin, then Conservative Spokesman on the Social Services, said

Improved education and rising expectations are leading many more people to look for more satisfying lives than their parents and grandparents enjoyed. The results are to be seen in the loss of cohesion in many families, in the loss of parental influence over children, leading in more extreme cases to juvenile delinquency, vandalism, child abuse and so on.

Jenkin, in line with Conservative policy, also stressed parental responsibility

Taking responsibilities away from families is the surest way to undermine that ideal of a strong and cohesive family, and for that reason I believe that the current trend of leaving children with their parents, even in the most adverse of circumstances, is one that must be encouraged. Or again, take our tax system: do we not positively encourage young mothers to work when perhaps they would be better caring for their children in those vital formative years? (Jenkin, 1978)

This is a more extreme view of parental responsibility than Kellmer Pringle's who lays more stress on the needs of the child and who would indeed separate parental duties from children's rights. Let us examine another view now, which does not separate parental from children's rights, but looks instead at family rights in an unequal society

3.2 Robert Holman – family support and social deprivation

Holman is influential as a writer, academic and community worker in the social administration and social work fields. He now works for the Children's Society. While Kellmer Pringle's conclusions were that education for parenthood and a stress on maternal responsibilities are necessary, Holman has always emphasized social deprivation as the undermining factor in family life. In a pamphlet for the Child Poverty Action Group in 1976 he wrote

General rises in the standard of living do not mean that inequality has decreased. The argument in this paper is that inequality exists in child care. Certain children are unequal in that they and their families lack access to resources which are available to the majority. In response, the state has awarded greater emphasis to 'rescue' services which remove children from their environments, rather than to reforms and services which provide the resources to enable more families to stay together (Holman, 1976, p 1)
He argued that it was not sufficient to see defective parents and defective relationships in isolation, his theme rather is that ‘social provision has failed to ensure – for certain families – the kind of environment which encourages attachment, security, continuity and stimulation’ (p 4)

Reviewing research on children received into care, he noted that they are overwhelmingly from working class parents, and that children of one-parent families are at risk, as are those from large families with low incomes, and those in inadequate housing

One strong indicator (of the relationship between social deprivation and the taking of children into public care) is that children received into care do appear to come disproportionately from geographical areas of social deprivation. Thus the local authorities with the highest rates are those inner London boroughs with extensive poverty, overcrowding and inadequate housing conditions. Tower Hamlets, Kensington and Chelsea, Hammersmith and Camden annually take into care between 20 and 28 children per 1,000 children under age eighteen. Outside London, too, the concentration is from depressed urban areas – Manchester, Newcastle, Bradford, Oldham. A similar pattern occurs within local authorities. Over two-thirds of the children in the care of Portsmouth in March 1974 were drawn from just five of the city’s sixteen wards. These five tended to be those with the highest proportions of unskilled manual workers, lone parents and inadequate housing (Holman, 1976, p 7)

In his opinion poverty could impair parenting capacity through ill health, lack of play facilities, lack of books and toys. Parents’ self-esteem might be low, and, feeling that they could not participate in normal social life, they might withdraw into apathy or aggression. He quoted Wilson’s (1978) research which showed how the environment imposed ‘poor’ forms of child care on parents who had quite ‘normal’ ideas of appropriate care. The poor are handicapped not just by their poverty but by lack of resources of a general kind and the secondary consequences of low self-esteem and isolation. He therefore recommended

1 Wider social reforms, notably better housing and family allowances

2 Preventive policies in the personal social services, including 12,000 more day care places, preventing receptions into care, or enabling mothers to work and thus to raise their standards of living. (At that time local authority day nursery places had fallen from 65,000 after the war to 25,000 places.) Preventive policies should also include a commitment to the rehabilitation of children in care to their natural parents, and a greater commitment by social workers to the ‘inclusive’ rather than ‘exclusive’ type of fostering (including rather than excluding the natural parents)

3 Resources which would enable more poor families to cope. Rescue and removal of children are, he argued, the response of child care and social services departments, but are not in the interests of most children or their natural parents. We have skilled removal services but a lack of resources for families

The pamphlet continued by claiming that social policy was in danger of returning to the Victorian habit of blaming the poor for their circumstances, and of seeing welfare claims as confirming their reluctance to help themselves. Publicity in child abuse cases was adding to a view of such parents as feckless, and deserving to lose their rights. Where social workers ignored natural parents they compounded the view of them as irresponsible and aggressive and this then became the only behavioural solution available. Holman argued against the provision of the 1975 Children’s Act which ‘released’ children for adoption if parents failed to keep in touch once they were in care. Instead local authority care could be a service for poor families, and they should not be blamed for using it.

Holman concluded that his proposals would not end child poverty, or prevent all separations, but they could enable more parents to care for their children in a sound and harmonious manner. He urged social workers to strive to counsel natural parents more effectively, and community workers to encourage groups of parents to act together for better local day care amenities in which they could participate.
3.3 A crisis in the family?

By the late 1970s these critical lobbies had begun to overlap with emergent Conservative criticisms of 'too much welfare' and 'interfering professionals'. Both were seeking ways of preventing children coming into care, though for different reasons. A range of family projects, often funded on short-term programmes such as Urban Aid, or Care in the Community, or more recently the Under-Fives Initiative, have been established. Family centres are thus part of a broader framework of services and projects which include playgroups, day nurseries, educational home visiting schemes, and Woman's Aid refuges. All such projects operate in a tension between ideas of children in poverty and of children at risk from inept parents. Many also reflect a view that the family is in 'decline' and that welfare must support this important institution. It is the rising divorce rate in particular which is held as evidence for the decline, along with the increase in one-parent families and working mothers.

The call to halt the 'decline' of the family has two aspects which interweave but do not necessarily overlap: the moral reformers' desire to re-kindle 'traditional' families and morality, and the restructuring of the welfare state, moving from formal and public to informal and private provision. If the state is to have a diminished role, then the primary institutions become more significant, and paramount here is the family. For some time community care has meant a shift of the burden of caring for elderly, sick or disabled relatives onto mothers, wives and daughters. As we saw in Unit 7, Conservatives would emphasize mothers' duties in health care (self-help, preventive medicine), in education (especially at nursery and primary levels), in preschool care (self-help in playgroups), and in social control of delinquent children (nurturing parents). Services become instrumental in enabling mothers to do their socialization and caring tasks, they are not provided in their own right, 'for nothing', except for the most 'deviant' families who pose broader questions of control.

Fitzgerald (1983) has analysed Margaret Thatcher's view of women. We have seen that Thatcher, quite correctly, acclaims the status of the worth of the housewife/mother, but she does so only to suggest that this is the sole role for women, and that this role is sufficient for the social and psychological development of women. Thus, Thatcher constructs an ideal Woman (rather than talk of women with differing needs and desires), a heterosexual woman who knows her 'place of honour' is within the household, a woman who does not question, but responds to the needs of others — her children, her husband. We note that scant mention is made of the needs of women themselves — for the Thatcherite woman has no needs (except to serve others). She complements the dominant role of her husband, by offering warmth and welcome to him and her children. Because she is more emotional and caring, the Thatcherite woman is said to be the perfect social worker, this complements the so-called rationality of the male head of the household (p 53).

What is the evidence for such a 'crisis in the family'? Sociologists and historians who have researched this area have three main findings which conflict with the apparent meaning of current statistics on divorce and separation.

1. That the golden age of the extended family and the settled community is largely (in England) a myth (Laslett, 1972, Anderson, 1983).
2. That continuity of family patterns is strong, the majority of families remaining intact (Chester, 1985). Evidence that the vast majority of elderly and disabled people are cared for at home also shows that far from abandoning their 'duties', women continue to shoulder heavy burdens (NCVO, 1985, Finch and Groves, 1983).
3. Death and poverty broke many Victorian families, it may be that more children today have grandparents who survive longer, are healthier, and easier to visit by car.

Block 2 explored some of these issues about changes in the family, and whether these could be seen as 'a crisis'. But there is a different way of viewing the impact.
of social change on families. From this point of view, the material circumstances in which many families are today forced to rear their children do mean that we may speak of a crisis for families: unemployment, poor housing, low wages and general poverty not only reduce the quality of life, but affect patterns of child rearing and undermine parents' strength. Holman has been a forceful proponent of this point of view.

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**EXAMPLE TWO**

**St Johns**

This family centre is in a former church hall in a run-down inner city area, and it is run by a voluntary child care organization, a national charity with Christian philosophy. The aim of the project is to respond to the needs of the local community, starting with the children who live in this area. The centre offers full- or part-time day care to thirty children between the ages of two and five, with stimulating and creative activities to foster the potential in each child and overcome as far as possible the effects of disadvantage that overshadow these children's lives. A variety of other activities ensures that parents and local residents are involved as much as they wish. There is a management committee of parents, other organizations and workers, holiday playschemes for older children, a youth club, a coffee bar, an elderly people's lunch, English classes for Asian women, literacy classes, keep fit and dressmaking classes, a toy library, a group of childminders, and legal and welfare rights sessions. The centre is dilapidated and crowded, but humming with activity, and a great variety of people come and go.

The voluntary organization has certain principles which it attempts to put into practice in this kind of project: that the project is first and foremost for the benefit of the children, that it must be run with the participation of the local community, and that the local people should express their needs rather than politicians or professionals saying what is good for them. The centre aims to be informal, as accessible as possible, and it was established with the ultimate hope that the local people would be able to take over the running altogether.

A major problem is finance. The centre is funded partly by the voluntary organization, partly by the local social services department, and partly by the DHSS. As all funds are given on short-term bases, planning is difficult, and there is constant worry about the future. The management committee consequently spend a lot of energy on fund-raising. If the local authority were to assume greater responsibility it would have different ideas about the kind of work the project should undertake. For instance, the social services department would like more day care, more treatment of 'abusing' or 'problem' families and more parentcraft training. In the local authority's own family centres, community work is secondary to social work with children at risk and their parents. The headquarters of the voluntary organization has also expressed concern at the extent of the community work, seeing the tenants' group and women's group as causing a good deal of conflict within local politics. Many at headquarters had envisaged family centres as more concerned with strengthening family life and with parent education.

The manager of the centre (who is community work trained) argues that the centre enables local people to define their needs and to develop skills in organizing effectively, thus strengthening the community, local ties and the quality of life. Bonds of friendship and neighbourliness are created which enhance mutual aid and self-help.
Parents whose lives are otherwise depressing and isolated can overcome the debilitating privatization of their problems, and the centre provides a ‘home from home’ to those who would otherwise be often alone with small children, especially the Asian women. Children benefit by having good play facilities and happier mothers, and while the centre cannot change local deprivation it can greatly ameliorate its effects on child development and family life.

There is some hostility to social workers among staff and parents at the centre, which began at the time when the project was new. The centre does not distinguish between families ‘at risk’ and disadvantaged local families, but social workers began referring families from outside the neighbourhood for day care. The local users perceived these as ‘problem families’, and it was clear that some had emotional or psychiatric problems and were unable to participate in the life of the centre, causing disruption and tension. Local residents are already concerned at the numbers of ‘deviant’ individuals now in their neighbourhood, supposedly at the after-care hostel, and they do not wish to feel they are a dumping ground for society’s problems. Many local families are poor, and their housing needs renovating, but they have roots in the area and are not ‘problem families’. The voluntary organization’s principle that everyone should be able to give as well as to receive (that no one be stigmatized by inability to reciprocate a service), fits them well, but it does not fit the more disturbed families referred from outside who are perceived as taking and not giving.

The centre functions as a resource which people use in different ways: some mothers are strengthened by the company to feel able to go on with a burden of caring at home, others choose to work, and the day care make this possible, increasing their material circumstances and emotional health. The centre then is open and creative, seeking to respond to local networks rather than colonizing and appropriating them for the reorganization of social care. The staff see themselves as ‘resourceful friends’, and seek to enhance local solidarity. In being responsive to local views they confront political issues about the distribution of power and the degree of strength which communities have.

Q

1. Who runs the centre?
2. Is the centre ‘treatment oriented’ or ‘community oriented’?
3. What is the centre’s view of family problems?
4. What part do the families play in the centre?
5. What are the main pressures on the centre?

EXAMPLE THREE Orchard Close

This family centre is run by a shire county social services department in a town with rather high unemployment and poor facilities. It is in a three storey house on an estate and was originally a residential children’s home. In 1978 a combination of complaints by the tenants’ association and the falling numbers of children in care forced the social services department to reconsider its use, and it changed to a day care unit for children up to the age of twelve. In 1983, following a review of the department’s family and children policies and child protection work, it began concentrating on under fives and their parents. The new manager and his deputy are qualified social workers.

All families are referred by social workers or health visitors and attend for short-term care. Up to eight families attend at a time, each with a particular programme set out in written agreements sometimes called ‘contracts’. These are regularly reviewed by the centre staff, the family and the referring social worker, and the results recorded. The centre’s description circulated to professionals in the area says:

Our task is to help families overcome identified child care problems ... The main purpose of family day care is to help with serious parenting problems. Families with whom we work may have children who are on the ‘at risk’ register, are behind in their developmental stages, are thought to be neglected by their parents, are likely to be received into care, or are thought to be unmanageable by their parents.
Pen Green Family Centre, Corby. Attempts have been made to brighten up the Centre's rather drab appearance (above and above right) and made it offers a place where a mother can read to a group of children (right).
Mothers have their own space (above) and children theirs (right)
The centre also works with families where assessments are needed as to the feasibility of rehabilitation of children to parents, or where such rehabilitation is being started. It also provides access facilities for parents in divorce cases and is considering starting a group for teenage mothers and providing residential facilities for families in crisis or for refuge purposes.

Each family follows its own activities in separate rooms; there is no children’s group and in this sense the centre is more adult- than child-focused. A basic rule of the centre is that parents are responsible for their children at all times; the staff role is to encourage, challenge and support parents in the care of their children, but never to relieve them of that responsibility. The aim of the centre is to provide an environment in which parents can acquire and practice new skills and in which their competence can be assessed. Activities include play sessions, play therapy, advice on shopping and budgeting, and talking sessions on aspects of child care development.

There is no parents’ room, and each family sits at its own table at lunch. Food is seen as symbolic and nurturing, and the fact that the families are fed is part of the primary care which the parents as damaged individuals are considered to need. While expressing their care for the parents in this way, the staff nevertheless are careful not to deskill them by taking over care of the children or by doing things better with the children than the parents do. Instead, by praise and encouragement, the staff try to enable the parents to discover their effectiveness and consequent pleasure in child care. The parents are also expected to reduce their habitual dependence on welfare agencies and on social workers; this ‘dependence’ is seen as immature, unnatural, and as having secondary effects by stigmatizing and labelling the clients as ‘problem families’ and contributing to the ostracism many have experienced. Diverting families to ‘normal’ supports and social networks, friends, neighbours, kin and playgroups is seen as part of their rehabilitation.

The families are in fact mostly headed by women, half of whom are single parents. Efforts to involve fathers and boyfriends have been largely unsuccessful, although the centre has been able to arrange sessions in the evenings when fathers have been willing to attend. Most of the families have severe problems – of child care, neglectful and careless rearing, as well as psychiatric or emotional problems in adults and children. But all the families also have desperate housing and/or financial problems, and a few ethnic minority women are, in addition, very isolated.

The staff use a variety of methods: a problem-solving counselling approach which breaks down problems into manageable parts and establishes tasks and strategies for change; welfare and legal advice, play therapy, and family therapy, the dominant method of the centre and a major interest of the manager. Family therapy sees families as systems, and child abuse as a symptom of family malfunctioning. The focus of therapy is the digging out and confronting of these malfunctions, of ‘stuck patterns’ and self-defeating behaviour. Thus the focus of this centre is on parents in particular families, not on families or children in general, so there are neither parents’ nor children’s groups, and parents do not participate in the management of the centre.

Professional control of clients is strong; they attend on short-term programmes, and success means a return or entry to the ‘natural’ community.

The social services department is committed to decentralized services, to ‘patch-based’ teams of social workers who work to develop informal caring networks rather than taking clients out of their communities and using formal establishments. The department requires the centre to be available for specialist work with families who are on the ‘at risk register’, the centre being part of the local child protection services. It also provides scope for social workers who are interested in family therapy to develop knowledge and skill in this area, and the staff of the centre are able to take one afternoon every fortnight for their own personal development.

Q 1 Who runs the centre?
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3 What is the centre’s view of family problems?
4 What part do the families play in the centre?
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MEDIA NOTES

TV Programme 9 'Family Centres'
The television programme associated with this unit offers another example of family centre work looking at the Pen Green Centre, in Corby, Northamptonshire. While you are watching the programme, you should try to work out answers to the same five questions for the Pen Green Centre.

How did you describe these two family centres? I would broadly call St John's a neighbourhood family centre and Orchard Close a therapeutic family centre. St John's involving community work and Orchard Close a social work approach.

4 THE VOLUNTARY SECTOR

During the 1970s changing views on the care of disadvantaged and neglected children imposed an immediate threat to the voluntary child care organizations. The five main British organizations are The Church of England Children's Society, The National Children's Home, Barnardo's, Save the Children and the National Society for the Prevention of Cruelty to Children. All except Save the Children, which was established in 1919, were founded by Victorians at the end of the nineteenth century, the first three provided longstay children's homes, residential nurseries and extensive adoption services. Phelan (1983) has shown how recent changes affected the Church of England Children's Society. While occupancy of their residential places for older children increased during the early 1970s, the role required of voluntary homes by local authority social workers changed. The children stayed for shorter periods and were often more disturbed, imposing new stresses on staff who had hitherto tried to make their homes seem permanent 'homes'. Alternatives to the children's families. Rescue work was replaced by more demanding rehabilitation work. With younger children, the change was even more dramatic; fewer came into care, and if they did they were more likely to be fostered than placed in children's homes. There was a virtual end to adoption of babies, and as adoption work had been an important element of some voluntary organizations, this threat to their existence was compounded.

Between 1969 and 1974, eighteen residential nurseries closed, leaving only one in each part of the country, soon even these were no longer required and the nurseries shifted to offering day care to local children. The Children's Society Centenary in 1981 was marked by a restatement of its commitment to caring for children in need, together with a statement of the more modern aim of working in the community to prevent removal of children from their surroundings. In order to work in a more effective partnership with local agencies, the Children's Society decentralized into six regions, and announced a programme of developing family centres which would respond to locally defined need. The centres were to be managed by social or community workers with a variety of other professionals working as care staff — ex-teachers, playgroup leaders — as well as local people in a voluntary capacity. Some centres stress the community development aspect of their work, others are more therapeutic and specialized and work with families referred by social workers.
These family centres reflect three general tendencies in social welfare

1. **Decarceration** – the decline in institutional residential and day care for young children which we discussed in Section 2.2.

2. **Pluralism** – the developing partnership of statutory and voluntary sectors in welfare provision, with the possibility of the statutory sector stepping back to a co-ordinating rather than a providing role.

3. **The use of informal caring networks and of volunteers,** developed through community work methods and aiming to increase self-help, mutual aid and to prevent family and community breakdown (You will remember that this was discussed in Unit 14)

There are two immediate consequences which stand out. Firstly, the instability caused by short-term funding from a variety of sources can make projects vulnerable to pressure from funding agencies, and can undermine the quality of provision. Secondly, and as a result, there is an inevitable reliance on low-paid or voluntary female labour in this form of social care. At the same time, however, self-help has been both a principle and a driving force in many projects. It should be noted that in European countries, such as West Germany and the Netherlands, with a tradition of voluntary agencies providing welfare, such problems of funding have not arisen as the organizations were properly funded by the state and by their agencies and have a secure place in the welfare state. However, in Britain the voluntary sector is significant, because while small, it has nevertheless made greater use of community work methods in family welfare. For instance, Holman, who studied six Children's Society family centres, found that

Whatever the differences, they were outweighed by the similarities. All the centres were accessible to their communities. The buildings were located in the midst of the neighbourhoods they wished to serve. Moreover, they were accessible in the sense that people could walk in without negotiating receptionists and certain services were common to all. All ran groups for mothers and toddlers, offered welfare rights advice and were prepared to give time to individuals. Again, each project had an underlying belief in local involvement, in encouraging residents to identify with the project and to take a part in running it. Above all, there was a unity of purpose in that all the centres gave priority to strengthening families, to improving the quality of parenting and to enabling children to stay within their own families and neighbourhoods (Holman, 1983, p. 9).

Hasler (1984) described Children's Society Family Centres in the North West region as all sharing the principles of participation, openness, and development. Participation indicates that professionals are in dialogue with users who are seen as able to offer something and share responsibility. Openness means there are no closed doors behind which professionals confer. Development refers to involving people in 'creating', rather than getting them back to 'normal'.

Most family centres in the voluntary sector have a strong bias to community-work rather than social-work methods, although where social services departments partly fund them, they may be under pressure to do more specialist work with 'families at risk', rather than with families in general. Community work has a stronger focus on people in their environment than does social work, and is firmly based on the principle of the participation and action of local residents on their own behalf. Community workers in family centres are likely to work with tenants' and residents' associations, local play associations, and other local organizations to campaign for changes in the local environment. The bonds and relationships generated in such activity are seen as beneficial outcomes in themselves in addition to any actual improvements in local services and circumstances.

Voluntary organizations have stressed that it is important to build up families' and communities' strengths so that people can control their own lives rather than succumbing to despair. To do this, family centres are opening to 'bed and breakfast' families; homeless families temporarily accommodated in bed and breakfast hotels, where child care is difficult in the extreme. Family projects then help people to cope with the stresses of their lives but do not seek directly to alleviate those stresses.

Q. Now look back to our second family centre, St Johns. How similar is it to the Children's Society centres?
Family projects can also be placed in that historical tradition stemming from the Victorian age the benevolent supervision and moral education of the poor Jane Lewis (1980), for example, has shown how the infant welfare movement was a drive to take middle class forms of mothering and hygiene into the slums. The settlements, established by the universities in the slums, sought to rebuild ‘lost’ pre-industrial relationships between the classes, and showed a moral and control purpose as well as that of bringing the advantages of education and literacy to the poor. But intrinsic to these benevolent objectives was also a strong moral and controlling element. You have already seen these tensions around social improvement in Unit 11 (health visitors) and Unit 13 (social work). Current family projects continue this combination of the moral task of maternal education with the attempt to redistribute some of the advantages of the middle classes, and frequently refer to a ‘crisis in the family’ reminiscent of the Victorian fear of the disorderly mob, uncontrolled by domestic responsibilities. We can thus place family centres in a broader context of provision.

In this section I now propose to look at two different examples of initiatives set up for parents and children, playgroups run by the Pre-school Playgroup Association and home-visiting schemes run by Home-Start. Both have been praised by the DHSS, and their philosophies have affinities with those that have led to family centres.

### 5.1 Pre-school playgroups

In 1978 the White Paper on Violence to Children described playgroups as ‘one of the most impressive examples of local community initiatives in the day care field’ (HMSO, 1978, para 26). Since 1973 the Pre-school Playgroups Association (PPA) had been expanding its role, encouraged by Sir Keith Joseph, then Minister responsible for the DHSS, and through the DHSS it had acquired paid development and training officers. Most of the work is voluntary, however, carried out by mothers, who do their own fund raising, although social services departments give grants to many playgroups. Two of its Chairmen (sic) have been Mia Kellmer Pringle and Bridget Plowden, placing it in the heart of the child care ‘establishment.’ Unit 9 discussed the provision of day care for children in terms of nurseries and childminders, but it is playgroups which provide the highest proportion of pre-school places. The significant difference is that, unlike nurseries and childminders, playgroups require parents (usually mothers) to help with the children, and so do not offer an alternative to maternal responsibility for children. 1981 figures were (for England):

<table>
<thead>
<tr>
<th>Local authority day nurseries</th>
<th>28 300</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private and voluntary day nurseries (sponsored)</td>
<td>3 300</td>
</tr>
<tr>
<td>Private day nurseries</td>
<td>20 100</td>
</tr>
<tr>
<td>Employers’ day nurseries</td>
<td>1 900</td>
</tr>
<tr>
<td>Registered Childminders</td>
<td>100 900</td>
</tr>
<tr>
<td>Registered Playgroups</td>
<td>364 800</td>
</tr>
</tbody>
</table>

Source: HMSO (1984) p 31

The PPA makes two main claims:

1. to strengthen family life, and
2. to build on mothers as volunteers

In 1973 a principal social work service officer at the DHSS wrote:

> The PPA, although reiterating that children are the focus of the movement, maintain that the children are helped mainly through their mothers. Playgroups can help in this way to strengthen and improve the influence of the family, only when the family is strengthened can there be lasting and important changes for the child. This strengthening of the family is particularly important in working with families with multiple problems. (Thayer, 1973)
Bridget Plowden argued that volunteers would counter the undermining influence that ‘experts’ tended to exert on parents. Moreover, she expounded an extremely conventional view of gender roles, characteristic of the organization, at the DHSS conference on Low Cost Day Care.

There is one resource which has not been used, but which the growth of professionalism has slowly been undermining, the mothers – and fathers – of small children and the community to which they belong. The confidence of parents has been lessened. We have to affirm the value of families (of one or two parents) and in particular of the mother-child relationship and the need to uphold, support and build on this relationship (DHSS/DES, 1976).

She advocated using women as volunteers because ‘there are women from all backgrounds who will gladly work with very little financial reward for a purpose in which they believe.’ Playgroups aim to strengthen the family by preventing women from being undermined by depression and isolation. They are not intended to liberate mothers from child care, but to enable them to enjoy it. Mothers are expected to help at play sessions and participate in the management of the group, not to regard it as giving them free time. A PPA publication states, ‘The wife may continue to keep up the highest standards for their home, the children and her own personal appearance – but a sensitive husband may be aware that the strain is great.’ Anything that improves the mother’s health and happiness has a profound effect upon her husband and children. (Crowe, 1973.)

The PPA has a conventional view of family life, aiming to underpin the focal role of the wife and mother in keeping this type of family afloat. Another example from the same book ‘Saturday Fathers’ Days are just beginning to catch on, the average man hates Saturday shopping, and husbands are beginning to discover that they can run a playgroup with a minimum of help while their wives shop and cook.’ Where there is relief from child care then, the ‘free’ time should be filled with other domestic duties.

Playgroups have been outstandingly successful with middle class mothers, but the organization has been encouraged by both central government (via the DHSS and DES), and by local authority social services seeking cheaper forms of day care for under fives, to extend to areas of deprivation and poverty. The self-help model of PPA has found favour in the current diversification of welfare and the attempted shift from formal to informal provision. Yet research has shown that the playgroup model is not successful with mothers under stress. Both Fern (1977) and Finch (1984) show that mothers in poverty or emotional stress are unable to give the help expected they need to receive a service, a fact borne out by the lower attendance and higher drop-out rates of such mothers and their children from playgroups. Fern found that only those playgroups which did allow mothers respite for themselves ‘worked’, and Finch showed how in generally deprived areas, the material resources may be too few, and local women have too low a view of themselves and their neighbours for a playgroup to operate effectively.

For Finch this is an illustration of the contradiction between the principles of self-help and the more hidden agenda of maternal education. The conservative view is that while self-help is the most appropriate method of providing welfare, certain deviant groups need to be controlled and cannot be contained in the self-help approach. Self-help, together with generally available services, is appropriate for the ‘adequate’, whereas ‘problem families’ with characteristics of child neglect, unsettled employment and little regard for normal standards of home care and diet form a group for whom schemes focusing on the mothers (which include family centres) have been developed.
5.2 **Home-Start**

Home-Start is one such scheme. It began in Leicester in 1973, has since expanded, and its model has influenced other projects through its DHSS funded consultancy. Home-Start was conceived by Margaret Harrison following her research into home tutoring schemes in the USA which were part of the Head Start programme of compensatory education for 'culturally deprived' children. Bronfenbrenner (1974) who evaluated these programmes considered that most were ineffective because they lacked the 'sustaining agent' of parental involvement in education - children were 'enriched' but nothing changed in the home.

Where, however, parents attended programmes with their children, more lasting and obvious changes were observed. Margaret Harrison's project is built on this observation, and the scheme uses volunteer mothers to visit mothers in difficulties, supporting and befriending them, and thus aiming to create a greater sense of self-worth and the confidence to create a better environment for the child. The visitors, who receive a brief training, take play materials and toys and demonstrate ways of stimulating, developing and enjoying children. The aim is to reintegrate alienated and depressed women, putting them back into community networks through the bond of a personal relationship. The DHSS and government ministers have liked both the philosophy of this - the valuation of the 'natural' bond of friendship, the avoidance of experts, the use of volunteers - and its practical aspect - its cheapness.

While Home-Start has been successful in making child care more enjoyable for some mothers, a notable feature of the scheme is the stress on maternal duties and responsibilities, even in situations of great economic disadvantage. Van der Eyken's (1982) research showed that 90 per cent of 303 families were on very low incomes, and 40 per cent were single parents. Many had poor or overcrowded housing, were of low intelligence, suffered poor health, and were emotionally bereft. The scheme privatizes and individualizes these problems, containing them within the home, and measuring success in conventional gender terms.

A mother may, for the first time, bake a cake, or buy her child a present, or put some flowers in a vase, or suddenly decide she is going to take her child to the doctor or see a solicitor. She may get up earlier, or make a bed, or clean the house (van der Eyken, p. 81).

Pre-school playgroups and Home-Start can be seen as projects which emphasize maternal duties by harnessing conventional mothers to draw deviant women into line. Or they can be seen as an expression of individualized, personal care, the sharing of advantages between women who have these and women who do not, which avoids professional intrusion into the privacy of the family. Such projects do not attempt to tackle the environmental or material aspects of mothers' lives, nor do they address the issue of the general provision of public play and care facilities for children. Advocates of such schemes however do look to broader social questions they see intervention in family life as a way of preventing social problems which might threaten the stable social order. In this aim, and in the focus on mothers, they have a strong affinity with family centres.

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Now make two lists, one of the ways in which these projects may constrain women, and one of the ways in which they enrich them. Then refer back to our three examples of family centres. What parallels do you find?
6 SOME ISSUES IN FAMILY CENTRES

We have looked at three examples of family centres, covering both statutory and voluntary sectors, and we have looked at playgroups and the Home-Start home visiting scheme. All are recent attempts to revitalize family life and to use new approaches in doing so. While playgroups are self-help organizations, Home-Start is a volunteer scheme, and family centres use a mix of social workers, community workers, and volunteers and participative parents. However, all these organizations are dominated by social work in that they are funded partly or wholly from social services departments and they take referrals from social workers. Only playgroups in some prosperous areas are wholly independent. While these middle-class playgroups are open to local parents who 'refer' themselves (as are the neighbourhood family centres), the therapeutic family centres and especially those offering day care, and home visiting schemes tend to have social workers standing as gatekeepers between the public and the service. Most family centres and many family projects, then, are a public service for poor families, access to which is largely controlled by social workers—mainly because of scarcity. This rationing means that they gather together the very desperate—the voluntary beneficiaries—and the very deviant—the enforced beneficiaries—in the same fashion as social services departments. This characteristic was discussed in Unit 14, which also carried the reminder that social work does not have a fixed form but is shaped out of the tensions between care and control, and the personal and the public. Family centres, too, operate within these tensions—our models of the neighbourhood centre and the therapeutic centre have characteristics which are tempered by the workers, the clients and consumers, management, and resources.

Before I go on to draw together some issues and dilemmas which I see as important, take some time to draw up your own list. Then compare it to mine—which is, of course, not exhaustive.

6.1 Therapeutic family centres—some issues for women

So far I have argued that family projects control women by reinforcing an assumption that mothers 'naturally' care for their children and place their own needs in a secondary position. Kellmer Pringle argued for parent education to underpin roles and for pre-school provision which would sustain parental duties. Holman on the other hand argued for greatly expanded pre-school day care to enable poor mothers to work and to compensate for impoverished environments. While he did not challenge traditional gender roles, his view of family centres as neighbourhood resources opens up the possibility of women undertaking domestic and mothering tasks more collectively—something which middle-class mothers often achieve in playgroups and other forms of self-help organization.

Here I want to look at the control of women in family centres, and especially in the therapeutic centres. In Unit 14 you read about social work as the 'personalizing' of services. The relationship between social worker and client (or family centre worker and client) offers the advantages and disadvantages of closeness—warmth and close surveillance. Here again we see the tension between care and control. Social workers have the authority to report and act upon child abuse or neglect, they also have the ability to find scarce resources such as day care, or holiday schemes. In both social services departments and family centres the vast majority of clients are women and we may therefore see these services as ways in which women are controlled, but few men. The services of social services departments are often conditional on certain forms of behaviour—conventional behaviour and a motivation to strive for this. Rees's (1978) research showed how these 'deserving' clients were more likely to gain social worker's help, and to get the help they wanted.
In family centres there is a clear tension between controlling women in their duties as mothers — the parentcraft and structured play sessions for instance — and helping them in their own right, with adult education classes, day care for free time, groupwork and counselling on women’s issues. While many would argue that the latter activities make women healthier and more confident in themselves, and thus better parents, such work also opens up larger questions about the nature of family life which are not on the agenda of the management of most family centres. We may relate this to the strong tradition in British social policy that while the state ‘supports’ the family, it does not intrude upon this private domain (e.g. Land, 1976). Women have suffered the consequences of this approach, not only in their disadvantaged economic position, but in the blind eye turned to domestic violence. While violence to women in the family is far more common than violence to children, it is the latter that has provoked public outrage. Despite strong cases made during the 1970s by the Women’s Aid Federation, and by the Select Committee on Violence in Families, domestic violence continues to be marginalised as a social policy issue, and the few refuges which are in existence find it increasingly hard to continue.

While refuges struggle, family centres with their focus on the family (rather than on women) have mushroomed. The crisis in the family has been handled as a crisis in parenting (as in Bronfenbrenner, Sir Keith Joseph, and Mia Kellmer Pringle) not as a crisis in male/female relationships. Nelson (1984) argues that the success of child abuse as a public issue is that it can be reacted to as if a consensus exists — we all deplore child abuse (though we have not thought out what we mean by it). She sees child abuse used as an issue to overshadow more problematic forms of private deviance — wife assault, rape, and incest — which feminists have been successful in uncovering, but for which treatment and protection services are pitifully small.

Within social work and medicine the general belief that women who are beaten have brought it upon themselves by nagging or inappropriate behaviour is reflected in the more sophisticated terms of family therapy. Violence, sexual abuse and incest are viewed as symbols of distorted roles or blocked communication, and much of the therapy focuses on the wife’s supposed guilt feelings over failure to protect her child, or her own masochistic feelings in the case of wife beating. As Dominelli shows, family therapists treat each family as a single entity, without understanding the structured inequality and power relationships which are gender specific and which characterise all families. Feminists such as Elizabeth Wilson (1993) or Domine111 (1986) would help female victims (women or girls) to deal with anger at being abused, rather than by working on guilt. They see anger as a driving force which can lead girls or women to new lives, whereas guilt is seen as a form of self-obession and self-blame which weakens the individual. In their opinion, family therapy also pathologizes and infantilizes the perpetrators of violence as damaged individuals, often themselves the products of unhappy homes, and does not therefore admit an understanding of aggression and abuse as part of male domination.

Kempe and Kempe (1978) have been extremely influential in the family therapy field, and argue that:

> The relationship between neglect and abuse is not well understood, they seem to exist together in differing proportions. But one striking sequence has occurred often enough to note a mother who has been so neglectful that her baby has suffered from failure to thrive may be recognized and offered treatment. If this treatment does not adequately take into consideration her own need for nurturance, but concentrates only on her response as a mother, she may become even more abusive towards the child. It seems also consistent with the acute need most abusive parents have for nurturance themselves, and with the fact that treatment is usually successful only when those parental needs are met (pp 28–9).

Some family centres provide this primary care or nurturance, and many view parents as damaged and infantile, essentially needing ‘reparenting’ themselves. Recently this approach has been challenged by Dale (1984), who has extensive experience with the NSPCC, and who argues that not only do these methods have a low success rate, but that they are dangerous insofar as the social worker becomes enmeshed in
the family and may lose the objectivity necessary to protect the child or children. His own approach has more structure and control, with therapists often working in pairs. He always uses contracts with families, and prefers to have a care order on the children for legal control. Our third family centre used this approach, though not so rigorously as Dale, and certainly contracts or agreements with families are common in therapeutic centres. While it seems to give much more power to the social worker and less to the client, it may in fact be that the contract represents a greater openness and honesty with clients about why they are attending, and consequently reduces the clients’ anxiety about social workers.

It is in the social work tradition to infantilize its clients. ‘Problem families’ are seen as chronically ‘dependent’ on social workers, feckless and disorganized. They are often ostracized by neighbours. Cases of domestic violence or child neglect can be seen as part of this typology of families with abnormal patterns of care, rough and ready lives. Domestic violence, unlike child abuse, is then played down by social workers, a point confirmed by Mary Maynard’s (1976) research. She found that social workers in a social services department tended to patch up cases where wife beating was occurring, not to take sides, and to urge women to think of their children, that is to remain in the family. Of 103 cases she studied, 34 had direct references to domestic violence. In the vast majority of them social workers did nothing to relieve the situation. Seven women were dissuaded from walking out, one advised not to argue so much, three were referred to Marriage Guidance Counsellors, two placed in mental hospitals and one was advised to take a holiday. The social workers did not see the battering as needing intervention, but expressed concern only in relation to the children’s well-being. In two cases the women’s depression was seen as the problem. Comments were made on the untidy state of the houses and the personal appearance of the women. Personal and domestic incompetence were seen as provoking male grievances:

‘She never does any housework or cooks a meal. Mr B describes her household management as appalling.’

‘She is not overactive in the household duties. Her husband complains of her neglect of him and the children. Sex was also a source of conflict.’

‘Apart from domestic incompetence she is also failing to meet his sexual demands’ (p. 188)

Social work controls both through resource-rationing (enabling a client to use a nursery or refuge), and through ideology or consciousness (through women’s views of themselves and their understanding of their predicament). It can perpetuate the view that family violence is largely the fault of the woman and is a rare phenomenon, and it can reinforce many women’s low opinion of themselves and their self-blame. It can privatize a public issue. Yet it can also ameliorate individuals’ situations, increase self-esteem and enjoyment of child care. Social workers and their clients operate in a tension between these two poles.

# 6.2 The needs of children

As family centres are a form of social welfare for children, I would like to conclude by asking to what extent they serve the needs of children, bearing in mind that in Britain the only widely available pre-school provision is the playgroup. We have seen two separate but linked trends, both of which are part of family centre work: greater clarity and commitment to helping families keep young children at home by providing day care, childminders and playgroups, and, on the other hand, more coercive intervention using statutory powers to remove children and deprive parents of rights.

One consequence of the stronger emphasis on prevention is that there is a more instrumental attitude to the provision of day care and other child care resources, an individualization of service provision, increasing the discretionary aspect of social welfare. Day care is provided not so much as a benefit for children, but as a way of
changing family life and patterns of welfare consumption. Only cases of severe need or risk are retained in the expensive state sector. Since the moral panic over child abuse which began with the death of Maria Colwell in 1973, social services departments have been required to establish better monitoring systems for child protection purposes, and have also been concerned to demonstrate that they are "doing something" about the problem of neglectful and abusive parents. Thus there is a risk that monitoring might take precedence over the provision of good quality pre-school day care and play schemes.

In Britain, public sector day nurseries carry a stigma in the eyes of the public, a stigma reinforced by allocation practices which make it impossible to gain a place without social worker or health visitor referral stating urgency of need, risk to the child, or unsatisfactory home life. The route to public day care is via failure, failure to create a 'proper' family, failure to be a competent mother. In part, the intense pressure on the small number of places available causes this build up of serious problems, but it is also a reflection of an ideology whereby care is seen as the proper responsibility of the mother (unlike nursery education which can complement 'proper' home care). Although many families, especially one-parent families, could be brought out of poverty by the provision of day care (Holman, 1976; David, 1985), this would enable mothers to work, acknowledgement of this would go against the ideology that home care is best. The compromise within social services departments has been the development of childminders, who are more like substitute mothers than nursery staff, and much cheaper.

We also need to ask whether social workers do enough to protect and enhance children's lives. Dingwall et al. (1983) looked at social workers in three areas of the United Kingdom and were struck by the lengths they went to not to remove children from inadequate parents and to continue supporting such parents in the face of considerable doubts about adequacy of care. Social workers faced with manifestly devout families, nevertheless searched for mitigating factors and tended to see the families, and especially the mothers, as victims of circumstances. Only in the face of overwhelming evidence would they contemplate a judgement that mothers did not care for their children, for such a judgement went against a fundamental belief that parents 'naturally' love their children. It is difficult to make the judgement of lack of care as it implies something quite abnormal and unnatural. Dingwall et al. considered this striking, for if we survey the poverty statistics we would predict far more children to be in local authority care than actually are. Townsend's (1979) statistics on the extent of child poverty and deprivation estimate that 850,000 children under five could be candidates for care.

Dingwall et al. therefore refer to the rule of optimism, the rule which ensures that allegations of mistreatment are rare, the rule which ensures that parents get the benefit of the doubt most of the time. Two deep-seated beliefs underpin the rule: the belief in natural love, that most parents naturally love their children, and secondly the belief in cultural relativism, the view that haphazard standards of child care are typical of certain estates or subcultures and therefore not indicative of individual pathology. This raises serious questions about whether enough is done to protect children from unsatisfactory parents and to compensate children at risk from impoverished environments. Family centres and schemes like Home-Start attempt to change parents so that they will care better for their children, change may be slow, however, and too late for the child.

It is unfortunate that direct work with young children carries low pay and low status. There is a risk that working with adults in family centres may be seen as more skilful and prestigious than work with children, further depleting children's services. Packman's recent research (1986) on social workers confirms what my own research into family centres discovered - that many in this field see the public sector care services as poor and see it as a worthy aim to divert clients from care, which may be care in the sense of day care services, or the organizations which process those in care. She therefore refers to the 'rule of pessimism', which like Dingwall's rule of optimism ensures that social workers tend not to push clients into care, but, on the
contrary, ration the use of public care. An unfortunate consequence is that social work effort is put into keeping people out of the public care system, rather than trying to improve it. We should ask ourselves whether children should be kept out of care at all costs, or whether this at present limited and stigmatized service largely used by the desperate poor should be improved. These services include children's homes, foster parents and nurseries, the homes and the nurseries increasingly seen by social services as outmoded (and expensive). The preventive services, family centres in particular, are probably too few to make a real impact on the numbers who suffer family or environmental stress. Neighbourhood family centres with day care services could make a real difference to both children and mothers but they are not generally available, and tend to be swamped by demand or by social work referrals of desperate or damaged families from beyond the immediate neighbourhood.

The problem is both an economic and political one: the government seeks solutions to family and environmental problems along self-help lines, and through providing treatment and control for abusive families in centres which may be run in partnership with voluntary agencies. As we showed in the discussion on playgroups, there are real difficulties in transplanting the self-help method from affluent middle class areas to economically deprived regions. Women in such areas tend to lack the resources, skills and self-confidence to run playgroups of an acceptable standard, and it is therefore in these areas that the poor are most at risk of having to fall back on the minimal state services available for those who have failed as parents, and which are thus stigmatizing. The voluntary organizations' family centres have been attempts to bring in outside expertise and resources to start projects which can be run by local people and which therefore are not services for the deviant.

### 6.3 Conclusion

Family centres can offer care and they can control parents. As I suggested at the start of the unit, their work is shaped by a series of conflicting ideas and pressures, of which the tension between care and control is one. The examples discussed in this unit (and in the accompanying television programme) have illustrated some of the different ways in which family centres have responded to these conflicting ideas and pressures in developing work with families.

In the course of the unit, I have explored connections between the work of family centres and conflicting views on how social work with, and social welfare for, families ought to be organized. These conflicting views involve a number of different aspects ranging from the level of national and social policy, through ideas of the family and family problems, to the level of how family centres ought to be organized in relation to different definitions of needs. I hope this has added to your understanding of how social work (with family centres as one specific example) is placed within, and shaped by, conflicting pressures and demands.

On the page opposite, I've listed what I see as the major conflicting ideas and pressures which are at stake in family centres. I'd suggest that as you work through this list, you add your own notes to each point of conflict about their consequences for the work of family centres.
| Prevention seen as monitoring and treating specific families | vs | Prevention seen as improving social conditions and children’s environments |
| Crisis in family | vs | Crisis for some (poor) families |
| Stress on parents’ responsibilities | vs | stress on family rights |
| Controlling women as mothers (i.e. services reinforcing traditional roles) | vs | increasing women’s opportunities |
| Services as ‘targetted’ on specific families | vs | services as opportunities available to all |
REFERENCES

ANDERSON, M (1983) 'How much has the family changed?', in New Society, 27 October
CHESTER, R (1985) 'The rise of the neo-conventional family', in New Society, 9 May
DALE, P (1984) 'The danger within ourselves', in Community Care, 1 March
DAVID, M (1985) For the Children's Sake, Harmondsworth, Penguin
DOMINELLI, L (1986) 'Father/daughter incest patriarchy's shameful secret', in Critical Social Policy, Issue 16
GRAHAM, H (1979) "Prevention and health" every mother's business', in Harris, C (ed ) The Sociology of the Family New Directions for Britain, Keele, Sociological Review Monograph
HANDLER, J (1973) The Coercive Social Worker. USA, Rand McNally
HOLMAN, R (1975) 'The place of fostering in social work', in British Journal of Social Work, Vol 5, No 1


Land, H (1976) 'Women supporters or supported?', in Barker, D L and Allen, S Sexual Divisions and Society, London, Tavistock


Seebom Committee (1968) Report of the Committee on Local Authority and Allied Personal Services, London, HMSO


