

# HARNETT HOUSE FAMILY CENTRE

Commenced in April, 1975, the Family Centre is developing as a range of integrated services aimed at preventing family breakdown within the neighborhood of Brunswick.

## Existing Services:

1. Residential Care for 16 children.
2. "Drop-in" facilities for families.
3. Kindergarten
4. Toddlers' Play Group
5. Bulk Grocery Store
6. Adult Education classes.
7. Group and Individual Counselling.

## Present Staff:

Nursing Sister  
(Administrative Officer)  
Pre-school Mothercraft Nurse  
Social Worker  
2 Kindergarten Teachers and  
assistant  
4 Child Care Workers  
Cook  
Maintenance Staff.

April, 1975: At the time of the appointment of a Social Worker to assist with planning and service, Hartnett House was at a turning point. The Adoption Agency and Maternity Home had closed recently and the future use of available space was under discussion. A children's service of relevance to the local community was considered to be needed. The question was — How to test this need and how to plan the appropriate service?

## CLIENT PARTICIPATION IN PLANNING

A logical trend in services in recent years has been towards prevention of health and social breakdown, on a local basis. Hartnett House history has shown in its very purpose of caring for Wards of State, that there is a need to reach families long before breakdown and resultant long-term placement of children occurs.

The first three months of the social worker's time was used in making contacts with local organisa-

tions and the potential service users, i.e. families who were considered to be at risk of breakdown. In this period, 25 families were referred, mainly by Infant Welfare Sisters.

Work with these families was largely aimed at learning from them what they considered to be the major pressures which placed them at risk of severe malfunction or breakdown. Each family referred was invited to participate in planning and to make whatever contribution they felt would help.

This participation involved personal interviews and group meetings and ensured that:—

1. Services planned would be directly related to the needs of the families.
2. The families were able to feel some dignity and consequently more intense interest in the opportunity to contribute to, rather than just receive from the service.

The families referred to numerous pressures on their stability, but of these, three major areas were emphasised:—

1. Poverty
2. A feeling of isolation
3. Disturbed family relationships.

The families wanted to tackle these problems in this order of priority. Wherever feasible, staff attempted to carry out the recommendations of the families via the medium of weekly group meetings. In August 1976, the families formed their own Committee to discuss, plan and make recommendations about service development and day to day functioning.

## GROWTH OF THE SERVICE

### A. POVERTY

The attack on poverty is probably the most difficult task. We approached it in four ways:—

1. To reduce the expenditure of the families.
2. To increase family income.
3. To teach and supervise budgeting techniques.
4. To take social action where possible.

To date we have made some progress through:—

- a) **BULK GROCERIES** purchasing grocery goods in bulk and selling to the families at prices reduced to up to half of the normal retail price. The families are involved in the

running of this shop and a noticeable change in many of their shopping habits and their price consciousness has been observed.

- b) **EXCHANGE** of clothing, furniture and other goods is practised, thus reducing unnecessary expenditure and adding some dignity to the need for practical relief.
- c) **EMPLOYMENT** The finding and in some cases, the providing of job opportunities for family members having difficulty in attaining suitable jobs. To date 5 family members have been employed in casual positions within this organisation.
- d) **TEACHING SALEABLE SKILLS** Some effort has been made in this area, within the limitations of skills of present staff. There is some sharing of skills amongst the families themselves (e.g. how to crochet, cook, etc.) and volunteer instructors have been recruited occasionally.
- e) **CREDIT CO-OPERATIVE** has been commenced on a small scale, through which families can save and borrow. This has been planned and administered entirely by the families themselves.
- f) **BUDGETING** — While the problem of poverty may be reduced by the above means, we are still left with the families who are unable to budget adequately and who are unable to resist the salesman and “easy terms” etc. It is understandable that people accustomed to emotional and material deprivation are easily persuaded into the immediate gratification of spending, rather than doing without for the present, for the sake of the future. Education in budgeting must be a long process and should be accompanied by rewards for achievements which sufficiently replace the gratification of spending.
- g) **ANDERSON CREDIT CO-OPERATIVE** — Localised financed co-operative managed by a sympathetic man who sees a family on a low income and in debt as a challenge worthy of tackling. Clients invariably found financial stability and the accompanying motivation to save.

### A. FEELING OF ISOLATION

Most mothers attending the Family Centre talk of loneliness, which may seem surprising when we learn many in fact, have a number of contacts with family and the community. Many, of course, particularly new residents, are literally isolated. But the majority merely **feel** isolated. The reasons for this feeling are manifold, but it appears that underlying, is a difficulty in finding a feeling of “belonging” and relationships with others are not strong and trusting. The community itself adds to the problem in the practical sense — there are few

community “gathering points”, poor transport, a large population turnover, particularly in the poor standard flats, and over 50% of the population is European born. Many of the families with young children, live in flats. Efforts to help overcome the isolation have been:

1. “Drop-in” facilities for families — the provision of a ‘second’ home or a warm accepting place where they meet others in a relaxed manner and their children can play freely and safely. Effort is made to help relationships grow with a minimum of fear and mistrust.
2. Fostering of social activities on a neighborhood basis, e.g. baby sitting, combined family outings.
3. Organisation of activities aimed at improving the feeling of self worth in individuals (e.g. a very depressed Italian woman gave a very successful cooking lesson). Co-operative activities, (e.g. service planning, bulk store, stalls to raise money for the families to take a beach holiday).

Relationships and activities extend beyond the Family Centre to the homes and neighborhoods of the families, but most families need to keep the reassurance of contact with the Centre to maintain these relationships satisfactorily.



“Most mothers talk of loneliness”.

### C. DISTURBED FAMILY RELATIONSHIPS

All families attending the Family Centre are aware of having family relationship problems. The majority of mothers have had poor relationships with their own parents and are finding similar difficulty in handling their own children. Almost 25% of mothers attending the Family Centre have been under the care of the Social Welfare Department at some time during their childhood. (see Apen-

dix) One mother, now in her mid-forties, says she is still trying to win her mother's affection and that after every rejecting contact with her mother, she takes out her resentment on her own little boy. Difficulty in coping with children, marital problems and relating to others seem to be closely linked. The task of helping an emotionally deprived person to relate satisfactorily to others must be a long and difficult one. It is hoped that the following services will contribute:—

1. **Individual Counselling** — A basic method of social work is to help a person to form meaningful and trusting relationship with the social worker so that he or she can use that experience in forming relationships with others. Becoming a friend to the client in the counselling situation is necessary if that is to be effective. It requires a commitment from the worker and the understanding that the client cannot be let down, no judgment should be passed or feelings taken lightly, or the casework relationship becomes just another failed relationship in the client's experience. At the Family Centre, individual counselling is not workable, as the limited staff cannot possibly be a meaningful friend to 100 odd families. Alternatives to individual counselling:—
  
2. **Neighborhood Supports** — Families themselves are encouraged to support one another wherever possible and to consult with the social worker on methods of handling the problems of those families with whom they are linked. People with a particular problem (e.g. an angry, frustrated mother who is wanting to separate from her children) are linked with others who have had the same experience. It is found that often the support provided by one family or person to another is more appropriate than what the social worker can offer. Giving each family a "helping" role within the Family Centre, gives them a feeling that they have something to offer and that they are worthwhile and in fact **needed** if the service is to function adequately. Practical relief is provided amongst the families also. Since the Family Centre began, over 60 placements of children amongst the families have taken place, particularly at times when mothers have needed relief from care of their children.
  
3. **Group work** — Apart from family contact through the Family Centre "drop in" facilities, group meetings are held twice weekly in which a number of activities take place. People bring their problems to this group for discussion and effort is made to teach members of the group to listen, understand and support. Professional people are fre-

quently invited to hold discussions with the group on specific problems e.g. A Community Health Nurse attends most meetings to discuss problems related to health.

A physiotherapist from the local Community Health Service opens the group meeting with 10 minutes of relaxation exercises.

A local Marriage Guidance counsellor attends frequently to discuss marital relationships.

The group has multiple functions ranging from social, stimulative, educational to therapeutic, but the major goal is to help the members to form warm, co-operative relationships in a "safe" environment. Separately the following groups meet — CRAFT group, OUTINGS group, YOGA/RELAXATION group.

4. **Kindergarten, Playgroup and future Day Nursery** — Some effort to help mothers and children to relate better is made through the toddlers playgroup and the kindergarten. Mothers are encouraged to join in the care of their children at the Centre and to discuss their problems with the staff. Plans for a subsidised Day Nursery have resulted from a very urgent need for this type of work with mother and child together. It is considered also that full day care for children at risk could be a real alternative to those children being placed in protective care.
  
5. **Residential Care of Children** — There are 16 beds available in two "family groups" of 8 children. Until recently, most beds have been occupied by Wards of State who have little or no contact with their families and who come from all parts of Vic.

#### NEW ADMISSION CRITERIA

##### We are testing new criteria for Admission—

- (i) Children aged between 12 months and 8 years.
- (ii) Children where there is parental involvement.
- (iii) Families where there are definite plans and aims to work towards Home Release.
- (iv) Shorter term — few weeks to 2 years.
- (v) Regular review of placement.
- (vi) Opening needed for alternative placement if situation breaks down and child needs to go to longer term care.

##### Aims

- (i) To provide supportive services for mothers/families needing help.
- (ii) To involve parents in the Children's Home routine.
- (iii) To see Hartnett House as an extension of own home.

- (iv) To provide adequate care —  
     educational  
     emotional  
     psychological  
     spiritual  
     physical  
     stimulating growth development.
- (v) To provide on-going education for staff.
- (vi) To help mothers develop more adequate mothering skills, i.e. understanding children's needs, behaviour. (own childhood experiences were mostly limited).

In order to integrate the Children's Home with the policy of providing preventive services at Hartnett House, all future residential placements of children will be from families who live in the neighborhood and who will participate in the Family Centre program. It is believed that by keeping a link between child and family and providing support and education to the family, the period of separation necessary will be minimal. Several neighborhood children have been admitted on this basis — living in during the week and returning to their families at the weekend. A recent admission resulted from a police referral. The child's mother, an isolated and depressed woman had telephoned the police asking them to take her child away from her as she feared that she might harm him. The police, aware of a bond between the mother and child, were reluctant to take him to Allambie, though they would have done so if Hartnett House had not been available as an alternative to Wardship and parent/child separation. His mother feels confident that his placement will be short term, until she regains confidence and has better financial security.

1. Hartnett House planning committee includes local representatives of the Social Welfare Department, Brunswick Council and advisers from the Royal Children's Hospital.
2. Regular meetings are held with local Infant Welfare Centre Sisters, who are a major source of referrals.
3. Hartnett House staff participate in a Child Care planning committee, convened by the Brunswick City Council.
4. Hartnett House social worker is a committee member of the Brunswick Community Health Service and shares cases with the Ethnic Health Workers and other staff of the Health Service, particularly where health is part of the family problem.
5. Melville Clinic staff participate in the treatment of children at Hartnett House. Psychiatrically disturbed people attending the Family Centre are assisted by the Melville Clinic where individual counselling is vital to their treatment.
6. A Brunswick Parents' Anonymous group, for child abusers, has grown out of families attending the Centre.

7. The majority of referrals to the Centre are from local professional people.
8. Hartnett House staff participate in the North West Regional Council for Social Development Child Care Standing Committee, and participate in planning of child care facilities for the Region.

#### **FUTURE PLANNING**

1. Day Care
2. Emergency Care for Families as well as children
3. Family Aide Service.
4. ??? Family Group Home.

#### **EVALUATION**

To evaluate the effectiveness of a social service, is a universal difficulty. We have already established a service in response to the expressed needs of a sample of what were considered to be "typical" clients. This is only a start in the direction of ensuring that a service will be effective and does not take account of the changing clientele, those who are not being reached, the growth and change in those who were originally referred, or the consequent need to adjust the service in response.

It is undeniable that, if evaluation is to be real and not guesswork or kidding ourselves, a full, systematic study must be made. Under the financial and academic sponsorship of the University of Melbourne Department of Pediatrics and the Hospitals & Health Services Commission, a study is commencing this month on the extent and nature of emotional and physical problems among children in Brunswick and what sort of services parents need to help rear their children. It aims to find how many families need it, how many families it reaches, — ultimately how effective Hartnett House is in preventing family disorder.

The study team presently consists of a nurse, a social worker and a pediatrician. They expect to publish results in 1980.

#### **INFORMATION ON FAMILIES AND CHILDREN ATTENDING DAY CARE FAMILY CENTRE**

Total number of families referred between May, 1975 and July 77	105
Total number of children	254
Marital Status of mothers:	
Single mothers	31
Separated	30
De Facto	15
Married	41
	105
Mother's Institutional Experience:	
Ward of State in Children's Home	23
In Youth Training Centre or Prison	9
	32
European born mothers	17