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# HAPPY BIRTHDAY...GOODBYE!

A Study Into
The Readiness and Preparedness
For Independent Living
Of Foster Care Adolescents
Facing Automatic Discharge
From The Custody Of The State
Upon Reaching The Age Of Seventeen Years

A research project presented in partial fulfilment of the requirement of a Master of Social Work, Turitea Campus, Massey University, Palmerston North, Aotearoa/New Zealand.

TRISH WARD 2000

## **ABSTRACT**

Under the Children, Young Persons, and Their Families Act, 1989, a young person becomes an adult at seventeen. Young people in the statutory custody of the Chief Executive of Child, Youth and Family are automatically discharged on their seventeenth birthday.

The implications of mandatory discharge of custody at seventeen are unresearched in this country. Extensive studies overseas show that foster care adolescents tend to be unprepared for independent living, and that their transition to adult living most often requires, but does not receive, a major input of funding, services and support.

This study examines the nature, experiences and needs of adolescents encountering mandatory discharge in Aotearoa/New Zealand. It develops the understanding, through a theoretical framework which includes attachment, identity and ecological theories, that what happens before and throughout time in care affects individual readiness for discharge; and that preparation for discharge, coupled with a young person's unique ability to respond to preparation, affects the ability to manage independently after care.

Analysing perceptions of the 'child as a cost', the study considers the economic and political environment in which discharge from care is effected in this country. The study reveals a system of care that provides accommodation for, and, at times, treats the adolescent, but which generally places insufficient priority on preparation for discharge and independent living after care.

The study challenges the appropriateness of a chronologically determined definition of adulthood in the light of a population of young people who have major life skill deficiencies, who are sorely in need of ongoing intervention to enhance and increase social competence, and who, rather than 'achieving' independence, simply 'age out' of care, their dependency needs transferring to other social agencies. The thesis concludes with recommendations for policy, social work, and further research.

# **DEDICATION**

This study is dedicated to those young people whose records I read young people who are reliant upon the state for their parenting,
their care and protection, their opportunities and,
most importantly, their preparation for adult life.

And to the social workers,

who work with these young people in goodwill and hope, and with extremely limited options, resources and structural guidance.

## **ACKNOWLEDGEMENTS**

Many people have assisted me in my study and I am very appreciative of their help.

In particular, I have been expertly guided through my journey by my academic supervisors, Dr. Mary Nash and Wendy Parker, of Massey University. They have taught me how to translate an interesting question into a researchable study and, more than once, rescued me from the trap of trying to do too much in too little time with too few resources. Most importantly, they have provided that difficult combination of support and constructive criticism.

My manager, Judy Larking, Invercargill Child, Youth and Family, has provided support and maintained an active interest in my research. She has also smoothed the way when bureaucratic processes have needed to be surmounted.

Rita Allan, my early mentor in the Department, instilled in me many of the basic foster care values and standards that still hold true two decades on. In particular, she demonstrated an unswerving commitment to the uniqueness of each child in care, and to the importance of maintaining family ties for them. She shared her knowledge willingly, gave me valuable opportunities and taught me much.

My friends and family - and especially Noeline, and Ann, Edith and Tiny - have been encouraging and supportive of me in all my academic endeavours. Over the past three years especially, they have certainly borne the day-to-day brunt of my all encompassing obsession with things foster care. I am very grateful to them for the strength and reassurance that they have given me in the dark days, and for their positivity and frequently expressed belief in me.

## TITLES AND DESIGNATIONS

The Department of Social Welfare has undergone significant restructuring and name change over the past decade. On 1st May 1992 the New Zealand Children and Young Persons Service was established as one of three business units within the corporate body of the Department of Social Welfare. In July 1996 the Service was renamed the Children, Young Persons and Their Families Service, in line with the Children, Young Persons and Their Families 1989 legislation.

Following an amalgamation of the Children, Young Persons and Their Families Service and the New Zealand Community Funding Agency on 1st January 1999, the Children and Young Persons and Their Families Agency was formed. On 1st October 1999 the agency separated from the Department of Social Welfare to form the Department of Child, Youth and Family Services, commonly known as Child, Youth and Family. Until then guardianship and custody of children in statutory care had been vested with the Director-General of Social Welfare. With the establishment of Child, Youth and Family this responsibility transferred to the Chief Executive of Child, Youth and Family.

The young people whose circumstances are examined in this study were all under the custody and/or sole guardianship of the Director-General of Social Welfare at a time when the Department was known as the Children, Young Persons and Their Families Service. The Department has had three name changes during the life of the study, however, and some licence is therefore necessary in order to provide continuity and clarity to the thesis.

The contemporary terms of Chief Executive, Child Youth and Family (CECYF) and Child Youth and Family (CYF) are used throughout the thesis, irrespective of former titles. The references and citations in the thesis are the original designations and titles.

## **PREFACE**

### The Researcher

I was born in Invercargill in 1952, the second child of four. My family is Pakeha, of working class origin. I was raised for the first six years of my life in an extended family, with my parents and my mother's unmarried adult siblings providing strong nurturing and security. My upbringing was fairly typical of the times. My father worked at two jobs for much of my childhood and my mother was home-based as the primary caregiver. I attended a local school until I was seven, and then travelled each day from our suburb into the city to receive a Catholic education.

I survived the humdrum of my first job with the Invercargill Inland Revenue Department by involving myself outside office hours with the telephone counselling service, Youthline. After eight years I left Inland Revenue to take up a *Bridge* travel scholarship which became available to me through my Youthline involvement. I lived on an Israeli kibbutz for six months, then travelled through Europe, Scandinavia and the Eastern Bloc countries. In 1979 I returned to New Zealand, did voluntary social work at Catholic Social Services in Dunedin, and began extra-mural study in the Massey Bachelor of Social Work programme.

In 1980 I joined the Department of Social Welfare in Invercargill as a generic social worker. At that time the Department was introducing a Planning For Children programme to eliminate 'drift' for children in statutory foster care. Invercargill was selected as a pilot office for this new initiative. The induction that I received into foster care policy and practice was exceptionally well focused, thorough and relevant.

This factor, coupled with the professional development and ongoing mentoring that I was fortunate to receive from my supervisor in the first five years of my practice, and the learning that I had, and continue to have, from the children, young people, birth families and foster families that I encounter, has created in me an enduring commitment to the well-being of children in care. It springs from a belief that having been a part of a process which effects a child's coming into care, I have ethical and professional responsibilities to ensure that the child's total well-being is enhanced, rather than stunted, by the care experience.

This commitment is linked to an equally strong sense of accountability. For two decades I have been based in the same office, my home area, the community in which I was born, raised, educated and continue to live. The on-going ramifications of the decisions I contribute to in work hours continue to manifest themselves in even the most mundane of my out-of-work activities.

Often I encounter former foster children, their families, or their caregivers, who want to talk about how the Department impacted on their lives. In particular the children, now adults, ask about their care history, their birth or foster family connections and circumstances, or about earlier decisions or reasons for the Department's involvement in their lives. Some simply still feel the need to tell someone from the Department what or how they are doing. By far the most disturbing contacts are from those who had no words as children for their foster care experiences, but who return as adults to tell me what was 'done' to them whilst they were 'in care'.

All these experiences underpin my preoccupation with foster care. I continue to work with foster children and their birth and foster families, currently as a Practice Consultant. Many aspects of foster care practice continue to challenge me. Not least is the concern I feel at the relative 'invisibility' of foster children, and their 'ageing out' of statutory custody at seventeen years of age, often with very little ability to operate independently. This thesis emerges from an increasing sense of unease about the wisdom of mandatory discharge, and a genuine interest in exploring the readiness of foster adolescents in this country to embark on what is essentially compulsory independence.

<sup>&</sup>lt;sup>1</sup> Term coined by Jane Aldgate (1994:194).

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#### CHAPTER ONE

## SHII INCHI H HUSHUUDAYAANII INTIROODUOHI OM

Ahakoa, he iti noa, he tamaiti
Engari he pounamu.
Although I am a child, a young person
I am more precious than greenstone!

## Thesis Overview - The Research Questions

This thesis examines the extent to which young people in statutory custody receive the care, guidance and opportunities necessary for a successful transition to independent living. It seeks to uncover the unique experiences of foster adolescents, as a population, and to provide information and understanding around their special needs, particularly in the areas of continuity of care and significant relationships, education, employment and recreation, physical, emotional and behavioural development, and self-care skills.

The study considers the relevance and accessibility of the policies, services, practices, and processes which support, or fail to support, the readiness and preparation experiences of foster care adolescents as they encounter mandatory discharge. It explores the effectiveness of the state, as 'parent', in fulfilling its obligation to equip young people for life after care. It examines political ideologies and assumptions surrounding the concept of independence, and explores the effects of economic reforms on foster care adolescents. It considers the implications of the results obtained from the study for policy formation and service delivery in child and adolescent welfare in this country.

In Aotearoa/New Zealand the legislation which prescribes for the well-being of children and young people is the Children, Young Persons and Their Families Act 1989.<sup>2</sup> This Act promotes family solutions to family problems. It presupposes interventions that reinforce a child's connectedness to its family or whanau. It moves away from longer term, out-of-family care placements, towards effecting kin-based care. It emphasises, in circumstances where alternative placements are necessary, that ideally these be within the child's extended family or community. This model of care practice represents a shift from

<sup>&</sup>lt;sup>1</sup> Whakatauki quoted by Ngahuia Donnell, former Chairperson of the New Zealand Family And Foster Care Federation, hereafter referred to as NZFFCF, in her foreword to the *Foster Care Charter* (1995:3).

<sup>&</sup>lt;sup>2</sup> Hereafter referred to as the CYPF Act.

establishing permanency for children via non-family placements, to one of family preservation. The provisions of the sections of the Act relating to care, however, are clearly predicated on permanency planning<sup>3</sup> (CYPFS, 1997a:6 & 22).

The Department of Child Youth and Family Services<sup>4</sup> administers the CYPF Act and is the department chiefly responsible for the provision of statutory foster care, either through its direct foster care services, or indirectly through the purchasing of such services from approved Child and Family Support Services and Iwi Social Services.<sup>5</sup> When a child or young person is placed in the custody or sole guardianship of the state under the provisions of the CYPF Act, the Chief Executive of Child Youth and Family<sup>6</sup> becomes the child's custodian or guardian and assumes full parenting responsibility.<sup>7</sup> This legal transfer of custody and guardianship responsibilities from parents to the CECYF and the implementation of these responsibilities by the CECYF is underpinned, in my view, by three implicit assumptions.

It assumes that CYF is best placed to provide or purchase a better standard of care for children than they would receive by remaining out of care. It assumes that CYF has the resources and expertise to implement or purchase programmes of remedial or developmental services to children and families to ensure, in time, a safe, reconstituted family wherever possible. Finally it assumes that where a child cannot return to the setting from which she/he was removed then an alternative, permanent placement, or permanency via **preparation for independent living**<sup>8</sup>, will be pursued.

At 1st April 1997 approximately<sup>9</sup> 329 mid-adolescents, aged 15-16 years, were in the care, custody and/or guardianship of the CECYF. Despite the Act's overall philosophy

<sup>7</sup> For practical reasons this legal authority over children in care is delegated to front-line social workers who, in turn, delegate the children's day to day parenting to approved caregivers.

9 Approximate figure provided by CYF Head Office Personnel (18.4.97). The quality of CYF data is discussed in subsequent chapters.

<sup>&</sup>lt;sup>3</sup> Permanency planning is a focused, time framed approach, based on the notion that children have a right to a permanent, legally protected base, a family for life, and that welfare agencies have a duty to effect this. It recognises the necessity of meeting the holistic needs of a child in care, and seeks, by an integration of their physical, emotional and legal attachments, to provide stability, continuity and normalcy for the child outside of state intervention (Maluccio et. al., 1986:5; Triseliotis, 1991:7).

Hereafter referred to as CYF.

Hereafter referred to as CFSS and ISS respectively. These are organisations approved by the CECYF pursuant to s.396(3) of the CYPF Act. Children can be placed in the legal custody of these agencies or CYF may purchase bednights from them for children in the custody of the CECYF.

<sup>&</sup>lt;sup>6</sup> Hereafter referred to as CECYF.

<sup>8</sup> Permanency planning for adolescents focuses on helping them achieve a successful discharge from care, whilst accommodating their developmental needs. It emphasises developing an understanding of one's genealogical roots, and a sense of physical and psychological connection with birth family, a sense of self worth, self-confidence, and tangible life skills, and a place of stability, preferably within a family (Aldgate et. al., 1989:23).

and emphasis, for many mid-adolescents the option of reunification with their families/whanau, or permanency with their caregivers, is not viable. Instead, increasing numbers of young people are expected to live independently following their discharge from care. Those subject to statutory custody orders are mandatorily discharged by law from these orders on their seventeenth birthday. On that day the state relinquishes custodial responsibility regardless of the young person's wishes, maturity or readiness for independence. These are the young people that this thesis seeks to make visible.

From my reading of the international literature of the English speaking world, a consensus emerges that generally foster care systems continue to fail children, no less so in the area of preparing them for life after care.<sup>10</sup> Certainly the task of preparing and supporting foster adolescents through and beyond discharge is, in my professional experience, an aspect of permanency planning that would seem largely overlooked in legislation and practice in Aotearoa/New Zealand.

My belief that there is a gap in service provision for these young people underpins the three research questions that guide this study. These are: first, based on self-sufficiency and life-skill criteria, to what extent are foster adolescents approaching automatic discharge prepared and ready for life after care? Secondly, what policies and programmes are in place to support foster adolescents in their transition out of care, and do they address the needs of such young people? Finally, how does the state, as 'parent', compare with other countries in meeting its obligation to prepare its young people for adult life?

My library search of overseas studies into the transition of foster care adolescents to independent living reveals the view that issues central to this process include the age at which young people are discharged from care, and the degree to which they are prepared for that discharge, both in terms of individual maturity, and in the demonstration of an adequate level of practical and emotional living skills. Research findings also underscore the importance of recognising that the life experiences of the young person prior to entering care, and the consequences of the impact of foster care on the young person's overall development, are of significant impact upon her/his individual readiness for discharge, and her/his ability to take advantage of any preparation for discharge that might be offered.

<sup>&</sup>lt;sup>10</sup>Discussed in Chapter Three. See Pasztor et. al., 1986; Barth, 1986, 1990; Ainsworth, 1987; Sims, 1988; Maluccio & Fein, 1989; Stein, 1989; Land, 1990; Levine, 1990; Liddell, 1992; McFadden, 1993; Aldgate, 1994; English et. al., 1994; Mech, 1994; Wilson et. al., 1994; Ayasse, 1995; Iglehart, 1995; Mech et. al., 1995; Scannapieco et. al., 1995; Cashmore & Paxman, 1996; and Courtney & Barth, 1996.

For these reasons, this study examines issues that stem from the process of foster care and which impact upon young people's readiness for discharge, as well as issues relating specifically to preparation for discharge. This approach is supported by the information and knowledge emerging from the first five chapters of the thesis. It is shaped by and developed from the conclusions drawn from the international perspectives on foster care in Chapter Three. It is informed and directed by the attachment, identity and ecological theoretical analyses in Chapter Five.

#### In Care...In Visible?

There is much supporting evidence of the concealed nature of children in today's society. Children are acknowledged as an invisible and excluded group (Max, 1990), one not heard (Smith, 1995:4), not listened to (Ludbrook, 1985:252; Henaghan, 1997:4), and neglected in much the same way as women have tended to be (Oakley, 1994:15). They are submerged within families, and not seen in their own right (Qvortrup, 1990:96; Oakley, 1994:15). Adult determination and interests impose upon them (Mayall, 1994:118). Because of age, they are politically, economically, legally, educationally and domestically restricted (Franklin, 1993:3).

This research is predicated on a personal view, supported by overseas literature, that children in care are an overlooked group, who are doubly disadvantaged, both as children, and as children who, by chance of circumstance, are separated and raised apart from their parents. Wardhaugh & Wilding (1993:12), within their analysis of the 'corruption of care' in Britain, connect care closely with client powerlessness, weakness and vulnerability. They conclude that those in care - and their families - have little power, influence or knowledge of how their agency operates, or how to assert their rights or make accountable those upon whom they are dependent.

There is little to suggest that foster care adolescents in this country are any better informed or empowered than their British counterparts. They too have little or no say or influence in important decisions such as how long they might be separated from their families of origin, whom they might live with, who their social worker might be and for how long, and how they might be treated whilst in care. They too have little opportunity for owning the outcomes of decisions, considering options, or predicting consequences More typically, adults are in control. This lack of control, clearly experienced by foster

care adolescents in the United Kingdom and the United States<sup>11</sup>, is epitomised in this country by the mandatory discharge provisions of the CYPF Act.

There have been various attempts in Aotearoa/New Zealand to make adolescents in care visible and give them a voice. Significant headway occurred in 1982 when, emanating out of the concept of support groups for foster children<sup>12</sup>, Departmental social workers established a forum in Lower Hutt for adolescents in care. From this developed the Who Cares?<sup>13</sup> national network of teenagers in care and, later, Growing Up Fostered (Macaskill Duffin, 1985), a study which explored the experiences of a group of foster care adolescents in Lower Hutt.

By the late 1980s the Who Cares? network had faltered. <sup>14</sup> Several factors contributed to its demise. Because of the relative powerlessness of young people in care, the movement relied heavily upon encouragement, legitimisation and empowerment from social workers. In my experience, such social work input proved unsustainable amid repeated DSW/NZCYPFS restructuring, radical change to statutory social work practice, and a rapid staff turnover and loss of foster care knowledge, skills and expertise (CYPFS, 1997a:21).

More significantly, the Department foresaw in the 1989 legislation, with its revolutionary focus on family providing for their own, a virtual end to the placement of children in out-of-family care. It anticipated that the need for caregivers acting on behalf of the CECYF would be 'infrequent' and 'declining' (DSW, 1990a:2). Within welfare circles there was a discernible move away from the needs of children in care, and towards the exciting and unlimited possibilities of FGCs and family decision-making (CYPFS, 1997a:19).

11 See Stein & Carey, 1986; Cook, 1988; Pine et. al., 1990; and Marshall, 1991.

Help us understand

Older kids get scared too

Care about our families

Ask our opinions

Real planning is with not for us

Encourage us

Set us towards independence

Political as well as supportive, the group successfully negotiated, among other things, the removal of DSW logos from Departmental car doors, which they saw as stigmatising foster children and families

1 1

<sup>&</sup>lt;sup>12</sup> The first 'in care' group in Britain started in 1973. A National Association of Young People In Care (NAYPIV) formed in 1979.

<sup>13</sup> We don't like being different

It is understood that renewed efforts are being made in this direction in this country, including a forum for young people in care instigated in Nelson by CYF social workers (CYPFS, 1998f:2), attempts to re-establish via the Office of the Commissioner for Children (hereafter referred to as OCC) a 'Who Cares' network, and the piloting of a newsletter for fostered children by a CFSS.

Outcomes for children in care in Aotearoa/New Zealand have been virtually ignored by research studies to date<sup>15</sup> (CYF, 1999b:4). Despite legislative provision for the effects of social policies, social issues, and the services provided under the Act to be monitored and assessed<sup>16</sup>, there has been neither measurement of the CECYF's performance in meeting the needs of children in care, nor indication of the quality of children's experiences in the care system, nor consideration of transitions out of care.<sup>17</sup> A decade on, the impact of the CYPF legislation on children in care remains unknown. As the late Laurie O'Reilly, former Commissioner For Children, put it: 'No-one knows whether the 1989 Act is more successful than its predecessor' (O'Reilly, 1997:106).

Currently the number of children in care is increasing (CYF, 1999a:15) and, in my view, such children are once again an invisible group. Their voice in this country is as muted now as it was in the early 1980s. 18 For this reason, whilst the perspectives of all participants in the care process are equally worthy of consideration, this thesis concentrates on only one perspective - that of the child/young person.

The thesis argues that the 'invisibility' of children and young people in statutory care is linked to two contributing factors. The first is the quality of CYF's official data collection. This is discussed in Chapters Two and Four, and its impact is considered within the presentation of the findings of this research in Chapters Six and Seven. The second factor is the status afforded children in care within the CYF's business environment. This is discussed in Chapter Four, which contexualises the history of foster care in Aotearoa/New Zealand within an examination of foster care policy.

## **Research Concepts**

The thesis is designed around the central concepts of foster care, whanau, young person, custody, guardianship, adolescent/adolescence, and independent/

<sup>17</sup> In 1995 the OCC and DSW's Social Policy Agency (hereafter referred to as SPA) prepared an extensive research proposal for an in-depth study of the outcomes of interventions under the CYPF Act over five years (Maxwell et. al., 1995). This research did not proceed (CYF Head Office Personnel: A.T. 13.7.97).

Post 1989 indigenous research concentrates on youth offending, child protection and Family Group Conference processes and outcomes (hereafter referred to as FGC) (Maxwell, 1990; Renouf et al., 1990; OCC, 1991; Paterson & Harvey, 1991; Maxwell & Morris, 1993; Maxwell et al., 1995; Gilling et. al., 1995; Maxwell & Robertson, 1996a; Walker, 1996). Such research ignores care processes and outcomes. An exception is Worrall's privately funded kinship care research, Because We're Family (1996).

<sup>16</sup> S. 7 (2) (a) & (g) of the CYPF Act 1989.

This claim is exemplified by the 1997, 1998 and 1999 NZFFCF Annual Conferences. Neither the voice of children in care, nor their birth families, was provided a specific forum in any of the workshops or keynote addresses. Interestingly, at two of these conferences, workshops were held for the **natural** children of foster parents to express how foster care impacts upon them.

independence. It is therefore necessary to define what these terms mean. Foster care is the bringing up of a child, other than one's own. As a process foster care establishes relationships, not by blood, but by virtue of rearing. It provides for planned, preferably short-term substitute care, ideally within a family setting, for children who cannot be adequately maintained in their own home (McKenzie, 1994:1).

Despite having been described as a 'luxury of industrialised society' (McFadden, 1993:25), foster care is not a modern concept. In Aotearoa/New Zealand fostering, through the tribal practice of whangai, is likely to have existed since the country was first inhabited (Ministerial Advisory Committee, 1986:59). Whangai is the Maori equivalent of the European term 'fostering'. Whangai means to feed, to nourish, not only with food, but with affection and instruction, to nurture in the fullest sense of the word (Metge, 1995:211). Tamaiti whangai, shared children, were the symbolic means for iwi groups or whanau bonds and commitments to be revived, secured or strengthened (Ministerial Advisory Committee, 1986:74).

In Aotearoa/New Zealand the understanding of foster care has been culturally updated by the CYPF Act 1989. Since the enactment of this legislation, and as international research reveals the growing extent of family care-giving<sup>20</sup>, the term foster care is being increasingly rejected for its failure to encompass the reality of family caring for family. Alternative terms are emerging which more readily identify the actual nature of the differing foster care relationships, over and above the commonality of the task. The most frequently used inter-changeable terms in Aotearoa/New Zealand in circumstances where the full-time nurturing and protection of a child separated from its parents is provided by relatives/members of the child's whanau, hapu, iwi or family group, is whanau placement or extended family, in-family, kin-based or kinship (foster)care.

Whanau is the indigenous term which traditionally describes a large family group, comprising several generations and parent-child families who are related by descent from a recent ancestor (Metge, 1995:16). In circumstances where a child is placed with caregivers with whom she/he has no blood ties or psychological attachment, it is more likely known as a stranger placement or out-of-family (foster)care. Within this study differentiation between whanau and out-of-family care occurs where relevant to the discussion. At all other times, the term foster care, regardless of it involving whanau or out-of-family care, is used with an inclusive intent.

Whangai is also known as atawhai by the iwi of Tai Tokerau, and taurima by the iwi of Taranaki (Metge, 1995:211).

<sup>&</sup>lt;sup>20</sup> See Wulczyn & Goerge, 1992; Berrick & Barth, 1994; Iglehart, 1994; Scannapieco & Hegar, 1995; Worrall, 1996.

The study is concerned with young persons. A **Young Person**, as defined in s.2(1) of the CYPF Act, is a boy or girl of or over 14 years but under 17 years, and not including any person who is or has been married. In European terms, this definition legally formalises the concept of a traditional stage between childhood and adulthood, as opposed to the Guardianship Act 1968 which classifies anyone aged under 20 years as a 'child'. In Maori terms, rangitahi, the contemporary equivalent of 'young person', is seen simply as part of a life cycle from birth to death<sup>21</sup>, rather than being viewed as a semi-independent stage pending full independence (Metge, 1995:136).

The study is concerned with young people in the **custody** of the CECYF.<sup>22</sup> Custody, as defined in s.2(1) of the CYPF Act and s.3 of the Guardianship Act 1968, means the right to possession and care of a child. On a day-to-day basis, it involves responsibility for providing, among other things, physical care and protection, emotional/psychological care, social/ educational care, and opportunities for spiritual and cultural development.

Some of the young people whose circumstances are reviewed in this study are under the sole **guardianship** of the CECYF. Decisions about the actual upbringing of a child or young person are the responsibility of guardians. Guardianship, as set out in s.3 of the Guardianship Act 1968, confers the rights, powers and responsibilities to make decisions about the upbringing of a child. Such decisions include the child's choice of name, place of residence, education, religion, health care, physical welfare, travel, marriage and the appointment of additional guardians. Where no alternative court order has been made, guardianship also means the custody of a child.

Care/custody needs are met equally under either a custody or sole guardianship order. Similarly, custodial rights, powers and duties cease under both orders when the young person reaches 17, if not before. Given that the focus of this study is not court orders, it does not differentiate between young people in the custody of the CECYF, and those under the CECYF's sole guardianship. Rather, the study concentrates on the provision of care for adolescents in the custody of the state, under either order, and the implications of mandatory discharge at seventeen for this group of young people.

These stages are Mokopuna - birth to 4 years; Tamariki - 5-14 years; Rangatahi - 15-24 years; Pakeke - 25-64 years; Kaumatua - 65 years plus (Broughton & Rimene, 1997:11).

Where a child or young person is placed in the custody of the CECYF, custodial rights, powers and duties of any person previously having custody are suspended - except where they are preserved by a court order granting access or other rights under s.121 or s.104(1)(b). The term of a custody order is set by the Court but must expire when the child or young person is adopted, marries or reaches 17 (s.108).

The study is concerned with **adolescence**, not as a developmental stage, but as a transitional process (Coleman & Hendry, 1993:2), and **adolescents** as a group. In European terms, adolescence is frequently described as the time 'in between' childhood and adulthood. Definitions of adolescence can derive in terms of either physiological changes only, or psychosocial changes only, but the majority lie somewhere between these two orientations.

In Maori terms, the relationship between child and adult is generally seen as relative rather than absolute. The boundaries between the various life stages, including that of rangitahi, are not necessarily associated with a particular age or life event. Rather they shift backwards and forwards according to context and individual maturity - be it physical maturity and competence, social maturity, or the acquisition of cultural knowledge - and make statements about relatively higher or lower mana (Metge, 1995:136).

For the purposes of this study adolescence is defined as a normal period of human development in the second decade of life, beginning with the onset of puberty, and ending when adult identities and roles, such as work and marriage, have been accepted and assimilated (Jones & Pritchard, 1980:1). It involves biological, psychological and social changes necessary to prepare for a successful meeting of the challenges of early adulthood (Holmes, 1995:20).

The term adolescence, in this study, refers to **mid-adolescence**, 15-16 years (Freud, 1958, cited in Holmes, 1995:21). Given that the duration of the process of adolescence varies between individuals, between generations, and between cultures, any comments made about mid-adolescence in this study will be generalised, and such generalisations will be interpreted against the backdrop of the level of development and the social situation of each individual.

The study examines the readiness for **independence** of adolescents in foster care. **'Independent'**, as defined in the Collins Concise Dictionary (1995:481) means being capable of acting for oneself, or on one's own, and **independence** is the state of carrying out this capability. The term **independent living** refers to the status of adulthood and self-sufficiency.

As a concept **independent living** assumes human beings to be *interdependent*, able to relate to and function with others, use community influence and resources, and be accessible to individuals and groups. Increasingly this understanding has led, in the international field of foster care, to a redefining of the concept from **independence**/

independent living to interdependence/ interdependent living (Cook, 1988:500; Pine & Jacobs, 1989:133; Aldgate et. al., 1989:15; Maluccio et. al., 1990:7-8). This is not yet a familiar term in Aotearoa/New Zealand. This study continues to use the word independent, whilst acknowledging that true independence does, in fact, encompass the inter-dependent functioning already described.

## **Organisation Of The Thesis**

This chapter introduces the nature and central focus of the thesis: mid-adolescents in statutory foster care, and their readiness at seventeen for mandatory discharge from the custody of the state. Its overall argument is that deficits exist in the degree of care, guidance and opportunities specifically targeted at foster care adolescents in this country to ensure that they are sufficiently socially competent to have a reasonable start to adult life

This chapter asserts that research into the processes and practices of the care provisions of the CYPF Act is long overdue, and that the perceived 'invisibility' of children and young people in care can be partly attributed to the quality of the Department's official data collection, and the low status accorded foster children in the overall CYF service provision. Finally the chapter introduces and defines the concepts central to the study: foster care, whanau, young person, custody, guardianship, adolescent/adolescence and independent/independence.

The methodology applied to the study is explained and validated in Chapter Two. The process of defining the final shape and nature of the study is traced, and issues linked to difficulties encountered with the central source of data - the case records of adolescents in care - are highlighted. The design of the research instrument is explained and the steps of data collection and data analysis are outlined. Finally the limitations of the study, and in particular methodological limitations, are discussed, and ethical issues relating to conflicts of roles/interests, free and informed consent, and cultural aspects are considered.

An overview of foster care as an intervention is provided by way of a literature review in Chapter Three. Three specific sets of literature, dealing with foster care in general, the readiness of adolescents to leave care, and the preparation of adolescents for life after foster care, are discussed in turn. The second and third of these aspects are examined in greater depth, given their direct relevance to this thesis.

The history of the provision of foster care services in this country, from colonial through to contemporary times, is traced in Chapter Four. The chapter overviews the dominant societal attitudes towards children, the family, and the perceived causes of family violence and juvenile offending that underpin the policies, practices and pieces of legislation that have been introduced and replaced over time. In particular this chapter, in designating the statutory provision of contemporary foster care as a period of 'child as a cost', argues that what happens to adolescents in care, and leaving care, is both driven by and limited by fiscal considerations.

The general framework for analysis applied in the research is presented in Chapter Five. The three bodies of knowledge providing the theoretical foundation of the thesis - attachment, identity and ecology theory - are discussed and applied to foster care as an intervention, and to the preparation of adolescents for discharge. This chapter stresses a secure base and a strong sense of identity as vital pre-requisites for independent living. It discusses the impact of environmental factors on human development, and identifies that experiences during the critical stage of adolescent development have equally critical implications for adult development. It promotes adolescence as a transitional process, and argues that the variability of the individual completion of certain psychological, cognitive and physiological events that signal maturity, negates the validity of the chronologically determined adulthood of the CYPF Act 1989.

The way in which foster care impacts upon the readiness and ability of foster care adolescents to successfully manage mandatory discharge from care is the focus of Chapter Six, the first of two chapters presenting the research findings. The information drawn from a sample of 16 year olds in care is grouped under broad developmental themes. The findings presented in this chapter relate to four components of continuity in care: care placements, family relationships, social worker relationships and education. In particular, the experience of change in foster care is highlighted as a significant contributing factor to the lack of readiness for independent living apparent in the sample.

In Chapter Seven, findings relating to issues of preparedness of foster care adolescents for independent living are presented. The results of this study suggest that social work planning in discharge preparation is generally unfocused, with independence most commonly viewed by workers as an inevitable outcome, rather than a process to be achieved. This lack of real preparation, coupled with the disturbed social, emotional and cognitive development of the majority of the sample, is found to underpin the lack of living skills demonstrated. These results challenge the feasibility of foster care adolescents achieving maturity by seventeen, and draw into question the legislation's chronologically determined adulthood.

Chapter Eight, the final chapter, drawing on knowledge from overseas research and literature, attachment, identity and ecological theories, and evidence from this study, summarises the three key aspects to the mandatory discharge of foster care adolescents at seventeen that informed this research: readiness and preparation, policies and programmes, and the role of the state. The central contention of this chapter is that foster adolescents are typically unprepared and unready for independent living at seventeen, policies and practices are generally unsupportive, and there is clear potential for an enhanced role by the state. The chapter concludes with suggestions for future research needs, and recommendations for legislative, policy and practice changes.

### CHAPTER TWO

## METHODOLOGY

He ika kai ake i raro
He rapaki ake i raro
As a fish begins to nibble from below
So the ascent of a hill begins from the bottom<sup>1</sup>

## Introduction

This study, a static, cross-sectional analysis, takes an exploratory and descriptive approach to provide information and understanding on the needs of foster care adolescents as they encounter discharge from statutory custody. This chapter presents the design and process of the study, and explains and validates the methodology applied to gather, collate and analyse information. It explores the shape of the research, and defines the data sources. The sampling process is clarified, data collection is explained, and the design of the research instrument is justified. The process of data analysis is described, and the impact of the limitations of the research are considered. Finally, the ethical issues managed within the research are reviewed.

## **Shaping the Study**

At the outset, my belief in the pertinence of the research diverted me from ensuring that the extent of my study was manageable. I soon realised, and continued to learn throughout the research process, that the scope of the project was entirely too optimistic. By accident, and by design through supervision, certain aspects of the original intention were adjusted, to refine and confine the project.

Initially I had sought to answer the research questions from data gathered from three separate, but interconnected, aspects. The first, which proceeded, was a review of the case records of 16 year olds in the custody or sole guardianship of the CECYF. The second aspect, which was subsequently abandoned, was an analysis of foster parents' views of their role in preparing and supporting young people for life after care. No foster parents expressed interest in being involved.<sup>2</sup>

Whakatauki taken from Brougham & Reed's Maori Proverbs (1996:6).

<sup>&</sup>lt;sup>2</sup> 17 NZFFC Associations and the Federation Executive were written to. Then NZFFCF chairman, Ewen Lawrenson (24.9.98) had no clear explanation for the lack of response. He wondered if busy-ness may have had an impact, or if people might have felt out of their depth in a research project.

The third aspect of the study, which proceeded in part, was an appraisal of the DSW/CYF policies, programmes, practices and services available to young people preparing to leave statutory care. This section of the study needed to be considerably pruned because of the magnitude of data emerging from the first aspect, coupled with the practical constraints of the study. The findings of this aspect are integrated throughout the thesis.

#### **Data Sources**

The study concentrated on gathering information from three sources. The files of young people in Departmental care were the chief source of data. Each child has a computer file, accessible nationally through CYF's computerised Social Work Information System<sup>3</sup>, and a paper-based file, held locally in the child's district CYF office.

The second source of data was the DSW/CYF official publications, which include published business and corporate plans, statistical information and annual reports, internal information bulletins, circular memoranda, and social work handbooks. The value of examining this material lay in identifying the Department's standards and responsibilities as statutory custodian of young people, against which to measure the reality which would emerge from the file reviews.

The findings of national and international foster care researchers and writers was the third source of data. Global networking with practitioners and researchers via written and Internet contact proved to be an expedient means of obtaining up-to-date information about national and international research, policy and practice in the field of leaving care and after care.<sup>4</sup>

## **The Sampling Process**

The process of establishing the sample for the study was lengthy. First I sought from CYF Head Office a client list of mid-adolescents under care orders to the CECYF. This

<sup>4</sup> These contacts included, in this country, researchers and CYF Head Office personnel examining state intervention in children's lives under the care and protection provisions of the CYPF Act 1989, and kinship care; and overseas, American, Canadian and Australian researchers examining the

experiences of foster care adolescents leaving care.

<sup>&</sup>lt;sup>3</sup> Hereafter referred to as Swis. Computerised recording for children in care began variously, around 1990-1992, depending on geographical location. Because of the limitations of Swis, existing paper files were not backlogged on to the system. This created an anomalous system of dual recording which requires computer files to be read in conjunction with paper files. Whilst Swis is CYF's primary recording tool for social workers, problematically it has no scanning option, so incoming/outgoing correspondence, court papers, and such like continue to be placed on a paper file.

request was unable to be met.<sup>5</sup> Instead, CYF national computer printouts on all children and young people under care orders with the CECYF were released to allow me to determine my own client list. The information came with a caution around how 'robust' the data was, given that the system was at a 'transition phase'.<sup>6</sup>

For my purposes, the data did not prove 'robust'. The printouts identified children grouped together under the all inclusive Output 233CP, regardless of varying circumstances and legal statuses. They did not identify whether care was by agreement or court order, or by what court order. They did not separate youth justice from care and protection, or differentiate placement types. In seeking a specific CYF client group - young people under s101 custody of the CECYF - I was confronted with a computer printout that included a range of highly variable interventions all under the same broad category.

Eventually I identified 329 15-16 years old in statutory care at 1st April 1997. I proceeded with preliminary criterion sampling (Patton, 1990:177) of this group where the young person was: in the continuous custody or sole guardianship of the CECYF for at least six months; under a care and protection order; and living in a non-institutional/residential setting. This process reduced the number to 299. Access to the full computer records of this group allowed the census criteria to be applied in a more rigorous manner. The number of young people meeting the sampling criteria - the population about whom I wished to draw conclusions - was finally established at 177.

To study all members of this population was not practicable. My preparatory work, however, had uncovered some demographic detail on the circumstances of the population. Given the scarcity of information pertaining to mid-adolescents in care in this country that I encountered in designing my research, I felt it important that this information be retained. It makes visible a foster care cohort, and provides a factual base from whence to contexualise the in-care experiences that emerge from the sample. Appendix One details this population census.

<sup>8</sup> Defined as placement in a foster home, Departmental family home, whanau placement, family of origin, or semi-independent or independent setting.

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<sup>&</sup>lt;sup>5</sup> The nature of the statistical data captured by the Department meant that a critical proportion of the information being sought was either not held, or not readily identifiable.

<sup>6</sup> E-mail from CYF Head Office personnel (07.04.97).

<sup>&</sup>lt;sup>7</sup> Each child involved with CYF is assigned (i) legal status, determined by the voluntary agreement or court ordered outcome, and derived from the section of the Act under which CYF involvement is mandated, e.g. s. 101 custody; and (ii) an output code, assigned by CYF for an internal, managerial function. Children in care are grouped within Output 233CP, which accommodates not just custodial charges. Some children may be under parental custody, live at home, and be monitored by CYF through an FGC outcome, or a services or support court order. Others might be in foster care by voluntary agreement.

The research sample was drawn from the 98 sixteen year olds in care at 1st April 1997. I sought to capture typical cases, reflect the variety of characteristics of the census, and ensure a gender and ethnic mix. I wanted a nation-wide sample, representative of the urban/rural/metropolitan mix of CYF offices<sup>9</sup>, and I sought to review no more than five cases from at least one CYF site office in each CYF geographical area. <sup>10</sup> I determined the sample myself.

I was mindful that many overseas researchers studying 'emancipation' from care had encountered difficulties in obtaining samples of sufficient size and magnitude from which to draw reasonable conclusions (Mech, 1994:618). I decided on a sample size of about a third of the total number of sixteen year olds. My criteria was satisfied by applying a strategy of mixed purposeful sampling (Patton, 1990:178), involving alphabetical lists of CYF clients. As table one depicts, the final sample numbered 35, and met all my objectives.

**Table One: Representative Mix of Sample** 

Type of CYF Site Offices	Number Of CYF Site Offices	Percent	Number Of Files	Percent
Urban	5	31%	10	29%
Rural	4	25%	6	17%
Urban/Rural	1	6%	1	3%
Metropolitan	6	38%	18	51%
Total	16	100%	35	100%

### **Data Collection**

Foster children are generally children in transition, moving both physically and psychologically, between foster and birth family settings and dynamics. Such transitions involve many differences in roles, activities and relationships, which can have a negative

OYF district offices are differentiated as urban, rural, urban/rural, or metropolitan. CYF Head Office personnel (10.06.98) advise that there is no recorded rationale underpinning such 'definitions'. Although the number of under 17 year olds in any given area is taken into account, generally the definition is based on 'common knowledge'. Achieving a representative urban/rural/metropolitan mix was affected by the fact that some offices either had no mid-adolescents in custody, or none fitting the sampling criteria.

<sup>10</sup> CYF has 56 site offices, within 13 geographical areas (CYF, 1999a:3). At 01.04.97 there were 57 16 year olds in 11 locations in the South Island meeting the sample criteria, and 49 in 22 locations in the North Island. A nation-wide sample was seen as a way of balancing out any regional variances (Bulmer, 1982:59-60), ensuring that patterns were sufficiently recurring not to be geographic in nature, and not to be resulting from individual management in a particular location or variances in resources, decision-making, practice differences, staffing issues, or community resources.

or positive effect on development (Bronfenbrenner, 1979:27). In turn, individual development has a negative or positive effect on transitions. Using a theoretical framework incorporating attachment, identity and ecological perspectives, I sought to answer the research questions by capturing information that revealed the extent of transition in foster care, the influence of such transition on relationships between adolescents and their environment, and the degree to which this impacts on their readiness for life after care. This included data about the circumstances of the young people's original transition from home to foster care. As Chapter Three will highlight, pre-care experiences as well as in-care experiences impact on the overall development of a foster child, and that child's ability to successfully transit from care.

Triangulation was applied through a complementary use of quantitative and qualitative methods (Jayaratne, 1983:149; Patton, 1990:188). Quantitative methods, including data collection forms and summary sheets, were used to facilitate the gathering of existing data, guide the collection of information in such a way that it could be easily measured, and establish the necessary statistical data from which to make the generalised statements found in Chapters Six, Seven and Eight. Qualitative methods, including vignettes and quotations, were applied to augment the quantitative sample data, give meaning to statistical portrayals, and convey the complexities of the adolescents' circumstances. In other words: 'the quantitative data identify areas of focus; the qualitative data give substance to those areas of focus' (Patton, 1990:132).

#### File Reviews:

The information in the study was primarily gathered through careful examination of case records. This comprised of 83 paper-based and 35 computer files, totalling 20,456 A4 pages.<sup>11</sup> The examination of these records proved to be a time-consuming undertaking. Most paper-based files were 'active', and on short-term loan from CYF offices. The turn-around time for perusal was, ideally, a week. To avoid a backlog, files were requested on a gradual, site-by-site basis. CYF site personnel were generally encouraging and co-operative, but the process was sometimes problematic and drawn-out.

The highly confidential nature of the files required that they be handled with utmost discretion. Initially my access was approved conditional upon it occurring in my local CYF office. The volume of computer records alone, however, coupled with a lack of dedicated storage space in the office, made this requirement impracticable. Permission

Given the nature of Swis, such bulk printing was unavoidable. The number of pages for each case was unknown until printing began; the information sought was embedded throughout the record; full access to the record was vital to fully determine sample eligibility; and reading the record from the computer screen was more cumbersome and time-consuming, than was printing it out and reading it.

was granted for the records to be stored at my home, under strict conditions. Once the examination of each computer record was completed, the file was shredded. Confidentiality was enforced by the Deed Of Confidentiality I had signed with CYF as part of the approval process.<sup>12</sup>

#### The Research Instrument:

The research instrument<sup>13</sup>, a ten page schedule of data summary sheets, was devised by me to facilitate data collection. My social work experiences in foster care, and those of colleagues I approached, generated and informed the questions of interest, as did the ideas and formats presented in overseas studies involving retrospective case file reviews.<sup>14</sup> The theoretical rationale for the research instrument was informed by identity, attachment and socio-ecological theory, and was predicated on the assumption that '...overall adjustment is multiply determined by a confluence of environmental and personal resources and stressors' (Barth, 1990:422).

The schedule comprised of eleven separate sections. The Personal Characteristics and Care Specifics sections captured specific, demographic information on the sample, in order to make links back, as well as forward, in the development of a snapshot of contemporary foster care of mid-adolescents in this country. Age, location, ethnicity and tribal affiliation, circumstances immediately prior to entering care, and the when, why, how, how often, and by what means, entry to care was effected, was included. Additional features impacting on potential after-care supports for young people, such as secondary court orders, were also recorded.

The remaining nine sections of the schedule were concerned with the gathering of more extensive information relating to Casework, Placement, Family Contact, Education, Leisure Activities, Health, Employment, Special Needs, and Preparation For Independent Living. These broad headings represent the micro-meso-exo- and macro-systems<sup>15</sup> operating within the environment of the foster care adolescent. The Casework section recorded information about the relationships of the sample with CYF, through interactions with social workers, and the Placement and Family Contact sections recorded information about relationships with caregivers and natural families. As Chapter Five explains, such relationships, interwoven with issues of attachment and identity, are crucial to positive development in foster children.

<sup>12</sup> See Appendix Two.

<sup>13</sup> See Appendix Three.

<sup>&</sup>lt;sup>14</sup> See Milner, 1987; English et. al., 1994; Iglehart, 1994, 1995; Stein et. al., 1994; Wilson et. al., 1994, and Cashmore & Paxman, 1996.

<sup>15</sup> These are discussed in Chapter Five.

The Education, Leisure Activities, Health and Employment sections of the schedule recorded the relationships of the sample with systems outside of their immediate environment, against which progress and development could be examined. The final two sections, Special Needs and Preparation For Independence, were designed to record the impact of the information already captured in earlier sections. The former section detailed past and current trauma, and the behavioural needs of the sample. The latter section recorded the nature and extent of living skills mastered by the sample, and the assistance that was being provided for this purpose.

## **Data Analysis**

Following data collection, information from the schedule was transferred to spreadsheets. Because of the considerable volume of data, a number of spreadsheets were required. From these spreadsheets the findings of the study were analysed within a multi-level framework, encompassing consideration of the developmental needs of children and young people, the theoretical underpinnings of the study, and practice standards within the field of foster care, both nationally and internationally. The issues emerging from the quantitative data represent two central themes: the process and outcomes of foster care - the readiness of adolescents for discharge; and leaving care - the preparedness of foster adolescents for mandatory discharge.

Qualitative data, gathered to augment the quantitative data, was identified in the case records, in line with the variables in the research instrument. This data was cross-referenced with the identified themes, and incorporated within the results/analysis chapters. The liberal use of casenotes is included to avoid what has been described as '...the Charybdis of quantitative research', that which is '...causally precise but lacks the data necessary to uncover processes or answer the critical questions' (Gerson, 1985:241, cited in Jayaratne & Stewart, 1991:97). In all instances pseudonyms and the absence of referencing, and where possible, generalities rather than specifics, were used to protect the confidentiality of the young people from whose records the vignettes are drawn. <sup>16</sup>

### Limitations of the Research

As Babbie (1986:81) cautions, explanatory cross-sectional studies are inherently flawed. They seek to understand causal processes that occur over time, yet their conclusions are

<sup>16</sup> In my experience a sense of 'sameness' emerged from the 177 case records examined in this study. The circumstances, experiences and outcomes for young people had a commonality about them.

based on observations made at only one time. In addition, this study fails to escape the limitations of many studies into foster care, as summarised by Hornick et. al.:

Most studies: 1. do not use comparison groups; 2. are retrospective in design; 3. do not use standardised instruments; 4. do not clearly define 'disorder' or 'progress' and, 5. do not interview the children themselves<sup>17</sup> (1989, cited in Stein et. al., 1994:341).

In particular, the measure of behavioural and emotional adjustment, and independence, in the final two sections of the research instrument was of questionable validity and reliability. <sup>18</sup> In hindsight, some of the criteria in those aspects was difficult to accurately report on from a file review, given that the data collected was derived from social workers' anecdotal case notes. Similarly, using only the personal files of the young people as the central source of data in the study limits the generalisations that can be drawn. <sup>19</sup>

Both these concerns link with the most significantly limiting factor in the study: the quality of the data gathered and reported on by CYF, in its formal statistical information, and in the informal retrospective case recording of the circumstances of the young people in its care. The purpose of CYF's database is not the same as the purpose of this research. This mismatch issue, because of its impact, requires further discussion.

### **Quality of Statistical Data**

The Department derives its statistical data from Key Performance Indicators (KPIs) - an element of the Output/Input component of contemporary management theory. The reality of this approach for CYF, in my view as a researcher, is that the current set of KPIs does not facilitate the effective gathering of accurate, consistent and comparable information on children in care. Even CYF finds that obtaining accurate data is 'problematic' (CYPFS, 1997a:8).

The variability of its data is formally acknowledged in Departmental annual reports.<sup>20</sup> The apparent lack of congruence stemming from variances in the methods of gathering

<sup>&</sup>lt;sup>17</sup> Interviewing young people in this study was carefully examined but decided against on ethical grounds

grounds.

This reality validated for me Mech's (1994:618) earlier proposal for independent living researchers to establish a research consortia of pooled resources to maximise results. He advocated the adoption of a series of standard items, measures or questions for data collection in core outcome areas. He envisaged a co-operative maximising of resources within sample-pooling, data collection and data analysis. He also called for information sharing to allow for the systematic sharing and dissemination of research pertinent to independent-living services. It appears that nothing has come of this proposal.

19 Essentially this aspect of the study involved subjective historical deduction from secondary material.

Essentially this aspect of the study involved subjective historical deduction from secondary material. Refer to DSW, 1994d:76-77, 1995b:15-16, 1996c:83, 1997a:77 & 79, 1997c:90-91 & 94.

information is attributed to ongoing changes in CYF's recording systems throughout the 1990s. Annual reports warn that data recorded previously is 'now either not recorded, or recorded in a different fashion', or 'collated on a different basis', and that comparisons between years should either be 'interpreted with caution' (DSW, 1995b:15), or are not possible (DSW, 1997c:94).

An example of changes in methods of information-gathering is the practice for official figures to represent care plans and orders, rather than children in care (Lea & Lagzdins, 1996:10; DSW, 1996c:85). A child may be the subject of more than one court order. The official number of court orders may refer to orders active on any particular date, or alternatively, the count may be averaged out, or made on the basis of orders that have been completed either during a fiscal year, or during a calendar year. It is not, therefore, immediately clear how many children are in statutory care at a given time.

Numbers in care may be estimated from the average number of Swis-generated board payments being made (CYPFS, 1997a:8). This method does not account for children under statutory custody but living back home<sup>21</sup>, or young people living independently. The practice of recording the number of bednights purchased, rather than the number of children and young people in care, makes it difficult to establish accurate numbers, patterns or trends for entry to and exit from statutory care, including those young people who 'age out' of statutory custody at seventeen.

Because the available data was collected for CYF purposes, and not for research purposes, the validity and reliability of this study has to be qualified. Fiscally-related information, such as how many bed-nights have been purchased; how many caregivers receive care payments; or how many caregivers receive a higher foster care allowance, is readily available on Swis. The information required to answer the research questions, such as the number of adolescents with casework plans for independent living, and the assistance necessary to achieve this; the number of young people expelled/suspended from school and the reasons why; or the number of adolescents with special needs, and what these might be, is not readily available. Such data is not routinely gathered by CYF. Obtaining this level of information meant relying solely on the social workers' case records.

#### **Quality of Case Recording**

Data collection was reliant on the social worker's ongoing casework recording, rather than any specific research effort. The limitations of narrative case records as a basis for

<sup>&</sup>lt;sup>21</sup> CYF policy is that care payments are not usually made to a parent, guardian or usual caregiver (NZCYPFS: 1996; 60-61).

measurement involve incompleteness, inaccuracy, selectivity and bias (Reid & Smith, 1981:349). This can give rise to a lack of robustness in the data collected, a failing which predominantly manifests itself in issues of validity and reliability.

In this study the significant shortcoming was that some data required was unrecorded for some of the sample. There were several reasons for this. The format and extent of casework recording on the records examined was variable.<sup>22</sup> The nature of the issues that social workers report on can tend towards a subjective as opposed to a factual focus. Casenotes are typically written after the event. For each piece of data collected, the extent of the time lag in recording the information was unknown, as was any impact any time delay might have had on the accuracy of the data.

Where data was not present, it was unclear as to whether it was not known, not available, or simply omitted because the case worker thought it not important, or did not, or could not, seek it out. Sometimes views recorded by caseworkers can be contaminated by either their retrospective knowledge about the child or family history, or a lack of knowledge. For social workers with limited personal experience of the child and their behaviour or needs, the tendency to rely heavily on the reports of foster parents and other professionals increases (Cantos et. al., 1997:312).

Adult narrative, predominantly the social worker's notes, was typical of the case records in this study. The validity problem that this presents relates to the congruence between relayed and experienced events, recalled and actual events, and individual perspectives on and understandings of an event or happening as it relates to and affects another person. On the positive side the social workers casenotes were a rich source of information. They provided me with probably the best insight into the qualitative aspect of my research.

As a means of maintaining these issues of validity and reliability at as low a level as possible, every effort was made during the study to deal only with objective data, so that there was little opportunity for misinterpretation of the information available. It is

Prior to 1996 guidance for social workers' casework recording dated back to the 1984 DSW Social Worker Manual. There was no standardised expectation around the extent, formatting and frequency of recording, and the files examined in this study highlight the variability of past recording. In April 1996 more specific, but not yet standardised practice guidelines for casework recording were introduced (NZCYPFS, 1996:4:79-83). Significant progress towards standardisation came with the introduction in 1998 of specific instructions for recording on a quarterly basis the foster child's circumstances: progress of the plan - education - health - special needs - resourcing - access - home visits and contacts - incidents of note - caregiver issues - tasks for the next three months - professional evaluation and analysis. Unfortunately, rather than being mandatory, these are '...guidelines to assist staff...prompts only' (CYPFS, 1998e, 1-2 of 4) with, in this study, social worker recording often proving not to be as consistent as this current CYF policy.

possible that my familiarity with CYF files assisted in this process; it certainly helped me to navigate and understand the information. It is also possible that this familiarity made me more inclined, albeit unconsciously, to make allowances or assumptions, which an outsider might not have done.

Despite these acknowledged shortcomings this research was still a valid and worthwhile undertaking. The data collected is significant, given the dearth of indigenous research on children in care, and the importance of making visible the experiences of adolescents as they approach discharge.

#### **Ethical Issues**

With any research there are legal, ethical, political and practical constraints or implications. For me, dilemmas arose mainly in the planning stages of the project, and to a far lesser degree during the research. At all stages considerable attention was given to the process to ensure that it met the requirements of the CYF Research Access Committee<sup>23</sup> (CYPFS, 1997b:2), and the Massey University Code of Ethical Conduct for Research on Humans<sup>24</sup> (MUHEC, 1997). In its final format three ethical principles impacted on the study: conflict of roles/interests, free and informed consent, and cultural considerations. These will now be discussed in turn.

#### **Conflict of Roles/Interests:**

In research the question of who you are and who you represent is crucial (Peace, 1993:30). Whilst my primary concern was with research ethics, I was also a CYF employee. Throughout the study I needed to anticipate, identify and manage dilemmas of divided loyalties. Both the MUHEC and the CYFRAC expected me to maintain clear boundaries between my work and study, and to be mindful of, and responsibly control, any potential conflicts of interests in this dual role. In seeking CYF approval for access to official records it was clear that I was not researching on the Department's behalf, albeit my findings should interest the Department. As part of the CYFRAC approval process I agreed to provide them with the penultimate copy of the thesis.

As a researcher, however, my responsibility was to my study, as a piece of work, and to the integrity of the young people whose lives I was examining, irrespective of other interested parties or employing bodies. I was mindful of the need to acknowledge where

<sup>23</sup> The CYF Research Access Committee, hereafter referred to as the CYFRAC, approved the study on 23 September 1997.

<sup>24</sup> The Massey University Human Ethics Committee, hereafter referred to as the MUHEC, approved the study on 04 November 1997.

the outside pressures and interests of the state, and the needs of foster children, lay. The necessary balance was primarily effected through open and honest relationships with my site manager, CYF district office and Head Office personnel, and my academic supervisors. Occasions of conflict of roles or interests were rare.<sup>25</sup> I maintained a distinct separation between my work role and my research role. The study was undertaken in my own, out-of-work time and I was not involved in any aspects of the research in my official capacity as a CYF employee.

#### Free And Informed Consent

The bulk of my research involved accessing the personal files of young people in care. In the preparatory stages of the study I considered the 'ownership' of these records, and the issue of consent. Legally the files are the property of CYF, rather than those whose lives they chronicle.<sup>26</sup> Whilst Departmental approval legitimated my access to the records, there was, for me as a researcher, an ethical concern around accessing this personal information without the knowledge or consent of the young people.

Obtaining free and informed consent is encouraged by MUHEC. An approach by me to the young people, however, could have been seen by them as an uninvited intrusion. Given that they would likely have never seen their files, they would have therefore had little, if any, knowledge of what they were consenting to me accessing. Because their literacy level and general understanding was unknown, initial contact would have needed to be through social workers. This reality, along with the duality of my role as a researcher/CYF employee, raised ethical issues concerning power differentials.

After lengthy consideration, and on advice from my academic supervisors and the MUHEC, I concluded that obtaining individual consents was a complicated, and potentially fraught option. It could have put me at risk of failing to meet my obligation to ensure that no harm be caused by the study. Instead my ethical obligation to the young people became expressed through my commitment to collecting only necessary information from the records, and presenting the information in a sensitive, non-blaming and non-identifying way.

might have required.

26 All information held by CYF is Official Information pursuant to the Official Information Act 1982.

Young people in statutory care cannot access 'their' records, unless by official request. Such requests fall within the provisions of the Privacy Act 1993 and can be subject to s 29 Withholding Information provisions.

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An area of potential conflict was funding for the study. My site manager, recognising the value of the research for CYF, offered to cover certain administrative costs. I opted for the study to remain self-funded to protect my autonomy as a researcher. Whilst CYF did provide practical support, particularly in obtaining the paper-based files, this assistance was less than an outsider researcher might have required.

### **Cultural Concerns:**

This study concentrates not on ethnicity, but on foster care as an intervention, the state as a provider, and foster care adolescents as 'beneficiaries'. As a Pakeha researcher, I was reluctant to make the politically motivated decision to exclude any particular group from the study. Neither did I want to merely represent Pakeha experiences. The prospect of ignoring the ethnicity of respondents, or issues related to ethnicity, seemed singularly unhelpful and, because it involved denying an essential identity, counter-productive to my research goals. However, neither did I relish the prospect of producing inadequately diversified research, liable for condemnation as '...a design of methodological weakness and moral failure, an impermissible reflection of a lack of effort and unwitting prejudice' (Reinharz, 1992:255). For these reasons I decided to include all ethnicities in the study, and to attempt to ensure that any ethnic analysis did not lead to unhelpful, inappropriate and insensitive cross-cultural comparisons.

## **Summary**

From an initially wide and optimistic proposal, this study has been shaped and refined into a focused response to the research questions about the readiness and preparation of foster care adolescents approaching mandatory discharge at seventeen. The process of sampling was lengthy and problematic. The central sources of data - CYF official papers, and particularly the case files - whilst reasonably accessible, proved to be voluminous. Data collection was a time-consuming stage because of the extent of data to be sourced.

Data analysis proceeded within a multi-level framework encompassing theoretical and practice principles of foster care. The lack of a standardised measure with adequate reliability and validity, and the inadequate nature of the data gathered and reported on by CYF, placed significant limitations on the study. In addition, ethical considerations concerning conflict of roles/interests, free and informed consent, and cultural issues, have needed to be managed throughout the research process. Despite what at times seemed like a myriad of obstacles, each issue, once worked through and overcome, served to provide a principled approach resulting in a cohesive study.

The next chapter presents international perspectives on foster care research and practice, perspectives which informed and underpinned the methodological design discussed in this chapter.

#### CHARIBREE HREE

# IN STATUTORY CARE: AN INTERNATIONAL PERSPECTIVE Themes From The Literature

Naku ano ra taku whakaironga What I fondle and nurse belongs to me<sup>1</sup>

#### Introduction

Since the late 1980s there has been increasing international emphasis on the negative outcomes of foster care, and the ways in which, as an intervention, it is failing children. In turn, this has led to significantly greater attention being afforded to the plight of young people leaving statutory care ill-prepared for adult life. Efforts to assist such young people have been most apparent in America and Britain where legislative change - the Independent Living Initiative 1986 and the Children Act 1989 respectively - have demanded a higher profile and focus upon preparation for discharge from care.

This chapter reviews the international literature on foster care. In line with the research questions discussed in Chapter One, the chapter seeks to develop an understanding of the acknowledged influences of foster care upon children and young people, explore the fundamental elements indicative of readiness in foster care adolescents for independent living, and identify the key components necessary in the preparation of young people for life after care.

The literature is examined from three separate but interconnected directions. The first aspect, **The Impact Of Foster Care**, draws upon generic foster care literature to outline the acknowledged impact of foster care as an intervention. The second aspect, **Readiness For Leaving Care**, narrows the focus from the breadth of foster care to the specificity of the thesis. It considers the needs of young people leaving foster care, given the impact of the care process previously outlined. It draws on foster care literature concerned with residual and transitional issues for young people moving out of care. In particular it examines the results of overseas studies into the readiness of adolescents to be discharged from care.

The final aspect, **Preparation For Life After Care**, builds upon the conclusions evident from the previous two aspects of the literature. It considers the implications of these

<sup>&</sup>lt;sup>1</sup> Whakatauki taken from Brougham & Reed's *Maori Proverbs* (1996:2).

conclusions, in relation to the needs of young people approaching discharge. It canvasses the literature dealing with the preparation of foster care adolescents for independent living, and the legislation, policies, programmes, and services which support foster adolescents towards independent living.

Before proceeding, two points must be made about this analysis of international foster care. First, very little has been written in this country specifically relating to foster care. Therefore most literature covered is overseas in origin. Secondly, whilst the perspectives of all participants in the care process are equally worthy of consideration, this review, in keeping with the focus of the thesis, concentrates on the **child/young person**.

## The Impact of Foster Care

Foster care demonstrates a commitment to the central importance of attachment and growth within a pattern of protective bonds as a fundamental right. It involves ongoing agency assistance in three specific areas: help given to a child through work with birth parents, help given to the foster parents on behalf of a child, and direct help to a child with particular emphasis on behavioural, developmental or identity difficulties (O'Connell, 1976:1). Yet, somewhat ironically, research studies generally demonstrate a common acceptance that, despite such intervention, the progress of children in care compares poorly with the general population, particularly in the areas of education, social skills, identity, and self-image.

Three specific reasons for the impaired progress of children in care are most frequently mooted: a poor start within their family of origin, a lack of continuity in foster care, and low aspirations for children in care from carers and social workers (Triseliotis, 1980:158; Timberlake & Verdieck, 1987:215; Heath et. al., 1989:448; Aldgate, 1994:256). Whilst accepting, per se, the third reason, and referring briefly to the first, it is the lack of continuity in care, and its impact upon attachment and identity development for foster children, that is most closely examined here, and which emerges as a recurring theme throughout the thesis.

Research findings<sup>2</sup> suggest that children least likely to progress in care are those entering care compulsorily for reasons of abuse or neglect by parents. Such studies conclude that pre-existing family and child environmental risk factors are responsible for a significant portion of foster children's problems. These factors include coming from an ethnic

<sup>&</sup>lt;sup>2</sup> See St. Claire & Osborn, 1987; Aldgate, 1994; Glisson, 1994; Stein et al, 1994; Ayasse, 1995; O'Neill & Absler, 1997 and Stein, 1997.

minority family, a family with an income below the poverty line, or having a parent with a criminal history or a mental health problem.

Such studies also underscore the multi-problem nature of children in foster care, and highlight the high proportion of children entering state custody with 'clinical levels of psycho-social functioning<sup>13</sup> as a result of the children's high accumulated risk factors within their family of origin. Children with problems in psycho-social functioning have been shown to move through more placements (Glisson, 1994:20). The reality of multiple placements for children in foster care is a repeated focus in the literature accessed, and its ramifications have been shown in overseas studies to be far reaching. As Aldgate (1994) encapsulates:

Coming into out-of-family care and being separated from kin is traumatic enough...once in care, while there may be important protection from inter-family abuse or neglect, there are real dangers that the care system creates a potential chain of adversity for children (1994:259).

Once in care, the often overwhelming challenge for foster children is to overcome the trauma of separation from family (Aldgate, 1988:42; Phelan & Wedge, 1988:18; Kufeldt et al., 1989:10; Palmer, 1990:228), become part of their foster families, and develop attachments with other significant adults in an environment that does not include family supports (Maluccio et al, 1990:8). Later, as adolescents, they must resolve the pain and anger they often feel towards their parents (Levine, 1990:53) and come to terms with a personal history different from societal norms (Kluger et. al., 1989:77).

Regrettably, one of the more destructive effects of foster care is the propensity for children to lose continuity with their key attachment figures (Steinhauer, 1991:372). Initially this break in affectional bonds occurs between the child and their family and extended family members. Over time, however, the trauma of this original break is frequently exacerbated by the severing of attachment between the child and caregiving family members, as a result of disrupted foster placements.

The most searing effect for children resulting from the transience of their home life in the foster care system can be on identity. The literature accessed gives conclusive support to the view that many of the deficits displayed by foster children are in the less tangible areas of social and emotional resources, and are linked to a lack of self-knowledge and

<sup>4</sup> See Steinhauer, 1991; Yancey, 1992; Salahu-Din & Bollman, 1994; Aldgate, 1994; Cashmore & Paxman, 1996; Smith et. al., 1998:17.

<sup>&</sup>lt;sup>3</sup> This term, as defined by Glisson (1994:18), refers to a level of dysfunction which includes Externalising Behaviours, such as violent, aggressive, and anti-social behaviour; Internalising Behaviour, such as anxious, inhibited or withdrawn behaviour; and Additional Problem Behaviours, including an inability to concentrate, impulsivity, and problems with peer interactions.

self-esteem. Furthermore the foster child's right for identity knowledge is seen to be frequently unmet, and the need to inform and explain to children the reasons for their entry to care frequently overlooked.<sup>5</sup>

Conversely, continuity in foster care, alongside the maintaining of kinship ties, clearly enhances a foster child's stability, development and well-being. Evidence continues to accrue in support of the view that children have more chance of returning to their families if familial links are nurtured and that, even where children remain in care until young adulthood, collaboration with the young person's birth family is vital in the transition to independent living.<sup>6</sup> Often it is the families of origin who provide the only chance of permanency for young people after care.

Overall, the consensus of the literature accessed dealing with the impact of foster care is most succinctly summarised by O'Neill and Absler (1997) in their address to the International Conference in Adoption and Healing in Wellington in June 1997. Their study, which confirmed the findings of other research that children in non-biological care situations are disproportionately referred to child mental health facilities, lead them to conclude that:

...children in non-biological care do have more serious psychological, emotional and social problems as well as associated differences in the learning, language and sensori-motor areas (1997:11).

# **Readiness For Leaving Care:**

At some point all young people in statutory care must leave the jurisdiction of the welfare agency and enter the world of adult/community living. As Aldgate cautions, '...care graduates are not a homogeneous population' (1994:255). Whilst some may have spent most of their childhood in foster care, many will have entered care for the first time after the age of fourteen (Stein & Carey, 1986:9). But regardless of difference in their routes of entry to care, and their considerably different in-care experiences (Stein, 1990:207; Courtney & Barth, 1996:82), their exits pose similar problems for all young people who cannot return to their families (Aldgate, 1994:255), and for some who do.

<sup>6</sup> See Barth, 1986,1990; Millham et al., 1986; Stein & Carey, 1986; Fein et. al., 1990; Aldgate, 1994; Klomp, cited in Colton & Hellinckx, 1994; Salahu-Din & Bollman, 1994; Cashmore & Paxman, 1996; Courtney & Barth, 1996.

<sup>&</sup>lt;sup>5</sup> A longitudinal study in Australia identified that young people who felt responsible for having been placed in care were '...less likely to complete high school, more likely to have thought about or attempted suicide, and less happy after leaving care...'(Cashmore & Paxman, 1996:xiii) than those who did not assume such responsibility.

Leaving care for independence is recognised as one of the most difficult times in care (Stein & Carey, 1986; Scannapieco et. al., 1995:388; English et. al., 1994:148). It is a crisis which provokes painful memories and anxiety, and brings to the surface past deficits and attainments (Land, 1990:49). The fact that foster teens face artificial and essentially rigid discharge deadlines often adds to the stress, and places them at a high risk for failure (Stein, 1990:211; Land, 1990:35). Scannapieco et. al., (1995) summarise the hurdle of leaving care in these words:

Children who are emancipated from the foster care system face many additional challenges that children who are emancipated from their own homes do not encounter. They lack family support and encouragement, and resources, and are often isolated from a community. These are young adults who were abused or neglected as children and carry with them the emotional and psychological scars of the trauma (1995:388).

Various surveys and research studies into the problems and experiences of foster adolescents in the process of leaving, and having left care, have been undertaken in Australia, the United States, Canada and Great Britain. These studies identify a number of specific deficits evident in such young people, which appear unabated over the past decade: poor educational attainment and reduced chances of employment, poor health, poor self-image, limited social skills, low aspirations, unstable accommodation, lawlessness, drug and alcohol abuse, lack of family support, few compensatory services from social workers, poverty, loneliness and depression, unwanted pregnancy and limited parenting skills, transience of lifestyle and relationships, emotional and psychiatric disturbances and increased risk of suicide, and involvement in gangs and prostitution.

In addition, not surprisingly, foster care graduates are disproportionately represented as welfare recipients, imprisoned inmates, and in shelters for the homeless. The irony of the system is that those leaving care often face returning to live in detrimental environments, which was the reason many of them originally needed to be looked after by social services. This is not to suggest that **all** foster children suffer from being in foster care. Some studies (Barth, 1986; Maluccio & Fein, 1989) report the capacity of foster children to adjust rather well. It does, however, appear that many children do suffer, and that this outcome can have repercussions that impact on the ability of such children to eventually lead independent lives.

<sup>&</sup>lt;sup>7</sup> See Stein & Carey, 1986; Pasztor et al., 1986; Barth, 1986, 1990; Timberlake & Verdieck, 1987; Stehno, 1987; Mech, 1988, 1997; Moynihan, 1988; Stein, 1989; Aldgate, 1990, 1994; Parker et. al., 1991; Garnett, 1992; Salahu-Din & Bollman, 1994; Stein et. al., 1994; Wilson et al., 1994; Iglehart, 1994, 1995; Ayasse, 1995; Scannapieco et. al., 1995; Cashmore & Paxman, 1996; Stein, 1997; McMillen & Tucker, 1999; Smith & Beautrais, 1999.

The findings of two American studies directly relevant to my research confirm the impact of the predominantly negative outcomes of foster care on adolescents preparing for independent living. The first (English et. al., 1994), a descriptive study into readiness for independence, examined 500 foster care adolescents. Fifty-four percent of the sample had one or more disabling conditions<sup>8</sup> and almost one in every five (17%) was developmentally disabled, with one in four utilising multiple service systems. A little over a half (56%) the sample was in school. Thirty-six percent attended special education classes and 18% were in vocational schooling. Seventy-six percent were performing at an appropriate level, and 34% were lagging one or more years behind in their educational attainment. The researchers concluded:

Not all young adults in foster care are the same, some will do well while others will have a difficult time. However the skills that youth lack by the time they emancipate seriously impact their transition...fortunately many of these young people have formed bonds with their alternative caregivers...acknowledge the contributions of their biological parents or relatives and may use them as a support group after emancipation (English et al, 1994:157).

The second, an exploratory study (Iglehart, 1994), examined specific independent living skill areas to determine which placement factors were predictive of the young person's knowledge in those skill areas. One hundred and fifty-two adolescents aged 16 years or older, and their caregivers, were interviewed. The findings of the study revealed mental health problems as the most significant barrier to successful independent living. The findings also echoed the importance of education in the preparation of adolescents for independence, the significance of a job in the life of an adolescent, the positive effects of placement stability and ethnicity, and familial and caregiver contact and support on particular dimensions of readiness for independent living.

Iglehart used these findings in a subsequent study (1995) which compared foster care, kinship care, and non-foster care adolescents, to uncover the unique effects of foster care upon readiness for independence. She found that foster care and non-foster care adolescents were not significantly different in their perceptions of independent living skills, types of employment held, and perceived overall preparation for independent living. However, once again, significant difference in school functioning and the emotional aspects of impending independence emerged.

The majority of all three groups were performing educationally at or above grade level, but the foster care adolescents had the lowest percentage (61%) functioning at or above grade level, and the highest percentage (39%) functioning below grade level. Responses

<sup>&</sup>lt;sup>8</sup> Defined in English's study as an emotional, physical or developmental problem, documented by a qualified professional.

from foster care adolescents suggested a general sense of isolation, an absence of social support, and a greater likelihood than kinship care or non-foster care adolescents to believe that particular skills were self-taught, and to expect to work full time and more than 40 hours a week upon discharge from care. They were more likely to worry about their future, and to expect to support themselves, and not live with a relative after discharge from care.

Overall, the issues raised in this section of the review of foster care literature underscore the need for young people to be prepared for and actually **achieve** discharge from care, as opposed to being mandatorily 'aged out' (Aldgate, 1994:194). Certainly the weight of the literature accessed supports the assumption that foster care adolescents **are** disadvantaged from being in the child welfare system and not in their family system, and that the process of their discharge from care must both acknowledge and accommodate this disadvantage, a view well summed up by Sims:

Although exposure to foster care does not doom children to a distressed adulthood - and, indeed, may provide some children with beneficial developmental experiences not found in their birth homes - many foster children are at risk of abridged futures and, therefore, require assistance during their struggle into adulthood (1988:539).

# **Preparation For Life After Care**

In recognition that the pre-care and in-care experiences of young people, and their circumstances as they approach discharge, significantly affect their transition from care and their post-care coping abilities (Barth, 1986:167; Sims, 1988:539; Land, 1990:35; Aldgate, 1994:256; Glisson, 1994:3; Courtney & Barth, 1996:81; Cashmore & Paxman, 1996:2), the question is repeatedly asked in the literature: to what extent are foster adolescents prepared for self-sufficiency, independence and effective community living? The response is emphatic and two-fold: first, that despite independent living being a normal goal for adolescents, those in care are generally unprepared, and are therefore a significant risk-group; and secondly, that the transition of foster care adolescents to adult living most often requires, but does not receive, a major input of funding, services and support.9

International research in the early 1990s suggested that, for most child welfare departments, preparing young people to leave care often consisted of little more than

<sup>&</sup>lt;sup>9</sup> See Barth, 1986, 1990; Sims, 1988; Jackson, 1989; Maluccio & Fein, 1989, 1992; Stein, 1989; Fein et. al., 1990; Parker et. al., 1991; Liddell, 1992; Mech et. al., 1995; Scannepieco et. al., 1995; Cashmore & Paxman, 1996; Mech, 1997.

assistance to find alternative accommodation (Garnett, 1992:110). The failure of agencies to routinely provide foster adolescents with the same preparation for adult life afforded most others fortunate to grow up, at their own pace, within their own families, gives rise to the assertion that care graduates are 'doubly disadvantaged':

Having lost links with their families while in care, on emancipation from care, they may then be faced with a further severance from the people who have acted in loco parentis because of Social Service Departments' apathy towards follow-up contact (Aldgate, 1994:261).

Throughout the decade, strident calls internationally for government child welfare agencies to accept their responsibilities in preparing foster adolescents for life after care have resulted in the increasing development, albeit piecemeal, of a continuum of options of after care programmes and services to supplement the standard efforts of traditional foster care. These options include specialist foster care specifically aimed at preparing young people for full independence, supervised lodgings or residences, group homes, supervised apartments, independent living subsidy programmes, scholarship programmes, monitoring and support groups, transitional housing and Independent Living programmes.

Whilst this new-found focus on discharge and post-discharge supports is developing predominantly in the United Kingdom, the United States, Canada and Australia, the legislative base appears strongest in the United Kingdom and the United States. In England and Wales five specific areas of assistance are available, including preparation for after care, advice and support, financial assistance, accommodation, representation and complaints processes. The United Kingdom's Children Act 1989 makes provision for financial and social work support, advice, befriending and assistance for young people, including after care, until the age of 21 in some instances. It encourages collective action by social welfare, social security, health, housing and education departments to ensure equal life opportunities for care graduates, alongside those who have been able to stay with their own families throughout childhood (Broad, 1998:21).

America's Independent Living Initiative 1986 also provides for the preparation for discharge from care of young adults up to 21 years. The initial annual \$45 million supporting a range of emancipation services had, by 1996, nearly doubled to \$70 million. In addition, in 1989 a framework and standards for the provision of services to prepare adolescents for self-sufficiency, including after care support, was developed by the Child Welfare League of America (Stoner, 1999:160 & 171). But although the United Kingdom and the United States have provided the necessary legislative incentive and obligation for the provision of services for young people leaving care, questions remain around the degree to which the legislative mandate has been translated into policy and

practice, the extent to which social service departments are resourced to implement their powers, and the degree to which the provision of services actually meets the extent of the need.<sup>10</sup>

Much of the overseas preparation for discharge research is concerned with emphasising, promoting or assessing the effectiveness of various Independent Living Programmes. Like all adolescents, adolescents in care need to develop or enhance a range of self-sufficiency life skills - competencies beyond intellectual knowledge that are needed to act effectively in social roles and environments (Whittaker et. al., 1986:485) - in order to move towards competent adulthood. For adolescents these skills are divided into two major categories, 'hard' or tangible, and 'soft' or intangible life skills (Cook, 1988:500; Pine & Jacobs, 1989:153; Aldgate et. al., 1989:15; Maluccio et. al., 1990:7-8).

'Hard' skills are those required for the day-to-day management of self: finding and keeping employment and accommodation, shopping, cooking, handling money, and health care. 'Soft' skills are thinking and feeling skills which emphasise the making and sustaining of relationships: social and communication skills, identity issues, decision-making, setting goals, self-esteem, assuming responsibility, and confronting anger, past losses and rejections. These skill types are considered interdependent (Maluccio et. al., 1990:7) and equally necessary for the full development which prevents the isolation and loneliness that many young people feel on leaving care (Aldgate, 1994:266).

Research studies<sup>11</sup> generally suggest that Independent Living Programmes are worthwhile, despite the tendency to over-emphasise the measurement of practical, 'hard' skills, rather than emotional 'soft' skills. Possibly this occurs because practical skills are a safer option, are more ably and efficiently taught, and are probably more effectively measured for funding purposes, than emotional skills which cannot be neatly dealt to within a tightly prescribed time frame and are dependent upon individual maturation and personal development.

This reality makes Independent Living Programmes a more successful option for those with, to use Mech's term (1997:27), 'a mature youth profile' - young people able to build and maintain relationships, motivated towards achieving self-sufficiency, finishing

<sup>10</sup> See Aldgate, 1994:269; Mech, 1997:20; Broad, 1998: 43. It would seem that the introduction of the legislation at a time of national economic recession in both countries has impacted adversely on the intent potential of the legislation.

<sup>&</sup>lt;sup>11</sup> See Cook & Ansell, 1986; Pasztor et. al., 1986; Mech, 1988, 1994; Moynihan, 1988; Sims, 1988; Kluger et. al., 1989; Wilson et. al., 1994; Scannapieco et. al., 1995; Iglehart, 1995; Courtney & Barth, 1996.

secondary education, finding and maintaining employment and receptive to keeping in touch with persons who can provide personal support after they exit care. Increasingly however, as Mech emphasises, the priority target group for independent living services is immature, overly dependent young people, who have difficulty in maintaining relationships, are institutionalised and agency dependent, or emotionally, physically or cognitively handicapped.

In addition, caution prevails against the assumption that exposure to an independent living skills curriculum equates with adequate preparation for independent living. As Barth asserts:

...as helpful as such classes may be, youth need additional **experiential** assistance. A continuum of transitional services is critical (Barth, 1989). Perhaps most needed is the development of transitional living arrangements (1990:436).

It is also argued that the Independent Living Skills approach, in emphasising 'independence', ignores the validity of the more functional 'interdependent' nature of adult living (Maluccio et. al., 1990:7). Upon discharge from care, even those adolescents fortunate enough to have retained family links - be they with birth family, or current or former foster families - will not necessarily be able to call upon practical or monetary support and guidance. This reality underscores the importance of the availability of attachment figures for the young person following discharge (Kahan, 1989:128), a 'stability family' (Aldgate et. al., 1990:25), a mentor (Barth, 1986:169; Mech et al., 1995:318), someone who will stand alongside the young person to give them the status of 'interdependent', regardless of whether or not they can actually have the young person living with them.

Certainly much depends on how successfully independent living skills programmes adapt to the individual needs of the participants. Repeatedly the point is made in the literature accessed that skills learning must be linked to the point of personal and emotional development reached by the individual young person, rather than their chronological or physical age, and that the learning must be offered within a time scale that also fits the individual. The importance of emotional preparedness for learning, which has emerged in all aspects of this literature review, is made most convincingly by Ainsworth (1987) in his analysis of independent living skills programmes.

While not opposed to Independent Living Skills programmes, Ainsworth calls for more discrimination in the application of the concept of independent living. He coins the term 'the tyranny of independent living' to describe the increasing trend of independence being '...pursued irrespective of its appropriateness or relevance to the (young person's) stage

of growth and development...'(1987:6). It is through the mandatory discharge provisions of the CYPF Act 1989, this thesis argues, that the 'tyranny of independent living' is made manifest in this country

# **Summary**

My review of the literature relating to foster care highlights the fact that the process of foster care, whilst addressing the dependence and security needs of children and young people, has typically neglected their growth and self-sufficiency needs. It indicates that considerably more attention has been given to children entering, and being maintained within the care system, than to those leaving it. It places particular emphasis upon the tendency for children in care to experience multiple placements, and resultant impaired attachment and identity development. And, whilst acknowledging that the difference between foster children and non-foster children is not as marked in the 1990s as it was through the 1970s and 1980s, it nevertheless confirms the view that the progress of children in care compares poorly with the general population, particularly in the areas of education, social skills, self-image, and mental health.

My analysis of the literature dealing with the readiness of adolescents for discharge from care supports the assumption that foster care adolescents are disadvantaged from being in the child welfare system.<sup>12</sup> It reinforces that a more constructive future for care graduates must be planned if the cycle of disadvantage is to be broken. It emphasises that achieving independence takes time, and acknowledges the importance of ensuring that maltreated young people experience adequate progress towards accomplishing their developmental tasks as a prerequisite for successful independent living.

The literature challenges the validity of the current trend of 'ageing out' of care, and reinforces the wisdom of departing from a chronologically determined notion of adult status. It promotes, instead, a structured analysis of individual readiness. It confirms a crucial need for significant preparation and ongoing support for adolescents leaving care for independent living. And it underscores that no-one is totally independent, and that everyone needs ongoing supportive networks.

The literature addressing the preparation of young people for independent living notes that increasingly and internationally, albeit not in this country, adolescents are becoming the beneficiaries of more focused legislation, policies, programmes and practice

<sup>&</sup>lt;sup>12</sup> It is acknowledged that disadvantage within care must be considered on an individual basis against the disadvantage a young person might experience by not being bought into the care system.

specifically designed to assist them in their transition to independence. It emphasises preparation for independent living as not the singular event, but as a series of events occurring along a continuum. It impresses that there are no possible short cuts in the processes of nurturance and socialisation through which young people grow and develop, and through which they learn independent living skills. And it places significance, not on the type of preparation available to foster care adolescents, but on the way in which that resource is adapted to meet the individual needs of the recipients.

The next two chapters examine the development of foster care in Aotearoa/New Zealand from two separate but undeniably interrelated perspectives. Chapter Four considers the variable status of adolescents in line with historical changes in the legislative and practice bases of child welfare services. Chapter Five, within a discussion of the theoretical underpinnings of this thesis, identifies the premises that inform, strengthen and support social work practice. Together these two chapters contexualise foster care and the mandatory discharge of seventeen year olds within a legal and social work framework.

#### CHAPTER FOUR

# STATUTORY FOSTER CARE IN AOTEAROA/NEW ZEALAND An Historical, Cultural, Social and Legal Context

E tipu e rea mo nga ra o tou ao<sup>1</sup>

Grow up oh tender youth and fulfil the needs of your generation

#### Introduction

This chapter traces the development of foster care and the role of the state in the provision of care services in Aotearoa/New Zealand. It has a specific focus on pre- and post-discharge services for adolescents. The context of foster care is examined within six distinct time periods<sup>2</sup>, based on and extending McDonald's analysis (1978:44-45) that the laws of the time reflect the dominant contemporary societal attitudes towards children, the family, and the perceived causes of family violence and juvenile offending.

McDonald's four time-framed depictions are examined first - 1840-1899: The Child as Chattel; 1900-1944: The Child as Social Capital; 1945-1969: The Child as Psychological Being; and 1970-1988: The Child as Citizen. The fifth designation is 1989 - 1991<sup>3</sup>: The Child as Member of a Family, Whanau, Hapu, Iwi and Family Group (Tapp et al.,1998:1.07). Finally, underpinned by the arguments presented throughout this thesis, I introduce a contemporary period - 1992-2000: The Child as Cost. These time periods will now be considered in turn.

#### The Child As Chattel: 1840 - 1899

In 1840 Aotearoa/New Zealand became a British Crown Colony. Early settlers, mainly working class Scots and English, brought from their homelands existing attitudes towards welfare, '...the spirit of the New Poor Law and the gospel of philanthropy' (Oliver, 1977:6). English law placed family relations towards the private end of a private/public continuum. Within this context children '...were part of the property of a household and could be sold, traded or farmed out' (Tapp et. al., 1997:1.02).

Whakatauki by the late Sir Apirana Ngata (Brougham & Reed, 1996:86).

<sup>3</sup> Originally designated by Tapp et. al., as '1989-onwards'.

<sup>&</sup>lt;sup>2</sup> Although these are confined to periods of statutory foster care, the significance of pre 1840: The Child Within Waka, Iwi, Hapu and Whanau is acknowledged - see *Puao-te-ata-tu* (Ministerial Advisory Committee, 1986) and *New Growth From Old: The Whanau in The Modern World* (Metge, 1995).

Community spirit within the small pioneering settlements proved ineffective against the impact of a lack of paid employment, and the growing phenomenon of wife and child desertion. The already weak colonial family was further sapped by the 1860s gold rushes in the South, and the land wars, unemployment and destitution taking hold in the North (Oliver, 1977:4). In 1867 the first national statute, the Neglected and Criminal Children's Act 1867, was introduced to establish industrial schools for neglected children, and reformatory schools<sup>4</sup> for 'criminal' children.

The Act applied to children under fifteen, and from 1900, under sixteen. Inmates were detained until twenty-one, unless discharged earlier. Institutional life was harsh, even brutal. With committal being for at least one, and up to seven years, conditions soon became increasingly overcrowded. In 1870 legislative amendments provided for community placements for children having served half their committal period. This extended to a system of 'boarding-out' inmates with foster parents or employers with the introduction of the Industrial Schools Act 1882.

The person to whom an inmate was licensed out was entitled to be paid maintenance for a child under twelve, and to receive the 'services' of a child over twelve<sup>5</sup>, or to pay the child wages. A higher board rate was paid for children under seven, in recognition of the usefulness of older children as farm labourers and domestic servants. These 'licensing out' provisions are significant in the history of child welfare in this country. They signalled the beginning of state intervention in care services, and laid the cornerstone for a system of placing children with foster parents, the essential elements of which still continue today (Manchester, 1983:1). Conditions in many foster homes at this time, however, were far from ideal<sup>6</sup> (McKendrick, 1983:9).

# The Child As Social Capital: 1900 - 1944

The twentieth century bought with it changing attitudes towards the notion that healthy, moral children were an investment in the future (Oliver, 1977:15). Whereas previously parents had complete autonomy, increasingly the state assumed a role, particularly in education, health, and welfare (Tapp et. al., 1997:1.03). Such investment in the social

Despite these provisions, reformatories were never established; industrial schools catered for both 'types'.
 An 1895 amendment extended this upper age from twelve to fourteen years (DSW, 1993b:233).

The recurring reason for admission to Caversham Industrial School was variations of 'mother too poor to support child' (Zander, 1983:4). The same economic necessity that left some families unable to care for their own during the 1880s depression drove other families to 'take in' children. Child labour regulations ignored children who worked on family farms or in family businesses, and foster children played a vital role in the economic survival of foster families during these times.

capital of the day was far too important to be left to the uncertainty of family care (McDonald, 1978:3-7). To counteract the institutionalisation and brutalising of children, and facilitate community placements, reception centres and field officers were introduced. Admissions to institutions subsequently reduced, four industrial schools closed, and foster placements, albeit not for adolescents<sup>7</sup>, increased.

The introduction of the Child Welfare Act in 1925 was an important milestone in the development of child welfare law. It reflected the power of the state in the care and control of at risk children, and was to serve as the primary piece of legislation for almost half a century (DSW, 1993b:234). The Act created the Child Welfare Branch<sup>8</sup> of the Department of Education, and the position of Child Welfare Officers. It established Children's Courts for the hearing of matters pertaining to those under sixteen years. Importantly, the legislation provided for an improved standard of care for state wards. Statutory emphasis moved from institutional to foster care, and guardianship shifted from the Industrial School Manager to the Superintendent of Child Welfare (Manchester 1983:35).

Most significantly, around the 1930s-1940s, despite not being specifically legislated for, statutory assistance to foster adolescents extended beyond institutional, foster and work placements, with the establishing of community and Child Welfare hostels for working state wards. These hostels provided semi-independent living or 'halfway housing' for young people in care prior to their discharge (Dalley, 1998:129).

# The Child As Psychological Being: 1945 - 1969

The post-war period saw the introduction to child welfare practices of the principles of developmental and attachment theories<sup>9</sup> (Erikson, 1959; Bowlby 1958, 1960, 1961). These theories reinforced the trend against institutional care for children by stressing the importance of the quality and continuity of child-adult relationships, particularly the maternal role, and family life and psychological health for a child's overall development. New theories on the causes of juvenile delinquency, and a growing interest in the

These theories are discussed in the next chapter.

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<sup>&</sup>lt;sup>7</sup> By the early 1920s children could leave home at fourteen, or earlier, if they had obtained their proficiency certificate and graduated from standard six. Most children in care were placed at fourteen with employers. Those considered able enough to continue their education were not usually left in foster homes, but placed in other accommodation, such as Education Department hostels (Thomson:1983:19).

<sup>8</sup> In 1948 it became the Child Welfare Division of the Education Department, and, in 1972, part of the Department of Social Welfare, hereafter referred to as DSW.

professionalisation of social welfare surfaced. Whilst foster care was still seen as a means of providing care to, and inculcating societal morals and values in children, 'a tension between the value of natural mothering and that of skilled intervention was emerging' (Finn, 1994:387).

In the 1960s the concept of child abuse (Kempe, 1962, cited in Tapp et. al., 1997:1.04) gave rise to sociological interest in environmental stressors. Families in need were seen as 'stressed' families, with child abuse and delinquency being seen as symptomatic of this stress. Welfare intervention was predicated on the belief that children could be protected if parents were assisted and supported through stressful times. Services most frequently concentrated on the adults, in the expectation that effecting a positive response from them would result in a 'trickle down' effect for the child.

Unfortunately the child often became invisible within this process, a victim of the concepts of family autonomy and family unity, and the inferior place of children within this unit. Recognition that these concepts can result in oppression of the weaker family members by the more powerful was slow in coming (Tapp et. al., 1997:1.05). Gradually however the classifying of parent-child relations as private, and the child as a possession of the parent or family, diminished, to be replaced by an appreciation of parents as 'trustees' of their children, with 'responsibilities' for children's welfare, as opposed to 'rights' over them.

#### The Child As Citizen: 1970 - 1988

By the 1970s society had begun to see the child as '... a potential citizen entitled to grow into an autonomous adult without any avoidable prejudice caused by family behaviour' (Tapp et. al., 1997:1.05). An increased understanding and knowledge about the different aspects of physical, emotional and, later, sexual abuse was developing. Accompanying this was the children's rights movement, and an increased demand for the professionalisation of child care services in this country.

In 1972 DSW was established. Child-protective services were then the contemporary force of child welfare, and placing children in foster care the primary intervention. The disproportionate numbers of Maori children coming to notice was an immediate focus for DSW. Maori population growth, and especially young Maori, coupled with post World War II Maori urban migration, had weakened whanau. 10 Traditional social controls

<sup>&</sup>lt;sup>10</sup> In 1945 three-quarters of the Maori population were rural dwellers. By the 1970s three-quarters were urban dwellers. The Maori population was growing much faster than Pakeha. By the 1970s 45% of Maori were under fifteen, as against only 30% of the total population (Thomson, 1983:19).

proved less effective amid the bewildering variety of negative urban influences, and a high level of Maori youth delinquency was evident (Thomson, 1983:19).

The introduction of the Children and Young Persons Act in 1974 was an attempt to respond to child welfare issues within a legislative basis that better reflected the prevailing societal views. Of particular significance was its legislative principle that the 'interests of the child and young person (shall be) paramount' (Department of Justice, 1974:s.4). Whilst this Act protected the interests of foster adolescents by maintaining the upper age jurisdiction at twenty, it failed to provide a legislative solution to the contemporary crisis in foster care. The evidence (Prasad, 1975; Mackay, 1981) of multiple temporary placements, breakdowns of intended 'permanent' placements, alienation of foster children from their families, children 'drifting' in care, and a disproportionate number of Maori children in care, highlighted an inadequate system that was 'caring' for increasingly unsettled and damaged children.

Foster care reform, instigated in 1976 with the formation of the New Zealand Foster Care Federation, resulted in the introduction over the ensuing decade of a number of foster care initiatives. <sup>12</sup> Of particular relevance to this study is the Planning and Review system introduced by DSW in 1981. Rooted in the concept of permanency planning, this process was designed to eliminate uncertain futures for foster children. Most importantly, it heralded a beginning focus in this country on the special needs of young people approaching discharge from statutory care.

One of the four casework goals designated viable in the planning process was 'Independent Living'. Specific plans were required to demonstrate how this would be effected by, or prior to, the young person reaching twenty. The social worker's recommendation for a young person's discharge was subject to approval from a local Review Panel, comprising of the Assistant Director, Social Work (site manager) and a nominated community member. If Panel approval was withheld, the decision was reconsidered or referred to the local Director or national Director-General (DSW, 1984,

<sup>11</sup> A study (Mackay, 1981) of 654 children in care between 1971-1976 revealed an average 6.5 placements during that time - with a range of 1-29 placements; 40% had less than 5 placements each, 40% had between 5-9 placements each, and 20% had 10 or more placements; 40% of intended long-term placements ended within twelve months; 45% of children came into care at 13 years or older, and only a third were under nine years; and 53% of the children were Maori, at a time when Maori made up only 10% of the population.

These included the 1980 Intensive Foster Care scheme, to provide specially selected and supported homes for children unlikely to succeed in ordinary foster homes (Manchester, 1983:4); a 1983 ministerial review of the foster care system, with 51 recommendations for change (Ministerial Advisory Committee, 1984); and the 1983 Maatua Whangai programme, which provided sustained assistance for Maori children at risk, more Maori foster homes, and better support for Maori children in Pakeha foster homes.

N21:3). In my experience of this era, DSW's clear criteria, policies, and practice standards served to appropriately prepare 'state wards' for discharge on a gradual, individualised basis, with a primary focus on readiness.

## The Child: Member Of A Family/Whanau/Hapu/Iwi/Group: 1989-1991

By the 1980s dissatisfaction with the inadequacy of the Department's role in the field of child care and protection, and work with the young offender, was flourishing. Recognition grew, in line with increasing evidence, that official measures intended to assist children in need typically resulted in a level of interference in their lives disproportionate to the seriousness of the events prompting the intervention (DSW, 1993b:1.1:234).

In 1985, in the wake of reports by a Women's Anti-Racist Action Group, and the Maori Advisory Unit, both of which alleged institutional racism within DSW, a ministerial advisory committee reported on Maori perspectives. Their document, *Puao-Te-Ata-tu: Daybreak*, reflected the views of the Department's Maori clients and staff. It reported feelings of 'frustration, anger and alienation', of powerlessness, and of resentment of dependency. It identified 'cultural imperialism, deprivation and alienation' as problems requiring immediate action (Ministerial Advisory Committee, 1986:17).

In particular, the report highlighted the Department's failure in meeting the needs of Maori children. It expressed concern at the large numbers of Maori children in departmental care. It viewed departmental child care processes as undermining, even eliminating, the basis of Maori society. It recorded a 'profound misunderstanding or ignorance of the place of the child in Maori society and its relationship with whanau, hapu, iwi structures'. It called for changes in policy and practice for fostering and care of Maori children, and of family case work for Maori clients (Ministerial Advisory Committee, 1986:5-7).

Puao-Te-Ata-tu gave voice to a debate centred around the issues of state intervention versus family autonomy; welfare versus justice models of offending; prevention versus intervention; professional versus lay responses; and the paramountcy of the child versus the cultural mana of the whanau. Amid this debate Departmental care services were gradually down-graded in preparation for new legislation. Institutions were closed<sup>13</sup>

In 1972, DSW operated twenty-six institutions. Between 1979-1988 the number reduced to nine (DSW, 1990d:2). By 1990 there were four.

(DSW, 1986, 1990d), and many children previously considered to be in long-term statutory care were returned to family<sup>14</sup> in anticipation of the likely legislative provisions.

The new legislation, the Children, Young Persons and Their Families Act, was introduced in 1989. Its broad underpinning philosophies incorporate cultural issues, family values, community responsibilities, and reducing the power of the state through a policy of minimum feasible and necessary intervention (DSW, 1993b:235). Its principles and practices firmly place the child within the family, whanau, hapu, iwi and family group, and legally acknowledge the primary responsibility of this group in resolving issues of care, protection, and juvenile offending. Its legislative assumption is that where immediate family/whanau cannot adequately meet the child's needs, the wider family/whanau is the best option for support and assistance (Tapp et. al., 1998:2:01).

As Cockburn (1994:87) identifies, these practices and principles signal a move from the value position of 'society as parent', to the opposing 'kinship defender' position. The former had its focus on protecting children from neglectful, harming and abusive parents, and the power of the state and its agencies to intervene in families, whilst the latter focuses on state promoted policies and services which support families to provide for their children's well-being. An alternative, fiscally-focused analysis links this progressive lessening of state responsibility for the dependent members of society, and the increased responsibility of families, to the cost of statutory care which, in the economic and political climate of the late 1980s, was a cost the state could ill afford<sup>15</sup> (Worrall, 1997:10).

The legislation split the paradigms of care or protection and youth justice. It created Care and Protection Resource Panels and the Commissioner for Children role. It provided for the establishment of Iwi and Cultural Social Services. It confined legal intervention to planned, time-limited and reviewable actions. Arguably the Act's most significant feature, however, is its emphasis on formally engaging the family through the FGC process. In recognising and protecting the rights of families, the Act demands a radical rethink as to what constitutes the 'best interests' of the child. Whilst the CYPF Amendment Act 1994 (s.3) restored the paramountcy of the welfare and interests of the

In December 1987 there were 5421 children in State care (DSW,1987:103). By 31.12.90, this number had plummeted to an estimated 2200 (DSW, 1991b:29).

The 1989 Parliamentary debate papers quote the cost per annum of a child in statutory care as \$300,000 (Worrall, 1997:10).

<sup>&</sup>lt;sup>16</sup> The family group perspective was seen by many as a regression - a return to regarding the child primarily as a member of a family. A 1991 ministerial review of the Act concluded that taking only a family group perspective makes the child particularly vulnerable and is an incorrect interpretation of the Act (Ministerial Review Team, 1992:11-12).

child or young person, the legislative principles of the Act require that this perspective be integrated with due regard to the importance of family responsibility for care and decision making.

#### Legislating For Discharge

This radical new model for working with children, young people and their families, '...a creative synthesis of Maori and tauiwi traditions in protecting children' (Cockburn, 1994:91), has been lauded nationally (Ministerial Review Team, 1992; Human Rights Commission, 1992; Maxwell & Morris, 1993:1) and internationally (McFadden, 1993:27; Ryburn, 1994:4; Connolly, 1994:90) as progressive and empowering legislation and child welfare practice. For the purposes of this research, however, its significant weakness is the arbitrary upper age limit for discharge from statutory care, coupled with the lack of specific legislative provisions requiring agencies to provide transitional assistance and support to young people leaving care.

Under the CYPF Act 1989, an adolescent is deemed an adult at seventeen<sup>17</sup>, and outside of legislative jurisdiction. Whilst there is a multiplicity of ages for adulthood in this country<sup>18</sup>, automatic discharge at seventeen is out of step with comparable legislative provisions overseas.<sup>19</sup> For most young people the attainment of adult status is not achieved at a specific moment, but through a gradual process of maturation and skill acquisition, a 'growing into adulthood' (Ministry of Youth Affairs, 1996:15). Despite this, the chronologically determined view of adulthood adopted by the Act requires the system to plan for the young person's independence frequently before they are ready.

17 DSW opposed this arbitrary designation of adulthood. In a submission to the Ministerial Review of the CYPF Act 1989 (Ministerial Review Team, 1992:78) DSW supported the raising of the age of adulthood to beyond seventeen. J.B. Munro, then National Director of IHC, asserted similarly. The Review Team agreed with the rationale provided, but was unable to act on it as it was outside of the terms of reference.

In most American States, 'children's' services are discontinued at 18, and public educational entitlements at 22. The American Child Welfare League continues to lobby for the legal age of 18 to be extended to 21(Stoner, 1999:172). In the United Kingdom and Australia a young person is also deemed adult at 18, with after-care services extending past this age, and up to 21 years.

One can get a driver's licence at 15, leave school, and consent to medical treatment at 16, be charged in an adult court at 17, purchase alcohol, vote, and enrol in the armed forces at 18, serve on a jury and get married at 20, and get a student allowance in one's own right at 25. The United Nations Convention on the Rights of the Child (1989), ratified by Aotearoa/New Zealand in 1993, defines a child as a person under 18. The UN Committee on the Rights of the Child noted with concern this country's '...lack of conformity of relevant domestic laws with the definition of the child under the Convention...(and)...the appearance of a wide range of age cut-offs...not...necessarily consistent under legislation administered by various government entities for eligibility for different types of government support (Committee on Rights of the Child, 1997:2).

The omission of legislated post-discharge services appears predicated on the mistaken belief that young people should be able to leave care at a legislated age and flourish independently. This view is clearly contrary to the findings of overseas research discussed in the previous chapter, which suggest that young people making the transition from dependent children to interdependent adults continue to require protection and support, and that some young people may be ready to accept responsibilities at different ages from others. Even in overseas countries such as the United States, the United Kingdom, Canada and Australia, where mandatory discharge from statutory custody occurs at a later age than seventeen, legislated post-discharge services are an integral aspect of the discharge process.

Were the principles of the CYPF Act being met routinely, young people leaving care would have whanau/family to return to. But, for many teenagers remaining in care during their adolescent years, such support is simply not there. For some, relationships with birth families may be non-existent. International research shows that even when relationships endure, parents and adolescents are often unwilling or unable to undergo the readjustments required by reunification (Barth, 1986:165). For many young people in this country mandatory discharge at seventeen means that being left entirely alone is a legally sanctioned inevitability.

#### The Child As A Cost: 1992 - 2000

The effectiveness of any legislation is inextricably linked to the availability of sufficient resources to administer it. A view has developed that the administration of the CYPF Act 1989 is so underfunded that the legislation is increasingly unable to fulfil its aims.<sup>20</sup> Research findings (Cameron & Wilson-Salt, 1995:19; Maxwell & Robertson, 1996b:5; Catholic Caring Foundation, 1997:118) show that service provision under the Act has come under progressively increased demand due to enhanced public education and awareness, an escalation in poverty and socio-economic problems, and the improved efficiency and effectiveness of some agencies.

The upturn in demand for services, however, has not been matched by an increased provision, but, arguably, a decrease in services, and a resultant focus for social workers on crisis intervention rather than preventative services (Jackman, 1993:4; O'Reilly,

See Ministerial Review Team, 1992:102-107; Cameron & Salt, 1995:19; Duncan, 1995:162;
 NZCYPS, 1995:3; Maxwell et. al., 1995:5; OCC, 1996:11/21; Catholic Caring Foundation, 1997:105; Committee on the Rights of the Child, 1997:4; Costigan, 1997:112; Smith, 1997:7;
 NZFFCF, 1998:18; CYF, 1999a:11.

1997:104; Cameron & Wilson-Salt, 1995:19; Maxwell & Robertson, 1996b:7; Tapp et. al., 1997:2:04). This reality underpins my categorisation of child welfare in the 1990s as 'child as a cost'. Three interconnected factors inform this categorisation: the reorganisation of the provision of child welfare as a business; the effect of this approach on foster care services generally; and its impact specifically on foster care adolescents approaching mandatory discharge from care. These factors will now be discussed in turn.

#### The Business Of Welfare

In the social services arena, a major transformation of public management in Aotearoa/New Zealand during the 1980s-1990s has involved ongoing restructuring for DSW. A significant change was the establishment in 1992 of the New Zealand Children and Young Persons Service and the New Zealand Community Funding Agency. These separate DSW business units were then responsible, respectively, for the provision of the state's care and protection services, and the co-ordination of contract funding for the purchase of social services from the voluntary sector. This restructuring marked a new funding relationship between the state and social service and community organisations as the department moved from funding through grants-in-aid, to funding by contract only<sup>21</sup> (Higgins, 1997:2). Subsequently these units amalgamated, and are now known as CYF.

Duncan's analysis (1995, 1997) of the impact of public management reforms on the quality of social services in this country, describes public sector reform as based on an out-dated model, with a heavy focus on quantitative performance measurement, and little emphasis on service quality (1997:68). His findings confirm that publicly funded services are struggling to do more, with less, because of a lack of resources, stemming from policies of fiscal 'responsibility' and debt repayment (1997:66).

CYF's business plan is designed to meet government expectations in the five areas in which, through a Service Level Agreement, government purchases outcomes from CYF: Prevention Services; Social Work Services; Family Group Conferences; Adoption Services; and Approval and Contracting of Social Welfare Services (CYPFA, 1999a:10). It is this Service Level Agreement that directs CYF's 'customer service provision'<sup>22</sup>

<sup>22</sup>Throughout the 1990s the major outcome desired by Government was annually revamped, in line with an orchestrated move from 'reactive, residual and intrusive interventions' to a 'well-being model'. CYF's current vision is 'safe children, strong families and stronger communities'. An 'Early Help' focus reflects a shift from crisis intervention to early intervention and prevention services (CYF, 1999a:4).

<sup>21</sup> The difficulty with contracting, as Cheyne et. al., identify (1997:212), is that voluntary agencies funded by CYF must confine themselves to a specified, agreed type and level of provision, regardless of demand. Publicly provided resources for service provision are tightly constrained. Contractual arrangements require extensive and costly administration. In the current contracting environment financial management rather than the quality of services determines organisational viability.

(DSW, 1997b:6). Duncan (1995:168) suggests that overriding economic objectives have left the quality of CYF's services in a doubtful position Certainly many social workers believe that the safety risk for clients is increasing rather than decreasing (OCC, 1996:12), and that children coming to notice are not receiving the required services, be that because of an imbalance between the Department's administrative functions and its core service delivery (NZCYPS, 1994b:37), or because of underfunding (Cameron & Wilson Salt, 1995:20).

As a result, a clash of cultures has developed within CYF, between a managerial culture and a professional social work culture. Duncan (1995:166) argues that managerial autonomy in CYF has been achieved at the expense of social workers' professional autonomy. The emphasis on managerial control, financial goals and restrictions has resulted in a denigration of professional values, the marginalising of actual client needs, and the demoralisation and disempowerment of professional social work staff. As Duncan asserts:

The real objectives and needs of families seem tangential to an overall objective of efficient social control with the emphasis on achieving a budget surplus and debt reduction (1995:163).

#### The Business of Foster Care

Since restructuring eight years ago, CYF has struggled to meet its contracted outcomes to government (NZCYPS, 1994a:51; CYPFS:1998c:3), and the provision of foster care services has become something of a neglected focus (CYPFS, 1997a:8). The primary importance that the Act places on the right and ability of family to make appropriate placements within their own family group was expected to obviate DSW intervention (DSW, 1990a:2). In addition, provisions for the establishment of CFSSs and ISSs signalled alternatives for services traditionally the sole mandate of DSW.

Over time this legislative change fuelled the expectation that foster care work was the first layer of CYF work scheduled for devolution, and that the department, by contracting out to the community, would divest itself of care services in the near future (CYPFS, 1997a:19). These expectations predicate the apparent reduction of investment by CYF into its foster care services and the knowledge and skill development of its care workers in the decade following the introduction of the 1989 legislation (Ministerial Review Team, 1992:120; OCC, 1996:18; CYPFS, 1997a:20).

My review of DSW/CYF business plans, annual and statistical reports, and internal memoranda from 1990-1999 confirms that, despite excellent new policy and practice initiatives in many areas, the care area has not been overviewed from a policy perspective

(Lea & Lagzdins, 1996:1; CYPFS, 1997a:7), and the department has directed little, if any, innovative service delivery in their provision of foster care under the CYPF Act.<sup>23</sup> The review supports the suggestion that, not only has specific attention to the needs of children in care been long overdue, but what little attention it has received, from 1995 onwards, appears essentially fiscally-driven.

In 1995 the department reviewed its care and custody services, to assess current service delivery, and identify gaps and future service delivery options (DSW, 1995a:11). Its major finding was the serious shortage of placements across the country and the need for case management to be reviewed. The review team identified 361 children and young people already in statutory care who, due to serious behavioural problems, were unable to be placed in a safe environment and for whom no constructive work was being done (NZCYPS, 1995:2). This fact alone provides strong support for the view that statutory foster care services were in crisis at this time.

For the department, the crisis was a fiscal one. By 1996 CYF was identifying out-of-family care as a 'key risk area' to their budget (CYPFS, 1996a:2), and an explicit focus on effecting savings in foster care services was emerging (DSW, 1996b:24). The Department's long-term strategic goal was to reverse the proportion of out-of-family care expenditure from 70% to less than 10% by the year 2005. Conversely, expenditure relating to community-based non-residential services was to increase from 22%, to 90% (CYPFS, 1996a:1; DSW, 1996b:23). The significant upward surge in the numbers of children in care at that time was clearly counter-productive to this goal (DSW:1996a).

In 1996 the department instigated a nation-wide Children in Care Review. The appropriateness of planning, casework direction and 'discharge potential' of each child in care was examined by CYF consultants (CYPFS, 1997a:16). The intention of this review was to reduce the numbers in out-of-family care, and free up resources to support children within their family/whanau (CYPFS, 1996a:2; 1997a:29). Around this time a kinship care study (Worrall, 1996) highlighted the limited support - both practical and financial - extended by the Department to children in kinship care, and pointed clearly to the desirability of some necessary reforms.

<sup>23</sup> Two exceptions are the Care and Protection Handbook (NZCYPFS:1996), and the CYF training programme *Planning For Care* developed in 1997. The former was of negligible value for foster care workers. It fails to cover all the practice issues that face workers and is lacking in clarity (CYPFS, 1997a:15). The latter proved inadequate, and national implementation was twice postponed after mixed reactions from workers. The training package is not currently on offer, pending review (Personal contact with Southern trainer, February 2000).

The nature of the foster care crisis was elucidated in 1997 in a department report, *Is CYPFS 'In Drift'?*. This report concluded that, in respect to its care policies and practices, CYF **had** been 'in drift' for a number of years; that is, without clear goals or plans (CYPFS, 1997a:29). It confirmed that foster care services, a significant area of social work activity, were being provided amid continued low investment and resource commitment, neglected in favour of developing practice in the higher profile areas of social work process, particularly risk identification and management (CYPFS,1997a:17). It called for a timely reconsideration of '...what a quality care service might be, and how this is best achieved' (CYPFS, 1997a:8).

By 1999, the pressure on CYF for fiscal restraint in foster care continues unabated. Area Managers are under instruction (CYPFS:1998b:1; 1998d:1) to avoid board payment 'blow-outs' and to 'manage down' the costs resulting from the continuing upward trend in the number of children and young persons entering care. They are urged to reduce the numbers already in care and, through 'adequate gatekeeping', to avoid bringing others in. They are cautioned that if current care placement trends continue, the numbers in care will head back towards pre-CYPF Act figures.

As the department's 1999 briefing papers to the incoming government highlight, demand-driven care costs and special costs continue to present significant management pressures to CYF. The department is required to:

...constantly reprioritise competing service demands within a fixed budget, and to manage the associated service risks. Reducing staff costs is often the only viable trade-off option. This has created a negative cycle because of increased stress placed on existing staff exacerbating problems in recruiting and retaining front-line staff (CYF, 1999a:15).

#### The Business of Mandatory Discharge

Young people leaving statutory custody in this country, unlike their contemporaries overseas, do not have automatic legal 'rights' to preparation for discharge, or post-discharge assistance or support, such as specialised foster care, independent living programmes or subsidies, supervised or semi-supervised flatting or residences, social worker or mentor counselling or support, or scholarship programmers to subsidise on-going education. The fact that the CYPF Act fails to provide specifically for young people as, and after, their custodial status with the CECYF lapses does not, however, preclude continuing input by CYF. The Act allows (s.389), in instances of need, for discretionary funding to be made for a child or young person who has previously been, but is no longer, the subject of (among others) a custody order.

In my view, however, the process of discretionary funding is fraught with potential for ambiguity and unevenness in application. It is not an entitlement, and the Act is non-specific about its extent or its duration. The discretionary nature of the funding means that eligibility is not promoted; it is unlikely that young people themselves have knowledge of the provision. Individual 'deservedness' is reliant upon a compelling submission from the social worker, the recommendation of the supervisor, and the approval of the site manager. Assistance is determined on a case-by-case, one-off basis, and prioritised alongside the range of financial demands on a site budget at the time. For all these reasons, as Judge Kean concluded:

It seems that current policies of fiscal restraint make the Director-General reluctant to exercise this discretion...the view of the Department is that post 17, regardless of additional guardianship, the financial needs must be met by Income Support<sup>24</sup> (Trapski, 1994:0R3.03).

Ainsworth (1987:6), relating the experiences of Australian foster adolescents, reported that, pushed towards independence before their real dependency needs had been appropriately met, many fail to survive their premature leap into independence. Far from becoming self-sufficient, they often re-appear as clients in the less sympathetic criminal justice or mental health services, or return to the Service as parents of children for whom care and protection issues emerge, thereby costing, rather than saving, the state money.

The potential for the after-care experiences of young people in this country to mirror their Australian counterparts is significant. The Department's Care and Custody Review (NZCYPS, 1995:3) acknowledges the unsatisfactory nature of its discharge services, and the resultant unmet needs of young people in care. It suggests that many foster adolescents are simply being 'held over' until seventeen when either they 'pull through' or become eligible for adult psychiatric or corrections services. The *Is CYPFS in Drift?* report reinforces that the costs involved in the provision of care services create the tendency for the CECYF's custodial responsibilities to be discharged as 'soon as practicable', and that foster care adolescents suffer accordingly from a lack of planned preparation for discharge (CYPFS, 1997a:30).

Whilst Is CYPFS in Drift? acknowledges that discharge 'needs to be tempered by a professional process that gives the young person the essential tools for survival' (CYPFS, 1997a:30) CYF's stated intention to train social workers in the 'proper preparation of a discharge plan that ensures the young person has accessible support and resources' has yet to come to fruition. Instead, my own observations and anecdotal reports suggest that the achievement of early financial 'independence' by foster adolescents of sixteen, and even fifteen year olds, is being implicitly promoted within

<sup>&</sup>lt;sup>24</sup> Income Support is now known as Work and Income New Zealand, hereafter referred to as WINZ.

CYF.<sup>25</sup> If this is indeed true, it could be occurring as a means of 'managing down' the risks of CYF fiscal overspending in an already overburdened care system.

From a business perspective the automatic discharge of foster care adolescents constitutes a politically desirable cost saving for both government, and the CECYF, as she/he seeks to fulfil her/his responsibilities under the Public Finance Act 1989. From a consumer perspective, the real needs of some young people are being subjugated to these other interests. From a societal perspective, as Duncan exhorts, '...the long term costs of creating a cohort of children who have been severely psychologically damaged and who needed help yesterday but did not get it' (1997:77) cannot be under-estimated.

### **Summary**

Throughout 160 years of welfare history in Aotearoa/New Zealand, the provision of statutory foster care has evolved from industrial schools, orphanages, boarding out, residential care, deinstitutionalisation, stranger foster homes, family homes, group homes, to an increasing emphasis on kinship care. Throughout this history two recurring themes relating to the circumstances of foster care adolescents are of central relevance to this thesis.

First is the variability and seemingly arbitrary and unqualified nature of the upper age limit legislative jurisdiction which, over the years, has been as low as twelve, and as high as twenty-one. This variability mirrors the lack of agreement over when adolescence ends. Increasingly, chronological markers are being rejected in favour of the more individually variable accomplishment of the biological, psychological and social changes associated with adolescence. This development highlights the contradiction in the CYPF Act 1989 of the chronologically defined determination of adulthood at seventeen.

The second recurring theme is the historical tendency for child welfare services to foist independence upon adolescents, rather than being geared towards meeting individual needs. Last century the aim of the industrial schools was to give juveniles education and training to equip them for suitable employment so that they would cease to be a charge on the community (Tapp, 1997:1.02). Whilst aspects of this process were harsh, its value is significant when measured against the contemporary focus of 'graduating' foster care adolescents, by effectively transferring their dependency from one government agency to another, be it WINZ, the Justice Department, or the Mental Health system.

<sup>25</sup> Typically this involves accessing WINZ funding through Independent Youth Benefit, Unsupported Child Benefit and Work Scheme/Training Programme benefits.

Clearly the ongoing process of economic and social reform in Aotearoa/New Zealand demands a less expensive variation of previous statutory responses to the welfare needs of children and young people. The failure of statutory welfare services to confront assumptions about young people's needs - that they no longer require nor wish for support and are ready for complete independence at an early age - is well accommodated within this environment. The legal, organisational and practice constraints discussed serve to reinforce these assumptions.

The enactment of the CYPF Act in the same year as the Public Finance Act would seem non-coincidental and, as Worrall puts it, 'the latter has had an undeniable influence on the operation of the former' (1997:10). Present day statutory welfare services seek to empower families to care for their own. But family empowerment requires more that a radical, far-sighted piece of legislation. It requires more than simply passing over the responsibility of a child to extended family. It requires sustained, reliable resourcing, and the supporting and strengthening of families on an ongoing basis.

It is vital that the contemporary direction of our child welfare services be driven not by political ideology, or the need for fiscal survival, but by best practice in child welfare. To do less would be to ignore the benchmark set in this country by the Advisory Committee on Foster Care in 1984:

...any agency having children and young persons in its care must give them the highest priority in their allocation of services and other resources (Ministerial Advisory Committee, 1984:5).

The following chapter, within a discussion of the theoretical underpinnings of this thesis, applies attachment, identity and ecology theory to the foster care experience to support the argument that most foster adolescents are developmentally unsuited to live independently at seventeen years of age.

#### CHAPTER FIVE

## A THEORETICAL INTEGRATION

He ta kakaho e kitea
He ta ngakau, e kore e kitea
A bend in the reed may be seen
A bend in the human heart cannot be seen

### Introduction:

This chapter presents the three approaches well known in social work - attachment theory, identity theory and socio-ecology theory - that together make up the theoretical foundation of the thesis. These theories, alongside the substantive body of overseas foster care knowledge and theory, and the knowledge and theory developed from international research into the critical factors affecting child development, are linked to the research in order to provide the framework supporting the data analysis.

The combination of attachment, identity and socio-ecology theories provides the necessary framework from which to holistically explore the research questions. To touch briefly on this interrelationship, the study of people in their interactions within social settings raises issues about attachment, identification and identity. The development of a child's identity, which begins as early as the first year of life, is dependent upon a good fit - an attachment - between the child and caregiver, and the experience of the child's needs being accurately perceived and adequately responded to by its caregiver (Bowlby, 1973).

The interactive dynamics of individuals within social settings also play an important part in constructing specific identities for people. Studies into the role of social support as a buffer against stress (Brown & Harris, 1978), and links between emotional support and notions of identity and self-esteem (Maxwell et al., 1989) have broadened the notion of attachment, to acknowledge the ecological concepts of family, community, and culture, as factors within the melting pot in which, particularly during adolescence, identity and self-esteem develop. All of these aspects play a role in the readiness and preparedness of young people for mandatory discharge from statutory care.

This chapter outlines the basic concepts of attachment theory, identifies the general implications of attachment theory for adolescents, and considers the impact of foster care

<sup>&</sup>lt;sup>1</sup>Taken from He Konae Aronui (1951:31) complied by Reweti Kohere.

on the attachment relationships of young people. The central concepts of identity are examined, the specific impact of adolescence on identity formation is explored, and the impact of foster care on adolescent identity formation is discussed. Finally, the basic notions and systems of ecology theory are outlined, and considered generally in relation to foster care, and specifically in the preparation for discharge of foster adolescents.

## **Attachment Theory**

Attachment theory was first outlined by Bowlby (1958, 1960, 1961), who saw the capacity to establish bonds of attachment as a principal feature of effective personality functioning and mental health.<sup>2</sup> Bowlby emphasised the importance of a child becoming attached to a primary caregiver, a preferred person, someone necessary to its survival and able to meet its needs through nurturance, support and enduring accessibility. Such an attachment means that the child is likely to experience what Erikson (1968:82) calls 'basic trust', Ainsworth et. al., (1974:107) term 'a secure attachment'<sup>3</sup>, and Sroufe and Waters (1977:1186) refer to as 'felt security'.

These early attachment relations, the feeling of being loved, confident, safe and secure, 'lie at the heart of family life' (Byng-Hall, 1995:45). Said to first form when a baby is six to eight months old (Shaffer, 1993), they predispose the child to success in subsequent relationships throughout life (Bowlby, 1973). Secure attachment fosters autonomy rather than dependency, helps minimise the risk of developmental delays, and is linked to the development of conscience, and the ability to think logically and manage frustration, fear and stress (Falberg, 1991:53). If a child's needs are not consistently met, a sense of basic trust is unlikely to develop, the child will feel insecure, helpless, unconfident, anxious and tense, and a negative self-image will develop.

#### **Attachment and Adolescence**

Subsequent studies into the developmental processes proposed by attachment theory (Kobak & Sceery, 1988; George & Soloman, 1996; Styron & Janoff-Bulman, 1997) have extended Bowlby's initial concept of attachment. The overall goal of attachment, however, remains unchanged: to attain as secure a base as possible from which

<sup>2</sup> Subsequent attachment theorists include Erikson (1968), Ainsworth (1974), Sroufe & Waters (1977), Bretherton (1985), and Parkes, Stevenson, Hinde & Marris (1991).

Ainsworth's (1974) strange situations studies into infant and maternal behaviours found three attachment types. Secure (Type B) infants were usually upset by separation, but, once reunited, were responsive to comfort and exploratory in their activity. Insecure-Avoidant (Type A) showed little upset at their care-giver's leaving, ignored their return, were inhibited in play, and wary and watchful. Insecure-Ambivalent (Type C) were upset at separation, not readily comforted upon reunion, and inhibited in their play.

exploration can be undertaken (Ainsworth, 1967:346). Germane to this study is the understanding that this goal is as relevant in adolescence, as it was in infancy.

According to attachment theory the basic adolescent self develops as a result of interactions with the primary caregivers who formed the adolescent's early experience base. From such interactions the adolescent's attitudes, expectations and feelings emerge (Holmes et. al., 1991:21). Family events in infancy and childhood, coupled with genetic factors, determine whether or not one will reach adolescence as a psychologically healthy individual (Rutter, 1985:605; Bowlby, 1988). Certainly by adolescence, deficits are well established and difficult to modify (Holmes et. al., 1991:22).

As children grow into adolescence they tolerate increasing periods of separation from their attachment figures. This is thought to be due to the older child's greater cognitive capacity, which allows them to conceptualise the attachment figure as a person with a separate life, and to appreciate that relationships can persist over time and space (Rutter & Rutter, 1992). It does not mean that the attachment phase has been outgrown. Although no longer evident in the same way as in young children, there is significant evidence accruing to confirm that attachment relationships remain active during adolescence, albeit the behavioural expression of that attachment relationship changes (Brown & Harris, 1978; Kobak & Sceery, 1988; George & Soloman, 1996).

These changes involve different working models associated with representations of the adolescent self and others, and differences in affect regulation. The findings of two studies reinforce this view. The first, which built on Bowlby's (1982:378) view that caregiving is organised within a behavioural system reciprocal to attachment, found adolescence to be an important time during which the individual begins to see her/himself as caregiver or protector, a representation of the self '...that is parallel to but distinct from the representation of the self as attached' (George & Soloman, 1996:190).

The second study found that adult attachment tended to parallel the adjustment correlates of Ainsworth's (1974) earlier classifications of infants and children. The researchers concluded that different patterns of attachment should be seen as rules that guide individual responses to emotionally distressing or challenging situations. In their view:

...secure attachment would be organised by rules that allow acknowledgement of distress and turning to others for support, avoidant attachment by rules that restrict acknowledgement of distress and the associated attachment attempts to seek comfort and support, and ambivalent attachment by rules that direct attention toward distress and attachment figures in a hypervigilant manner that inhibits the development of autonomy and self-confidence (Kobak & Sceery, 1988:142).

Clearly the developmental tasks of adolescence remain intricately linked with matters of attachment. It seems safe to assume then, that the affective bases for adolescents' attachment relationships continue to involve a desire for proximity to parents in times of stress, security when parents are present, and feelings of trust (Hartup, 1989:123), that the parental home still remains an important anchor point, and that the attachment system will become reactivated, for example, at times of threat, illness or fatigue.

#### Attachment, Adolescence and Foster Care

The effect of maltreatment and the impact of disruption on the attachment relationships of young people in care provides a useful depiction of the intersection of attachment, adolescence and foster care. Most children enter care after what can often be a lengthy period of deprivation, neglect and/or abuse within a seriously disorganised and conflicted family. Attachment still develops in the face of maltreatment. But maltreated children frequently lack, in their early childhood, the good enough parenting required for developing basic trust and a secure attachment.<sup>4</sup> Instead, they are likely to display emotional and behavioural problems and be 'attachment disordered' (Kney, 1998:5).

Placement in care, by definition, involves disruption. However necessary, it has the potential to dramatically disrupt bonds of attachment, be they strong and secure, or inadequate and faulty (Thorpe, 1980:88). Separation from those who have maintained the primary caring role is an emotionally damaging, if not traumatic, experience which gives rise to feelings of loss and separation in the child.<sup>6</sup> Added to this is the trauma of the problems which necessitate the removal of the child from home. Once in care, they are also at risk of placement disruptions, sometimes because of a lack of a healthy attachment, which add to their loss and pain.

The need for strong affectional bonds is as important in adolescence as it is in childhood. The effect of earlier maltreatment and the impact of past disruptions, however, is highly

Such attachment disturbances manifest with symptoms similar to 'conduct disorder' (very hostile and aggressive behaviour) or 'personality disorder' (serious difficulty in reciprocating trust, closeness or intimacy) (Kney, 1998:5).

<sup>&</sup>lt;sup>4</sup> Research shows that, compared to those not abused, maltreated children are more likely to be insecurely attached, with a variety of psychological concerns, including lack of empathy, hostility, anti-social behaviour, impulsivity, passivity and helplessness (Styron & Janoff-Bulmer, 1997:1016).

Research consensus is that the disruption of bonds is related to subsequent emotional disturbance, but that the degree of damage caused by the separation varies according to duration, the child's age at separation, and the quality of the care relationships before and after separation (Rutter, 1972, cited in Thorpe, 1980:88). Goldstein et al. maintain that, for each developmental stage in the life of a child, there is a critical length of separation from the primary attachment figure which, if exceeded, will reduce the child's chances of healthy development. These time periods are estimated at two months for a child under five, six months for a child of younger school age, and one year for an older school child (1973:41/70).

likely to impair the ability of foster care adolescents to form such attachments. Where the family of origin has provided little or no opportunity for the development of the age-appropriate skills necessary for a successful developmental progression, the cognitive, emotional, social, moral, sexual and physiological growth of maltreated young people is likely to occur much more unevenly. Many will remain fixed at earlier development (McFadden, 1990:163). The attachment disordered foster adolescent, who lacks basic trust and a sense of security, will struggle to master the life skills - such as co-operative behaviour, empathy and relationship-building, logical thinking, problem-solving and conflict resolution (Kney, 1998:7) - necessary to support an independent lifestyle.

This reality has major ramifications on the ability of many foster adolescents to make successful transitions from care to independent living. It underscores the importance of considering foster care within the broader context of both early and current attachment relationships, in order to better understand its long-term impact on psychological well-being, interpersonal functioning and independent living. And it provides a strong challenge to the wisdom of mandatory discharge from statutory custody at seventeen or, indeed, any decision-making based on an assumption of ability by virtue of chronological age.

# **Identity Theory**

The term 'self concept' refers to one's cognitive understanding of oneself. 'Self-esteem', an aspect of self-concept, is the feeling one has about oneself. A child's identity is a combination of these two terms (Steinhauer, 1991:59). It reflects one's image of one's individual self. Identity formation is the process whereby a child gains knowledge of such matters as her/his race, sex role, social class and the meaning these have for her/his life.

The understanding of identity underpinning this thesis stems from the work of psychosocial theorist, Erikson (1963, 1968). Erikson proposed eight stages of human psychosocial development. He saw these stages of development as being epigenetic in manner. This means that there is a biological plan for growth that allows each function to emerge in a systematic way until the fully functioning person has developed (1968:92). Erikson also introduced the concept of *psychosocial crisis*. This refers to a person's psychological efforts to adjust to the demands of the social environment at each stage of development (1968:162). Such demands are the normal stresses and strains of life, rather than an extraordinary set of events.

#### **Identity and Adolescence**

Identity formation has its roots in childhood, but occurs throughout the total course of human development. The crystallisation of identity, however, is seen as the central developmental task of adolescence (Erikson, 1968:16) - a time when 'identity goes into overdrive' (Holmes, 1995:19). According to Erikson, adolescence is characterised by the conflict between identity and identity confusion. It incorporates the need for fidelity - someone or something to be true to. It involves a reorganisation of self - the integrating of one's sexual identity, goals and aspirations, personal ethics and other features of self-development (McCandless & Evans, 1991:407).

Erikson depicts this process of self reorganisation through two interconnected concepts: 'identity crisis' and 'identity consciousness' (1968:16) An identity crisis is a turning point, a time of decision-making, examining alternatives and active questioning. It may involve considerable stress or instability, especially if previous childhood conflicts remain unresolved. Identity consciousness refers to the continual personal reflection, observation and self evaluation through which the adolescent subjectively compares her/himself with others, and considers her/himself in relation to cultural forces and interpersonal relations (Holmes, 1995:407).

These complementary processes are the means by which the adolescent makes a genuine personal commitment to occupational goals and ambitions, and establishes a consistent personal position on basic matters such as religion, politics, and ethics, aspects crucial to positive identity development (Marcia, 1980:161; Waterman, 1993:143-149). Once occupational and ideological commitments are made, the identity crisis of adolescence is thought to be resolved and a firm sense of identity is achieved (Holmes, 1995:408).

Whilst identity is not the end of development, the resolution of the identity crisis marks the end of adolescence. The identity formed and consolidated during adolescence constitutes the core of the adult personality (Erikson, 1963:306). This may happen at one of many chronological ages. According to Steinhauer (1991:63), by the end of the teenage years, or at least the mid-twenties, some sort of closure and stability in self-concept are normally achieved.

Conversely, a young person may encounter what for Erikson is the developmental hazard of adolescence - *identity diffusion* or *role confusion* - when doubt, bewilderment, lack of autonomy, sexual insecurity and failure to reach commitment combine to interfere with ego identity. Erikson maintains that most adolescents temporarily experience a degree of identity confusion. Prolonged identity confusion can result, as a defence response, in adolescent peer group phenomena, including 'over-identification' with folk heroes,

general clannishness and faddish conformity, or a degree of isolation and persistent avoiding of relationships that involve or require intimate personal commitment (McCandless & Evans, 1991:409).

For the individual whose sense of identity is well developed, young adulthood is approached with a confident self-perception and a clear sense of direction. Crucial to this outcome however, and of particular significance to this study, is Erikson's view of identity formation as a *process*. Subsequent attachment theorists building on Eriksonian identity theory continue to underscore identity as something not conferred by the society in which the adolescent lives, but rather something that must be *achieved*:

...in many cases, and in varying degrees (the adolescent) must make his (sic) own unique synthesis of the often incompatible models, identifications and ideals offered by society. The more incompatible the components from which the sense of identity must be built and the more uncertain the future for which one attempts to achieve identity, the more difficult the task (Keniston, 1960, cited in Hazel, 1981:33).

Keniston's analysis is a salutary reminder of the magnitude of the developmental tasks confronting adolescents in foster care. The following discussion considers adverse influences on identity formation in foster care, and explores the ways in which these influences predispose most foster care adolescents to a reduced level of independent functioning upon mandatory discharge at seventeen.

#### Identity, Adolescence and Foster Care

Foster care theorist, John Triseliotis (1983:23), suggests that identity embraces three elements: a childhood experience of being wanted and loved in a secure environment; knowledge about one's genealogy and personal history; and the experience of being perceived by others as being a worthwhile person. The impact of any failure over time for a foster child to have these needs satisfied becomes apparent at adolescence, when it begins, inevitably, to interfere with the young person's ability to successfully negotiate a major task of adolescence: forming a self-identity and establishing positive relationships with others (Salahu-Din & Bollman, 1994:130).

Self image is frequently at the heart of identity issues for foster care adolescents. The family chaos, conflict and inconsistency experienced in their families of origin results in many young people seeing themselves in a negative light, as unlovable and deserving of rejection. These confused self-images reflect their ambivalent and constantly fluctuating parental relationships (Steinhauer, 1991:64-65). Once in care, they frequently find themselves torn between parental, and internally conflicting views of themselves, and equally conflicting identification with two sets of very different parents.

If serial, continual or progressive separations from attachment figures continue whilst in care, as a result of disrupted or failed placements, the child's sense of lovability, security and stability is further undermined. Each change of foster placement brings another rejection and another blow to self-esteem (Yancy, 1992:825; Roberts, 1993:48; Salahu-Din & Bollman, 1994:130). In the way of all children coping with crises, foster children egocentrically assume that each placement breakdown is their fault. This belief reinforces the child's conviction of her/his inadequacy and unacceptability, and creates a compounding effect that can adversely impact on all aspects of the child's development (Steinhauer 1991:66-67).

Many of those who have entered care as children, will, by adolescence, have internalised more intensely conflicting images of themselves. An extensive history in foster care will compound these images. Those with limited knowledge of their background will likely suffer adolescent identity crises. For those who enter care during adolescence, this is often perceived as a personal failure to achieve 'normality'. It can undermine the adolescent's self-esteem, and trigger depression or hopelessness, further draining the young person's energies, leaving little for academic achievement and social growth.

When developmental progress then impedes, retards, even arrests, the young person's sense of failure and difference is heightened. For some, rather than mastering developmental tasks, a pattern of manipulation may develop, whereby others are coerced into doing or caring for the young person, as though in compensation for past deprivations (Steinhauer, 1991:69). This reaction leaves young people vulnerable to unscrupulous abuse or exploitation, because of the strength of their need for acceptance, approval and love. Others may appear to aspire to independence, but lack the inner resources to achieve it:

They may go through the motions of individuating via exaggerated but unconvincing or self-defeating pseudo-independent posturing...they end up alienating others and demonstrating to others and themselves their lack of readiness for the real assumption of independence (Steinhauer, 1991:70).

In order for a positive identity to develop for foster adolescents, they need to be able to answer three questions for themselves: Who am I? To whom do I belong? What is going to happen to me? (Weinstein,1960:21). They cannot easily move towards a secure identity if the answers to these questions are unknown, or when on a regular basis they feel sad, lonely and isolated, with no sense of real membership, over-whelmed by the notion of 'being nobody, going nowhere' (Holmes, 1995:133).

Whilst identity and self concept issues in foster children are frequently a major problem, this is not, however, inevitable. A child can be assisted to mourn sufficiently the sense of

loss and separation that accompanies being removed from home, or subsequent foster placements, within a successfully integrated and securely attached foster placement. Positive self image will develop as the child begins to internalise their foster parents' picture of them as worthwhile and valued (Steinhauer, 1991:68).

With a consistent, supportive social context, formerly impeded or arrested development is free to proceed. The child can mature into what Erikson (1968:80) calls a 'wholesome onesome' - a productive and independent individual with realistic self- concept and reasonable self-esteem. But whilst a timely placement in an adequate alternative environment can result in some children eventually catching up developmentally, this thesis argues that the healthy emotional growth of the majority of children in extended foster care, who experience unsuccessful, inconsistent or changing placements, is typically inhibited.

The resolution of identity marks the end of adolescence. Identity theory rejects entirely the notion that chronological age can ever be an appropriate measure of a successful conclusion to identity formation and the onset of adult life. The majority of young people in care remain below the social, educational, and physical health norms for their age, demonstrate a high incidence of psychosocial problems in adolescence, are at significant risk of developing a negative identity, and struggle to make a satisfactory transition to an interdependent adult life-style. All these realities have implications for the chronologically determined mandatory discharge provisions of the CYPF Act 1989, and underscore the importance of good preparation for discharge from statutory care.

# **Ecological Theory**

Traditional understandings of childhood and adolescence, including attachment and identity theories, have lent force to other fundamental concepts within child psychology. Accordingly, the focus of human development theory has extended from a concentration on an isolated act, pattern of behaviour or immediate setting, to the act or behaviour in the broader context of a 'constellation of interdependent factors' (Lewin, 1953:240; Mayall, 1994:3).

<sup>7</sup> In this regard the value of stability and positive foster care experiences cannot be overstated.
<sup>8</sup> See Stein & Carey, 1986; Pasztor et al., 1986; Barth, 1986, 1990; Timberlake & Verdieck, 1987; Stehno, 1987; Mech, 1988, 1997; Moynihan, 1988; Stein, 1989; Aldgate, 1990, 1994; Parker et. al., 1991; Garnett, 1992; Salahu-Din & Bollman, 1994; Stein et. al., 1994; Wilson et al., 1994; Iglehart, 1994, 1995; Ayasse, 1995; Scannapieco et. al., 1995; Cashmore & Paxman, 1996; Stein, 1997; McMillen & Tucker, 1999.

The context of development for children is not just the family, but also the reciprocal interactions between the child and their geographical, historical, social and political environment (Coleman & Hendry, 1993:12). Bronfenbrenner (1979:22) depicts these multi-level environmental influences within a structure made up of micro, meso, exo and macrosystems. This concept allows an environment to be deconstructed to identify the functional and dysfunctional elements with respect to an individual, family, organisation or community.

Microsystems are the interactions within a child's immediate setting, such as family or school, which contain the developing person. According to Bronfenbrenner, the stronger and more varied the links between these microsystems, the more powerful the effect on the individual. Whenever a person is in transition between any two microsystems, such as home and school, a mesosystem or relationship between the settings is created. An exosystem is one or more settings in which the developing person is not actively participating, but which affect or are affected by what happens in the person's life, for example, the school Board of Trustees. The macrosystem is the ideological preferences of a society, such as culture or gender, which determine the public policies in force - the exosystems.

#### **Ecological Theory and Foster Care**

An ecological perspective views children in foster care as intricately tied to their biological and foster families, with everyone equally dependent upon external sources of support to develop normally and lead comfortable lives (Milner, 1987:114). The foster care placement is seen as an environmental element in constant interaction with the parent-child relationship. Bowler (1997), in her analysis of trauma in foster children, encapsulates this reality:

Young children can neither choose, nor escape their microsystem. In a foster placement they are maintained there through the politics of the macrosystem and the institutions of the exosystem...they have to find some other pattern that allows their anxiety, once triggered, to be kept within the survival limits of their body's systems...the ones with significant vertical power relationships and insecure attachments use a freeze mode of response...(those)...whose attachments were to peers, chose fight (Bowler, 1997:10).

For the purposes of this study ecological theory provides a useful understanding of both placement instability for children, and the means of minimising its harmful effects. When foster children change families, schools, or locations, new microsystems are created. Bronfenbrenner (1979) stresses how transitions between settings are smoother if the differences are not too dramatic, and if there are connections, communications and relationships, between the people in both settings - a concept equally applicable to the transition of young people out of care.

Transactions in foster care are mediated by the activities of the social worker, and the stresses and support systems of the families, as well as other characteristics of the families (Milner, 1987:122). Parenting, be it birth or foster parenting, does not occur in isolation, and the effect of parenting on a child, or of a difficult child on parents, needs to be viewed in the context of a family's general emotional and physical resources. In other words, parenting is 'neither a unitary phenomenon, nor an attribute of individuals that is independent of circumstances' (Quinton & Rutter, 1984, cited in Hipgrave, 1985:24). Instead, foster parents, in ecological terms, are 'partial parents'- partial in that they are neither legal nor birth parents, but also partial in an historical and ecological sense too:

Parenting is a continuing process and any foster placement is superimposed on to an existing parenting system, which will vary according to the child's developmental stage, and which simply cannot be wiped away under the pretence that fostering is a fresh start (Hipgrave, 1985:24).

In foster care, where the ideal is not effected, according to Milner (1987:122), this is because the transactions between the parent-child relationship and the care placement are dysfunctional. He describes this as 'a lack of goodness-of-fit', whereby the environment is non-responsive to the needs and demands of a parent-child relationship Importantly, this shifts 'blame' for the breakdown of a placement from the young person and/or the caregivers.

#### **Ecological Theory and Mandatory Discharge**

The theoretical bases of foster care are affected, even buffeted, by complex social, economic, political and cultural forces (McFadden, 1993:25). The term *embedded* aptly describes the relationship between foster care and the social and organisational communities within which it takes place (Hurl & Tucker, 1995:89). Informed by this understanding, the analysis of foster care in this study incorporates the nature of the environment in which statutory foster care, and discharge from statutory foster care, takes place.

A young person's mandatory discharge from custody at seventeen is a classical transition in ecological terms. The environment in which foster care adolescents live is arguably more complex than that of an adolescent living at home. It includes the family of origin, the foster family, social workers, social work agencies, other professionals, government policies and legislation, as well as added components within the standard influences of at-home adolescents: income support, health services, housing, ongoing education, employment, leisure time activities, social stressors, and individual social and emotional competency.

An ecological perspective concludes that attention to each of these elements, and the transactions between them, is essential to the successful management of discharge for young people. In practical terms, this requires an understanding of the nature of the relationships among the environmental elements in order to fully understand and conceptualise the discharge process for young people. This thesis uncovers some of these links.

In regard to their specific needs prior to, at, and following this transition, an ecological perspective focuses on the adequacy of support environments for foster care adolescents. Support, however, is just one half of the equation. In ecological terms, what is not a support is inherently a risk (Garbarino & Plantz, 1980, and Garbarino, 1982, cited in Prasad, 1984:41). Lewin (1953:173) talks about conditions or forces maintaining the status quo. In his words, '...some forces support, some forces oppose....some are driving forces, other restraining forces'.

The findings of this research, presented in the following two chapters, identify not just the environmental forces at play in the discharge of foster care adolescents, but demonstrate which are supportive, and which are oppositional, which drive and which restrain a successful transition from statutory care. Coleman and Hendry (1993) provide a fitting closure to this discussion on ecology theory. They proffer an emphatic reminder of the inherent pressures on adolescents achieving a state of independence, and an apt representation of the reciprocal nature of environmental influences on young people:

This transition...(from childhood to maturity)...results from the operation of a number of pressures. Some of these, in particular the physiological and emotional pressures, are internal, while other pressures which originate from peers, parents, teachers and society at large are external to the young person. Sometimes these external pressures hurry the individual towards maturity at a faster rate than he or she would prefer, while on other occasions they act as a brake, holding the adolescent back from the freedom and independence which he or she believes is a legitimate right. It is the interplay of these forces which, in the final analysis, contributes more than anything to the success or failure of the transition from childhood to maturity (1993:2).

# **Summary**

In line with empirical evidence confirming that too much individual variation exists for young people to be classified together (Coleman & Hendry, 1993:2), this chapter supports the view that every person has her/his own timetable for change. Rather than a stage, or number of stages, adolescence is conceptualised as a transitional process, with maturity being determined, not because of chronological age, but through the completion of certain psychological, cognitive and physiological events.

The discussion around attachment theory provides a useful understanding of the risk factors for and long term consequences of foster care. It stresses the importance of the role of family, parenting, and the environment, in producing functional or dysfunctional behaviours in children and young people. It confirms that children form relationships which deeply affect their emotional and cognitive development and that, in turn, these relationships mutually influence each other and reflect back on the child's relationships.

This understanding, in my view, underscores the importance of foster care agencies accepting responsibility for (i) assessing the nature of attachment bonds in existence for children when they come into care, (ii) maintaining kinship ties, with protective or supervised provisions where the lack of a secure attachment has the potential to be damaging to the child, (iii) ensuring stability of placement for children in care, be this in a family-type setting or, where a child has serious attachment difficulties, in a residential setting, and (iv) through ongoing therapeutic intervention, re-establishing whenever possible a child's attachment bond, either with the original figure(s) or with alternative figures.

The discussion around identity focuses not only on the adaptive techniques of individuals, and their realistic potentials given their existing strengths and weaknesses, but also equally with their whole social environment including, importantly, emotional and physical support from kin and community, institutions and physical surroundings. It argues that the tenuous state of extended foster care in which many foster adolescents find themselves often militates against the development of their identity, the achievement of a sense of belonging, and the establishment of meaningful relationships with people, all of which impacts negatively upon their ability to deal successfully with developmental tasks.

This understanding, in my view, underscores the importance of foster care agencies accepting responsibility for considering, assessing and sustaining those multi-faceted aspects contributing to a child's positive sense of identity, worth and well-being - the child's birth and extended family, previous caregivers, friends, familiar environments, school, leisure interests, in fact anything that is, or may have been important to the child.

Finally, the discussion around ecology theory acknowledges that environmental stresses can act as both powerful pollutants and influential conductors on an individual's functioning. The implication of this reality is that agencies need to recognise the importance of an ongoing assessment of the foster care adolescent's ecological context, including areas of stress and multiple problems, areas of support, and the extent of

isolation. And that they should respond to the needs such an assessment identifies, rather than relying solely on the 'ageing out' provisions of the CYPF Act 1989.

Traditionally it has been widely believed that what happens in infancy is the foundation stone for later personality development. The theoretical framework underpinning this study - attachment, identity and ecology theories - offers compelling support for the argument that experiences during the critical phase of adolescent development have equally critical implications for adult development, and the health of society in general.

It reinforces the assertion that the overall adjustment of foster care adolescents, as a result of these experiences, is multiply determined by a confluence of environmental and personal resources and stressors. It provides an holistic theoretical explanation of the additional hurdles that most typically present for foster care adolescents moving from childhood to maturity, how this can counteract their ability to cope independently, and the inappropriateness of chronologically defined adulthood at seventeen for foster care adolescents in Aotearoa/New Zealand.

The following two chapters, which present and analyse the data collected as part of the study, reveal the extent of the driving and restraining forces for young people currently facing mandatory discharge in this country. The large amount of data has been divided into two primary themes. Chapter Six reports on aspects of process and outcomes in foster care pertinent to the readiness of foster care adolescents for discharge. Chapter Seven reports on matters concerning leaving care and the preparation of foster care adolescents for discharge.

#### CHAPTER SIX

# BECOMING VISIBLE: THE IMPACT OF FOSTER CARE Themes from the Data

Ko te maramatanga mo te rangatahi He oranga mo to tatou iwi whanui The future of our nation Is the understanding of our young people<sup>i</sup>

# Introduction

Preparing children for eventual independence is an ongoing process throughout childhood and adolescence, regardless of whether they reside in or away from their families of origin. The provision of care, protection, affection, stability and new experiences is pivotal to a child's positive physical, emotional, psychological and spiritual development. In adolescence, a continuation of these securities, adapted around an overlay of learning opportunities in the practical and emotional skills of independent living, is vital.

As previous chapters have discussed, preparation for independent living by foster adolescents must also accommodate the life experiences of the young person prior to entering care, and the consequences of the impact of foster care on the young person's overall development. What happens before and throughout the course of a young person's time in care will affect her/his **readiness** for discharge. The **preparation** for discharge that she/he receives before leaving care, coupled with the young person's ability to respond to that preparation, will affect her/his ability to manage independently after care.

The data gathered in this study relates to factors of both readiness and preparation. It is linked to essential developmental themes which collectively contribute towards the creation of a secure base for adolescents in foster care - placement continuity, family and social relationships, education and employment, physical, emotional, and behavioural development, and preparation for independent living. In turn, all of these aspects, as reiterated throughout this thesis, contribute in a mutually reciprocal and interconnected way in the transition from childhood to maturity.

<sup>&</sup>lt;sup>1</sup> Taken from the foreword of *The Mason Report* (Ministerial Review Team, 1992).

This chapter presents the findings of the data collected in respect to matters of readiness. It discusses the impact of foster care upon the individual readiness of adolescents to competently self-manage at seventeen. First, the personal characteristics of the sample are overviewed. Quantitative data is then presented and analysed, augmented by vignettes and quotations from the case records to better convey the complexities of the human situations under examination. As theory shows, stability is arguably the single most contributing factor to development and progress for foster children. Four aspects of foster care that require stability for optimum child and adolescent development - care placements, family relationships, social worker relationships, and educational progress - are reported on in turn.

# The Sample

As Chapter Two explains, the sample comprises of thirty-five adolescents drawn from the total population of 98 sixteen year olds in statutory custody at 1st April 1997. The sample provides a series of profiles through which to answer the research questions, and from which to ascertain trends and patterns.

Sixty percent (21) of the sample were male, and 40% (14) female. Fifty-one percent (18) were Pakeha, and 29% (10) were Maori/Part Maori. Samoan, European/Chinese, Nuian, European/Fijian-Indian and Cook Islander/European ethnicities made up the remaining 20% (7). Eleven percent (4) of the sample had entered care under the 1974 legislation, and 89% (31) under the 1989 legislation. Ninety-one percent (32) were under s.101 custody orders, and 9% (3) were under s.110 Sole Guardianship orders. Of the custody group, 60% (21) had additional orders. For all bar one, this was an additional guardianship order. Age at entry to care ranged from 3-15 years. Sixty-eight percent (24) of the sample entered care aged 12-15. The most common age at entry to care was 14, which accounted for 26% (9) of the sample.

Most commonly, for 49% (17) of the sample, entry to care resulted from actual (40%:14) or risk of (9%:3) physical, sexual or emotional abuse. For 31% (11) it was behavioural issues, and for 20% (7) inadequate parenting and neglect. The number of entries to care ranged from a single occasion through to, in one instance, eight occasions. Whilst 37% (13) of the sample had experienced three or more entries, one and two entries were most common, each accounting for 31% (11) of this category. Forty-eight percent (17) of the sample were living in CYF foster or Family Homes, 28% (10) were with whanau, or had returned to parental care, and 14% (5) were with CFSS caregivers. One young person was living semi-independently, and two were living independently.

#### **Care Placements**

Stability in care provides the enduring patterns of nurturance, and the contingent reinforcement (Whittaker et al. 1983, cited in Whittaker et al., 1986:484) crucial to support the preparation and readiness of foster care adolescents for eventual independent living. Alternatively, when placements break down, placement in a new situation produces, in Hazel's words, a '...jolt of discontinuity, shaking old assumptions and posing new questions' (1981:33-34). A successful transition to independent living is unlikely to occur amid an environment of change, dislocation and discontinuity (Mech, 1994:605; Courtney & Barth, 1996:79). The data presented here pertain to the number of care placements experienced by the sample, the primary reasons for placement breakdowns, and the three themes that emerge from the disrupted care patterns: age at entry to care, the impact of early attachment relationships on adolescent behaviour, and the unplanned nature of change in care.

#### Number of Placements

The average length of the current episode in care for the sample was 3:10 years, with a range from 1:1 years through to 12:8 years. As table two depicts, the young people had experienced a total of 197 placements<sup>2</sup> in their current episode of care, with an average of 5.6. The range was one placement, for 11% of the sample, through to fourteen placements for one young person. Eighty-three percent (29) had been in three or more placements, and 31% (11) had been in seven or more placements.

**Table 2: Number of Placements** 

<b>Number of Placements</b>	Number of Y/P	Percent
One Placement	4	11%
Two Placements	2	6%
Three Placements	4	11%
Four Placements	7	20%
Five Placements	3	8.50%
Six Placements	4	11%
Seven Placements	4	11%
Eight Placements	1	3%
Nine Placements	1	3%
Twelve Placements	1	3%
Thirteen Placements	3	8.50%
Fourteen Placements	1	3%
Total	35	100%

<sup>&</sup>lt;sup>2</sup> This study measures change conservatively. Often young people return to former foster homes, particularly CYF family homes, following a placement breakdown. In common with the Cashmore and Paxman study (1996:22) this study counts only **new** foster placements, rather than **all** placement changes, given that with 'returns' the young person is familiar with the carers and the surroundings.

These figures indicate little stability in placement. They are higher than those of comparable studies in the United States and South Australia (Westat, 1988, and Giannakakos & Tucker, 1994, cited in Cashmore & Paxman, 1996:22), each with 58% of children having three or more placements, and a New South Wales study (Cashmore & Paxman, 1996:22) with 78% having three or more placements.

#### Reasons for Placement Breakdown

The case records reveal that many foster parents and social workers seem ill-equipped to cope with the complex, changing nature of foster care. Caregiver disillusionment at not having 'succeeded' with, or having their efforts appreciated by the young person, was repeatedly recorded. It would seem that when caregivers perceive little progress, and social workers are not sufficiently in tune with foster care dynamics to reframe its day-to-day frustrations for defeated foster parents, placements disrupt.

The data reveals two main reasons underpinning placement changes. One was a change in caregiver circumstances, which accounted for 17% (6) of the sample. Secondly, and most commonly, was the caregivers' inability to cope with the young person's behaviour. Fifty-four percent (19) of the sample had experienced placement changes of this nature. The average frequency was twice, with a range from once, through to thirteen times for Dylan, whose placement history was at the extreme end of the sample.

#### Unmanageable Behaviour<sup>3</sup>

Dylan entered care at nine following abuse. His initial foster placement disrupted after fourteen months. Over the next five years, eight more placements disrupted because of caregivers' inability to manage Dylan's behaviour. A residential placement was sought but was unavailable. When it did come, it came too late. Dylan was 16 and almost immediately disrupted because of his non-compliance. Dylan then placed himself in an unapproved placement with an acquaintance. A Family Court Judge, reviewing Dylan's circumstances around this time, expressed concern at Dylan's situation: 'These orders (custody and additional guardianship to the CECYF) require the Department as a whole, not merely (the social worker) to look at the options...and to recognise that, as guardians, there is a specific duty upon the Department to promote the children's interests'. On his 17th birthday Dylan began living independently.

Instability in care was not confined to 'stranger' foster placements; children with extended family also experience changes in placement. As Worrall found, 'moving around within the extended family is common; families do not let on!' (1997:15). In addition, whanau placements often appeared to stem, not from the conviction that it was in the young person's best interests, or in the spirit of the legislation, but rather, as typified by Austin's circumstances, from a lack of placement alternatives.

<sup>&</sup>lt;sup>3</sup> This vignette, and those that follow throughout this chapter and the next, is drawn from a young person's case record. The use of a pseudonym, and the absence of specificity and referencing, is to protect confidentiality.

#### **Instability in Whanau Placements**

Austin moved from one extended family member to another whilst in the custody of the CECYF, because Departmental caregivers were not available. A CYF solicitor recorded the concern of a Family Court Judge, who was reviewing Austin's circumstances: 'The Judge took some time in discussing Austin's situation. He gave the opinion that this may well be a case where in such a dysfunctional family a placement within the family setting is not available. He suggested that a robust approach should be looked at, and canvassed the idea of a placement outside of the family'.

Despite entering care as an adolescent, and being placed with whanau<sup>4</sup>, Wendy's excellent progress was an exception to the rule.

#### **Settled Whanau Placement**

Wendy was an adolescent when she and her siblings entered care following abuse. The children were placed together with whanau. Family links were well maintained. Wendy's parent had easy access to Wendy. Whilst in care Wendy remained at one secondary school. She showed excellence in her academic and sporting pursuits. Upon automatic discharge at 17 Wendy remained with whanau.

Wendy's circumstances typify the true value of a whanau placement. Her existing familial and sibling attachment relationships remained intact<sup>5</sup>, her normal environmental interactions were unchanged, and her adolescent development was free to proceed relatively unimpeded.

#### Age at Entry to Care

The data confirms the international understanding (Glisson, 1994:20) that older foster children are more vulnerable to placement disruptions. Those of the sample who entered care at thirteen and upwards had significantly shorter placements than did those who entered before thirteen. Taking into account the total duration in care of both groups, adolescent entrants, like Errol, averaged a placement change every 17 weeks, compared with 45 weeks for pre-adolescent entrants. This suggests that the instability evident in foster care is almost trebled for those entering care as adolescents.

#### **Adolescent Entry - Unsettled**

Errol's fifth episode of statutory care came in early adolescence because of his parent's inability to manage Errol's out-of-control behaviour. In the three years that he remained in care Errol had thirteen placement breakdowns. As a result of his non-compliant behaviour he steadily exhausted all placement options - CYF foster homes, Family Homes, CFSSs, residential placements, and placements with immediate and extended family. Frustrated at being unable to control Errol, CYF supported his application for IYB at sixteen, and placed him in an independent living situation some months before his automatic discharge from custody at 17.

<sup>&</sup>lt;sup>4</sup> The findings of this study link both these factors to instability in care.

<sup>&</sup>lt;sup>5</sup> Thirty-seven percent of the sample entered care as part of a sibling group. Of this category, 54% were placed apart from siblings, 31% were placed with all siblings, and 15% were with some, but not all siblings. Rather than by design, sibling separations typically resulted from the practical difficulties of placing sibling groups intact.

#### Attachment and Behaviour

Issues of attachment appear to underpin the heightened propensity for placement instability in the sample. Young people who have been physically, sexually or emotionally abused, neglected or maltreated, have damaged parent/child attachments. Reattaching to new figures is more difficult, the older the child (Bretherton, 1985:12). As Frank's experiences demonstrate, although separated from the circumstances of their abuse, children reapply in their foster home the style of attachment learned in their own families (Kney, 1998:5).

#### The Impact of Attachment

Frank first entered departmental care at eighteen months, because of risk of abuse. Over the ensuing six years Frank had a succession of intended 'permanent' placements. All these placements broke down as a result of Frank's tendency to hold himself aloof and resist bonding in new family settings, and the parents' unrealistic expectations of Frank. At eight years old Frank was discharged to whanau. He returned to care as a teenager, following abuse. His social worker recorded: 'Frank has faced a lifetime of insecurity, rejection and a total lack of stability in caregivers. As a result Frank does not appear to have had the opportunity to make any significant and lasting attachments. Frank has, in his lifetime, been physically, sexually and emotionally abused. Frank is now exhibiting clear behavioural indicators of this accumulated distress...Frank's commitment to future placement options is understandably limited.

The reapplication of attachment relationships can heighten the potential for on-going disruptions, even further maltreatment, for children and young people in care. Seventeen percent (6) of the sample had been physically or sexually abused whilst in foster care. Two young people had each experienced one-off physical assaults by their caregivers. For one, a physical assault by a foster grandfather had also occurred. Another young person experienced physical abuse during an access visit with her mother and step-father.

Three young men had been sexually abused by older children fostered in the same placement. For one of these three, there had been four separate incidents of such abuse, with four different perpetrators. He also experienced ongoing physical abuse by caregivers in a whanau placement. For another of the three, subsequently, CYF suspected but was unable to prove that a sexual relationship had developed between the young man and his male caregiver.

The variety of special needs that maltreated children typically exhibit result in behaviours or coping mechanisms - lying, stealing, withdrawing, verbal or physical aggression - designed, consciously or unconsciously, to keep adults at a distance. These behaviours are often the only defence against adults who, in the life experience of the children, are hurtful and not to be trusted (Pasztor & Leighton, 1993:41-43). As Errol's behaviours illustrate, such children are at risk not only in their ability to form healthy attachments to an adult, but also in their ability to have an adult want to be attached to them.

#### **Attachment Disordered Behaviour**

Errol was diagnosed with Reactive Attachment Disorder dating back to early childhood abuse. His psychiatrist noted: Errol's intra-physic representation of parental figures...(is) dominated by rejection and associated rage. The sense of rejection makes him very demanding...rage towards his parents is displaced to (caregivers)...Flashbacks of sexual and physical abuse intensify his rage...(Now fifteen) he is working through emotional problems dating back to about two years of age and may show behaviour typical of this age'.

#### **Unplanned Change**

The basic problem for adolescents in foster care, probably adolescents in any home setting, is gaining sufficient freedom to act autonomously while at the same time feeling clearly the consequences of their actions in order to learn better their roles in the larger social order (McCandless & Evans, 1991:413). The data in this study suggests that the power taken by adolescents in 'voting with their feet' contributes significantly, as a precipitator of placement change, to their instability in care.

Forty percent (14) of the sample had experienced a total of 27 return home placements during their current episode in care. Average frequency was twice, with a range of one, for six young people, through to six occasions for one young man. As table three shows, rather than a planned outcome, returning home in the majority (74%) of incidences was most commonly instigated by the young person amidst a foster placement crisis, or during absconding.

**Table 3: Mode of Placement Back Home** 

Precipitating Factor	Number	Percent
Planned	7	26%
Following Placement Breakdown	12	44%
Following Episode of Absconding	8	30%
Total Return Home Placements	27	100%

Of those returning home, 44% (12) did so within nine months of discharge.<sup>6</sup> Seven of this number had already experienced an unsuccessful return home in their current care episode. Whilst these returns home were intended to be permanent, duration ranged from five days, through to eight and a half months, with an average length of eleven weeks. All the home placements broke down - 83% within five months - and the young person was again placed away from home. Home placements that held past four weeks, most

<sup>&</sup>lt;sup>6</sup> A child or young person can be placed back home by CYF whilst still under the custody of the CECYF. The custody order is not discharged until the court orders this, or the young person turns seventeen.

commonly broke down around the time of a court hearing for the discharge of the custody order, or at the automatic expiry of the order on the young person's seventeenth birthday, whichever came sooner.

Twenty-eight percent (10) of the sample had episodes of absconding. Of the 39 incidences recorded, the average number was four, with a range of one, for four young people, through to fourteen for Brad, a prime example of the habitual absconder.

#### An Habitual Absconder

Brad entered statutory care at twelve because of his parent's inability to manage his out-of-control behaviour. Although under the CECYF's Sole Guardianship, difficulties in finding him a placement meant that Brad essentially remained at home, in the environment that perpetuated his behaviour. During his four years 'in care' Brad lived in CYF care placements for a total of six months. Seven care placements disrupted because of the caregivers' inability to manage Brad's non-compliant behaviour, and his repeated abscondings. Brad made his own living arrangements - on the streets, with family or extended family, with friends, or simply going underground and being 'whereabouts unknown'. At sixteen Brad was discharged early from care because of non-compliance. He graduated to Community Corrections.

Like Brad, absconders were almost three times as likely to be male (8/21:38%), than female (2/14:14%). Thirty percent (14) of the incidences of absconding resulted in a whanau placement being effected 'by default', by an unplanned return to parent(s) or family. Thirty-three percent (13) resulted in new foster placements or independent living circumstances being arranged. In 36% (14) of incidences, the young person returned to their original placement.

A number of possibilities underpin these findings. From the young person's perspective, the unplanned nature of a return home so close to seventeen could be in direct response to mandatory discharge. Attachment theory supports the understanding that the 'security of the known', through reconciliation with family, is possibly preferable to the young person than the 'the fear of the unknown' and the prospect of being alone at seventeen. Alternatively, young people may engineer their return home as a means to an end, to effect an 'out-of-care' status. The fact that home placements were generally sustained only for as long as it took to effect a formal discharge supports this possibility. Then again, given the abbreviated duration of placements, it may well be the lack of planning around the return home which works against a successful family reconstitution.

These findings support the view of adolescent attachment as a system that reactivates at times of stress and threat (Hartup, 1989:123). They underscore, as with Worrall's study

Nocial workers often had no alternative to letting the young person remain there - the absconder was typically non-co-operative, the former caregivers mostly declined to have the absconder back, and another foster home was rarely available.

(1997:70), the continuing need during adolescence for young people to seek proximity to parents, and to view their home as an important anchor point. This reality heightens the impact of institutional/residential placements, which typically involve location displacement for young people. Of the seven young people (20%) who experienced residential care, only two had been placed in a residence in their home district. Caitlin's social worker clearly depicts the dilemma of placing young people in other centres.

#### Lack of Residential Placements

Caitlin's social worker recorded: 'Consulted with (Manager of local National Residence) re placing Caitlin urgently...no beds...(locally)...or possibly nation-wide. Could try (further north) or (other island). (Site Manager)...phoned through to (further north)...They have no beds and a waiting list. They have more than the allowable limit now. I am really concerned at the lack of places for kids really at risk, such as Caitlin. Caitlin will have to go on the national register for a bed and we will have to hope that it may be (local). I believe we have an obligation under the Act to place kids as close to their families as possible. Obviously due to lack of resources this is not able to happen'.

Out-of-district placement severely hampers contact with kin. The value of birth family contact, and in particular parent-child contact, lies in its ability to provide a child in care with a sense of continuity and family identity, to lessen feelings of having been rejected, to assist in restoring the child to their family where possible, or to help them come to terms with the separation.<sup>8</sup> The next section of results considers the extent to which the ideal of family contact is evident in practice.

# **Family Relationships**

Ecologically oriented foster care practice acknowledges that the foster adolescent's sense of identity and continuity depends not only upon factors in the immediate environment, such as the foster home, but is also deeply rooted in the biological family (Milner, 1987:122). The important kinship ties which enhance the foster adolescent's stability, development and well-being must be protected, and actions that might weaken the natural family system avoided. Collaboration with the young person's birth family is vital in the transition to independent living. Often it is the families of origin who provide the on-going support for adolescents after discharge.<sup>9</sup> The data presented here relates to the frequency, extent and nature of familial access experienced by the sample.

9 Ibid.

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<sup>&</sup>lt;sup>8</sup> See Barth, 1986,1990; Millham et al., 1986; Stein & Carey, 1986; Fein et. al., 1990; Aldgate, 1994; Klomp, cited in Colton & Hellinckx, 1994; Salahu-Din & Bollman, 1994; Cashmore & Paxman, 1996; Courtney & Barth, 1996.

As table four identifies, the vast majority (88%:31) of the sample were maintaining contact<sup>10</sup> with family. For 31% this was with at least one family member, at least weekly. For 34% it was at least monthly, and for 23% at least once every six months.<sup>11</sup>

**Table 4: Contact With Family** 

Contact Status	Number	Percent
Extended Family Contact	19	54%
Nuclear Family Contact	12	34%
Isolated from Family	4	11%
Total	35	100%

Some parents remained connected with their children right throughout their time in care. Others were ambivalent or rejecting of the child, or irregular in their commitment to access arrangements. Young people fostered by whanau were, predictably, more likely to be maintaining wider family contact (8/10:80%) than those in stranger placements (8/22:36%). Extended family relationships, however, were often fraught with tension, either 'full-on' or 'fallen-out'. Unsuccessful whanau placements exacerbated these already strained relationships and highlighted the tendency for whanau caregivers to cease ongoing contact with the young person, as a result of unresolved feelings when the placement broke down.

The most recurring problem in arranging family contact was the need to ensure physical and emotional safety for all parties. Where risk was a factor, access was supervised. Secondary access difficulties involved the dysfunctional nature of some family relationships, the complexity of family relationships through reconstituted groupings, and the distance factor in geographically separated families. In addition, in some instances extended family members chose not to have contact with a young person, if they were rejecting of the young person's claims of family abuse, were themselves nervous of similar allegations, or wished to protect their own children.<sup>12</sup>

For 14% (5) of the sample, decisions around frequency of contact with family were left to the young person's discretion, to empower them in what historically had been a traumatic relationship. Of those isolated from family, two young people had no family contact, and two were limited to sibling contact. Seventeen percent (6) of the sample had

 $<sup>^{10}</sup>$  Contact is defined as planned or spontaneous letter, phone or face-to-face communication, including overnight, weekend or holidays visits.

<sup>11</sup> The frequency and nature of contact was variable, both across individuals within the sample, and for each individual at various points in their care career.

<sup>12</sup> One young man had been abused by older siblings, so sibling contact was restricted. For another, contact with his consistently supportive sister was restricted after he physically abused her children. For another, access was limited after family suspected an incestuous involvement.

unknown or uninvolved fathers. Frank's reaction to his father's contact highlights the importance of fathers in young peoples' lives.

#### **Importance of Father**

Frank's social worker recorded: 'Letter was received from Frank's father...probably the first contact he has ever had...Gave Frank his father's letter and he went away to read it by himself. He was very happy to have received this - it is the first time I have ever seen Frank actually grin!'

The records suggest a high level of CYF commitment to ensuring that affectional bonds were maintained, supported and encouraged, wherever possible. Where parent-child relationships were irreparably unsatisfactory, compensatory relationships with siblings, extended family members and former foster families were emphasised. Despite the high number of foster placement breakdowns already identified, 43% (15) of the sample had on-going contact with former foster parents. From an ecological perspective, this is a particularly positive finding, given that the ability of the foster adolescent to retain a strong foothold in the microsystem of before is highly beneficial to the success of her/his transition to independence (Milner, 1987:122).

# **Social Worker Relationships**

The core caregiver-child context for human development often requires a crucial third party to enable it to function effectively (Bronfenbrenner, 1979). For the child in care, the social worker fulfils this third party role. The number of workers a child has to get to know, trust, confide in and build a relationship with, is likely to have a significant effect on her/his in-care experiences and overall development. The risk to foster adolescents arises from the rapid social worker turnover which, especially when coupled with rapid caregiver turnover, can mean that no-one is consistently knowledgeable about, monitoring or evaluating a young person's readiness for, and progress towards, independent living. The data presented here relates to the number and nature of the social worker relationships experienced by the sample.

As depicted in table five, this study found that stability in social worker relationships is not a common feature for children in care. The sample had experienced a total of 124 social workers, with a range from one (4:11%) through to eight (1:3%). Forty-eight percent had experienced more than the 3.5 average, and 28% had experienced five or more social workers<sup>13</sup>.

<sup>&</sup>lt;sup>13</sup> Social workers allocated prior to entry to care were not included. Supervisors, who often cover during periods of short-medium term social worker absence, such as annual leave, were not included.

**Table 5: Number of Social Workers** 

Number of Social Workers	Number of Young People	Percent
One Social Worker	4	11
Two Social Workers	9	26
Three Social Workers	5	14
Four Social Workers	7	20
Five Social Workers	4	11
Six Social Workers	4	11
Seven Social Workers	1	3
Eight Social Workers	1	3
Total	35	100

One young man, in care for two years, experienced four of his six social workers within one calendar year. Another, with the maximum of eight social workers, had been in care for 4:1 years. His two longest involved social workers were assigned to him for thirteen and fourteen months. His remaining six social workers were assigned for seven months or less, with two for a month or less. The longest social worker relationship was one young woman who had two social workers during a 10:10 year period, one of whom was with her for 9:6 years. The briefest social worker relationship was one week for a young man who had five social workers during 2:2 years in care.

My own professional belief is that the constant restructuring of CYF, and high staff turnover<sup>14</sup> and resultant loss of skills, knowledge and experience, over the past decade has impacted most adversely in areas of long-term social work, such as children in care, rather than on the preventative, investigative, assessment, and informal resolution areas of service delivery. As the case records revealed, however, it was not necessarily the duration of the social worker's relationship with the young person that was of most value, but rather the nature of the relationship. Few social workers seemed able or willing to provide the unconditional time, support and availability that most disturbed foster adolescents required. Garth's social worker was an exception.

#### Value of Social Worker Relationship

Garth's therapist recorded:'...much has been achieved because of the combined effort that has gone in, especially from (the social worker). It is my belief that her loyalty to Garth and persistent refusal to be rejected by him, plus the advocacy for him within CYPS made a considerable difference to the outcome'.

CYF's minimum requirement for social worker contact with children in care is face-to-face, once every two months (NZCYPFS:1996, 9:40). The limited nature of

Obtaining social worker turnover figures was difficult. CYF Head Office advise (fax 27.01.00) that data prior to July 1994 is unavailable. Total staff turnover averaged out nationally as follows: July-Dec 1994 - 7.2%; 1995 - 13.8%; 1996 - 13.1%, 1997- 12.1%; Jan-June 1998 - 9.1%. There are huge variations between areas. Social worker turnover is said to be 2-3% higher than total turnover.

social worker recording did not permit a conclusion being drawn around whether or not this level of supervision was maintained. Social worker contact with the young people, however, be it in person or by phone, appeared to be irregular, and rarely mutually determined. For 80% (28) of the sample there was no record of any social worker initiated visiting plan. The remaining 20% (7) had visiting arrangements, recorded in a casenote or a casework plan, which varied from once weekly to eight weekly, through to six-monthly visiting.

Most typically, contact occurred after an incident, an approach from the caregiver or young person, or a required purchase or reimbursement. Seventeen percent (6) of the sample, including Heather, had been without an allocated social worker for periods ranging from one through to twelve months, and averaging six months.

#### **No Allocated Social Worker**

Heather entered care at adolescence, because of psychological health issues. At 16, she was without a social worker for six months. The supervisor recorded: '...our Service has not been actively involved in follow-up of this case, because it was our intent to apply for discharge of custody. This, coupled with extended sick leave of social worker assigned and no one to reallocate the case to, meant it remained on the unallocated list....'. During this period Heather was hospitalised following a suicide attempt.

Heather's circumstances, and indeed the majority of this data pertaining to social worker contact, lend strength to an earlier prediction from the Office of the Commissioner for Children, that:

In the absence of sufficient resources the interpretation of minimum intervention is likely to be biased to suit departmental shortages rather than the demands of the child's situation. In practice what then happens is....monitoring of long-term placements becomes so slight as to be little more than occasional and superficial (OCC, 1996:11).

# **Educational Progress**

As Chapter Three highlights, numerous overseas studies lend credence to the notion that foster care poses a significant obstacle to the educational progress and achievement of children. Contributing factors include discontinuity in parenting, multiple foster care living arrangements, behavioural difficulties, and education disruption caused by changing schools. The integral and on-going role of education in preparing foster care adolescents for independence must not be under-estimated. It is an aspect that should begin when a child or young person enters the child welfare system for the first time. In Ayasse's (1995) words:

Early remedial intervention, counselling and support can prevent the child from needing more intensive help later in life, when they may be too far behind or too alienated from the system to graduate from high school and subsequently achieve self-sufficiency (Ayasse, 1995:211).

The data presented here relates to educational continuity and educational progress. Both these factors impact on the social, behavioural and intellectual development of foster children and, most significantly, on their readiness for a self-sufficient adult lifestyle.

#### **Educational Continuity**

Changes of schools are inevitable for all children as they move through primary, intermediate and secondary education, but propensity for change is heightened for foster children, because of changes in care placements. During their current episode in care the sample had attended a total of ninety-four schools with a range of zero, through to nine, and an average of 2.6. Thirty-one percent (11) had attended more than three schools. For the 28% (10) who had attended one school, average care duration was 2:2 years, compared to 10:3 years for the 6% (2) attending six and nine schools. Because a comparison with non-foster children was not possible 15, any relationship between the number of schools attended and duration in care cannot be drawn.

Twenty-three percent (8) of the sample had experienced breaks in education<sup>16</sup> whilst in care. These resulted from changes in placements, pregnancy, truancy, school expulsion, or enrolment refusal. The duration of non-enrolment ranged from one month through to 4:0 years, with an average of 1:1 years. For the majority (75%:6) in this category, non-enrolment was a single event. However one young person had two separate periods, and another, a chronic truant, was schooled for approximately six months during his 4:6 years in statutory custody.

Truancy was a common reason for school non-attendance. School truants made up 17% (6) of the sample. One in five (20%) had been suspended from school. The number of suspensions averaged 3.2 and ranged from one, most frequently, through to eleven, for one young person. Duration ranged from one day, for a quarter of the total suspensions, through to an indefinite suspension lasting eight weeks. Three males (8%) had been expelled, one young man from two schools. The general school behaviour of the sample was determined from the files as normal for 63% (22) of the sample, and problematic for 31% (11). A judgement was not made for 6% (2) because of incomplete records.

Periods during which the young person was neither attending school, nor studying by correspondence.

<sup>15</sup> Comparable figures on changes of schools by non-foster children are not available. Library and Internet searches confirm what New Zealand Education Institute personnel and education researchers advised personally, that information on the number of changes of schools experienced by children is not routinely kept.

#### **Educational Achievement**

At 1st April 1997, 63% of the sample were enrolled in ongoing education - one at an Adult Learning Centre, one by correspondence, and twenty at secondary school.<sup>17</sup> Seven were in seventh form, eleven in sixth, three in fifth, and one was in a special needs class.

A low retention rate of students through to their thirteenth year of education was apparent, consistent with the level of behavioural problems, school suspensions and care instability already discussed. Of the 37% (13) of the sample who had left school, six did so at the end of, or during, their fifth form year, and three in their fourth form year. Leaving levels were unavailable for four young people, one having left special education, and three with incomplete case records. It may be that automatic discharge at seventeen signals in young peoples' minds, an end to more than simply statutory custody. A link between dropping out of school, and pending discharge, was hinted at in several records.

The onset of adolescence can exacerbate a young person's learning difficulties (Baragwanath, 1998:95). The majority (71%:25) of the sample had special education needs. For 56% (14) of this category the education need was singular. The remaining 44% (11) had multi-needs. Special educational needs were unknown for 8% (3) of the sample because of deficiencies in case recording. At times meeting these special education needs created a tension at the welfare/education interface. Several case records demonstrated a degree of what McClellan & Warren (1996:23) term 'political positioning' between the two sectors. Often responsibility for meeting the educational needs of children in care was seen by schools to be the mandate of CYF. Increasingly the Department was being asked to resource schools in order to effect enrolments for children in care, like Ivan.

#### **Welfare Funded Education**

Ivan's social worker recorded: '(School) was not prepared to consider Ivan unless extra teacher hours could be provided. The school's expectation was that CYPS should provide the needed funding. I was able to gain approval for ten hours per week to provide support for Ivan should (school) reinstate Ivan'. (Fortnight later) '...unfortunately Ivan's application has been declined. The reason given by the principal was that he was making a political statement, directed toward CYPS. In his opinion the Dept. was not doing enough, and although Ivan was not going to benefit from his decision, he was standing by it'. Ivan remained out of school. CYF funded a few hours a week home schooling.

For 60% (21) of the sample there was no reference to public examinations. Seventeen percent (6) had a recorded success in a single School Certificate subject. Twenty-three percent (8) had unsuccessful examination outcomes recorded. Eighty percent (28) of the records did not refer to any school achievements. Sixty-six percent (23) were without any recorded education plan. Of the twelve plans evident, only two were aimed towards

 $<sup>^{</sup>m 17}$  The circumstances of those having left school are discussed in the following chapter.

academic opportunities at Polytech or University. The sustained social work support for Julie's continuing education was an exception.

#### **Education Priority**

Julie left school when she became pregnant. She was placed by her social worker in a supportive setting where she could learn mothercraft. The social worker actively encouraged, motivated and supported Julie to work towards her goal of university study. Julie continued secondary schooling by correspondence. Some tutoring was provided. When the time came for Julie to consider tertiary education, the social worker went with her to campus to help Julie explore study and funding options.

CYF has no recorded policy on what education information must be held on a child's file. The level of education records maintained by the social workers was generally very limited. It remains unclear whether educational achievement and progress is eluding these young people, or whether the inconsistency of social worker recording is failing to reveal the true nature of educational outcomes. For these reasons, it is not possible to conclude that the findings either support or refute the international understanding that the educational achievement and progress of children is impaired by foster care as an intervention.

The findings around early school leaving (37%), breaks in education (23%), problematic school behaviour (31%), and special educational needs (71%), however, identify percentages in the sample significantly above the 20% of students identified in this country as being 'at risk' of academic failure and future economic disadvantage (Denny, 1996, cited in Baragwanath, 1998:95). A stronger, consistent and proactive emphasis by CYF on matters of education would be of significant benefit to children in care generally. In particular it would go some way towards facilitating a more realistic transition to independence. Standardised recording and individualised tracking of pertinent education factors for each foster child, as exemplified by Kelly's record, would be an excellent start.

#### An Exceptional Educational Record

During Kelly's 4:8 years in care she had one social worker. Whilst Kelly was not a high achiever, all her school reports and school activities, any paper cuttings from school end-of-year prize lists, and copies of end of year certificates had been folioed, and copies routinely sent to Kelly's parents. Kelly's file provided the full and complete record of schooling that under normal circumstances a proud, concerned or responsible parent would maintain for their child.

Whilst Kelly's record demonstrates that some good practice is occurring in this area, such practice needs to become routine.

# **Summary**

This chapter canvasses a portion of the findings of the study. It presents and discusses first, the personal characteristics, and then detailed quantitative and qualitative data on continuity in care for a sample of sixteen year olds. It reports on stability of placements, the extent and nature of family and social worker relationships, and educational progress. It discusses the impact of these aspects upon the readiness of foster care adolescents for independent living.

The findings in respect to care placements show that for adolescents placements are short, serial, and frequently break down. The findings confirm the international understanding that foster care involves placement instability. They support the practice wisdom that adolescents in foster care present significant challenge to carers and social workers alike. They suggest that the traditional response of caring for adolescents in private foster homes is presently failing to meet the special needs of an increasing number of damaged adolescents.

Obtaining and sustaining foster placements for children, and especially adolescents, emerges as an on-going, pre-occupying difficulty for social workers. The crisis nature of the supply and demand shortfall in care placements frequently appears to be driving casework direction and social worker decision-making. Placements of containment or security for out-of-control or highly disturbed adolescents are both rare and, typically, outside of the young person's home district.

As earlier chapters have shown, a variety of relationships are important for positive identity and social development in children. More importantly, such interconnected relationships underpin the social support network crucial for adolescents facing mandatory discharge from care. The findings of this study point to irregular and reactive contact from social workers. The finding of an average of 3.5 social workers, coupled with the 5.6 placement average, indicates both the significant amount of change experienced by the sample, and the pace of such change.

A high degree of family contact was evident. The findings relating to familial contact also confirm that frequency or extent of family contact does not necessarily equate with positive relationships. Several young people maintained wide family networks, yet had limited connections of strength and durability. What emerges from these findings is the understanding that it is not the number of family members being accessed that is of intrinsic value to a young person in care; rather it is the degree of emotional support and affiliation being provided that is important.

The variability of case recording encountered around the broader provision of care, over and above mere 'accommodation', has prevented firm conclusions being drawn from the findings. This has been particularly so in the area of education. The extent of the study's findings on care placements has been possible only because placements, being inextricably linked to CYF's systems of fiscal accountability through the payment of care allowances, are highly visible.

This chapter has concentrated on the findings of the study that relate to the impact of foster care on the readiness of adolescents to successful transition from care. The following chapter considers matters of preparedness. It presents findings on the preparation available to foster care adolescents as they approach mandatory discharge from statutory custody at seventeen.

#### CHAPTER SEVEN

# BECOMING VISIBLE: LEAVING CARE Themes from the Data

Ma te huruhuru te manu ka ere Feathers enable the bird to fly

# Introduction

As already discussed, there is general societal acceptance that adolescence is a vitally important period during which young people begin to develop the attributes associated with adulthood. For adolescents in foster care it is an especially critical period, given their often tragic family situations, and the limited ability they may have had to develop standard childhood competencies.

This chapter presents and analyses the findings of the study relating to the preparedness of foster adolescents for mandatory discharge at seventeen. It concentrates on the circumstances and abilities of the sample in their final twelve months of care. It focuses on four crucial factors which impact upon a successful transition from childhood to adult living: physical, emotional, and behavioural development; employment and recreational opportunities; preparation for independent living; and self sufficiency skills.

# Physical, Emotional, And Behavioural Development

For young people who have suffered abuse or maltreatment, the associated psychological trauma often limits their choices about the future. They may remain psychologically numb, chronically anxious and/or rigidly reactive in terms of anger, or very sad and withdrawn (Holmes et. al., 1991). They may have emotional, social, intellectual, or physical developmental delays. There may be problems in developing a conscience, thinking logically, managing impulses, feeling positive self-esteem, being aware of feelings, and interrelating with others (Falberg, 1991:53). This section of results reports on the physical and psychological health and special needs of young people in care.

#### Physical Well-being:

It was not possible to determine the general physical health of the sample. This aspect was poorly reported on in case records. Each child in care must have a Health Sheet,

<sup>&</sup>lt;sup>1</sup> Whakatauki cited by Dyall et. al., (1999:84).

documenting vaccinations, medical treatment and significant health issues (CYPFS, 1996b:9.46). Ninety-four percent of the sample were without maintained health sheets. Eighty-eight percent had no record of routine or specific medical examinations. Eighty-six percent had no record of dental treatment in the past two years. It is not known whether medical and dental treatment was overlooked, routinely occurred but was not recorded, or was simply not required.

#### **Psychological Well-being:**

Most of the sample (94%:33) had behavioural, emotional and developmental issues that were significantly impairing the young peoples' functioning, in their ability to relate to caregivers, sustain relationships, cope with the limitations of families of origin, manage feelings of rejection, loss and separation, be educated, hold down a job and acquire independent living skills. Table six depicts the most recurring of these special needs. The individual range was from none (2), through to seventeen (1), with an average of 5.8. One in three (34%) had seven or more special needs, and one in five (20%) had twelve or more. The figures of 44% sexually acting out, lying or running away, and 46% emotionally disturbed, are significantly higher than the 25% for each category found in a comparable American study (English et. al., 1994). Conversely, that study reported 48% non-compliant behaviour, compared with 26% in this study.

Table 6: Special Needs

Special Need	Number	Percent
Victim Of Abuse	25	71
Theft	17	49
Emotionally Disturbed	16	46
Anger	15	42
Inappropriate Sexual Behaviours	13	37
Physical Assault/Violence	12	34
Youth Justice Offending	11	31
Absconder	11	31
Cognitive Impairment/Developmental	9	26
Delay/Learning Difficulties		
Non-Compliance	9	26
Verbally Aggressive	8	23
Suicide Attempts/Ideation	8	23
Depression	7	20
Alcohol Abuser/Dependent	6	17
Use Of Weapons	5	14
Drug Abuser/Dependent	4	11
Lying	4	11
Sexual Abuser	4	11

In this country research (Smith & Beautrais, 1999) shows that young people with a history of contact with welfare services are significantly more likely to have a range of

mental disorders, including depression, and substance use, anxiety, conduct and oppositional disorders, than their peers without such contact. As table seven shows, over a third of the sample had diagnosed disorders, one young man with four of the five options tabled, and another with two.

**Table 7: Diagnosed Disorders** 

Type Of Disorder	Number of Y/P	Percent
Conduct Disorder	6	17
Attention Deficit Disorder/Hyperactivity	4	11
Reactive Attachment Disorder	1	3
Post traumatic Stress Disorder	1	3
Major Reactive Depression	1	3
Total	13	37

Maintaining the psycho-social functioning of foster children has been found, on an international scale, to be problematic (Glisson, 1994). Over and above the immediate need for care and protection services, children entering care, and in care, have been found to require almost routinely, but often not to receive, access to mental health services. As table eight depicts, a high percentage of the sample (91%:32) had received mental health services at some time during their care episode. Such involvement, however, was more likely to be a one-off assessment, rather than an on-going intervention. Similarly counselling was frequently of abbreviated duration, due to the uncooperative disposition of the young person.

**Table 8: Mental Health Interventions** 

Type of Intervention	Number	Percent
Counselling	28	80
Psychological Assessment	18	51
Psychological Intervention - ongoing	9	26
Psychiatric Assessment	9	26
Psychiatric Intervention - ongoing	5	14
Psychotherapy	4	11

The data supports the conclusion that, whilst obtaining psychological assessments appears straight-forward, clear gaps exist in the treatment of the disorders that such assessments diagnose. The availability of specialist services for 'at risk' adolescents in Aotearoa/New Zealand has been found to be very uneven in service type, quality, appropriateness and distribution (McClellan & Warren, 1996:30). In addition, available interventions for conduct and oppositional disorders currently have a low likelihood of success and, rather than single-focus treatment regimes, comprehensive, multi-disciplinary treatment programmes are needed for the increasing number of young people with multiple, co-occurring disorders (Smith & Beautrais, 1999:30).

Contrary to the expectation that issues of identity would emanate from the data, the records of 63% of the sample had no explicit reference to identity matters. One cannot conclude from this that identity was not a concern. Issues may have been present, but not recorded. What the records did convey, however, as exemplified by Vanya, Lucy and Frank's circumstances, was a sense of young people doubting their self worth, a feeling of not belonging, and of being on the edge of family and society.

#### **Identity Issues**

Vanya suffered physical abuse from her adoptive parent. Upon coming into care at puberty she met both her maternal and paternal birth families. Despite meeting many whanau, no strong connections were established in either her birth or adoptive families. Confused identity behaviours, linked to Who am I? Where Do I Belong? threaded her case record.

Lucy entered care at five, following abuse by several whanau. She had 13 new care placements. The social worker recorded: 'Lucy continues to exist in order to try to please others. She has little sense of her true identity or her value as a person. Lucy can talk about things she is good at and things she has done but this does not seem to impact on her overall self esteem, which remains low'.

Frank had around 14 'permanent' care placements. No whanau or previous caregivers maintained contact with him. His social worker described Frank as '...a sad, displaced person...even though he has knowledge of his whanau he is unable to identify a sense of belonging...efforts to encourage Frank towards independence have been fraught with difficulties'.

Of the 37% (13) of the sample with specified identity problems, these concerned uninvolved parents and extended family, family ambivalence and rejection, and cultural/ethnic confusion. According to the care files, identity work, including life storybooks, family trees, whakapapa, origin records or family photo albums, had been undertaken with 11% (4) of the sample.

# **Employment and Recreation**

The most troublesome factors for foster children to deal with as adults are educational-employment deficits (Barth, 1986:167). For adolescents, work teaches responsibility and instils discipline. It provides opportunities for solidifying values and acquiring wisdom about life. It is a major source of self-respect, self-esteem enhancement and a vehicle for self expression (Holmes, 1995:144). Unemployment can therefore be a significant inhibitor in a successful move towards adulthood and healthy self-sufficiency.

At 1st April 1997 one young person (3%) was in full-time employment. This figure was unchanged at 1st April 1998.<sup>2</sup> Fifty-seven percent (20) of the sample were then

<sup>&</sup>lt;sup>2</sup> Individuals in the sample reached 17 at different times throughout the year beginning 01.04.97. It was necessary to establish the later date in order to examine some final discharge issues.

unemployed, 11% (4) were on pre-employment courses, and 29% (10) were still at school. The 57% rate of unemployment for foster adolescents makes them clearly over-represented in light of the 1998 figure of 25% unemployment for 15-19 year olds (Department of Statistics, 1999).

Whilst this research stops short of establishing a link between low educational achievement and unemployment, its findings appear consistent with the consensus in the overseas literature canvassed, that the increased tendency for foster adolescents to drop out of school before basic education has been completed predisposes them to dependency in adulthood.<sup>3</sup> Duncan's circumstances typify the challenges facing foster adolescents in obtaining and keeping employment.

#### **Lack of Employment Options**

Duncan entered care at puberty, because of family drug abuse and violence. The social worker noted: 'Duncan has struggled to achieve academically and dropped out of school shortly after he turned 15. He has had a few jobs but lacked the ability to stick it out...Duncan is emotionally immature and had not developed any work ethic...he has little practical skills to survive unassisted. He is in a sense unwise, naive and easily lead. Duncan is seeking employment although not particularly interested. He is a recreational class C drug user and this combined with a low level of motivation is proving difficult to get him into training or employment'.

For many young people, changes in the economy and the labour market have made entry into the workforce problematic, in comparison to previous generations of youth (Ministry of Youth Affairs, 1996:31). Accordingly, the ability to structure one's free time has become an important aspect of independent living for adolescents. Recreational activities also contribute positively to a young person's social development, identity and self esteem. For 66% of the sample, at least one out-of-school interest was recorded. Thirty-four percent had no mention of recreational activities. An inability to be gainfully occupied may underpin the apparent tendency for young people, males in particular, as typified by Martin, to appear aimless, inactive, and complain of boredom once they move into independent living situations.

#### 'Independent' and Bored

Martin's social worker recorded: 'Martin is on IYB and boarding...Martin is continuing to look for a job. He also talked of being bored. Although Martin wanted to...(visit whanau)...he had not written or contacted them about this. I suggested he do so. Martin complained about his (health matter) but he had not been to the Doctor about this. I told him he needed to do this. I talked to Martin regarding a discharge, given that he has been living independently for some time and contact has been minimal. Martin said that he wasn't sure about this but didn't know why. He will give this some thought...His unsureness about discharge appeared more emotional than reality based.

<sup>&</sup>lt;sup>3</sup> See Stein & Carey, 1986; Timberlake & Verdieck, 1987; Stehno, 1987; Mech, 1988; Stein, 1989; Aldgate, 1990; Barth, 1990: Garnett, 1992: Iglehart, 1994, 1995; Ayasse, 1995; Scannapieco et. al., 1995; Cashmore & Paxman, 1996; Stein, 1997 and McMillen & Tucker, 1999.

Martin's presentation typifies the 'social deficit model' (Holmes et. al., 1995:29) that many adolescents operate from. This is characterised by a lack of social supports, inadequate social shelters, shyness, egocentricity, low self-esteem and self-worth, and limited experience:

Many...young people feel terrible psychological pain, particularly in terms of feeling little or no meaningful social connectedness with anyone or anything. These young people have no sense of the future. They feel they are psychological, social and financial burdens for their caregiver(s) and they often have few or no competent adults who are highly invested in them and their developments. They feel a strong sense of social poverty. For many of them the future is right now (Holmes et. al., 1995:13).

In ecological terms, a rehabilitative approach for foster adolescents must be both widely canvassed, and include involvement in extra-curricular and community activities (Gottesman, 1994:ii). It is not possible to discern whether the low-level recreational activity found in the sample represents a lack of acknowledgement by CYF of the importance of leisure time socialisation for foster children, or a shortcoming in social worker recording. Heather and Nigel's experiences, however, do highlight the impact of budgetary constraints on leisure activities.

#### **Financial Support of Leisure Activities**

Heather, at sixteen, had no formal recreational interests. Earlier attempts at independent living had failed, and Heather had returned to foster care. When her foster parent needed to be out of the home for a day, Heather was enrolled in a one-off handicrafts workshop. After this, Heather wanted to take up handicrafts as a regular hobby. The supervisor stated: '...although I understand that she enjoys attending, I do not believe we can continue to pay costs at her whim'.

At Nigel's planning meeting it was decided he would join a community recreation group. Nigel was in a foster home in an isolated area. He was not attending school. The total cost of \$370 for three terms covered levies, clothing, transport and camps. The social worker's request for funding noted: 'I believe it will allow him some socialisation as well as prepare him for the world under a protective umbrella of the (group)'. The manager replied: 'While I am sure that the attendance of Nigel at (the group) is beneficial I am not prepared to approve it at this time. The cost is unfortunately too high'.

The Department's financial constraints represent the failure of an exosystem to support young people in the full extent of environmental interaction crucial for optimal adolescent development. Over and above physical, emotional and behavioural development, and employment and recreation, a specific focus on equipping foster adolescents with the practical coping skills for living in the adult world is also necessary prior to discharge. This aspect will now be considered.

# **Preparation For Independence**

CYF's Care and Protection Handbook (NZCYPFS, 1996:9-59) identifies five factors for a successful transition from statutory custody to independence: the availability of a

family/whanau member or other person to offer a degree of guidance and support; the availability of adequate financial support; positive contact with family/whanau; satisfactory accommodation and general living circumstances; and the quality of the preparation. These will be discussed in turn.

#### **Post-Discharge Support:**

A factor in the transition from foster care to independent living is the availability of a support network (Mech, 1997:16). Prior to discharge social workers need to help young people identify relationships that approximate or show promise of developing into continuous family-like relationships (Barth, 1986:68). For a young person faced with leaving care without a viable secure base in their immediate or extended family of origin, a social support network based on work, social, recreational and professional helping relationships is the best alternative. The records of 89% of the sample identified a support person other than a social worker. Most commonly this was a previous or current caregiver(s) (34%), or whanau (34%). A further 20% had support from both these sources.

Generally, post-care support was rarely an extensive network. The bigger the social network is, the more it can reduce loneliness and improve physical and emotional health. As with family access, however, it is not the size of the network per se, but the young person's perception of being supported, that is important (Thompson, 1995 in Gilligan, 1997:16). Eleven percent (4) of the sample were without an identified support person upon mandatory discharge. Forty-six percent (16) remained under an Additional or Sole Guardianship order to the CECYF upon the expiry of the custody order<sup>4</sup>, which legally mandates social worker support if needed.

#### **Post Discharge Financial Support:**

Following discharge from custody, the majority (69%) of the sample were funded by WINZ. This was predominantly through the Independent Youth Benefit (16), but also Training (3), Invalids (2), Sickness (1), Domestic Purposes (1), and Unsupported Child (1) benefits. Of this group, 54% (13) were receiving solely WINZ financial support, whilst 46% (11) received additional CYF discretionary funding. CYF funding was usually to maintain a young person in an existing placement post-discharge - a practical recognition of the importance of affective bases for foster adolescents' attachment

<sup>&</sup>lt;sup>4</sup> There is no transparent CYF policy around whether or not the initial seeking of a custody order to the CECYF should also include an application for guardianship. This means, in my view, that when a young person reaches seventeen and custody is automatically discharged, whether or not they have the 'safety net' of a continuing guardianship order is more often a matter of accident than design.

relationships<sup>5</sup> - or to provide for special needs deemed unsustainable on benefit income, such as educational, counselling or setting-up costs.

After an extended period of financial security, often in stark contrast to their family of origin, the prospect of approaching financial self-sufficiency for many of the sample appeared understandably daunting. Few had the intellectual capacity to express their concerns as clearly as Vanya.

#### **Financial Security Fears**

As Vanya approached automatic discharge she asked: 'When I am seventeen where does my income come from? How do I get myself set up with a home? Who pays for my parents to have me for visits? When they have me they find it difficult financially...CYPS paid for sporting activities, birthday money and Christmas money. Why has that stopped? I am worried about my possessions that I had (in previous placement). Can I get money to replace these things? Travel payments were stopped and I have to pay travel myself. Why did this happen? How many more clothing allowances will I get before I turn seventeen? Am I going to be dumped back with my parents with nothing?'

Whilst Vanya was not one of them, 17% (6) of the sample were solely supported by CYF following discharge. This funding was similarly targeted at maintaining the status quo, where this involved a stable placement and ongoing schooling. Two young people were self-supporting - one in full-time employment, and another living overseas on personal savings. One in four young people had Trust Funds which would fall due to them between 20-25 years of age. These were ACC sensitive claim lump sum pay-out investments, and family bequests.

The information on the records, in line with the arbitrary nature of discretionary funding previously discussed, confirms variability across the sample regarding the availability of CYF funding. In many instances discretionary funding was either not considered, or considered but not approved. When funding was made available, the only pattern or trend evident was the presence of an additional or sole guardianship order to the CECYF. Of the seventeen young people receiving discretionary funding, additional guardianship orders were in place for eleven (64%) of them. Of the eighteen not receiving discretionary funding, thirteen (72%), including Vanya, were without additional guardianship orders.

#### Positive Contact with Family/Whanau:

As Australian research shows (Cashmore & Paxman, 1996:135), the best predictor of post-discharge parental contact is the contact prior to discharge. Whilst pre-discharge contact with family and extended family was occurring for the majority of the sample, as previously discussed, ongoing family contact does not necessarily equate with **positive** 

<sup>&</sup>lt;sup>5</sup> See Brown & Harris, 1978; Kobak and Sceery, 1988; Hartup, 1989; George & Soloman, 1996.

relationships. Family relationships for foster adolescents are often problematic. Even where regular contact takes place, relationships may be strained, parents may be emotionally unavailable, even unhelpful, to their young people, and the young people themselves may be non-compliant or disassociated from their parents.

For these reasons, the broader construct of the indigenous concept of biological family in this country is of particular value to foster adolescents exiting care. Earlier casework will have concentrated on establishing as wide a family network as possible, which theoretically extends the potential for whanau support upon a young person's discharge. The reality, however, as reported earlier, is that post-discharge support networks are rarely extensive.

# Satisfactory Accommodation and General Living Circumstances:

Mech (1997:11) refers to the presumably international 'conventional wisdom' which holds that after being discharged from care 'most foster adolescents go home' to biological families or relatives. In this sample, as table nine depicts, conventional wisdom, to use Mech's term, 'misses the mark'. Immediately upon their legal discharge from statutory custody the majority of the sample were living with CYF caregivers, albeit on a now 'independent' basis. Of the eleven young people with family or whanau, three were continuing in existing whanau placements, whilst eight had returned home immediately prior to, or upon, discharge.

**Living Circumstances** Number Percent **CYF Foster Parents** 40% 14 Parents/Whanau 11 31% Independent 20% 7 Other 9% 100% 35 Total

Table 9: Living Circumstances at 17

These figures are comparable with Mech's (1997:11) Indiana Foster Youth Study result of one-in-four young people returning home, and Cashmore and Paxman's New South Wales (1996:76) finding that foster care was the most common living arrangement (52%) upon discharge from care.

#### The Quality of the Preparation

The last year in care is the final opportunity for the young person to develop, in a protective environment, the necessary skills and experiences to reasonably manage independent living. CYF sees self sufficiency as 'finding a place to live, finding and keeping a job, handling money, making decisions, taking responsibility, setting goals' (NZCYPFS, 1996:9-59). How foster adolescents are to be taught these skills is unclear.

CYF, somewhat optimistically in my view, envisages skill development occurring on a 'one-to-one basis' (NZCYPFS, 1996:9-59), but fails to specifically designate responsibility for such training. The obvious risk is that if tasks and responsibilities are not clearly established then nobody does anything. The mooting of a second option by CYF, of 'independent living skills courses available in most centres' (NZCYPFS, 1996:9-59) is equally sanguine. My approach to the then CFA, and a thorough examination of the 1998-99 National Services Plan, failed to locate any Independent Living Skills programmes for either home-based or foster care adolescents.<sup>6</sup>

It would seem, however, that Life Skills Programmes are becoming something of a growth area.<sup>7</sup> Significantly, very few of these programmes appear solely concerned with life skills, or are specifically directed at adolescents, and the exact nature of the 'life skills' being taught is unclear.<sup>8</sup> It is not possible to conclude that these existing programmes could meet the special needs of foster adolescents requiring preparation for independent living. Neither was there any record of any of the sample having attended such a programme, be it Life Skills or Independent Living Skills.

A comprehensive review of trends and needs in programming for Independent Living in America (Cook, 1988) characterises a four phased continuum of required services: 1. Informal Learning, whereby basic living skills are acquired by observation within the family; 2. Formal Learning, whereby basic living skills are taught, either individually or in groups, through formal instruction and activities outside of the family; 3. Supervised Practice Living, which is primarily experiential, involving supervised independent-living situations, and 4. Self-sufficiency (Aftercare) where the young person is living independently (Cook, 1988:506).

The data collected in this study supports the conclusion that the 'services', albeit haphazard, that foster adolescents currently receive in this country are located at the Phase One end of the continuum, the informal learning stage. Where preparation for independent living was provided, it came predominantly from caregivers, family

unstipulated - operating in Tokoroa, Tauranga and Waipukurau.

A search of CYF's computer Intranet community database at the end of 1999 revealed no Independent Living Skills programmes but, albeit with some geographical unevenness, 136 Youth Programmes providing Living Skills for children and young people throughout the country.

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<sup>&</sup>lt;sup>6</sup> Information was sought from CFA on approved or known private programmes for preparing foster adolescents for independent living, and after care support. CFA advised that this information was not collected (letter from General Manager, 17.03.98). Whilst there may be programmes on offer with components of independent life skills for adolescents, there was nothing explicitly targeted in the 1998-99 National Services Plan. The closest was a Life Skills and Self Esteem Programme - age group unstipulated - operating in Tokoroa. Tauranga and Waipukurau.

<sup>&</sup>lt;sup>8</sup> Personal contact with Community Funding worker (P.C. 17.12.99). Some providers have been known to add on a 'life skills' component to their unique focus or speciality, in order to attract funding.

members, school teachers, pre-employment course instructors, and, to a lesser degree, social workers. Exceptions to the rule, and arguably the best served in this regard, were the 14% of the sample who, by accident rather than design, had access to specific and concerted independent living skills coaching. This group comprised of four young people on pre-employment courses (phase two), and one young woman living in a semi-independent environment awaiting the birth of her baby (phase three).

An important aspect of 'quality' discharge preparation is the standard of formal planning. Each young person in care is required to have a clearly stated, yearly plan (NZCYPFS, 1996:9.24) which is updated and reviewed annually in the Family Court. This individualised document stipulates casework direction and intended outcomes. The casework goal, collectively determined by all involved - the young person, caregivers, whanau, social worker, Counsel for Child, professionals and significant others - informs the objectives of the plan, and the tasks of all parties giving effect to the plan.

All the sample had current plans and had participated in drawing them up, either through a planning meeting, signing consent, consulting with counsel, or, most typically, all of these options. Thirty-seven percent (13) had goals of Independence - the most viable goal for a mid-adolescent expected to remain in care until seventeen. Of these, however, only two impressed as multi-faceted attempts to proactively address the young person's gradual move towards increasingly independent living. Duncan's was one such plan.

#### Planning For Independence

Duncan's social worker recorded: 'Progress to independence - some hiccups but Duncan displaying good potential re assisting around home and in temporary job. OUTCOME: 1. Additional Guardianship to continue for a year (after discharge of custody at 17) to oversee independence transition. 2. Placement to continue with counselling support. 3. Counselling to be reinstated...aided by social worker. 4. Access with...(family members)...to be reviewed and supported by social worker and counsellor. 5. Duncan to be more active in seeking employment/training. Tasks - ask previous employer for reference and possibly a second chance, look for jobs and attend Tops training courses. Duncan to apply for IYB with a view to more self-responsibility. Do budget with assistance from caregiver and possibly social worker. Duncan to take more responsibility for behaviour at home and in peer associations. Social Worker to arrange dental treatment for Duncan'.

Duncan's plan has several positive features. It takes an incremental approach to independence planning which, from a human development perspective, is most conducive to the **achieving** of maturity. It plans for ongoing post-discharge support. It incorporates multi-level environmental influences. It focuses on a mix of 'hard' and 'soft' skills development. It seeks to strengthen Duncan's familial ties, and respond to his physical and psychological needs. It maintains the delicate balance between encouraging Duncan's autonomy and independence, and providing him with oversight and support.

In contrast to Duncan, 54% (19) of the sample had no recorded goal. On one level, this finding explains the lack of specific focus towards independent living that underpins the limited progress towards self-sufficiency evident in the sample. For 63% of the sample, independence as an inevitability was not mentioned. For the remaining 37%, limited reference was made to discharge. Most social workers equated 'independence' with the young person's financial independence from CYF, as opposed to an integrated process of achieving social and personal autonomy. In one instance the solitary step towards independence was for the young person to apply for the Independent Youth Benefit.

The conclusion reached from the examination of the casework plans was that, whilst they had laudable general objectives, essentially they focused on everyday aspects such as schooling, access with family, and foster placement issues. They were plans to maintain the status quo, rather than giving effect to a pending independence.

CYF's five contributing factors to a successful transition from statutory care to independent living - post discharge support, financial support, positive contact with family/whanau, satisfactory accommodation, and the quality of the preparation (NZCYPFS, 1996:9-59) - are similarly laudable. The data suggests, however, that these factors are superfluous alongside the inevitability of pending automatic discharge. In other words, when any one factor, such as positive family/whanau relationships, was not evident, there appeared to be no compensatory action taken, such as assuming an additional guardianship order to ensure ongoing statutory support for the young person.

In addition, the non-specific nature of the factors is unhelpful. Whilst identifying the need for 'quality' preparation, CYF does not define 'quality'. CYF guidelines do not define 'satisfactory accommodation' or 'general living circumstances'. The absence of a proactive system of practice guidelines to ensure that all five factors are present prior to a young person's discharge, or a clear alternative action plan for when they are not, leads to the conclusion that these five factors are inactive ideals, rather than practice realities. Automatic discharge from statutory custody is effected at seventeen, irrespective of these factors being present. The information presented in the following final section of results, dealing with the development and mastery of independent living skills, supports this conclusion.

# **Levels of Self Sufficiency**

Seventy-one percent (25) of the sample were without any record of independent living skill development. Frequently the immediate needs of the young people - particularly managing behaviour, and maintaining or locating foster placements - appear to have

overtaken the need for preparation for after care. Of the 29% with some consideration towards gaining life-skills, four had a medium-high focus and six had a low-medium focus. Table ten delineates the range of specific living skills<sup>9</sup> sought in this study.

**Table 10: Independent Living Skills** 

Independent Living Skill	Number	Percent
Family Contact for Post-Discharge Support	19	54
<b>Current Counselling for Personal Problems</b>	16	45
Budgeting/Money Management	14	40
Claiming Benefits	14	40
Looking for/Obtaining Employment	13	37
Cooking/Nutrition	8	23
Getting Legal Advice	8	23
Cleaning/Hygiene	7	20
Opening Bank Account/Getting Credit	6	17
Gaining Personal Confidence	5	14
<b>Obtaining and Maintaining Accommodation</b>	4	11
Family Planning	3	8
Looking after Clothes/Personal Possessions	3	8
Shopping	2	6
Getting On With Others	1	3
Looking after Health/ Well-being	0	0
Use of Public Telephone	0	0
Use of Public Transport	0	0

Table eleven records the number of skills attributed to each individual. Sixty percent of the sample registered below the average of 3.5 skills. However, once again, these findings must be tempered by the fact that a file review is not the most accurate way of determining life skills. Skills may be held but not recorded.

**Table 11: Extent of Living Skills** 

Number of Living Skills	Number of Y/P	Percent
No Skills	5	14%
One Skill	6	17%
Two Skills	3	8%
Three Skills	7	20%
Four Skills	1	3%
Five Skills	1	3%
Six Skills	6	17%
Seven Skills	2	6%
Eight Skills	3	8%
Nine Skills	1	3%
Total	35	100%

<sup>&</sup>lt;sup>9</sup> This table was compiled by the researcher from independent skill options sought in overseas studies see Barth, 1990, Wilson et. al., 1994, Iglehart, 1995, Department of Health, 1995c, and Cashmore & Paxman, 1996.

Despite the apparent lack of focus, most of the sample had acquired minimal living skills of a rudimentary nature. Because of their special needs, 45% had access to counselling. Although technically not an essential 'living skill', the counselling relationship was assisting a number of young people through the transition from dependence to independence, by improving their ability to manage emotional or 'soft' skills, such as social and communication skills, getting on with others, and confronting anger, past losses and rejections.

The records of 23% of the sample recorded the young person's ability to obtain legal advice. Being mindful that each young person in care has a court-appointed counsel, it remains unclear, however, whether this is an acquired skill - in other words, whether the young people, themselves, were initiating contact with their counsel, or vice versa. Eleven percent of the sample could find and keep accommodation. Rather than being 'taught' to do so, these young people had simply needed to do so, for survival purposes. Similarly, for the 40% familiar with the basics of budgeting and saving money, claiming benefits, and looking for employment, this had generally occurred immediately prior to discharge, as part of the young person's transfer from CYF to WINZ.

Occasionally valuable preparation was provided by social workers' use of CYF funding to create a pseudo-IYB regime for a young person. This provided the adolescent with the opportunity to practice living on a fixed income prior to discharge. For several adolescents, however, including Owen, the best efforts of social workers fell short.

#### **Inability to Manage Finances**

Sixteen year old Owen received a benefit, but paid no board to CYF so that he would save towards his discharge at 17. Over several occasions Owen spent hundreds of dollars on alcohol, McDonalds and KFC for all the children in the foster home. With only \$15 left in his savings account he was placed under strict savings supervision. Four months later he gave away \$150 to a family member who was recorded by the social worker as only contacting Owen when money was needed.

Owen's circumstances exemplify how chronological age expectations were frequently in conflict with the emotional/social/developmental levels exhibited by the sample. Such conflict can give rise to anxiety or stress in the young person, a correlate of not feeling emotionally and/or physically safe. The data gathered in this study suggests that when confronted with mandatory discharge, the anxiety levels of the sample typically increased, and safety-seeking behavioural responses heightened, in line with the ethologically derived 'fight, flight or freeze' concept for escaping perceived danger (Perry et. al., 1995, cited in Bowler, 1997:10).

'Freezing', a correlation of insecure attachments (Bowler, 1997:10), was the most common response from the sample, although a combination of responses was sometimes

apparent. 'Freezing' generally presented in the form of a lack of motivation<sup>10</sup>, or an immobilisation from fear of change. This made problematic even the best of social work efforts to effect independence with young people. For adolescents like Patrick and Garth, coping with the day was sufficient, let alone planning for the future.

#### 'Freeze' Responses

Patrick's social worker noted: 'I have talked with Patrick about what he would like to do in the next year - his needs in relation to clothing, medical, dentist, bank account, and other aspects of moving towards independence. Patrick told me he finds it difficult to think about the future as he lives day by day'.

Garth's case conference concluded: 'Garth is a high risk youth...his behaviour disorder cannot be defined according to mental health terms. He could have social phobia, the beginning of early schizophrenia (possibly drug-induced), possibly dyslexia or psychogenetic illiteracy, possibly self-harming, certain travel phobia, a strong propensity for explosives and dabbling with dangerous appliances such as knives, electric wiring etc. Garth is likely to continue to sabotage placements (6 in 12 months), attempts to get on courses or any activity that threatens his fragile sense of self...'. The social worker recorded: 'Whatever his disorder he has become quite dysfunctional. He cannot sustain a relationship, he is unable to travel or perform normal day to day activities of the average teenager, he has no close family or peers as a frame of reference. Garth in no position to be discharged (automatic in four weeks time)...Garth's comments gave me a clear picture that he is terrified of the unknown and this is the reason he wants to stay (in care)...'.

The 'flight' response was more prevalent in those whose need for independence was counteracted by a far stronger need for a sense of belonging. In search of a secure base, they chose to 'flee' the soon-to-end security of foster care by returning themselves home. As discussed earlier, 44% of the return homes were effected within nine months of discharge. Lisa's circumstances outline the anxiety underpinning the 'flight' response.

#### Flight/Fear of Discharge

Lisa was 16 when her counsellor recorded: 'Lisa presented in a distressed, confused state, repeatedly contradicting herself and expressing much fear about the future...she stated she was fearful of leaving and worried she wouldn't 'make it' in the world, and that she would end up 'on the street'. She was worried about her ability to care for herself. She was afraid of further harm, eg abuse, she couldn't see a future for herself...Lisa expressed some suicidal ideation...Self-harm/suicide appears to be an option she has considered if things get 'too tough'...The pending change has threatened the little security Lisa believed she had and she quickly spiralled downwards. I believe Lisa to be at risk of self-harming in the future, if she were to slide into a similarly anxious mental and emotional state, especially if she was, or believed herself to be isolated from support people'. Immediately before turning seventeen Lisa returned herself home. Her social worker recorded: 'Over the years Lisa has yearned for a family, any family or HER family. She appears to have come to terms with her early treatment from her family. There is currently no other appropriate placement for Lisa. There has been no contact with her parents over the years except at review time. Lisa is adamant that she wants to stay with her family and fears she will be again removed...Lisa has threatened to cut her wrists on past occasions when she has been unhappy about her future. To remove her from her parents now may cause her to carry out her threats'. Lisa's relationship with her family soon broke down and Lisa eventually moved into a supervised community residence.

<sup>&</sup>lt;sup>10</sup>A major problem in foster care is that children's difficult behaviour can result in a more coercive, negative and over-controlling reaction from caregivers, teachers or social workers. This, in turn, further increases the lack of internal motivation in the child (Cicchetti et. al., 1989, cited in Smith, 1997:24).

The 'fight' response was not a common one. It may, however, have underpinned non-compliant behaviour, which the data suggests leads, paradoxically, to an increased likelihood of early discharge. Despite the generally low level functioning evident, as table twelve shows, 29% of orders were discharged early.

Table 12: Timing of Discharge

Discharge Option	S.101 Custody	Percent	Additional And Sole Guardianship	Percent
Early Discharge	4	12%	4	17%
Automatic At 17	31	88%	3	13%
Some Time After 17			2	9%
Ongoing As At 1.4.98			14	61%
Totals	35	100%	23	100%

It is clear from case records that stability and maturity were not prerequisites for these early discharges. As Heather and Rawiri's circumstances demonstrate, non-compliant behaviour was the initiating factor.

#### Early Discharge Through Non-compliance

Heather was discharged eight months before her 17th birthday. Her social worker and supervisor agreed on this action because Heather had: '...worn down several caregivers over the past eighteen months with her attention-seeking and demanding behaviour or lies; has stayed no longer than 24 days in any one placement; continues to do as she pleases, absconding at whim and stealing from caregivers; places herself at increased risk when she absconds...'.

Rawiri's custody and additional guardianship orders were discharged 4 months before his 17th birthday. The social worker wrote: 'Rawiri is over 16 years old and now determined to live independently...The care and protection work with Rawiri has now finished. It is not a particularly positive outcome for a young man we have been responsible for since he was very small and if I thought it was to his advantage I would retain the care and protection orders. However Rawiri has moved beyond anything we can do for him at present. It is to be hoped he survives the risks he is presently taking as an adolescent'.

In my view, and as previously highlighted, a significant shortcoming of CYF practice guidelines for preparation for independent living is their failure to identify what should be done when only a custody order is in existence, and even a minimally 'successful' move to independent living' **cannot** be achieved by seventeen. The legal option is an application to court for a sole or additional guardianship order to the CECYF. This would ensure ongoing statutory support after seventeen, and up until twenty if required, for those clearly unable to make the transition to independent living in the time frame demanded by the custodial provisions of the legislation.

CYF does not provide objective criteria for discerning the basis of any such application for developmentally delayed sixteen year olds. On the contrary, the Department's budgetary constraints are forcing managers to actively dissuade social workers from pursuing this option (CYPFS, 1998b:1; 1998d:1). Applications for additional guardianship of young people in the sample were sought by social workers in only two instances. Both applications were rejected by site managers. The data supports the view that, rather than applying to the courts to extend their statutory responsibility, CYF is more likely to seek an early discharge of existing orders.

The circumstances of the sample suggest that **no-one** actually 'achieved' independence according to the criteria set down (NZCYPFS, 1996:9-59): no young person was fully capable of acting for her/himself by seventeen. Instead, the majority of the sample, despite their cognitive and emotional limitations and special needs, simply 'aged out' of custody, without the necessary ability to self-manage. But whilst a lack of true preparedness for independent living was the norm across the sample, varying degrees of preparedness were present. A very small group (14%:5) was 'better placed', in comparison with the majority (86%:3), to manage life after care at seventeen. Tim was one of the minority.

#### **Better Placed for Discharge**

Tim's social worker advised the court: 'Tim is nearly seventeen, and has already demonstrated his ability to manage his independence. He is competent at finding and keeping a job, finding a place to live, handling money, making decisions, taking responsibility and setting goals. Guardianship will revert back to (his parent). Both Tim and (his parent) are happy with this decision. (The foster parents) both state that Tim is welcome back home if Tim were to lose his job. They treat him as their son and will continue to offer Tim their guidance and support. CYPFS staff who have worked with Tim are delighted he is doing so well and wish him continuing success for the future'. The social worker recommended that sole guardianship be discharged and the court concurred.

Upon discharge, 6% (2) of the sample received a letter of acknowledgement from the social worker. In my view, this is a really important feature of mandatory discharge that needs much more emphasis. Immediately upon leaving care social workers need to make explicit the Department's continuing interest and concern in such a way that young people know that future contact will be welcomed and acceptable, and that there is statutory provision for financial help to be made in certain circumstances. But first, the Department needs to accept this parental responsibility within standard care policy.

### Summary

This chapter reports on the findings of the study in relation to preparation for discharge. The data presented depicts a population of young people who have deficiencies in major life skills and who are sorely in need of ongoing intervention to enhance and increase social competence. Because later competencies build on earlier competencies (Havighurst, 1972; Erikson, 1978; Holmes, 1995:98) there is every reason to suggest

that disturbances in early attachments have had major consequences for the social, emotional and cognitive development of the majority of the sample.

Social and cultural competence for young people, be they in care or out of care, derives ultimately from a sense of belonging to a social network reflecting familial, school, neighbourhood, ethnic and cultural elements (Gilligan, 1997:14). The lack of such competence emerging from this study suggests that the true impact of identity formation could be considerably higher than the 37% of the sample with recorded identity issues.

The anxiety of the young people as they approached pending discharge was exhibited behaviourally in a manner that, in turn, further limited their self-sufficiency. An American study (Iglehart, 1994) examined four independent living areas for foster care adolescents - taking responsibility, taking care of oneself, creating a supportive emotional and physical environment, and employment readiness. Psychological health problems were found to adversely affect progress and development in all four areas. Based on the extent of special needs found in this study, and their impact on the ability of the sample to prepare for independent living, there is little to suggest that foster care adolescents in Aotearoa/New Zealand fare any better in matters of psychological health than their American counterparts.

The importance of a personalised network of after care supports comes through as essential to the social and psychological survival of young people leaving care. It takes time and care for social workers to identify what Gilligan refers to as 'secure base camps' (1997:16), the equivalent for the adolescent and young adult of the secure base which attachment figures offer the toddler. This highlights the importance of a constant focus on 'preparing for adulthood', not just in the final stages, but throughout the entire care episode.

In the shadow of the young person's seventeenth birthday, social workers appear to be under increasing pressure, most typically to physically accommodate the young person and respond to her/his often extreme behaviours. They tend to view independence not so much as a process to be achieved, but as a placement option in the absence of other placement alternatives. Without the luxury of time in which to allow the young person to manage their transition in line with their psychological, social and cognitive ability, social workers are forced into effecting independent living for young people who exhibit few, if any, indicators of self-sufficiency.

Whether or not CYF support extends past seventeen, and the form this support might take, is highly variable and decidedly subjective. Rather than it relying on the degree of

instability and special needs presented by individual young people, it appears that the more settled the individual, the greater the likelihood of on-going support. Conversely, there is a implied link between non-conforming behaviour and early discharge of statutory custody. The overall findings of the study suggest, in line with overseas findings (Yancey, 1992:828), that without specialised preparation for discharge, and formalised channels of post discharge support, contemporary foster adolescents will, at best, survive, rather than thrive, after care. The dependency needs of these young people are simply transferring at seventeen to other social agencies.

The recurring theme throughout this section of results is that young people appear unable to achieve the necessary level of maturity that independent living demands, and that social workers appear unable to effect the stability in care that is required to even begin to prepare young people for independence. This reality represents, for me, the futility of the chronologically determined adulthood legislated for in the CYPF Act 1989. In my view, so long as ideologies other than pro-child have priority - as previously discussed within my depiction of present-day child welfare as 'the child as a cost' - then the developmental potential of children will be endangered.

The following, and final, chapter draws together the central themes of this thesis. Within a review of the questions and objectives underpinning the research, it discusses and analyses the major findings from the data, and considers their policy and practice implications.

### CHAPTER EIGHT

### H H I DHE HAYER KANNAYAR OD DHEINIDD DE DANIDD DANE HEIRIAM INCED

Conclusions and Recommendation of the Study

Me haehaetia koia te rau i peke i te matangi? Should the leaf withered by the chilling wind be slashed?2

#### Introduction

This concluding chapter draws together the central strands of the study. It highlights the research findings reported in Chapters Six and Seven, and discusses and analyses them in the light of the research questions and objectives set out in Chapter One, the body of international foster care knowledge set out in Chapter Three, the legislative and historical frameworks of Chapter Four, and the theoretical framework of Chapter Five, all of which have informed this research

The discussion in this chapter is structured around a review of the three research questions underpinning the study: the extent to which foster adolescents are prepared and ready for life after care; the policies and programmes in place to support foster adolescents at mandatory discharge; and the extent to which the state, as 'parent', compared with other countries, meets its obligation to prepare its young people for adult life. Whilst acknowledging the inter-related nature of these three questions, for reasons of clarity they are discussed separately. Finally the chapter considers the possible practice and policy implications of the research findings.

This research has examined statutory foster care in Aotearoa/New Zealand from the perspective of foster adolescents approaching mandatory discharge from custody at seventeen. An inherently disenfranchised group for a number of reasons, these young people are characterised by experiences of abuse, neglect, rejection, loss, poverty, deprivation, educational interruption, familial disruption, ongoing care related conflicts, and frequently sub-optimal integration into surrogate families. These negative experiences impede the negotiation of age-appropriate developmental milestones for many of the young people.

The research findings suggest that a considerable proportion of the foster adolescents in the sample were failing to flourish in statutory care, and that this failure, in turn, affected

1 Term coined by Frank Ainsworth (1987:5)
 2 A Ngapuhi whakatauki attributed to Pomare (Department of Maori Affairs, 1987:58).

their transition out of care. This conclusion is supported by the high number of care placements (see Table 2: page 70) and failed return home placements (see pages 74-75), a high level of social worker turnover (see Table 5: pages 78-79), limited educational achievement (see pages 82-83), the high degree of behavioural, emotional and developmental disturbance (see Tables 6 and 7: pages 87-89), and the lack of life skills for independent living (see Tables 10 and 11: pages 97-100).3

These findings raise the question of whether it is foster care per se, coupled with pre-care experiences that, rather than advancing independence in foster adolescents, has an adverse impact on their readiness for mandatory discharge from statutory custody at seventeen, or whether there were factors accompanying the foster practices studied in this research that have contributed to this situation. This question underpins the discussion that follows, as each of the three research questions is revisited in the light of the research findings.

### **Preparedness and Readiness**

The primary aim of this study was to uncover the extent to which foster adolescents approaching automatic discharge were prepared and ready for life after care. The nature of pre-care experiences clearly impacts on in-care progress, and pre-care difficulties are frequently compounded by in-care experiences4. In turn, what happens prior to, and during, time in care impacts upon an individual's readiness to leave care and live an independent life, and her/his ability to be prepared for that eventuality (Cashmore & Paxman, 1996:155). The effects of multiple placements and developmental delays, psychological health problems, and poor educational performance cannot be erased when the young person is on the threshold of 'ageing out' of care (Iglehart, 1994:159). This study found foster adolescents typically ill-prepared and unready for life after care.

The extent to which young people were prepared and ready for life after care appears affected by two recurring factors. These are the lack of continuity in the young person's care experiences, and the lack of planned, focused and incremental preparation for independent living. The significance of these two factors will now be summarised.

See Triseliotis, 1980, St. Claire & Osborn, 1987; McFadden, 1990, Aldgate, 1994; Glisson, 1994; Stein et al., 1994; Ayasse, 1995; O'Neill & Absler, 1997, Stein, 1997 and Kney, 1998.

<sup>&</sup>lt;sup>3</sup> Rather than seeking generalisations this research has sought to provide useful information that is specific to mid-adolescents in statutory custody. As Patton (1990:487) observes: '...findings based on samples, however large, are often stripped of their context when generalisations are made'. Given that the research could be replicated, and the circumstances of the sample are representative of the population of 15-16 year old in statutory custody from whence it was drawn (see appendix one), one could, however, argue in favour of the generalisability of this study.

#### **Lack of Continuity**

The finding from this study that young people averaged 5.6 new care placements (see page 70) during an episode in care supports the international understanding that foster care frequently involves placement instability. The fact that those entering care as adolescents averaged a change of placement every 17 weeks, compared with 45 weeks for under thirteen year olds (see page 72), shows instability in care to be heightened almost threefold for adolescents. These findings suggest that foster adolescents experience a less consistent parenting pattern, than do their younger counterparts.<sup>5</sup>

Adolescence should be recognised as a particularly difficult time for anyone to be fostered. Given the clear contradiction between the tasks of adolescence and the tasks of foster care, for many adolescents foster placement disruption may well be an unavoidable inevitability. Hipgrave (1989) explains the dichotomy in these words:

If...a foster family is, quite rightly, concerned with providing a secure base for an adolescent, this may clash with other developmental tendencies of adolescence, and understandably be resented by the individual. On the other hand, without a secure base, an individual is more likely to experience a less comfortable passage towards adulthood (1989:44).

Hipgrave's analysis encapsulates both the challenge of fostering adolescents, and the developmental potential for adolescents to resist being parented. This potential is heightened for foster adolescents, most of whom suffer multiple losses, and frequently tenuous attachment and identity links which inhibit new opportunities for establishing a secure base (Kney, 1998).

The extent to which young people themselves contribute to their lack of continuity in care was beyond the scope of this study. The reality of many foster adolescents 'voting with their feet', however, was apparent from the case records. Twenty-eight percent of the sample had episodes of absconding (see page 75). Seventy-four percent of the incidences of return home were instigated by the young person amidst a foster placement crisis or during an absconding episode (see Table 3: page 75). Seventeen percent were school truants (see page 81). Fifty-four percent experienced placement breakdowns as a result of caregivers being unable to manage the young person's behaviour (see page 71).

Whether the young people were victims or instigators of discontinuity in care, and it is arguably a thin line, the care placement and disruption figures alone suggest that for many adolescents the best offerings of foster care are falling short. These figures show

<sup>&</sup>lt;sup>5</sup> The social workers' case recording frequently refers to difficulties in finding placements for adolescents. Parents are unwilling to foster adolescents who are '...sexually active, aggressive or with major emotional and conduct disorders' (NZFFCF, 1998:25). In the absence of placements that match needs with skills, adolescents experience more 'makeshift' or short-term placements, which ultimately exacerbate existing behavioural difficulties.

that, contrary to legislative principles, practices and assumptions, foster care for adolescents in Aotearoa/New Zealand frequently appears neither to be short-term, nor settled, and the secure base that Hipgrave (1989:44) emphasises is rarely achieved. In addition, the life histories of the sample suggest an enormous disparity between the actual 'care' given in fostering these at-risk young people, and the parenting necessary for their success.

There are, inevitably, structural reasons, beyond the scope of this study, for why caregivers are not well placed to perservere with adolescents. In ecological terms, the outcome of foster care placements, whether measured in terms of the young person's functioning, or stability and permanency, are dependent on a complex set of factors that are interactive, rather than a series of direct relationships. However, it would seem from the findings relating to continuity in care that, for many young people, parenting, alone, is too little an intervention. Much more remedial intervention is required. From the young person's perspective, and as idealistic as it may seem, the introduction of 'no reject/no eject' policies (Petr & Entriken, 1995:529) for adolescents would go some way towards meeting their essential developmental need to have at least one caregiver/adult 'irrationally' committed to them (Bronfenbrenner, 1979b).

Whilst new care placements and disruptions was the most significant indicator of a lack of continuity in care, discontinuity in significant relationships and education also featured. A lack of continuity in education typically restricts the options of foster adolescents for adult self-sufficiency (Barth, 1986, 1990; Iglehart 1994; Ayasse, 1995). Twenty-three percent of the sample had experienced breaks in education, 20% had been suspended from school, and 8% had been expelled (see page 81).

The impact of young people averaging 3.5 social workers (see page 78) is not insignificant. It has implications, not just from the repeated loss and separation encountered by the young person but, when coupled with the rapid caregiver turnover, from the risk that there is no-one who is consistently knowledgeable about, monitoring or evaluating the young person's readiness for or progress towards independent living. More positively, the fact that 88% of the sample were in some contact with some family member, and 43% were in some contact with a former caregiver family, suggests that social workers, within the constraints of individual family circumstances and dynamics, are acknowledging the value of, and encouraging and supporting continuity of relationships between young people and their 'significant others'.

Instability in statutory foster care must be kept to an absolute minimum, if not arrested entirely. Stability is crucial if foster care is to provide for the child's overall development. The findings of this study, particularly around placement, education, socialisation and

skill acquisition, indicate that this is not occurring. A considerable investment<sup>6</sup> is required if the outcomes of the current statutory care services to adolescents are to realign with the legislative expectation of a multi-dimensional well-being, encompassing physical, behavioural and emotional components, as set out in Ss. 4, 7 & 14 of the CYPF Act 1989.

#### Lack of Preparation

A variety of social and economic factors in this country<sup>7</sup> has lead to a discernible trend in which young people are living longer - often to their mid-twenties - with their parents.<sup>8</sup> In 1996 the Hon. Roger McClay, then Minister of Youth Affairs, observed:

Young people make the transition from dependent child to independent adults and during this period the protection of each young person must be balanced against their increasing desire and ability to take responsibility for themselves...policies for young people must recognise this transition and the fact that some young people may be ready to accept responsibilities at different ages from others (Ministry of Youth Affairs, 1996:1).

It is difficult to reconcile this political rhetoric with the reality for foster adolescents. They have no such flexibility in their transition from childhood to adult. Their discharge from statutory custody at seventeen is inevitable - ready or not. The legislative intent is that they **are** self-sufficient at seventeen. The circumstances of the sample in this study tell another story. Whilst foster adolescents **begin** independent living earlier than the general population, they are not **achieving** independence by seventeen. They are ill-prepared, ill-equipped, and comparatively ill-supported for self-reliance.

The fact that 71% of the sample had special education needs (see page 82), 94% had behavioural, emotional or developmental needs (see Table 6: page 87), and 37% had diagnosed disorders (see Table 7: page 88), confirms both the necessity for specialised intervention in the development of independent living skills for these young people, and the magnitude of the task facing the CECYF who, like any parent, must respond to her/his moral responsibility to ensure that those in her/his care are prepared and ready for adult life. The findings that 54% of the sample had no recorded goal guiding casework intervention, and 63% had no mention in case plans of independence as an inevitability (see page 97), that 71% were without any record of independent living skill development, and 60% registered below the average of 3.5 independent living skills (see pages 97-98) suggests a system of statutory care in Aotearoa/New Zealand focused on

<sup>&</sup>lt;sup>6</sup> This need not be a solely financial outlay, but also in terms of staff, carers, training, care resources, \_ programmes, priorities and transparent lines of accountability.

Factors include user-pays education, the withdrawal of living allowances for tertiary education, delayed marriage and reproduction, and increased unemployment among school leavers (Coney, 1996:242).

<sup>8</sup> In 1991 36% of 20-24 year olds were living with one or both parents, and this is an increasing trend (Ministry of Youth Affairs, 1996:1).

accommodating the adolescent, but with generally little pressure, incentive, priority or accountability towards planning for independence and discharge.

The case records of the sample indicate that independence is being treated as a state to be effected, rather than a process to be achieved. Preparation for independent living is not the driving force of service delivery in CYF. When social workers did address discharge matters they did so, almost exclusively, in terms of financial independence, in the final year of care. The two sections which follow examine and discuss the thinking which informs the current policies and programmes of the state, and the state's obligations towards foster adolescents approaching discharge from statutory custody.

### **Policies and Programmes**

A second focus of this research was the policies and programmes in place to support foster adolescents through mandatory discharge. The conclusion drawn from the research is that current child welfare legislation, and the policies that give effect to this legislation, are not supportive of foster adolescents approaching seventeen. The research has found, however, that CYF, through discretionary financial support, albeit variable, for 49% of the sample (see pages 92-93), has extended continuing support to some young people, primarily those for whom the CECYF retains guardianship responsibility.

In my view, the concept of independence underpinning the legislation (see pages 45-47), and the arbitrary nature of the upper age jurisdiction of the legislation, are significant factors militating against more supportive CYF policies and practices for foster adolescents. Instead, legislative provision for mandatory discharge of statutory custody at seventeen has given rise to a dependency perpetuating environment whereby foster adolescents are being functionally forced to grow and develop at a rate clearly beyond the capacity of the majority. This forced growth, most succinctly described by Ainsworth (1987:6) as '...the horticultural model', effects an artificial maturity 'through some kind of hot-house process', that seems to be ideologically driven by a concern for anti-dependence rather than real independence.

In this study no one person was shown from the case records to have achieved independence (see page 102). Each young person in the sample failed to meet all five aspects of CYF's own criteria (NZCYPFS, 1996:9-59). Most typically the fifth aspect - the quality of the preparation - proved to be the stumbling block. Prudent policy should be based on ends which are desirable and attainable (Gilligan, 1997:14). In the absence of pro-active, Department-driven preparation, independence not only proved unattainable in this study, it emerged as a narrowly conceived concept which repeatedly focused only upon alternative out-of-care income and accommodation (see page 97).

If, as the data in this study indicates, independence at seventeen proves mostly elusive - if, to use Gilligan's term (1997:12), it proves more 'aspirational than actual' - then how helpful can independence be as a central guiding principle? By itself it seems unable to accommodate the complexity of the issues involved, and in particular the multiple influences of adolescent development. In the absence of sustainable independence - the transition from dependency to self sufficiency - what is being effected is essentially a transferred dependency from CYF to WINZ, Community Corrections, or Mental Health. This is completely counter to the primary objective of independent living programmes, of preparing foster adolescents to function in society without depending on public assistance (Stoner, 1999:160).

There are no easy answers to an ideal preparation for life after care. An ecological perspective requires a dual focus upon improving social supports through various forms of environmental helping, and improving personal competencies through the teaching of life skills (Whittaker et. al., 1986:484). The young person's adaptive capacity would be strengthened, along with that of her/his family. In order for this to occur, the environment and its organisations upon which the individual and family depend, including CYF, would need to become more responsive to the needs of the individual and the family. Most importantly, the negative impacts of foster care as an intervention where quality standards are not met - including stability of care placements - would need to be addressed.

From a developmental perspective a supportive framework for young people in care is vital. It must be relative to the transition period for many young people not in care. In acknowledgement of the special needs of foster adolescents, it must involve a range of opportunities for extended support until these young people are 'ready' to move on. This may be, like the general population, when they are in their early-mid twenties. Moreover policies and practices should move away altogether from an independence approach. The notion of complete independence is, in effect, expecting young people who have experienced difficulties in past relationships and whose current family relationships may be stressful, broken or missing, to achieve a level of skills and maturity ahead of their peers from 'ordinary' backgrounds.

A clearer appreciation in this country of the value of the indigenous concept of 'interdependence' is timely. Interdependence more aptly depicts the social reality of adult living. It acknowledges the need for a range of productive relationships with family, peers, work associates, and community members. It confronts the often individualistic

<sup>&</sup>lt;sup>9</sup> See Barth, 1986, 1990; Ainsworth, 1987; Maluccio et. al., 1990; Aldgate, 1994; Mech, 1994; Mech et. al., 1995, and Cashmore & Paxman, 1996.

emphasis that has dominated much of the psychological and sociological literature on adolescent well-being. In addition, it has particular relevance in Aotearoa/New Zealand given that it broadly encapsulates the ideals of whanaungatanga or kinship relationships, and the Pacific Island family ethos.

Any redefining of the transition from childhood to maturity as being from independence to interdependence would not be a major shift for foster adolescents. This study found that, whilst their care experience currently swings them sharply from dependency to an expectation of independence, 80% of the sample upon reaching seventeen reacted by remaining with, or moving in with other people (see Table 9: page 94). This finding confirms that many young people are already closer to interdependence than independence. Rather than living 'independently', they in fact effected 'interdependence', a much more realistic state in my view.

### The State and its Obligations

The third and final focus of the research was an examination of the extent to which the state, as 'parent', compares with other countries, in meeting its obligation to prepare its young people for adult life. This thesis has taken the view, most strongly in Chapter Four, that where the ideologically driven value position of 'kinship defender', which underpins child welfare legislation, policies and practices in this country, is fiscally driven it becomes a limited variation of state parenting (Cockburn, 1994; Duncan, 1995, 1997).

The findings of the research support a rejection of the chronologically determined view of adulthood adopted by the Act, and question the omission of legislated post-discharge services for foster adolescents. They challenge the stance of 'minimal intervention' taken by the state, in circumstances where a limited response by the CECYF to meeting the full extent of her/his custodial responsibilities to foster children is evident. Once analysed, the data promotes a move away from a fiscal analysis of children in care, towards a more ecological approach, with widely canvassed options for rehabilitation and remedial intervention, based on need, rather than driven by budgetary constraints.

The struggle of the state in this country to effectively meet the often complex needs of children in care is not unique. The international literature accessed leads to the conclusion that the struggle is mirrored in most western countries. However two factors point to a lower-level commitment or sense of obligation to the provision of transitional services for foster adolescent leaving statutory custody in Aotearoa/New Zealand. The first factor is the restrictive upper age jurisdiction of the legislation and the lack of legislative provision for discharge and post discharge services for foster adolescents,

which has been fully discussed in Chapter Four. The second is the low priority that the state currently places on foster care services, which has featured throughout this thesis, and which will now be summarised here.

#### **Priority of Statutory Care Services**

The international literature provides compelling evidence, encapsulated by Hudson (1993), of the ways in which, once a child is admitted to care, the intervention of agencies lessens, since the child is deemed to be 'safe':

Many children and young people are then effectively neglected through professional inaction and lack of resources. The emphasis on diagnosis and investigation has rendered post-validation work with children and young people, and their non-abusing parents as something of an extra to be served only in meagre portions. This policy is tantamount to the secondary abuse of children who have already been abused (Hudson, 1993:140).

This research was prompted by the dearth of knowledge about what happens for young people in care in this country to prepare them for life after care. Somewhat paradoxically, the research has been limited by the dearth of relevant information held on the care records of many of the young people in the sample. An inadequate set of information is being captured. Fiscally relevant statistics aside, the state, as substitute parent, seems not to want to know some very basic information about its young people in care.

A broader application of data collection is crucial. The failure of the state to collect significant information about the needs of those under its custody and guardianship reflects the 'secondary abuse' to which Hudson (1993:140) refers. Whilst some ordering of casenotes has been promoted in CYF over recent times (see page 21: footnote 21), this has been more around formatting information, than identifying mandatory information on the well-being aspects of children and young people in care.

The usefulness of CYF case records could be increased many-fold if provision was made to build in systematic recording procedures, if structured recording was done on a routine basis, and if resulting data was incorporated into the Department's official information system. As Barber and Scott (1996) conclude, CYF needs to incorporate objective information about children's health and welfare into key informant reports. This would include the physical well-being of the child and in particular, attention to any physical problems stemming from abuse; the affective or emotional well-being of the child, and in particular emotional problems stemming from abuse; and the social

functioning of the child, and in particular social behaviour problems stemming from abuse (1996:22).<sup>10</sup>

Until child/family-orientated information is sought, valued and analysed, foster children will continue to be at-risk children. Their opportunities for optimum well-being will continue to be jeopardised. Were future child well-being to be plotted in a three-dimensional space comprising of physical, behavioural and emotional axes, as Scott and Barber (1996) suggest, it would provide critical information of a nature and degree that was sought, but was not accessible, in this research.

In the mid-1980s Macaskill Duffin, speaking of foster care in this country, concluded:

If we are to provide alternative care for children of families in crisis, we must be able to offer a life experience that at least in part makes up for the loss of their natural family. Most vitally, we must be able to offer some sense of security - at least as much as, rather than less than that which is left behind...If a sense of stability, predictability and permanency are lacking, and if a child cannot find a clear identity and a sense of truly belonging, then the best offerings of foster care may pale into insignificance (1985:49-50).

Fifteen years on, the need for permanence and stability were the most basic unmet needs in this study. As key requirements at any stage of human development, had these needs, alone, been met in the adolescents making up the sample, it seems likely that more intrinsic and extrinsic independent living skills may have developed by osmosis, as with young people living out-of-care.

Economic considerations, and possibly social considerations, rather than assessments of need, appear to have given rise to the lack of appropriate placement options that contributes hugely to impermanence and instability in care. The closing of many Department residences in the 1980s, purportedly in line with core values of localisation and normalisation (Fulcher & Ainsworth, 1994:5), followed by, in the mid-1990s, the selling of 'under-utilised or surplus to requirements' Department family homes, has resulted in limited placement alternatives for disturbed adolescents (Social Policy Agency, 1997:1). Judging from social workers' casenotes, finding placements for adolescents is currently highly problematic. A more specialised, supported and resourced adolescent placement programme is long overdue.<sup>11</sup>

A new Case Management System (CYRAS) is becoming available to CYF social workers over a four stage release during 2000-2001 (CYF, 1999c:1). It is too early to know whether or not CYRAS will accommodate the significant changes being mooted here.

Since June 1999 CYF has been progressively launching a Youth Services Strategy for responding to high-risk youth. Among other programme components, six specialist family homes, contracted to CFSSs, have been set up in Auckland (2), Wellington (2), Hamilton, and Christchurch (CYPFA, 1999a:6). It is too early to assess the value of these homes. At any one time, however, they will be catering for a minority of young people requiring such intervention - around 36-48 - and the ability to place will be severely limited by demand and geographic location.

Economic considerations are also apparent in the uneven application of discretionary funding found in the data (see pages 92-93). The reality is that every dollar sought for a child or young person in care is elective - competed for and prioritised alongside the conflicting demands of a site budget. In effect this places the care system at risk of simply reinforcing inequalities, rather than being the means of redressing them. This risk is central to the stance adopted by Children's Rights advocates, who perceive an inherent conflict of interests in the duality of the CECYF's roles - parental and guardianship responsibilities on the one hand, and obligations as a Chief Executive on the other. They promote the establishing of a new statutory role of 'official guardian' (Committee of the Child Care and Rights of Children, 1983:86; O'Reilly, 1997:104; Smith, 1997:7).

In line with the argument proffered in this thesis, proponents for reform view parenting by the state as a responsibility, rather than a business. With the introduction of the Public Finance Act 1989, and mindful of a subsequent statement by a former CECYF that this legislation took priority over her obligations under the CYPF Act 1989, they believe that lower cost options are being pursued for children in care. Their argument, that the best interests of children in care cannot be consistently promoted and met within a competitive, budgetary-constrained business environment, would seem to be borne out by the overall conclusions of this study.

Certainly the pursuit of independence irrespective of its appropriateness or relevance to individual stages of growth and development - the 'tyranny of independent living' (Ainsworth, 1987:6) that is argued throughout this thesis - seems strangely at odds with this country's contemporary over-arching welfare philosophies, be it Welfare to Well-Being (DSW, 1994e), Strengthening Families (DSW, 1996b) or 'Safe Children, Strong Families and Stronger Communities (CYPFA, 1999a). Such policies depict a concerted, life-enhancing focus which, as the findings of this study suggest, has yet to filter through to those in statutory care. As Prasad (1997:10) observed, noting the irony of the link between Welfare to Well-Being and the plight of foster children: "...many of the foster children can't move away from Welfare, and there is no well-being to move to unless it is carefully constructed'.

The fact that 17% of the sample were discharged from custody and guardianship to independent living before reaching seventeen (see page 101), with unmanageable behaviour being the initiating factor in most instances, could lead to speculation that discharge is seen by CYF as an expedient response to non-compliant adolescents. It does support the view that the dominant philosophy of child welfare legislation and policy throughout the 1980s-1990s - to increase parental responsibility - does not apply to what Broad (1998:43) terms 'the corporate parent' - the state. The status of foster adolescents may well have become polarised by the system's emphasis on protection and assessment,

rather than the broader concept of interdependence, with the flow-on effect of care decisions based on short-term financial constraints being ignored.<sup>12</sup>

On 01 October 1999 CYF became a stand alone Department. The idea of an independent CYF has been mooted in the past. It has been felt that the Department might have better 'traction' of its resource requests, were it not linked to the multi-billion dollar budget of Social Welfare (Prasad, 1997:10). It is too soon to tell whether or not this is the reality. Meantime, however, the view of the late Laurie O'Reilly, former Commissioner for Children, still holds weight:

The economic underbase of Care and Protection is not a charge upon the nation but a form of investment. In the long term, investment in the interests of children is sound economics...state action which affects the guardianship and custody of a child is the most intrusive action possible, striking at the fundamental connections between parents and children. It requires the highest standards and the current disorder is unacceptable (OCC, 1996: 14 & 18).

The demand for a range of extensive services and supports in the areas of both care placements, and transition to independence, in order to respond to the panoply of need that exists, is reflected in many of the results of this study. Until Aotearoa/New Zealand either adopts or adapts overseas practice, or initiates an indigenous response, the matter of preparedness for discharge, and after-care support, will remain an unmet need. In the end, the young people in the sample lacked preparation and readiness for independent living. They showed, instead, an understandable and predictable preference for interdependent living.

Informed by the findings of the study, the final section of this chapter suggests changes to policy and practice. These recommendations fall into four specific groupings: legislative/ministerial, organisational, therapeutic and preparedness/readiness.

### **Recommendations For Policy and Practice**

#### Legislative/Ministerial

### 1. That the provisions of the CYPF Act 1989 be strengthened and clarified to assist foster adolescents

Resources should be marshalled to remove the legal pressure on foster adolescents to be self-sufficient before they are prepared and/or ready. The upper age limit of the jurisdiction of the Act should be raised to an age beyond 17, and at least 20, to allow for a flexible, rather than a strictly age-determined timing of discharge from statutory custody.

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<sup>12</sup> Longer term social costs include increased crime, early pregnancy, alcohol and drug abuse, mental and physical ill-health, educational under-achievement, and unemployment (Smith, 1997:8).

## 2. That legislative provision be made for ongoing assistance past the Act's upper age jurisdiction

A legislative amendment making specific provision for ongoing assistance after the discharge of statutory custody would ensure a young person's access to support during the individually variable transition process. Such provision should include funding for counselling, family access and such like, scholarship programmes for missed secondary, and tertiary education, setting-up-home grants, post discharge support groups, post discharge accommodation such as transition hostels, and individual mentoring and support.

## 3. That the provision of kinship care and foster care in Aotearoa/New Zealand be formally reviewed

This reiterates a combined recommendation to the Minister of Social Welfare by the New Zealand Family and Foster Care Federation and the Aotearoa/New Zealand Association of Social Workers, seeking to improve and strengthen a care system under stress (NZFFCF, 1998:25-26). Dependent upon the outcomes of any such review, it may be that an independent review office, similar in function to the role played by the Education Review Office in Education Services, is established to oversee child welfare in this country.

## 4. That the role of an independent guardian of children in statutory care be created

This would remove the potential for conflict arising from the CECYF's duality of roles and responsibilities, as a guardian under the CYPF Act 1989, and a Chief Executive under the Public Finance Act 1989.

#### **Organisational**

## 5. That CYF develops the required technological infrastructure to effectively support the custodial and guardianship responsibilities vested with the CECYF

The Department needs a computer programme designed to comprehensively record, monitor, and proactively reflect on, plan around, and make explicit the state of well-being of children in statutory care<sup>13</sup>. Formats should collect specific kinds of case data organised under predetermined headings. Omissions of key data are then less likely to occur, and can be readily spotted and possibly corrected. Moreover, the organisation of data in this manner would facilitate the coding and analysis of much needed research on foster care services in this country.

<sup>&</sup>lt;sup>13</sup> A programme that impresses me is Britain's *Looking After Children* (Parker et. al., 1991), which measures children's progress and assesses the quality of care they receive across six age dimensions from 0-18 years.

## 6. That social workers' workloads be manageable, and managed, to ensure that children and young people in care are not side-lined in service delivery

Working effectively with children, and particularly adolescents in care, is a time consuming undertaking that has no shortcuts. Social workers' workloads must reflect the magnitude of both the responsibility and the task. CYF work must be managed in such a way as to prevent Investigation and Assessment work taking priority over the needs of children in the custody of the CECYF.

## 7. That children in care have specifically earmarked and safe-guarded primary funding

Financial constraints should not impact upon the need to strengthen families of origin to ensure foster children's safe and supported return home, or the ongoing, holistic development of children who must remain in longer-term care. Each child and young person in statutory care should have primary, protected funding, in much the same way that WINZ are funded per beneficiary/client. This would make care expenditure no less accountable and transparent, but would remove the present uncertainty surrounding the availability of funding to meet the special needs of foster children.

#### **Therapeutic**

## 8. That there be increased emphasis on education and recreational activities for children in care

CYF should consider the means of ensuring ongoing education and recreational interests for children in care so that, not only are they educated beyond secondary levels, but they are better placed to compete for employment opportunities, and at less risk of continued state dependency as adults. Implicit in this emphasis would be the maintaining of educational records and monitoring of educational progress for children in care, and the resourcing to ensure that special education needs are routinely met, tertiary or vocational training options are viable, and individual talents and interests are identified and actively encouraged.

#### 9. That Department placement policies for foster adolescents be reviewed

Radical social change has led to a significant increase in the number of 'oppositional' young people in foster care (NZFFCF, 1998:25). Such young people need foster parents with the understanding, skills and ability to recognise their behaviour problems for what they are, and work with them, rather than taking such behaviours as a personal rejection. There must be a move away from viewing foster care as a charitable act done to children, and towards considering it as a therapeutic, home-based intervention which requires commensurate rewards (Rhodes, 1993).

Payments to foster carers would require considerable resources. But the state has a responsibility to ensure the best possible care for its children. Smith's finding (1996, cited in Smith, 1997:78), that the wages staff are paid is the best predictor of quality care, suggests that, without paying for it, consistent, quality statutory care will remain elusive. The current demand for foster homes far outstrips availability, or even viability. Secure options for extremely disturbed adolescents are required, along with additional family homes, targeted to meet the specialised needs of adolescents, within a 'no reject' or 'no eject' policy. In line with overseas practice, semi-independent settings, such as supervised flats and hostels, should be set up to provide a secure base for more settled adolescents in the first phase of their transition from foster care to community living.

### 10. That young people in care have a voice

The views, needs, experiences and perceptions of foster children and young people must be heard and taken into account. They are the best source of information. Young people should be assisted to set up support groups and achieve collective autonomy, in order to have their needs heard. While there is a growing movement to bring this about 14, it needs formalised recognition, resourcing and encouragement for optimum development.

#### Preparedness/Readiness

## 11. That transition from care be redefined from a single event to a planned, long-term approach

In line with an Early Help emphasis (CYPFA, 1999a:4), a systematic, gradual and on-going process of preparing adolescents for leaving care is crucial for ensuring that individuals actually achieve the necessary skills and supports for coping outside of care.

### 12. That current CYF pre-discharge and post discharge policies be reviewed

Discharge policies need to be more explicitly detailed, to better reflect the special needs of foster adolescents. A specific focus on preparing agency dependent adolescents for social, emotional and financial dependence is required. Attendance at independent living skills programmes needs to be mandatory for foster adolescents. Appropriate standards in discharge planning should be developed, and staff accountability to these standards - at all levels - should be insisted upon.

## 13. That the concept of independence for adolescents leaving care be replaced by interdependence

Existing negative attitudes towards a failure to achieve independence or self-reliance could be combated through the creation of an attitudinal consensus that firmly establishes

<sup>&</sup>lt;sup>14</sup> See Chapter One - footnote 13.

interdependence as the driving force of service delivery for adolescents in care. The routine mobilising of community resources through a Strengthening Families (CYPFS, 1998c:1) approach to mandatory discharge could be integral to this attitudinal change. It would allow foster adolescents to move from welfare to well-being, from dependence to interdependence, within a protective system that models healthy interdependence as a standard community function.

## 14. That social workers receive specialised training in preparing foster adolescents for discharge

For CYF practice in interdependence planning to be effective at the individual or aggregate level, sensitive and detailed assessment and planning on a case by case basis<sup>15</sup>, incorporating a much clearer differentiation between intentions and outcomes, and means and ends, is needed. In particular, there should be clarity about the developmental outcome, the final qualities, resources or circumstances sought for the young person from the care episode, the arrangements in place to secure the chosen ends, and the role of an additional guardianship order to the CECYF in providing post-discharge support.

## 15. That an outside review board examines the readiness of young people to be discharged from care at seventeen

This could involve a process akin to the Care And Protection Resource Panel. It could even be a function of that panel. The panel, along with other involved parties, would engage with the young person, in a minimum of three Life Planning Interviews (Barth, 1990:434) during their final year in care. Through these interviews the health, educational, employment and living skills of the young person would be assessed, ways of obtaining needed resources would be identified, and the rights and opportunities of the young person regarding future contact with family, caregivers, and the agency could be clarified. The panel could advise on whether a successful transition to interdependent living appeared viable, whether there was a need for post-discharge support, and whether a realistic after-care plan had been developed.

# 16. That young people leave care with formal acknowledgement of the event, and recorded personal information and available supports

A discharge folder or Leaving Care Guide should be routinely available to young people leaving care. It should include an official Department letter of discharge, all personal information, records, birth certificate, photos, genealogy and documents relating to the

<sup>&</sup>lt;sup>15</sup> The Independent Living Skills System (Daniel Memorial Institute, 1993), an American software assisted and systematic competency-based approach to life skills training, provides a good example of the range of social worker interventions required in responsible discharge planning. It provides tools for the assessment of life skills, the creation of independent living plans, transition plans, independent living assessment profiles, training priorities, and progress and customised reports.

young person's general circumstances and care placements. It should also include information regarding the young person's right under the Official Information Act to have access to her/his Departmental records, complaints procedures, the nature of ongoing advice, assistance, and support available through the Department, details of youth counselling services, and contact numbers for community supports.

#### **Further Research**

Despite the importance of the field of foster care, minimal research has been undertaken in Aotearoa/New Zealand. The most significant research gap, in my view, is the failure of the CECYF, under Sections 7(2)(a) and (g) of the CYPF Act 1989, to ensure that research is undertaken on the 'effects of social policies and social issues on children and their families/whanau', and the 'outcomes of services delivered by the Department and other organisations, groups and individuals'.

As Worrell (1997:9) states, '...the best policy and practice principles are based not on statistical data and economic considerations, but on the lived experiences of those whom they affect'. Both the direct voices of foster adolescents, and the reality of what actually happens to them **after** they leave statutory care, is missing from this study. This is an area for research that, hopefully, may be pursued in the near future, ideally by someone who has been in care as a child or young person.

Other areas for potential research with direct relevance to this study include an examination of community based living skills programmes and their relevance for meeting the needs of foster adolescents; longitudinal studies into the psychological health of foster children; a consideration of the magnitude of the task facing families fostering adolescents; an exploration of the ideal conditions that might attract families to foster adolescents; and follow-up studies of young people who have left foster care.

Essentially all new policy and innovative practice needs to be monitored, questioned and redefined. This has not been a strong feature of CYF processes. But the research-policy-practice-research cycle is crucial, if the personal objective of Jackie Brown, the incumbent CECYF - to provide '...the opportunity for every child in our care to experience...their 'miracle of life' (DSW, 1998:1) - is to be achieved.

#### Conclusion

Long term foster care is a drastic, complex but necessary experience for some children and young people. This thesis has explored the dynamics of foster care for adolescents

from a theoretical perspective incorporating attachment, identity and ecological theory. It has highlighted the myriad of histories, problems and demands presented by individual young people in care. It has supported concerns about inflexible policies and current practices which do little to ensure that foster adolescents are prepared for life after care, and take little or no account of their individual maturity, wishes or preparedness for independence.

The findings of the study cast a disturbing light on the well-being of adolescents in care. They show that young people leaving care can have a variety of needs that must be better addressed by changes to legislation, policy and practice. Some positive care experiences are apparent, particularly the degree of birth family contact being maintained. There are, nevertheless, a number of issues that give cause for concern, and which need to be addressed with some urgency. These needs and concerns are consistent with the findings of an increasing number of overseas studies in the United Kingdom, Canada, the United States of America and Australia. These countries have, however, gone much further towards recognising and addressing the needs and rights of young people leaving care - in legislation, policy and practice - than Aotearoa/New Zealand.

The study has had, as a research priority, the retrieval of foster adolescents' experiences, drawn from casenotes, and an active affirmation of the centrality of their standpoint. Whilst their direct voices are not heard, their experiences are present throughout the thesis. My over-riding feeling while reading the personal histories of these young people was one of powerlessness - of the social workers, who struggled to effectively provide for these young people, of the caregivers, who struggled to effectively manage the disturbed behaviour of the young people, but, especially, of the young people themselves, who frequently struggled to cope with the dynamics of their circumstances.

For those working in the provision of foster care - social workers, foster parents, administrators, legislators, policy makers or simply interested parties - there is much to learn from the experiences of these young people. The problems in respect to their lack of readiness and preparation for independent living should raise deep moral issues for our society. Despite the international consensus that there is a need to prepare young people for life after care, this remains an area of child welfare policy and practice which receives ad hoc, if not scant attention in this country.

It is hoped that this research will, at least, open the dialogue towards change in foster care services for young people in this country. The value of the research will lie in the ability of CYF to do no more than what is asked of the hundreds of parents that come to official notice each year: to identify their failure to behave as a caring parent, and to grasp the opportunities open to them for change.

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# **APPENDICES**

#### **Appendix One:**

#### **Population Census**

This census was compiled from perusal of the personal files of these young people. It records demographic information on the entire population of mid-adolescents, aged 15-16 years, who had been in the continuous statutory care of the CECYF under a care and protection order for at least six months, and were living in a non-institutional setting, as at 01 April 1997. The sample studied in this research was taken from this group of young people.

#### Number, Gender, Age, Geographical Location, Ethnicity and Tribal Affiliation

The census numbered 177 young people, 52% male and 48% female. Forty-five percent were 15 year olds, and 55% were 16 year olds. Fifty-one percent were living in the South Island, and 49% were living in the North Island. As table A shows, the majority (54%) of the census were identified as Pakeha. Thirty per cent were identified as Maori/Part Maori. Of the latter group, 29% were without a recorded tribal affiliation. Where tribal affiliation was recorded the range was one through to nine iwi. The majority (54%) had a single iwi identified.

Table A: Census: Primary Ethnicity

	Pakeha	Maori	Part Maori	Pacific Islander	Other	Not Recorded
Total: 177	95	29	25	20	2	6
Percentage	54%	16%	14%	11%	1%	3%

#### Circumstances Immediately Prior to Entry to Care

Fifty-three percent of the census lived with their mother immediately prior to entry to care. Of this group 32% experienced care from a mother parenting alone, and 21% from a mother and step-parent<sup>1</sup>. Eleven percent were with a sole parenting father, and 6% with a father and step-parent<sup>2</sup>. Twelve percent of the census lived with both parents, and 10% were in the care

<sup>&</sup>lt;sup>1</sup> This includes a lesbian partnership.

<sup>&</sup>lt;sup>2</sup> A combined total of 42% of the sample were living in sole parent families. The national figure for one parent families in 1997 was 24% (CYF, 1999a:31).

of relatives<sup>3</sup>, many of whom had earlier assumed custody and/or guardianship orders. Four percent were with non-relatives<sup>4</sup>, and for a further 4% the caregiver at the time of entry to care was not recorded. Four percent of the census were adopted<sup>5</sup>.

As table B depicts, the records provided very limited information on the income status of the families of origin<sup>6</sup>. Of the 41% of the census for whom information was available, 26% came from homes where the caregiver received some form of WINZ support.

Table B: Census: Income Status of Caregiver

Income Type	DPB	Full-time Work		Benefit: Type Unknown	Sickness Benefit	Invalids Benefit	Not Recorded
Number 177	31	26	6	4	3	3	104
Percent	17%	15%	3%	2%	2%	2%	59%

#### **Entry to Care**

Legal entry to care was predominantly (84%) under the CYPF Act 1989, with s 139 voluntary agreements accounting for 45%, s 78 Interim Custody orders for 12%, and s 39 Place of Safety Warrants for 11%7. A range of other orders accounted for 11% of the sample. For 5% a legal entry was not recorded. Fifteen percent of the census had entered care under the CYPF Act 1974, and 8% of this category were without a recorded legal entry. A further 1% had entered care under provisions of the Guardianship Act 1968.

The primary reason<sup>8</sup> for entry to care ranged across fifteen categories, as set out in table C. These categories made up three broad groupings: issues of abuse, issues of behaviour, and issues of neglect and inadequate parenting. The most common categories were Physical

the social worker at the time of entry to care was chosen, rather than issues that emerged later.

<sup>&</sup>lt;sup>3</sup> Relatives included Grandparents (6), Uncles and Aunts (7), Great Aunts and Uncles (2), siblings (1) other extended family (1), and unstated (1).

<sup>&</sup>lt;sup>4</sup> Non-relatives were two step-fathers, one with custody of the child, a parent's friend, and four sets of foster parents, three with custody and, in one instance, additional guardianship of the child.

5 Adoptive placements are categorised as birth family.

<sup>&</sup>lt;sup>6</sup> Often there was a comment on the record which might suggest that the caregiver was a beneficiary; however unless it was specifically stated, no assumption was made.

<sup>&</sup>lt;sup>7</sup> Legal entry to care refers to **initial** orders only. Temporary orders are usually sought initially to provide immediate safety pending a fuller investigation and assessment, or the holding of an FGC. Frequently there were multiple reasons for entry to care. The most outstanding issue determined by

Abuse, and Behavioural Issues, each applying to 22% of the census. Over all, the primary reasons pertaining to physical, sexual and emotional abuse accounted for 45% of the census, issues of behaviour for 28%, and neglect and inadequate parenting for 23%.

Table C: Census: Primary Reason for Entry to Care

Reason	Number	Percent
Behavioural Issues	39	22
Physical Abuse	39	22
Sexual Abuse	26	15
Inadequate Parenting	16	9
Risk Of Physical Harm	10	6
Carer Unable To Cope	9	5
Abandoned	8	4.5
Environmental Neglect	6	3
Irretrievable Breakdown	4	2
Emotional Abuse	4	2
Psychological Health Issues	3	2
Family Conflict	2	2
Developmental Neglect	1	0.5
Carer Jailed	1	0.5
Risk of Sexual Abuse	1	0.5
Reason Not Recorded	8	4.5
Total	177	100%

Fifty-six percent of the census entered care as a single entity and 41% as part of a sibling group<sup>9</sup>. For 3% of the census sibling status could not be established from the records. Most single entity children (69%) had siblings who remained in the home. Twenty percent were without siblings, and 10% had all or some of their siblings already in care or placed later. Sibling groups were predominantly complete sibling units (82%), mainly comprising of pairs (28 sets), but also larger groupings of three (13), four (10), five (9), and six (5) sibling units. Seventeen percent of the census had entered care as part of an incomplete sibling group.

Table D shows the range from birth through to fifteen years of age at entry to care. The most common years for entry to care, 10-14, collectively accounted for 69% of the census. Thirteen years, representing 25% of the census, was the most singularly recurring age.

<sup>&</sup>lt;sup>9</sup> Whether or not a child enters care alone or with siblings can have significant implications in terms of the child's psychological well-being and ability to overcome the loss, separation and trauma of entry to care, the availability of placement options, the degree of in-care support the child receives, matters of access and maintaining family relationships, and so on, all of which contribute, over time, to the overall health of a young person facing discharge at seventeen.

Table D: Census: Age at Entry to Care

Age	Number	Percent	Age	Number	Percent
0-12 months	2	1%	One year	1	0.50%
Two years	3	2%	Three years	4	2%
Four years	0	0%	Five years	5	3%
Six years	3	2%	Seven years	5	3%
Eight years	3	2%	Nine years	5	3%
Ten years	11	6%	Eleven years	16	9%
Twelve years	27		Thirteen yrs	44	25%
Fourteen years	36		Fifteen yrs	9	5%
Not recorded	3	2%	Total	177	100%

#### **Final Orders**

The time lag<sup>10</sup> from entry to care to the finalising of orders was variable, with 8% of the census being dealt with in under four weeks, through to the opposite extreme of 2-3 years for 2% of the census. For 73% final orders were resolved within a year. The most common timeframe was 3-6 months which accounted for 30% of the census. Limited records for 9% of the sample meant that time frames could not be established.

As at 1st April 1997, 79% of the census were under s.101 Custody orders, and 21% were under s.110 Sole Guardianship Orders. These were single orders for 48% of the census, whilst 52% had one, two or three orders, in addition to a custody or sole guardianship order. The most recurring 'multiple' combination of orders, accounting for 40% of this group, was a s.101 custody and a s.110b additional guardianship order, whilst support, restraining, services, access and counselling orders also featured.

Duration in care, as depicted in table E, ranged from 11 months, through to 16:9 years for a young man who had entered care at birth<sup>11</sup>. The most common duration, of 2-3 years, applied to 37% of the census. Fifty-one percent had been in care for up to 3 years, and 29% for 3-5 years. Sixty percent of the census had a single entry to care. For the 40% experiencing multi-entries, two separate occasions were most common, accounting for 68% of this group. The maximum entries to care was nine for one individual.

<sup>10</sup> Children can be in limbo from the time of their entry to care, pending a definite decision being reached about their future, to the final order committing them to the custody of the state on a longer term basis. This uncertainty can impact adversely on a child's development.

<sup>11</sup> As at 1.4.97 the care career for the majority of the census was on-going.

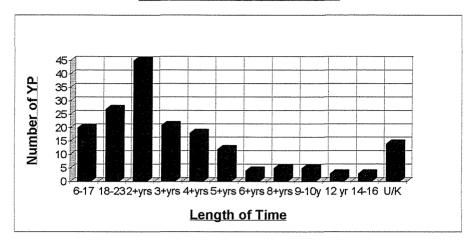


Table E: Census: Duration in Care

#### Main Features of the Census:

This information provides a clear understanding of the features of the population of mid-adolescents in long term statutory care as at 01 April 1997. There were slightly more males than females (92 - 51%; 85 - 48%). Ethnicity was predominantly Pakeha (95 - 53%). The primary reason for coming into care was predominantly abuse (44%). Most commonly (53%), the mother was the main caregiver prior to the child or young person entering care. Children were most likely to have come from homes on benefit income, as opposed to full-time employment (47 - 26%; 26 - 15%). Entry to care most commonly occurred at thirteen years of age (44 - 25%) and was predominantly under the CYPF Act 1989 (148 - 84%).

A s139 temporary agreement was the most likely legal means of entry to care (79 - 45%). Children were more likely to come into care as a single entity, as opposed to being part of a sibling group (100 - 56%). A final order for a child was most likely to be granted within 3-6 months from entry to care (53 - 30%). The final order was most commonly a s101 custody order (139 - 79%). An additional guardianship order was highly likely to be in place (79 - 45%). Children generally entered care on a single occasion (105 - 59%)

#### DEED OF CONFIDENTIALITY

THIS DEED is made this  $lin_{i}$  day of Other 1997

BY. Trish Ward 3/196 Mary Street Invercargill

#### Background

- A The Researcher is undertaking a research project into the preparation for independent living of foster care adolescents facing automatic discharge from state custody. The detail of the Project is contained in the Schedule to this Deed.
- B For the purposes of the Project, the Researcher requires access to Confidential Information held by the Department of Social Welfare ("DSW").
- C For the purposes of the Project the Researcher may also need to observe, question or conduct interviews.
- D DSW is willing to give the Researcher access to Confidential Information it holds subject to the terms of this Deed.

#### The Terms of this Deed are as follows:

- 1 Definition
- 1.1 "Confidential Information" means any confidential information held by DSW or obtained through the observation, questioning or interviewing of DSW staff, customers (clients) or other persons dealing with DSW and includes but is not limited to confidential information:

- (a) relating to the organisation, methods, administration, operation, business affairs, or financial or commercial arrangements of DSW, its customers (clients) or other persons dealing with DSW; and
- (b) relating to any DSW customers (clients) or other persons dealing with DSW, including name, address, personal, medical or business affairs or any other information; and
- (c) relating to the security arrangements made between DSW and any customer {client} of DSW or other person dealing with DSW; and
- (d) relating to contracts or arrangements made between DSW and any customer (client) of DSW or other persons dealing with DSW; and
- (e) of any nature, technical or otherwise, relating to any product or process with which DSW is involved in any capacity that is not information in the public domain.
- 1.2 "Participant" means any staff member, voluntary worker, DSW customer {client}, or any other person to be observed, questioned or interviewed by the Researcher for the purpose of the Project.
- 2. Use, access and obtaining of Confidential Information
- 2.1 The Researcher is given access to Confidential Information only for the purpose of the Project and the Confidential Information shall only be used by the Researcher for that purpose.
- 2.2 The Researcher will not remove from the premises of DSW any file, paper, document or other type of record which is the property of DSW, without the consent of the Director-General of DSW (or delegate).
- 2.3 All Confidential Information disclosed to the Researcher, remains the property of DSW.
- 2.4 Where observation, questioning or interviewing are necessary for the Project, the Researcher must obtain consent from all participants before such observation, questioning or interviewing takes place.
- 2.5 The Researcher will ensure that each Participant:
  - (a) is fully informed of the nature and purpose of the Project; and

- (b) gives informed consent to being observed, questioned or interviewed; and
- (c) is able to withdraw that consent at any time; and
- (d) has the opportunity to view and provide feedback on the data collected from the Participant by the Researcher.

#### 3. Protection of Confidential Information

- 3.1 The Researcher will not, other than with the written consent of an employee of DSW authorised by the Director-General of DSW {name}, disclose to any person or agency, including a research assistant, any Confidential Information which the Researcher obtains for the Project, except as required by law.
- 3.2 Any disclosure of Confidential Information by any person or agency, in breach of this Deed, shall be deemed to be a disclosure by the Researcher and therefore a breach of this Deed by the Researcher. This applies whether or not that information was obtained with written consent pursuant to clause 3.1.
- 3.3 The Researcher will take all reasonable care to ensure that all Confidential Information in the possession of the Researcher is securely kept.
- 3.4 The Researcher will not make copies (including electronic copies and photographs) of Confidential Information held by DSW except where necessary for the purposes of the Project and with the written consent of an employee of DSW authorised by the Director-General of DSW (name). At the conclusion of the Project, or on request, the Researcher will return to DSW all copies of any documents, books, records, papers, computer database or other property in the Researcher's possession belonging to DSW.
- 3.5 In any presentation of the results of the Project (by way of a published or unpublished report, thesis, book, academic paper, article, lecture, speech, broadcast, letter, conversation or any other form) the Researcher will not identify individuals or disclose any other Confidential Information.
- 3.6 (Where requested) the Researcher will submit to an employee of DSW authorised by the Director-General of DSW (name) a final draft of any account of the Project. This employee will have the right to require such deletions or alterations as considered necessary to prevent the

identification of individuals or to avoid disclosure of any other Confidential Information.

#### 4. General terms

- 4.1 Where there is a breach of this Deed by the Researcher and action is brought against DSW, the Researcher will fully indemnify DSW for all resulting costs and damages.
- 4.2 This Deed is in addition to, and does not in any way limit or prejudice, the Researcher's obligations at law in respect of Confidential Information, including in particular those under the Privacy Act 1993. Nor does it affect the Researcher's rights under the Official Information Act 1982.
- 4.3 The Researcher's obligations in respect of Confidential Information under this Deed will continue after the completion of the Project.

SIGNED BY
in the presence of:
Witness: W.E. Roberbot
Address: 7 Melloune St. Invalorge
Occupation: Many assistant.

**Appendix Three: The Research Instrument** 

# HAPPY BIRTHDAY...GOODBYE! ADOLESCENTS IN CARE: PERSONAL CHARACTERISTICS

<b>(1)</b>	Personal	Identification	- Population
------------	----------	----------------	--------------

1 1	Name:	1.2	Number:
	Age at 01.04.97:pearsmonths	1.2	Tumber.
	Location:		
	Ashburton		
	Balclutha		
	Blenheim		
	Christchurch		
	Dannevirke		
	Dunedin		
	Gisborne		
	Gore		
	Grey Lynn		
	Greymouth		
	Hamilton		
	Hastings		
	Hauraki		
	Henderson		
	Horowhenu		
	Invercargill		
	Kaikohe		
	Kaitaja		
	Lower Hutt		
	Mangere		
	Masteron		
	Napier		
	Nelson		
	New Plymouth		
	Oamaru		
	Otara		
	Palmerston North		
	Papakura		
	Porirua		
	Royal Oak		
	Takapuna		
	Tauranga		
	Timaru		
	Waipukurau		
	Wairoa		
	Wanganui		
	Wellington		
	Whakatane		
	Whongorei		

1.5 Ethnicity:  Pakeha  Maori  Pakeha/Maori  Samoan  Pakeha/Samoan  Tongan  Fijian	
Cook Islander Not Recorded	
Other	
1.6 Iwi/Fanau:	
(2) Care Specifics - Population	
2.1 Date(s) Of Entry To Care:	
2.2 Number of Entries To Care:	
2.3 Age Of Last Entry To Care:	
2.4 Initial Status of Current Entry:    s.39	
2.5 Date of Current Custody Order:	
2.6 Type Of Order:	
2.7 Additional Orders:yearsmonths	••
2.9 Siblings Placed In Care:  Yes All Yes Some No No Earlier No Later N/A N/R	
2.10 Solo YP in Care:  Yes  No	
☐ Not Recorded	

2.1	1 Caregiver Immmediately Before Admission To Care: Both Parents Mother And Step-Parent Father and Step-Parent Mother Only Father Only Relative Adoptive Parents Foster Parents
	Non-relative/Other
2.1	2 Socio-Economic Status Of Former Caregiver:
	Domestic Purposes Benefit
	Invalids Benefit
	Sickness Benefit
	Unemployment Benefit
	Benefit - Type Unknown
	Full Time Employment
	Other
2.13	3 Primary Reason For Entry To Care:
	Physical Abuse
	Risk Of Physical Abuse
	Sexual Abuse
	Risk Of Sexual Abuse
	Emotional Abuse
	Environmental Neglect
	Developmental Neglect
	Abandoned
	Behavioural Issues
ā	Psychological Health Issues
ā	Inadequate Parenting
	•
	Family Conflict
	Irretrievable Breakdown
	Carer Unable To Cope
	Carer Jailed
	Not Recorded
Ч	Other
<u>(3)</u>	Casework - Sample
3.1	Number of Social Workers:
3.2	Longest Time With One Social Worker:
3.3	Ever Without An Allocated Social Worker:
	Yes
	No

	Current Regularity Of Visits By Social Worker: No visits 1-3 Weekly Once A Month Two-Monthly Three-Monthly Six-monthly Not Recorded
	Current Plan: Yes No
	Young Person Participated in Current Plan: Yes No
	Current Casework Goal: No Goal Long-Term Care Independence Return Home Discharge From Care Other
(4)	Placement - Sample
	Currently Separated Fron Siblings: No Yes From Some Yes From All N/a
	Current Placement Approved: Yes No N/a Not recorded
	Current Placement: Strangers Kinship Private Board Flatting Hostel Living With Partner

	Abused In Care: Yes No
	Residential Care: Yes No
	Under A Week 1-4 Weeks Over a Month and Under Three Months Over Three Months And Under Six Months Over Six Months And Under Twelve Months
0000000000000000000000	Placement Record (Recorded Below And Overleaf): Inappropriate Placement Fit (1) Placement Couldn't Meet Child's Needs (2) Child's Behaviour (3) Caregiver No Longer Able To Care Due To Changed Circumstances (4) Caregiver No Longer Able To Care Due To Child's Behaviour (5) Child Returned Home (6) Caregiver Unable To Cope (7) Court Orders Assumed By Caregiver (8) Child Abused/Neglected (9) Child Placed In Residential Care (10) Temporary Placement Only (11) Respite Care (12) Placed With Siblings (13) Recommended By Professional (14) Not Terminated / Still Current (15) Young Person Moved To Independent Living Placement (16) Child Absconded (17) Not Recorded (18) Whanau Placement (19) Discharge From Residence (20) Transfer To Another Residence (21) Automatic Discharge at 17 (22) Family Home Closed Down (23)
	Total Of New (Not Repeated) Placements In Care:
7,7	transper in thines exertinea frame to that armist the castants

# HAPPY BIRTHDAY...GOODBYE! ADOLESCENTS IN CARE: PREPARATION FOR INDEPENDENT LIVING

#### (5) General Family Contact

5.1	Contact With:
	Mother
	Father
	Siblings
	Grandparents
	Other Family Members
	Former Foster Family
Co	mments
5,2	Contact With Parent(s):
	At Least Once A Week
	Less Than Weekly But At Least Once A Month
	Less Than Once A Month But At Least Once In Six Months
	Less Than Once Every Six Months But At Least Once A Year
Cor	mments
	C. A. ANTON ON P.
5.3	Contact With Siblings:
_	At Least Once A Week
_	Less Than Weekly But At Least Once A Month
<u>_</u>	Less Than Once A Month But At Least Once In Six Months
U	Less Than Once Every Six Months But At Least Once A Year
Coı	nments
5.4 (	Contact With Grandparents:
	At Least Once A Week
	Less Than Weekly But At Least Once A Month
	Less Than Once A Month But At Least Once In Six Months
	Less Than Once Every Six Months But At Least Once A Year
Cor	nments
5.5	Contact With Other Family:
Ц	At Least Once A Week
u	Less Than Weekly But At Least Once A Month
	Less Than Once A Month But At Least Once In Six Months
	Less Than Once Every Six Months But At Least Once A Year
Cor	nments
<b>-</b> -	Control Wild To the To the
_	Contact With Foster Family:
Ц	At Least Once A Week
	Less Than Weekly But At Least Once A Month
L	Less Than Once A Month But At Least Once In Six Months
	Less Than Once Every Six Months But At Least Once A Year
Cor	nments

### (6) Education

6.1	Mode Of Education:  Not Being Educated  At Secondary School  Suspended  Expelled  Correspondence  At Polytech  University  Other
6.2	Current Class:
6.4	Current General Academic Progress:  Good  Very Good  Excellent  Satisfactory  Unsatisfactory  Significantly Delayed  Not Recorded  Examinations Passed:  School Achievements:
6.6 	School Behaviour:  Normal  Problematic  Not Recorded
6.7	Education Plan: Yes No
	Special Needs: Tutoring Needed Tutoring Provided Minder Special Conditions Special Needs Class Remedial Teaching SES Intervention Truancy
6.9	Number of Schools Whilst In Care:
6.10	Yes No

6.11 Dates/Number:	••
6.14 Expulsion  Yes	••
□ No	
6.15 Dates/Number:	••
(7) <u>Leisure Time</u>	
7.1 Current Activities:  Clubs Sports Arts Other Not Recdorded Comments.	•••
(8) Health	
8.1 Current Standard  Good Not Good Not Recorded	
8.2 Any Current Conditions:	••
8.5 ACC Claim	
Yes No	
8.6 Health Record Maintained  Yes  No	
(9) Employment	
9.1 Current Type  None Holiday Part-time Full-time Work Scheme	
Tops Programme	

## (10) Special Needs/Behaviours/Trauma/Conditions

10.1	Specific Needs:
	Absconder
	Adoption
_	Alcohol Abuser/Dependent
	Anger
	Anxiety/Stress
	Attention Deficit/Hyperactivity Disorder
	Cognitive Impairment
	Conduct Disorder
_	Depression
	Developmental Delay
-	Developmentally Disabled
	Drug Abuser/Dependent
	Emotionally Disturbed
	Encopresis
_	Eneuresis
	Fetal Alcohol Syndrome/Effect
	Fire Setting
	Hearing Impaired
	Learning Difficulties
	Lying
	Non-Compliance
	Parenting
	Physically Assaultive
	Physically Disabled
	Pregnant
	Psychiatric History
	Sexual Abuser
	Sexual Behaviours - Inappropriate
	Sight Impaired
_	Speech Impaired
	Substance Abuser
	Suicide Attempts
_	Theft
	Use Of Weapons
_	Vandalism
_	Verbal Aggression Victim Of Abuse
	Vicinm Of Abuse Violent
	Youth Justice Offender
· Lead	1 odni omrec Onenge.
~	
Con	ment

10.	2 Response To Special Needs:			
	Counselling			
$\overline{\Box}$	Drugs/Medication			
	Psychological Assessment  Developing Assessment			
_	Psychological Intervention - Ongoing			
	Psychiatric Assessment			
	Psychiatric Intervention - Ongoing			
u	Psychotherapy			
y	Medical/Specialist Assistance			
	Course			
<u>_</u>	Residential Programme			
Ч	Other			
(11) Readiness For Independent Living  11.1 Living Skills (indicate whose help was provided, eg self, foster parent, family, social worker etc).				
	Budgeting And Managing Money:			
	Claiming Benefits:			
	Cleaning/Hygiene:			
	Cooking/Nutrition:			
	Coping With Bureaucracies (ISS etc):			
	Counselling For Personal Problems:			
Ц	Gaining Personal Confidence:			
	Getting Legal Advice:			
<u>_</u>	Family Contact For Post-Discharge Support:			
Ц	Family Planning:			
	Getting On With Other People:			
	Lodging A Tax Return:			
	Looking After Clothes etc.:			
	Looking After Health/Wellbeing (Safe Sex/Clean Needles Etc.:			
	Looking For/Getting A Job:			
	Obtaining And Maintaining Accommodation:			
	Opening Bank Account/Getting Credit:			
	Shopping:			
	Use Of Public Telephone:			
	Use Of Public Transport:			
~				
Comment:				
11.2 Formal Independent Living Assistance				
	Workshops:			
	Programmes - Non-residential:			
	Programmes - Residential:			
	Setting Up Funding Prior To 17:			
	Discretionary Funding Prior To 17:			

11.3 Income Post 17				
Not Identified  Study Grant/ Loan  Sickness Benefit  Independent Youth Benefit  Unemployment  CYPFA  Work  Other				
Comment:				
11.4 Accommodation Post 17				
□ Not Identified   □ Foster Parent   □ Parent(s)   Siblings   □ Grandparents   □ Other Family Member(s)   □ Semi-Independent   □ Independent				
Comment:				
11.5 Supports  No support Person Identified Support Person Identified Comment:				
11.6 Identity  Identity Issues Apparent No Issues Apparent  Comment:				
11.7 Discharge Due Date:				
11.8 Early Discharge Considered  ☐ Yes ☐ No				
Comment:				

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